

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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HOUSE BILL 347\*  
Committee Substitute Favorable 5/6/91

Short Title: Mammogram/Pap Smear Coverage.

(Public)

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Sponsors:

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Referred to:

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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, IN HMO PLANS, AND IN THE STATE EMPLOYEES COMPREHENSIVE MAJOR MEDICAL PLAN.

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 American College  
22 of Radiology shall apply until Medical Care Commission standards become effective.  
23 Facilities that do not meet required mammography accreditation standards shall so  
24 inform the patient or the patient's legally responsible person prior to performing the  
25 mammogram.

26          (e) Coverage for pap smears shall be provided for pap smears obtained once a  
27 year, or more frequently if recommended by a physician. Coverage shall include the  
28 examination, the laboratory fee, and the physician's interpretation of the laboratory  
29 results."

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

32 **"§ 58-65-92. Coverage for mammograms and pap smears.**

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

41          (b) As used in this section, 'low-dose screening mammography' means a  
42 radiologic procedure for the early detection of breast cancer provided to an  
43 asymptomatic woman using equipment dedicated specifically for mammography,  
44 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 mammograms authorized under this section shall be made  
20 only if the facility in which the mammogram was performed meets mammography  
21 accreditation standards. Mammography accreditation standards shall be those  
22 established by the North Carolina Medical Care Commission unless such standards are  
23 not in effect, in which case standards established by the American College of Radiology  
24 shall apply until Medical Care Commission standards become effective. Facilities that  
25 do not meet required mammography accreditation standards shall so inform the patient  
26 or the patient's legally responsible person prior to performing 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."

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

33 **"§ 58-67-76. Coverage for mammograms and pap smears.**

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

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 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 mammograms authorized under this section shall be made  
20 only if the facility in which the mammogram was performed meets mammography  
21 accreditation standards. Mammography accreditation standards shall be those  
22 established by the North Carolina Medical Care Commission unless such standards are  
23 not in effect, in which case standards established by the American College of Radiology  
24 shall apply until Medical Care Commission standards become effective. Facilities that  
25 do not meet required mammography accreditation standards shall so inform the patient  
26 or the patient's legally responsible person prior to performing 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."

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

32       "(4) Outpatient Benefits. – The Plan pays for services rendered in the  
33       outpatient department of a hospital, in a doctor's office, in an  
34       ambulatory surgical facility, or elsewhere as determined by the  
35       Executive Administrator, as follows:

36           a. Accidental injury: All covered services. Dental services are  
37           excluded except for oral surgery specifically listed in subsection  
38           (5)c of this section.

39           b. Operative procedures.

40           c. All hospital services for radiation therapy, treatment by use of  
41           x-rays, radium, cobalt and other radioactive substances.

42           d. Pathological examinations of tissue removed by resection or  
43           biopsy. ~~Routine Pap smears are not covered.~~

- 1 e. Charges for diagnostic x-rays, clinical laboratory tests, and  
2 other diagnostic tests and procedures such as  
3 electrocardiograms and electroencephalograms.
- 4 f. Low-dose screening mammography as defined in G.S. 58-51-  
5 57(b), and pap smears. Coverage for low-dose screening  
6 mammography and for pap smears shall be as follows:
- 7 1. One or more mammograms a year, as recommended by a  
8 physician, for any woman who is at risk for breast  
9 cancer. For purposes of this sub-subdivision, a woman is  
10 at risk for breast cancer if any one or more of the  
11 following is true:
- 12 I. The woman has a personal history of breast  
13 cancer;
- 14 II. The woman has a personal history of biopsy-  
15 proven benign breast disease;
- 16 III. The woman's mother, sister, or daughter has or  
17 has had breast cancer; or
- 18 IV. The woman has not given birth prior to the age of  
19 30;
- 20 2. One baseline mammogram for any woman 35 through 39  
21 years of age, inclusive;
- 22 3. A mammogram every other year for any woman 40  
23 through 49 years of age, inclusive, or more frequently  
24 upon recommendation of a physician; and
- 25 4. A mammogram every year for any woman 50 years of  
26 age or older.
- 27 5. Reimbursement for a mammogram authorized under this  
28 sub-subdivision shall be made only if the facility in  
29 which the mammogram was performed meets  
30 mammography accreditation standards. Mammography  
31 accreditation standards shall be those established by the  
32 North Carolina Medical Care Commission unless such  
33 standards are not in effect, in which case standards  
34 established by the American College of Radiology shall  
35 apply until Medical Care Commission standards become  
36 effective. Facilities that do not meet required  
37 mammography accreditation standards shall so inform  
38 the patient or the patient's legally responsible person  
39 prior to performing the mammogram.
- 40 6. Coverage for pap smears shall be provided for pap  
41 smears obtained once a year, or more frequently if  
42 recommended by a physician. Coverage shall include  
43 the examination, the laboratory fee, and the physician's  
44 interpretation of the laboratory results.

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

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

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

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