

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

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SENATE BILL 388
Health and Human Resources Committee Substitute Adopted 4/28/03

Short Title: Update Cervical Cancer Screening Coverage.

(Public)

Sponsors:

Referred to:

March 12, 2003

A BILL TO BE ENTITLED

1
2 AN ACT TO UPDATE NORTH CAROLINA GENERAL STATUTES IN RESPONSE
3 TO RECENT MEDICAL ADVANCES IN SCREENING FOR THE EARLY
4 DETECTION OF CERVICAL CANCER.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.** G.S. 58-50-155 reads as rewritten:

7 "**§ 58-50-155. Standard and basic health care plan coverages.**

8 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
9 approved under G.S. 58-50-125 shall provide coverage for all of the following:

- 10 (1) Mammograms and ~~pap smears~~ examinations and laboratory tests for
11 the screening for the early detection of cervical cancer at least equal to
12 the coverage required by G.S. 58-51-57.
- 13 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the
14 presence of prostate cancer at least equal to the coverage required by
15 G.S. 58-51-58.
- 16 (3) Reconstructive breast surgery resulting from a mastectomy at least
17 equal to the coverage required by G.S. 58-51-62.
- 18 (4) For a qualified individual, scientifically proven bone mass
19 measurement for the diagnosis and evaluation of osteoporosis or low
20 bone mass at least equal to the coverage required by G.S. 58-3-174.
- 21 (5) Prescribed contraceptive drugs or devices that prevent pregnancy and
22 that are approved by the United States Food and Drug Administration
23 for use as contraceptives, or outpatient contraceptive services at least
24 equal to the coverage required by G.S. 58-3-178, if the plan covers
25 prescription drugs or devices, or outpatient services, as applicable. The
26 same exceptions and exclusions as are provided under G.S. 58-3-178
27 apply to standard plans developed and approved under G.S. 58-50-125.
- 28 (6) Colorectal cancer examinations and laboratory tests at least equal to
29 the coverage required by G.S. 58-3-179.

1 (a1), (a2) Repealed by Session Laws 1999-197, s. 2.

2 (b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans
3 under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to
4 cost-effective and life-saving health care services and to cost-effective health care
5 providers."

6 **SECTION 2.** G.S. 58-51-57 reads as rewritten:

7 "**§ 58-51-57. Coverage for mammograms and ~~pap smears~~. cervical cancer**
8 **screening.**

9 (a) Every policy or contract of accident or health insurance, and every preferred
10 provider benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or
11 after January 1, 1992, shall provide coverage for ~~pap smears examinations and~~
12 laboratory tests for the screening for the early detection of cervical cancer and for
13 low-dose screening mammography. The same deductibles, coinsurance, and other
14 limitations as apply to similar services covered under the policy, contract, or plan shall
15 apply to coverage for ~~pap smears examinations and laboratory tests for the screening for~~
16 the early detection of cervical cancer and low-dose screening mammography.

17 (a1) As used in this section, "examinations and laboratory tests for the screening
18 for the early detection of cervical cancer" means conventional PAP smear screening,
19 liquid-based cytology, and human papilloma virus (HPV) detection methods for women
20 with equivocal findings on cervical cytologic analysis.

21 (b) As used in this section, "low-dose screening mammography" means a
22 radiologic procedure for the early detection of breast cancer provided to an
23 asymptomatic woman using equipment dedicated specifically for mammography,
24 including a physician's interpretation of the results of the procedure.

25 (c) Coverage for low-dose screening mammography shall be provided as
26 follows:

27 (1) One or more mammograms a year, as recommended by a physician,
28 for any woman who is at risk for breast cancer. For purposes of this
29 subdivision, a woman is at risk for breast cancer if any one or more of
30 the following is true:

31 a. The woman has a personal history of breast cancer;

32 b. The woman has a personal history of biopsy-proven benign
33 breast disease;

34 c. The woman's mother, sister, or daughter has or has had breast
35 cancer; or

36 d. The woman has not given birth prior to the age of 30;

37 (2) One baseline mammogram for any woman 35 through 39 years of age,
38 inclusive;

39 (3) A mammogram every other year for any woman 40 through 49 years
40 of age, inclusive, or more frequently upon recommendation of a
41 physician; and

42 (4) A mammogram every year for any woman 50 years of age or older.

