

Whereas, it is cost-effective to mandate coverage of bone mass measurement because it leads to early diagnosis, intervention, and prevention of fracture and, therefore, reduces unnecessary health care expenditures; and

Whereas, bone mass measurement reliably detects low bone mass and helps to ascertain the extent of bone loss to determine an individual's future fracture risk which helps individuals and health care professionals to select appropriate therapies and interventions; and

Whereas, conventional X rays cannot accurately diagnose osteoporosis or low bone mass in the absence of fracture; and

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

The General Assembly of North Carolina enacts:

Section 1. Effective January 1, 2000, Article 3 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-3-174. Coverage for bone mass measurement for diagnosis and evaluation of osteoporosis or low bone mass.

(a) Every entity providing a health benefit plan shall provide coverage for a qualified individual for scientifically proven and approved bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan shall apply to coverage for bone mass measurement.

(b) A health benefit plan may provide that bone mass measurement will be covered if at least 23 months have elapsed since the last bone mass measurement was performed, except that a plan must provide coverage for follow-up bone mass measurement performed more frequently than every 23 months if the follow-up measurement is medically necessary. Conditions under which more frequent bone mass measurement coverage may be medically necessary include, but are not limited to:

(1) Monitoring beneficiaries on long-term glucocorticoid therapy of more than three months.

(2) Allowing for a confirmatory baseline bone mass measurement (either central or peripheral) to permit monitoring of beneficiaries in the future if the initial test was performed with a technique that is different from the proposed monitoring method.

(c) As used in this section, the term:

(1) 'Bone mass measurement' means a radiological, sonographic procedure or other scientifically proven technology performed on an individual in order to identify bone mass or detect bone loss for the purpose of initiating or modifying treatment.

(2) 'Health benefit plan' means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided

1 by a multiple employer welfare arrangement; or a plan provided by
2 another benefit arrangement, to the extent permitted by the Employee
3 Retirement Income Security Act of 1974, as amended, or by any waiver
4 of or other exception to that Act provided under federal law or
5 regulation. 'Health benefit plan' does not mean any plan implemented or
6 administered by the North Carolina Department of Health and Human
7 Services or the United States Department of Health and Human
8 Services, or any successor agency, or its representatives. 'Health benefit
9 plan' also does not mean any of the following kinds of insurance:

- 10 a. Accident
- 11 b. Credit
- 12 c. Disability income
- 13 d. Long-term care or nursing home care
- 14 e. Medicare supplement
- 15 f. Specified disease
- 16 g. Dental or vision
- 17 h. Coverage issued as a supplement to liability insurance
- 18 i. Workers' compensation
- 19 j. Medical payments under automobile or homeowners
- 20 k. Hospital income or indemnity
- 21 l. Insurance under which benefits are payable with or without
22 regard to fault and that is statutorily required to be contained in
23 any liability policy or equivalent self-insurance.

24 (3) 'Insurer' includes an insurance company subject to this Chapter, a
25 service corporation organized under Article 65 of this Chapter, a health
26 maintenance organization organized under Article 67 of this Chapter,
27 and a multiple employer welfare arrangement subject to Article 49 of
28 this Chapter.

29 (4) 'Qualified individual' means any one or more of the following:
30 a. An individual who is estrogen-deficient and at clinical risk of
31 osteoporosis or low bone mass.
32 b. An individual with radiographic osteopenia anywhere in the
33 skeleton.
34 c. An individual who is receiving long-term glucocorticoid (steroid)
35 therapy.
36 d. An individual with primary hyperparathyroidism.
37 e. An individual who is being monitored to assess the response to or
38 efficacy of commonly accepted osteoporosis drug therapies.
39 f. An individual who has a history of low trauma fractures.
40 g. An individual with other conditions or on medical therapies
41 known to cause osteoporosis or low bone mass.

42 (d) Insurers subject to this section shall identify and use the most current
43 scientifically accurate educational materials to increase awareness and knowledge by

1 their insureds of osteoporosis or low bone mass and methods of diagnosing osteoporosis
2 or low bone mass, including bone mass measurement, and to encourage the treatment and
3 prevention of osteoporosis."

4 Section 2. Effective January 1, 2000, G.S. 58-50-155 reads as rewritten:
5 "**§ 58-50-155. Standard and basic health care plan coverages.**

6 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
7 approved under G.S. 58-50-125 shall provide coverage for ~~mammograms and pap smears at~~
8 ~~least equal to the coverage required by G.S. 58-51-57.~~

9 ~~(a1) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and~~
10 ~~approved under G.S. 58-50-125 shall provide coverage for prostate specific antigen~~
11 ~~(PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the~~
12 ~~coverage required by G.S. 58-51-58.~~

13 ~~(a2) Notwithstanding G.S. 58-50-123(c), the standard health plan developed and~~
14 ~~approved under G.S. 58-50-125 shall provide coverage for reconstructive breast surgery~~
15 ~~resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62. all~~
16 ~~of the following:~~

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

19 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence
20 of prostate cancer at least equal to the coverage required by G.S. 58-51-
21 58.

22 (3) Reconstructive breast surgery resulting from a mastectomy at least equal
23 to the coverage required by G.S. 58-51-62.

24 (4) For a qualified individual, scientifically proven bone mass measurement
25 for the diagnosis and evaluation of osteoporosis or low bone mass at
26 least equal to the coverage required by G.S. 58-3-174.

27 (b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans
28 under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to
29 cost-effective and life-saving health care services and to cost-effective health care
30 providers. ~~This section shall be effective after July 10, 1991."~~

31 Section 3. This act is effective when it becomes law and applies to health
32 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,
33 2000. For purposes of this act, renewal of a health benefit plan is presumed to occur on
34 each anniversary of the date on which coverage was first effective on the person or
35 persons covered by the health benefit plan.