

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

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SENATE BILL 887
Commerce Committee Substitute Adopted 4/23/03

Short Title: Ovarian Cancer Det./High Risk Women.

(Public)

Sponsors:

Referred to:

April 3, 2003

1 A BILL TO BE ENTITLED
2 AN ACT TO MANDATE INSURANCE COVERAGE FOR SURVEILLANCE TESTS
3 FOR WOMEN AGE TWENTY-FIVE AND OLDER AND AT RISK FOR
4 OVARIAN CANCER.

5 The General Assembly of North Carolina enacts:

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

8 "**§ 58-3-266. Coverage for surveillance tests for women at risk for ovarian cancer.**

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

12 (1) 'At risk for ovarian cancer' means either:

13 a. Having a family history:

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

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

18 b. Testing positive for a hereditary ovarian cancer syndrome.

19 (2) 'Surveillance tests' mean annual screening using:

20 a. Transvaginal ultrasound; and

21 b. Rectovaginal pelvic examination.

22 (b) The same deductibles, coinsurance, and other limitations as apply to similar
23 services covered under the plan apply to coverage for transvaginal ultrasound and
24 rectovaginal pelvic examinations required to be covered under this section."

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

26 "**§ 58-50-155. Standard and basic health care plan coverages.**

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

- 1 (1) Mammograms and pap smears at least equal to the coverage required
2 by G.S. 58-51-57.
- 3 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the
4 presence of prostate cancer at least equal to the coverage required by
5 G.S. 58-51-58.
- 6 (3) Reconstructive breast surgery resulting from a mastectomy at least
7 equal to the coverage required by G.S. 58-51-62.
- 8 (4) For a qualified individual, scientifically proven bone mass
9 measurement for the diagnosis and evaluation of osteoporosis or low
10 bone mass at least equal to the coverage required by G.S. 58-3-174.
- 11 (5) Prescribed contraceptive drugs or devices that prevent pregnancy and
12 that are approved by the United States Food and Drug Administration
13 for use as contraceptives, or outpatient contraceptive services at least
14 equal to the coverage required by G.S. 58-3-178, if the plan covers
15 prescription drugs or devices, or outpatient services, as applicable. The
16 same exceptions and exclusions as are provided under G.S. 58-3-178
17 apply to standard plans developed and approved under G.S. 58-50-125.
- 18 (6) Colorectal cancer examinations and laboratory tests at least equal to
19 the coverage required by G.S. 58-3-179.
- 20 (7) Surveillance tests at least equal to coverage required by G.S. 58-3-266.

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

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

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