43 (d) Reimbursement for a mammogram authorized under this section shall be
44 made only if the facility in which the mammogram was performed meets

1 mammography accreditation standards. Mammography accreditation standards shall be
2 ~~those standards~~ established by the North Carolina Medical Care Commission unless
3 ~~such standards are not in effect, in which case standards established by the United States~~
4 ~~Department of Health and Human Services for Medicare/Medicaid coverage of~~
5 ~~screening mammography shall apply until Medical Care Commission standards become~~
6 ~~effective.~~ Commission. Facilities that do not meet required mammography accreditation
7 standards shall so inform the patient or the patient's legally responsible person prior to
8 performing the mammogram.

9 (e) ~~Coverage for pap smears shall be provided for pap smears obtained once a~~
10 ~~year, or more frequently if recommended by a physician. Coverage for the screening for~~
11 ~~the early detection of cervical cancer shall be in accordance with the most recently~~
12 ~~published American Cancer Society guidelines or guidelines adopted by the North~~
13 ~~Carolina Advisory Committee on Cancer Coordination and Control. Coverage shall~~
14 include the examination, the laboratory fee, and the physician's interpretation of the
15 laboratory results. Reimbursements for laboratory fees shall be made only if the
16 laboratory meets accreditation standards adopted by the North Carolina Medical Care
17 Commission. ~~When the screening pap smear accreditation standards adopted by the~~
18 ~~North Carolina Medical Care Commission become effective, reimbursement for~~
19 ~~laboratory fees shall be made only if the laboratory meets those standards. Facilities~~
20 ~~utilizing services of laboratories that do not meet accreditation standards for screening~~
21 ~~pap smears shall, prior to performing the pap smear examination, inform the patient or~~
22 ~~the patient's legally responsible person that such laboratory fees will not be covered."~~

23 **SECTION 3.** G.S. 58-65-92 reads as rewritten:

24 "**§ 58-65-92. Coverage for mammograms and pap smears, cervical cancer**
25 **screening.**

26 (a) Every insurance certificate or subscriber contract under any hospital service
27 plan or medical service plan governed by this Article and Article 66 of this Chapter, and
28 every preferred provider benefit plan under G.S. 58-50-56, that is issued, renewed, or
29 amended on or after January 1, 1992, shall provide coverage for ~~pap smears~~
30 examinations and laboratory tests for the screening for the early detection of cervical
31 cancer and for low-dose screening mammography. The same deductibles, coinsurance,
32 and other limitations as apply to similar services covered under the certificate or
33 contract shall apply to coverage for ~~pap smears examinations and laboratory tests for the~~
34 screening for the early detection of cervical cancer and low-dose screening
35 mammography.

36 (a1) As used in this section, "examinations and laboratory tests for the screening
37 for the early detection of cervical cancer" means conventional PAP smear screening,
38 liquid-based cytology, and human papilloma virus (HPV) detection methods for women
39 with equivocal findings on cervical cytologic analysis.

40 (b) As used in this section, "low-dose screening mammography" means a
41 radiologic procedure for the early detection of breast cancer provided to an
42 asymptomatic woman using equipment dedicated specifically for mammography,
43 including a physician's interpretation of the results of the procedure.

1 (c) Coverage for low-dose screening mammography shall be provided as
2 follows:

- 3 (1) One or more mammograms a year, as recommended by a physician,
4 for any woman who is at risk for breast cancer. For purposes of this
5 subdivision, a woman is at risk for breast cancer if any one or more of
6 the following is true:
7 a. The woman has a personal history of breast cancer;
8 b. The woman has a personal history of biopsy-proven benign
9 breast disease;
10 c. The woman's mother, sister, or daughter has or has had breast
11 cancer; or
12 d. The woman has not given birth prior to the age of 30;
13 (2) One baseline mammogram for any woman 35 through 39 years of age,
14 inclusive;
15 (3) A mammogram every other year for any woman 40 through 49 years
16 of age, inclusive, or more frequently upon recommendation of a
17 physician; and
18 (4) A mammogram every year for any woman 50 years of age or older.

19 (d) Reimbursement for a mammogram authorized under this section shall be
20 made only if the facility in which the mammogram was performed meets
21 mammography accreditation standards. ~~Mammography accreditation standards shall be~~
22 ~~those standards~~ established by the North Carolina Medical Care Commission unless
23 ~~such standards are not in effect, in which case standards established by the United States~~
24 ~~Department of Health and Human Services for Medicare/Medicaid coverage of~~
25 ~~screening mammography shall apply until Medical Care Commission standards become~~
26 ~~effective.~~ Commission. Facilities that do not meet required mammography accreditation
27 standards shall so inform the patient or the patient's legally responsible person prior to
28 performing the mammogram.

