

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001

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SENATE BILL 132
Insurance and Consumer Protection Committee Substitute Adopted 3/14/01

Short Title: Health Insurance/Colorectal Cancer Screening. (Public)

Sponsors:

Referred to:

February 13, 2001

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE HEALTH INSURANCE PLANS TO PROVIDE COVERAGE
3 FOR COLORECTAL CANCER SCREENING.

4 The General Assembly of North Carolina enacts:

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

7 "**§ 58-3-179. Coverage for colorectal cancer screening.**

8 (a) Every health benefit plan, as defined in G.S. 58-3-167, shall provide coverage
9 for colorectal cancer examinations and laboratory tests for cancer, in accordance with
10 the most recently published American Cancer Society guidelines or guidelines adopted
11 by the North Carolina Advisory Committee on Cancer Coordination and Control for
12 colorectal cancer screening, for any nonsymptomatic covered individual who is:

- 13 (1) At least 50 years of age, or
14 (2) Less than 50 years of age and at high risk for colorectal cancer
15 according to the most recently published colorectal cancer screening
16 guidelines of the American Cancer Society or guidelines adopted by
17 the North Carolina Advisory Committee on Cancer Coordination and
18 Control.

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

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

23 "**§ 58-50-155. Standard and basic health care plan coverages.**

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

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

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

22 **SECTION 3.** This act becomes effective January 1, 2002, and applies to all
23 health benefit plans that are delivered, issued for delivery, or renewed on and after that
24 date. For the purposes of this act, renewal of a health benefit plan is presumed to occur
25 on each anniversary of the date on which coverage was first effective on the person or
26 persons covered by the health benefit plan.