

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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SENATE BILL 310*

Short Title: Mammogram/Pap Smear Coverage.

(Public)

Sponsors: Senators Marvin; Allran, Ballance Barnes, Basnight, Blackmon, Block, Bryan, Carpenter, Carter, Cochran, Conder, Cooper, Daniel, Daughtry, Forrester, Goldston, Hartsell, Hunt, Hyde, Lee, Martin of Pitt, Martin of Guilford, Murphy, Odom, Perdue, Plexico, Plyler, Pollard, Richardson, Royall, Sands, Seymour, Shaw, Smith, Soles, Speed, Staton, Tally, Walker, Ward, Warren, and Winner.

Referred to: Human Resources.

March 27, 1991

A BILL TO BE ENTITLED

1 AN ACT TO REQUIRE MAMMOGRAM AND PAP SMEAR COVERAGE IN
2 HEALTH AND ACCIDENT INSURANCE POLICIES, IN HOSPITAL OR
3 MEDICAL SERVICES PLANS, IN HMO PLANS, AND IN THE STATE
4 EMPLOYEES COMPREHENSIVE MAJOR MEDICAL PLAN.
5

6 The General Assembly of North Carolina enacts:

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

9 **"§ 58-51-57. Coverage for mammograms and pap smears.**

10 (a) Every policy or contract of accident or health insurance, and every preferred
11 provider contract, policy, or plan as defined and regulated under G.S. 58-50-50 and G.S.
12 58-50-55, that is issued, renewed, or amended on or after January 1, 1992, shall provide
13 coverage for pap smears and for low-dose screening mammography. The same
14 deductibles, coinsurance, and other limitations as apply to other services covered under
15 the policy, contract, or plan may apply to coverage for pap smears and low-dose
16 screening mammography.

17 (b) As used in this section, 'low-dose screening mammography' means a
18 radiologic procedure for the early detection of breast cancer provided to an
19 asymptomatic woman using equipment dedicated specifically for mammography,
20 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 determined to be at risk for breast cancer. For
5 purposes of this subdivision, a woman is at risk for breast cancer if any
6 one or more of 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 established by the North Carolina Medical Care Commission unless such
23 standards are not in effect, in which case standards established by the American College
24 of Radiology shall apply until Medical Care Commission standards become effective.

25 (e) Coverage for pap smears shall be provided for pap smears obtained once a
26 year, or more frequently if recommended by a physician."

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

29 **"§ 58-65-92. Coverage for mammograms and pap smears.**

30 (a) Every insurance certificate or subscriber contract under any hospital service
31 plan or medical service plan governed by this Article and Article 66 of this Chapter, and
32 every preferred provider contract, policy, or plan as defined and regulated under G.S.
33 58-50-50 and G.S. 58-50-55, that is issued, renewed, or amended on or after January 1,
34 1992, shall provide coverage for pap smears and for low-dose screening mammography.
35 The same deductibles, coinsurance, and other limitations as apply to other services
36 covered under the certificate or contract may apply to coverage for pap smears and low-
37 dose screening mammography.

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

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

- 1 (1) One or more mammograms a year, as recommended by a physician,
2 for any woman who is determined to be at risk for breast cancer. For
3 purposes of this subdivision, a woman is at risk for breast cancer if any
4 one or more of 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 mammograms authorized under this section shall be made
18 only if the facility in which the mammogram was performed meets mammography
19 accreditation standards. Mammography accreditation standards shall be those
20 established by the North Carolina Medical Care Commission unless such standards are
21 not in effect, in which case standards established by the American College of Radiology
22 shall apply until Medical Care Commission standards become effective.

23 (e) Coverage for pap smears shall be provided for pap smears obtained once a
24 year, or more frequently if recommended by a physician."

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

27 **"§ 58-67-76. Coverage for mammograms and pap smears.**

28 (a) Every health care plan written by a health maintenance organization and in
29 force, issued, renewed, or amended on or after January 1, 1992, that is subject to this
30 Article, shall provide coverage for pap smears and for low-dose screening
31 mammography. The same deductibles, coinsurance, and other limitations as apply to
32 other services covered under the plan may apply to coverage for pap smears and low-
33 dose screening mammography.

