

**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)

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Sponsors:

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Referred to:

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March 12, 2003

A BILL TO BE ENTITLED

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

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1 (a1), (a2) Repealed by Session Laws 1999-197, s. 2.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