29 (e) ~~Coverage for pap smears shall be provided for pap smears obtained once a~~
30 ~~year, or more frequently if recommended by a physician. Coverage for the screening for~~
31 ~~the early detection of cervical cancer shall be in accordance with the most recently~~
32 ~~published American Cancer Society guidelines or guidelines adopted by the North~~
33 ~~Carolina Advisory Committee on Cancer Coordination and Control. Coverage shall~~
34 include the examination, the laboratory fee, and the physician's interpretation of the
35 laboratory results. Reimbursements for laboratory fees shall be made only if the
36 laboratory meets accreditation standards adopted by the North Carolina Medical Care
37 Commission. ~~When the screening pap smear accreditation standards adopted by the~~
38 ~~North Carolina Medical Care Commission become effective, reimbursement for~~
39 ~~laboratory fees shall be made only if the laboratory meets those standards. Facilities~~
40 ~~utilizing services of laboratories that do not meet accreditation standards for screening~~
41 ~~pap smears shall, prior to performing the pap smear examination, inform the patient or~~
42 ~~the patient's legally responsible person that such laboratory fees will not be covered."~~

43 **SECTION 4.** G.S. 59-67-76 reads as rewritten:

1 (a) Every health care plan written by a health maintenance organization and in
2 force, issued, renewed, or amended on or after January 1, 1992, that is subject to this
3 Article, shall provide coverage for pap smears examinations and laboratory tests for the
4 screening for the early detection of cervical cancer and for low-dose screening
5 mammography. The same deductibles, coinsurance, and other limitations as apply to
6 similar services covered under the plan shall apply to coverage for pap smears
7 examinations and laboratory tests for the screening for the early detection of cervical
8 cancer and low-dose screening mammography.

9 (a1) As used in this section, "examinations and laboratory tests for the screening
10 for the early detection of cervical cancer" means conventional PAP smear screening,
11 liquid-based cytology, and human papilloma virus (HPV) detection methods for women
12 with equivocal findings on cervical cytologic analysis.

13 (b) As used in this section, "low-dose screening mammography" means a
14 radiologic procedure for the early detection of breast cancer provided to an
15 asymptomatic woman using equipment dedicated specifically for mammography,
16 including a physician's interpretation of the results of the procedure.

17 (c) Coverage for low-dose screening mammography shall be provided as
18 follows:

- 19 (1) One or more mammograms a year, as recommended by a physician,
20 for any woman who is determined to be at risk for breast cancer. For
21 purposes of this subdivision, a woman is at risk for breast cancer if any
22 one or more of the following is true:
 - 23 a. The woman has a personal history of breast cancer;
 - 24 b. The woman has a personal history of biopsy-proven benign
25 breast disease;
 - 26 c. The woman's mother, sister, or daughter has or has had breast
27 cancer; or
 - 28 d. The woman has not given birth prior to the age of 30;
- 29 (2) One baseline mammogram for any woman 35 through 39 years of age,
30 inclusive;
- 31 (3) A mammogram every other year for any woman 40 through 49 years
32 of age, inclusive, or more frequently upon recommendation of a
33 physician; and
- 34 (4) A mammogram every year for any woman 50 years of age or older.

35 (d) Reimbursement for a mammogram authorized under this section shall be
36 made only if the facility in which the mammogram was performed meets
37 mammography accreditation standards. ~~Mammography accreditation standards shall be~~
38 ~~those standards established by the North Carolina Medical Care Commission unless~~
39 ~~such standards are not in effect, in which case standards established by the United States~~
40 ~~Department of Health and Human Services for Medicare/Medicaid coverage of~~
41 ~~screening mammography shall apply until Medical Care Commission standards become~~
42 ~~effective.~~ Commission. ~~Facilities that do not meet required mammography accreditation~~
43 ~~standards shall so inform the patient or the patient's legally responsible person prior to~~
44 ~~performing the mammogram.~~

1 (e) ~~Coverage for pap smears shall be provided for pap smears obtained once a~~
2 ~~year, or more frequently if recommended by a physician. Coverage for the screening for~~
3 ~~the early detection of cervical cancer shall be in accordance with the most recently~~
4 ~~published American Cancer Society guidelines or guidelines adopted by the North~~
5 ~~Carolina Advisory Committee on Cancer Coordination and Control. Coverage shall~~
6 ~~include the examination, the laboratory fee, and the physician's interpretation of the~~
7 ~~laboratory results. Reimbursements for laboratory fees shall be made only if the~~
8 ~~laboratory meets accreditation standards adopted by the North Carolina Medical Care~~
9 ~~Commission. When the screening pap smear accreditation standards adopted by the~~
10 ~~North Carolina Medical Care Commission become effective, reimbursement for~~
11 ~~laboratory fees shall be made only if the laboratory meets those standards. Facilities~~
12 ~~utilizing services of laboratories that do not meet accreditation standards for screening~~
13 ~~pap smears shall, prior to performing the pap smear examination, inform the patient or~~
14 ~~the patient's legally responsible person that such laboratory fees will not be covered."~~

