GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2001

SENATE BILL 132

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Short Title:	Health Insurance/Colorectal Cancer Screening.	(Public)
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Sponsors: Senators Carpenter, Martin of Guilford, Odom; Albertson, Allran, Bingham, Carrington, Dalton, Dannelly, Forrester, Garwood, Gulley, Kinnaird, Metcalf, Moore, Purcell, Rucho, Shaw of Guilford, Warren, and Wellons.

Referred to: Insurance and Consumer Protection.

February 13, 2001

1	A BILL TO BE ENTITLED
2	AN ACT TO REQUIRE HEALTH INSURANCE PLANS TO PROVIDE COVERAGE
3	FOR COLORECTAL CANCER SCREENING.
4	The General Assembly of North Carolina enacts:
5	SECTION 1. Article 51 of Chapter 58 of the General Statutes is amended by
6	adding the following new section to read:
7	" <u>§ 58-51-63. Coverage for colorectal cancer screening.</u>
8	(a) Every policy or contract of accident and health insurance and every preferred
9	provider benefit plan under G.S. 58-50-56 shall provide coverage for colorectal cancer
10	examinations and laboratory tests for cancer, in accordance with the most recently
11	published American Cancer Society guidelines for colorectal cancer screening, for any
12	nonsymptomatic covered individual who is:
13	(1) At least 50 years of age, or
14	(2) Less than 50 years of age and at high risk for colorectal cancer
15	according to the most recently published colorectal cancer screening
16	guidelines of the American Cancer Society.
17	The same deductibles, coinsurance, and other limitations as apply to similar services
18	covered under the policy, contract, or plan shall apply to coverage for colorectal
19	examinations and laboratory tests required to be covered under this section.
20	(b) If the policy, contract, or plan does not have an appropriate health care provider
21	that is available and accessible to administer the examinations and tests required under
22	this section and that is a participating provider with respect to the examinations, tests, or
23	treatment, then the policy, contract, or plan shall refer the covered individual to a
24	nonparticipating provider. If a covered individual is referred by the policy, contract, or
25	plan to a nonparticipating health care provider for the examinations or tests required

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1	under this section, then services provided pursuant to the examinations, tests, or
2	resulting treatment, if any, shall be provided at no additional cost to the individual
3	beyond what the individual would otherwise pay for services rendered by a participating
4	health care provider.
5	(c) Written notice of the availability of the coverage provided by this section
6	shall be delivered to every individual person insured under the policy, contract, or plan
7	upon initial coverage under the policy, contract, or plan and annually thereafter."
8	SECTION 2. Article 65 of Chapter 58 of the General Statutes is amended by
9	adding the following new section to read:
10	" <u>§ 58-65-97. Coverage for colorectal cancer screening.</u>
11	(a) Every insurance certificate or subscriber contract under any hospital service
12	plan or medical service plan governed by this Article and Article 66 of this Chapter, and
13	every preferred provider benefit plan under G.S. 58-50-56 shall provide coverage for
14	colorectal cancer examinations and laboratory tests for cancer, in accordance with the
15	most recently published American Cancer Society guidelines for colorectal cancer
16	screening, for any nonsymptomatic covered individual who is:
17	(1) At least 50 years of age, or
18	(2) Less than 50 years of age and at high risk for colorectal cancer
19	according to the most recently published colorectal cancer screening
20	guidelines of the American Cancer Society.
21	The same deductibles, coinsurance, and other limitations as apply to similar services
22	covered under the certificate, contract, or plan shall apply to coverage for colorectal
23	examinations and laboratory tests required to be covered under this section.
24	(b) If the certificate, contract, or plan does not have an appropriate health care
25	provider that is available and accessible to administer the examinations and tests
26	required under this section and that is a participating provider with respect to the
27	examinations, tests, or treatment, then the certificate, contract, or plan shall refer the
28	covered individual to a nonparticipating provider. If a covered individual is referred by
29	the certificate, contract, or plan to a nonparticipating health care provider for the
30	examinations or tests required under this section, then services provided pursuant to the
31	examinations, tests, or resulting treatment, if any, shall be provided at no additional cost
32	to the individual beyond what the individual would otherwise pay for services rendered
33	by a participating health care provider.
34	(c) Written notice of the availability of the coverage provided by this section
35	shall be delivered to every individual person insured under the certificate, contract, or
36	plan upon initial coverage under the certificate, contract, or plan and annually
37	thereafter."
38	SECTION 3. Article 67 of Chapter 58 of the General Statutes is amended by
39	adding the following new section to read:
40	" <u>§ 58-67-81. Coverage for colorectal cancer screening.</u>
41	(a) Every health care plan written by a health maintenance organization that is
42	subject to this Article shall provide coverage for colorectal cancer examinations and

