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HOUSE BILL 347*
Committee Substitute Favorable 5/6/91
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Short Title: Mammogram/Pap Smear Coverage.

(Public)

Sponsors:

Referred to:

March 27, 1991

A BILL TO BE ENTITLED

AN ACT TO REQUIRE MAMMOGRAM AND PAP SMEAR COVERAGE IN HEALTH AND ACCIDENT INSURANCE POLICIES, IN HOSPITAL OR MEDICAL SERVICES PLANS, AND IN HMO PLANS.

The General Assembly of North Carolina enacts:

Section 1. Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-51-57. Coverage for mammograms and pap smears.

(a) Every policy or contract of accident or health insurance, and every preferred provider contract, policy, or plan as defined and regulated under G.S. 58-50-50 and G.S. 58-50-55, that is issued, renewed, or amended on or after January 1, 1992, shall provide coverage for pap smears and for low-dose screening mammography. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan shall apply to coverage for pap smears and low-dose screening mammography.

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

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

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

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

27 (e) Coverage for pap smears shall be provided for pap smears obtained once a
28 year, or more frequently if recommended by a physician. Coverage shall include the
29 examination, the laboratory fee, and the physician's interpretation of the laboratory
30 results. When the screening pap smear accreditation standards adopted by the North
31 Carolina Medical Care Commission become effective, reimbursement for laboratory
32 fees shall be made only if the laboratory meets those standards. Facilities utilizing
33 services of laboratories that do not meet accreditation standards for screening pap
34 smears shall, prior to performing the pap smear examination, inform the patient or the
35 patient's legally responsible person that such laboratory fees will not be covered."

36 Sec. 2. Chapter 58 of the General Statutes is amended by adding the
37 following new section to read:

38 **"§ 58-65-92. Coverage for mammograms and pap smears.**

39 (a) Every insurance certificate or subscriber contract under any hospital service
40 plan or medical service plan governed by this Article and Article 66 of this Chapter, and
41 every preferred provider contract, policy, or plan as defined and regulated under G.S.
42 58-50-50 and G.S. 58-50-55, that is issued, renewed, or amended on or after January 1,
43 1992, shall provide coverage for pap smears and for low-dose screening mammography.
44 The same deductibles, coinsurance, and other limitations as apply to similar services

1 covered under the certificate or contract shall apply to coverage for pap smears and low-
2 dose screening mammography.

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

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

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

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

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

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

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

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

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

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

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

35 (e) Coverage for pap smears shall be provided for pap smears obtained once a
36 year, or more frequently if recommended by a physician. Coverage shall include the
37 examination, the laboratory fee, and the physician's interpretation of the laboratory
38 results. When the screening pap smear accreditation standards adopted by the North
39 Carolina Medical Care Commission become effective, reimbursement for laboratory
40 fees shall be made only if the laboratory meets those standards. Facilities utilizing
41 services of laboratories that do not meet accreditation standards for screening pap
42 smears shall, prior to performing the pap smear examination, inform the patient or the
43 patient's legally responsible person that such laboratory fees will not be covered."

1 Sec. 3. Chapter 58 of the General Statutes is amended by adding the
2 following new section to read:

3 **"§ 58-67-76. Coverage for mammograms and pap smears.**

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

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

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

16 (1) One or more mammograms a year, as recommended by a physician,
17 for any woman who is determined to be at risk for breast cancer. For
18 purposes of this subdivision, a woman is at risk for breast cancer if any
19 one or more of the following is true:

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

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

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

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

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

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

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

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

42 (e) Coverage for pap smears shall be provided for pap smears obtained once a
43 year, or more frequently if recommended by a physician. Coverage shall include the
44 examination, the laboratory fee, and the physician's interpretation of the laboratory

1 results. When the screening pap smear accreditation standards adopted by the North
2 Carolina Medical Care Commission become effective, reimbursement for laboratory
3 fees shall be made only if the laboratory meets those standards. Facilities utilizing
4 services of laboratories that do not meet accreditation standards for screening pap
5 smears shall, prior to performing the pap smear examination, inform the patient or the
6 patient's legally responsible person that such laboratory fees will not be covered."

7 Sec. 4. G.S. 143B-165 is amended by adding the following new subdivision
8 to read:

9 "(12) The Commission shall adopt rules, including temporary rules
10 pursuant to G.S. 150B-13, providing for the accreditation of
11 facilities that perform mammography procedures and for laboratories
12 evaluating screening pap smears. Mammography accreditation
13 standards shall address, but are not limited to, the quality of
14 mammography equipment used and the skill levels and other
15 qualifications of personnel who administer mammographies and
16 personnel who interpret mammogram results. The Commission's
17 standards shall be no less stringent than those established by the
18 United States Department of Health and Human Services for
19 Medicare/Medicaid coverage of screening mammography. These
20 rules shall also specify procedures for waiver of these accreditation
21 standards on an individual basis for any facility providing screening
22 mammography to a significant number of patients, but only if there
23 is no accredited facility located nearby. The Commission may grant
24 a waiver subject to any conditions it deems necessary to protect the
25 health and safety of patients, including requiring the facility to
26 submit a plan to meet accreditation standards."

27 Sec. 5. Chapter 58 of the General Statutes is amended by adding the
28 following new section to read:

29 "**§ 58-50-155. Standard and basic health care plan coverages.**

30 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
31 approved under G.S. 58-50-125 shall provide coverage for mammograms and pap
32 smears at least equal to the coverage required by G.S. 58-51-57.

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

37 Sec. 6. G.S. 58-54-10 is amended by adding the following new subsection to
38 read:

39 "(e) Notwithstanding coverage provided by Medicare for mammograms and pap
40 smears, every policy in force in this State shall provide coverage at least equal to the
41 coverage required by G.S. 58-51-57."

42 Sec. 7. Nothing in this act shall apply to specified accident, specified disease,
43 hospital indemnity, or long-term care health insurance policies.

1 Sec. 8. Section 5 of this act becomes effective January 1, 1992. The
2 remainder of this act is effective upon ratification.