15 **SECTION 5.(a)** G.S. 135-40.5(e) reads as rewritten:

16 "(e) Routine Diagnostic Examinations. – The Plan will pay one hundred percent
17 (100%) of allowable charges for routine diagnostic examinations and tests, including
18 breast, colon, rectal, and prostate exams, X rays, mammograms, blood and blood
19 pressure checks, urine tests, tuberculosis tests, and general health checkups that are
20 medically necessary for the maintenance and improvement of individual health but no
21 more often than once every three years for covered individuals to age 40 years, once
22 every two years for covered individuals to age 50 years, and once a year for covered
23 individuals age 50 years and older, unless a more frequent occurrence is warranted by a
24 medical condition when such charges are incurred in a medically supervised facility.
25 Routine diagnostic examinations and tests covered under this subsection also include
26 ~~one Pap smear per year examinations and tests for the screening for the early detection~~
27 ~~of cervical cancer. The coverage shall be in accordance with the most recently published~~
28 ~~American Cancer Society guidelines or guidelines adopted by the North Carolina~~
29 ~~Advisory Committee on Cancer Coordination and Control for any covered female. For~~
30 ~~the purposes of this subsection, "examinations and laboratory tests for the screening for~~
31 ~~the early detection of cervical cancer" means conventional PAP smear screening,~~
32 ~~liquid-based cytology, and human papilloma virus (HPV) detection methods for women~~
33 ~~with equivocal findings on cervical cytologic analysis. Provided, however, that charges~~
34 ~~for such examinations and tests are not covered by the Plan when they are incurred to~~
35 ~~obtain or continue employment, to secure insurance coverage, to comply with legal~~
36 ~~proceedings, to attend schools or camps, to meet travel requirements, to participate in~~
37 ~~athletic and related activities, or to comply with governmental licensing requirements.~~
38 ~~The maximum amount payable under this subsection for a covered individual is one~~
39 ~~hundred fifty dollars (\$150.00) per fiscal year."~~

40 **SECTION 5.(b)** G.S. 135-40.6(8)s. reads as rewritten:

41 ...

- 42 s. Routine Diagnostic Examinations: Allowable charges for
43 routine diagnostic examinations and tests, including ~~Pap~~
44 ~~smears,~~ examinations and tests for the screening for the early

1 detection of cervical cancer, breast, colon, rectal, and prostate
2 exams, X rays, mammograms, blood and blood pressure checks,
3 urine tests, tuberculosis tests, and general health checkups that
4 are medically necessary for the maintenance and improvement
5 of individual health but no more often than once every three
6 years for covered individuals to age 40 years, once every two
7 years for covered individuals to age 50 years, and once a year
8 for covered individuals age 50 years and older, and, for
9 examinations and tests for the screening for the early detection
10 of cervical cancer, in accordance with the most recently
11 published American Cancer Society guidelines or guidelines
12 adopted by the North Carolina Advisory Committee on Cancer
13 Coordination and Control, unless a more frequent occurrence is
14 warranted by a medical condition when such charges are
15 incurred in a medically supervised facility. Provided, however,
16 that charges for such examinations and tests are not covered by
17 the Plan when they are incurred to obtain or continue
18 employment, to secure insurance coverage, to comply with
19 legal proceedings, to attend schools or camps, to meet travel
20 requirements, to participate in athletic and related activities or
21 to comply with governmental licensing requirements. For
22 purposes of this subdivision, "examinations and laboratory tests
23 for the screening for the early detection of cervical cancer"
24 means conventional PAP smear screening, liquid-based
25 cytology, and human papilloma virus (HPV) detection methods
26 for women with equivocal findings on cervical cytologic
27 analysis.

28 ..."

29 **SECTION 6.** This act becomes effective January 1, 2004, and applies to all
30 health benefit plans that are delivered, issued for delivery, or renewed on and after that
31 date. For the purposes of this act, renewal of a health benefit plan is presumed to occur
32 on each anniversary of the date on which coverage was first effective on the person or
33 persons covered by the health benefit plan.