GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

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HOUSE BILL 914

| Short Title: Bone Mass Measurement/Coverage. | (Public) |
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| Sponsors: Representatives Watson; Adams, Church, Davis, Easterling, Esposito, Gulley, Hill, Howard, Insko, Jeffus, Luebke, Moore, Morris, Russell, Sexton, Shubert, Sutton, Wainwright, Warner, and C. Wilson. | |
| Referred to: Insurance, if favorable, Appropriations. | |

April 10, 1997

A BILL TO BE ENTITLED

AN ACT TO REQUIRE HEALTH AND ACCIDENT INSURANCE POLICIES, HOSPITAL OR MEDICAL SERVICES PLANS, AND HMO PLANS TO PROVIDE COVERAGE FOR BONE MASS MEASUREMENT FOR THE DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS.

Whereas, osteoporosis affects 25,000,000 Americans and each year results in over 1,000,000 fractures of the hips, spine, wrist, and other bones, costing the nation at least \$18,000,000,000 dollars; and

Whereas, osteoporosis progresses silently, in most cases undiagnosed until a fracture occurs, and once a fracture occurs, the disease is already advanced, and the likelihood is high that another fracture will occur; and

Whereas, scientifically proven technologies for bone mass measurement and other services related to the diagnosis and treatment of osteoporosis can be used effectively to reduce the pain and financial burden that this disease inflicts upon its victims; Now, therefore,

The General Assembly of North Carolina enacts:

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Section 1. Article 51 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

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"§ 58-51-61. Coverage for bone mass measurement for diagnosis and treatment of osteoporosis.

- (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, 1998, shall provide coverage for a qualified individual for scientifically proven bone mass measurement for the diagnosis and treatment of osteoporosis. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan shall apply to coverage for bone mass measurement.
- (b) As used in this section, 'bone mass measurement' means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. As used in this section, 'qualified individual' means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending physician or primary care physician."
- Section 2. Article 65 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-65-96. Coverage for bone mass measurement for diagnosis and treatment of osteoporosis.

- (a) Every insurance certificate or subscriber contract under any hospital service plan or medical service plan governed by this Article and Article 66 of this Chapter, 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, 1998, shall provide coverage for a qualified individual for scientifically proven bone mass measurement for the diagnosis and treatment of osteoporosis. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan shall apply to coverage for bone mass measurement.
- (b) As used in this section, 'bone mass measurement' means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. As used in this section, 'qualified individual' means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending physician or primary care physician."
- Section 3. Article 67 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-67-79. Coverage for bone mass measurement for diagnosis and treatment of osteoporosis.

(a) Every health care plan written by a health maintenance organization and in force, issued, renewed, or amended on or after January 1, 1998, that is subject to this Article, shall provide coverage for a qualified individual for scientifically proven bone mass measurement for the diagnosis and treatment of osteoporosis. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the policy, contract, or plan shall apply to coverage for bone mass measurement.

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As used in this section, 'bone mass measurement' means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. As used in this section, 'qualified individual' means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending physician or primary care physician."

Section 4. G.S. 58-50-155 reads as rewritten:

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

- Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57.
- Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for 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.
- Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for a qualified individual for scientifically proven bone mass measurement for the diagnosis and treatment of osteoporosis at least equal to the coverage required by G.S. 58-51-61.
- Notwithstanding G.S. 58-50-125(c), in developing and approving the plans under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to cost-effective and life-saving health care services and to cost-effective health care providers. This section shall be effective after July 10, 1991."
- 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 is effective when it becomes law.