

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

SESSION LAW 2003-223
SENATE BILL 887

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. A second relative, either first-degree or second-degree, 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. Transvaginal ultrasound; and
 - b. Rectovaginal pelvic examination.

(b) The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan apply to coverage for transvaginal ultrasound and rectovaginal pelvic examinations 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.

(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.
- (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. 58-3-178 apply to standard plans developed and approved under G.S. 58-50-125.
- (6) Colorectal cancer examinations and laboratory tests at least equal to the coverage required by G.S. 58-3-179.
- (7) Surveillance tests at least equal to coverage required by G.S. 58-3-266.
- (a1), (a2) Repealed by Session Laws 1999-197, s. 2.
- (b) 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."

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

In the General Assembly read three times and ratified this the 11th day of June, 2003.

s/ Marc Basnight
President Pro Tempore of the Senate

s/ James B. Black
Speaker of the House of Representatives

s/ Michael F. Easley
Governor

Approved 12:45 p.m. this 19th day of June, 2003