

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2003

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SENATE DRS65174-RM-12 (3/16)

Short Title: Ovarian Cancer Det./High Risk Women. (Public)

Sponsors: Senators Carpenter; Dannelly and Purcell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO MANDATE INSURANCE COVERAGE FOR SURVEILLANCE TESTS  
FOR WOMEN AGE TWENTY-FIVE AND OLDER AND AT RISK FOR  
OVARIAN CANCER.

The General Assembly of North Carolina enacts:

**SECTION 1.** Article 3 of Chapter 58 is amended by adding the following  
new section:

**§ 58-3-266. Coverage for surveillance tests for women at risk for ovarian cancer.**

(a) Every health benefit plan, as defined in G.S. 58-3-167, shall provide coverage  
for surveillance tests for women age 25 and older at risk for ovarian cancer. As used in  
this section:

(1) "At risk for ovarian cancer" means either:

a. Having a family history:

1. With at least one first-degree relative with ovarian  
cancer; and

2. At least one first-degree or second-degree relative with  
breast, ovarian, or nonpolyposis colorectal cancer; or

b. Testing positive for a hereditary ovarian cancer syndrome.

(2) "Surveillance tests" mean annual screening using:

a. CA-125 serum tumor market testing;

b. Transvaginal ultrasound; and

c. Rectovaginal pelvic examination.

The same deductibles, coinsurance, and other limitations as apply to similar services  
covered under the plan apply to coverage for colorectal examinations and laboratory  
tests required to be covered under this section."

**SECTION 2.** G.S. 58-50-155 reads as rewritten:

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

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

3 (1) Mammograms and pap smears at least equal to the coverage required  
4 by G.S. 58-51-57.

5 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the  
6 presence of prostate cancer at least equal to the coverage required by  
7 G.S. 58-51-58.

8 (3) Reconstructive breast surgery resulting from a mastectomy at least  
9 equal to the coverage required by G.S. 58-51-62.

10 (4) For a qualified individual, scientifically proven bone mass  
11 measurement for the diagnosis and evaluation of osteoporosis or low  
12 bone mass at least equal to the coverage required by G.S. 58-3-174.

13 (5) Prescribed contraceptive drugs or devices that prevent pregnancy and  
14 that are approved by the United States Food and Drug Administration  
15 for use as contraceptives, or outpatient contraceptive services at least  
16 equal to the coverage required by G.S. 58-3-178, if the plan covers  
17 prescription drugs or devices, or outpatient services, as applicable. The  
18 same exceptions and exclusions as are provided under G.S. 58-3-178  
19 apply to standard plans developed and approved under G.S. 58-50-125.

20 (6) Colorectal cancer examinations and laboratory tests at least equal to  
21 the coverage required by G.S. 58-3-179.

22 (7) Surveillance tests at least equal to coverage required by G.S. 58-3-266.

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

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

28 **SECTION 3.** This act becomes effective January 1, 2004, and applies to all  
29 health benefit plans that are delivered, issued for delivery, or renewed on and after that  
30 date. For the purposes of this act, renewal of a health benefit plan is presumed to occur  
31 on each anniversary of the date on which coverage was first effective on the person or  
32 persons covered by the health benefit plan.