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

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

- 40 (1) One or more mammograms a year, as recommended by a physician,
41 for any woman who is determined to be at risk for breast cancer. For
42 purposes of this subdivision, a woman is at risk for breast cancer if any
43 one or more of the following is true:
44 a. The woman has a personal history of breast cancer;

- 1 b. The woman has a personal history of biopsy-proven benign
2 breast disease;
3 c. The woman's mother, sister, or daughter has or has had breast
4 cancer; or
5 d. The woman has not given birth prior to the age of 30;
6 (2) One baseline mammogram for any woman 35 through 39 years of age,
7 inclusive;
8 (3) A mammogram every other year for any woman 40 through 49 years
9 of age, inclusive, or more frequently upon recommendation of a
10 physician; and
11 (4) A mammogram every year for any woman 50 years of age or older.
12 (d) Reimbursement for mammograms authorized under this section shall be made
13 only if the facility in which the mammogram was performed meets mammography
14 accreditation standards. Mammography accreditation standards shall be those
15 established by the North Carolina Medical Care Commission unless such standards are
16 not in effect, in which case standards established by the American College of Radiology
17 shall apply until Medical Care Commission standards become effective.
18 (e) Coverage for pap smears shall be provided for pap smears obtained once a
19 year, or more frequently if recommended by a physician."

20 Sec. 4. Effective January 1, 1992, G.S. 135-40.6(4) reads as rewritten:

- 21 "(4) Outpatient Benefits. – The Plan pays for services rendered in the
22 outpatient department of a hospital, in a doctor's office, in an
23 ambulatory surgical facility, or elsewhere as determined by the
24 Executive Administrator, as follows:
25 a. Accidental injury: All covered services. Dental services are
26 excluded except for oral surgery specifically listed in subsection
27 (5)c of this section.
28 b. Operative procedures.
29 c. All hospital services for radiation therapy, treatment by use of
30 x-rays, radium, cobalt and other radioactive substances.
31 d. Pathological examinations of tissue removed by resection or
32 biopsy. ~~Routine Pap smears are not covered.~~
33 e. Charges for diagnostic x-rays, clinical laboratory tests, and
34 other diagnostic tests and procedures such as
35 electrocardiograms and electroencephalograms.
36 f. Low-dose screening mammography as defined in G.S. 58-51-
37 57(b), and pap smears. Coverage for low-dose screening
38 mammography and for pap smears shall be as follows:
39 1. One or more mammograms a year, as recommended by a
40 physician, for any woman who is determined to be at risk
41 for breast cancer. For purposes of this sub-subdivision, a
42 woman is at risk for breast cancer if any one or more of
43 the following is true:

- 1 I. The woman has a personal history of breast
 2 cancer;
 3 II. The woman has a personal history of biopsy-
 4 proven benign breast disease;
 5 III. The woman's mother, sister, or daughter has or
 6 has had breast cancer; or
 7 IV. The woman has not given birth prior to the age of
 8 30;
- 9 2. One baseline mammogram for any woman 35 through 39
 10 years of age, inclusive;
 11 3. A mammogram every other year for any woman 40
 12 through 49 years of age, inclusive, or more frequently
 13 upon recommendation of a physician; and
 14 4. A mammogram every year for any woman 50 years of
 15 age or older.
 16 5. Reimbursement for a mammogram authorized under this
 17 sub-subdivision shall be made only if the facility in
 18 which the mammogram was performed meets
 19 mammography accreditation standards. Mammography
 20 accreditation standards shall be those established by the
 21 North Carolina Medical Care Commission unless such
 22 standards are not in effect, in which case standards
 23 established by the American College of Radiology shall
 24 apply until Medical Care Commission standards become
 25 effective.
 26 6. Coverage for pap smears shall be provided for pap
 27 smears obtained once a year, or more frequently if
 28 recommended by a physician.

29 Except as provided in sub-subdivision f. of this subdivision, no
 30 benefits are provided for screening examinations and routine physical examinations to assess
 31 general health status in the absence of specific symptoms of active illness, routine office
 32 visits or for doctor's services for diagnostic procedures covered under surgical benefits."

33 Sec. 5. G.S. 143B-165 is amended by adding the following new subdivision
 34 to read:

35 "(12) The Commission shall adopt rules and standards, including
 36 temporary rules pursuant to G.S. 150B-13, providing for the
 37 accreditation of facilities that perform mammography procedures.
 38 Accreditation standards shall address, but are not limited to, the
 39 quality of mammography equipment used and the skill levels and
 40 other qualifications of personnel who administer mammographies
 41 and personnel who interpret mammogram results. The Commission's
 42 standards shall be no less stringent than those adopted by the
 43 American College of Radiology."

44 Sec. 6. This act is effective upon ratification.