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1	Cancer Society guidelines for colorectal cancer screening, for any nonsymptomatic
2	covered individual who is:
3	(1) At least 50 years of age, or
4	(2) Less than 50 years of age and at high risk for colorectal cancer
5	according to the most recently published colorectal cancer screening
6	guidelines of the American Cancer Society.
7	The same deductibles, coinsurance, and other limitations as apply to similar services
8	covered under the plan shall apply to coverage for colorectal examinations and
9	laboratory tests required to be covered under this section.
10	(b) If the plan does not have an appropriate health care provider that is available
11	and accessible to administer the examinations and tests required under this section and
12	that is a participating provider with respect to the examinations, tests, or treatment, then
13	the plan shall refer the covered individual to a nonparticipating provider. If a covered
14	individual is referred by the plan to a nonparticipating health care provider for the
15	examinations or tests required under this section, then services provided pursuant to the
16	examinations, tests, or resulting treatment, if any, shall be provided at no additional cost
17	to the individual beyond what the individual would otherwise pay for services rendered
18	by a participating health care provider.
19	(c) Written notice of the availability of the coverage provided by this section
20	shall be delivered to every individual person insured under the plan upon enrollment
21	and annually thereafter."
22 23	SECTION 4. G.S. 58-50-155 reads as rewritten:
	"§ 58-50-155. Standard and basic health care plan coverages. (a) Notwithstanding $G = 58, 50, 125(a)$ the standard health plan developed and
24	(a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
24 25	(a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following:
24 25 26	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required
24 25 26 27	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57.
24 25 26 27 28	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the
24 25 26 27 28 29	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by
24 25 26 27 28 29 30	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58.
24 25 26 27 28 29 30 31	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least
24 25 26 27 28 29 30 31 32	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62.
24 25 26 27 28 29 30 31 32 33	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. (4) For a qualified individual, scientifically proven bone mass
24 25 26 27 28 29 30 31 32 33 34	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62. (4) For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low
24 25 26 27 28 29 30 31 32 33 34 35	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174.
24 25 26 27 28 29 30 31 32 33 34	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174.
24 25 26 27 28 29 30 31 32 33 34 35 36	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174.
24 25 26 27 28 29 30 31 32 33 34 35 36 37	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. (5) Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. (4) For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. (5) Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least equal to the coverage required by G.S. 58-3-178, if the plan covers
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least equal to the coverage required by G.S. 58-3-178, if the plan covers prescription drugs or devices, or outpatient services, as applicable. The
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least equal to the coverage required by G.S. 58-3-178, if the plan covers prescription drugs or devices, or outpatient services, as applicable. The same exceptions and exclusions as are provided under G.S. 58-3-178
24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following: (1) Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57. (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58. (3) Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-58. (4) For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S. 58-3-174. (5) Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least equal to the coverage required by G.S. 58-3-178, if the plan covers prescription drugs or devices, or outpatient services, as applicable. The same exceptions and exclusions as are provided under G.S. 58-50-125.

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

5 **SECTION 5.** Nothing in this act shall apply to specified accident, specified disease, hospital indemnity, or long-term care health insurance policies.

SECTION 6. This act becomes effective January 1, 2002.

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