

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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HOUSE DRH10105-LN-122 (3/3)

Short Title: State Health Plan/Annual Mammograms. (Public)

Sponsors: Representatives Glazier, Insko, and Jeffus (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROVIDE COVERAGE FOR ANNUAL MAMMOGRAMS UNDER THE TEACHERS' AND STATE EMPLOYEES' COMPREHENSIVE MAJOR MEDICAL PLAN FOR WOMEN CERTIFIED BY A PHYSICIAN TO BE AT RISK FOR BREAST CANCER.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 135-40.6(8)s. reads as rewritten:

"§ 135-40.6. Benefits subject to deductible and coinsurance (comprehensive benefits).

The benefits provided in this section are subject to a deductible of three hundred fifty dollars (\$350.00) per covered individual to an aggregate maximum of one thousand fifty dollars (\$1,050) per employee and child(ren) or employee and family coverage contract per fiscal year and are payable on the basis of eighty percent (80%) by the Plan and twenty percent (20%) by the covered individual up to a maximum of one thousand five hundred dollars (\$1,500) out-of-pocket per fiscal year. The aggregate maximum out-of-pocket required of individuals covered by this section shall not be more than four thousand five hundred dollars (\$4,500) per employee and child(ren) or employee and family coverage contract per fiscal year.

...

(8) Other Covered Charges. –

...

s. Routine Diagnostic Examinations: Allowable charges for routine diagnostic examinations and tests, including examinations and tests for the screening for the early detection of cervical cancer, breast, colon, rectal, and prostate exams, X rays, mammograms, blood and blood pressure checks, urine tests, tuberculosis tests, and general health checkups that are

1 medically necessary for the maintenance and improvement of
2 individual health but no more often than once every three years
3 for covered individuals to age 40 years, once every two years
4 for covered individuals to age 50 years, and once a year for
5 covered individuals age 50 years and older and, for
6 examinations and tests for the screening for the early detection
7 of cervical cancer, in accordance with the most recently
8 published American Cancer Society guidelines or guidelines
9 adopted by the North Carolina Advisory Committee on Cancer
10 Coordination and Control, unless a more frequent occurrence is
11 warranted by a medical condition when such charges are
12 incurred in a medically supervised facility. Annual
13 mammograms shall be covered for covered individuals under
14 age 50 if the individual's physician certifies in writing that the
15 individual's risk for breast cancer is sufficiently high to warrant
16 annual screening. Provided, however, that charges for such
17 examinations and tests are not covered by the Plan when they
18 are incurred to obtain or continue employment, to secure
19 insurance coverage, to comply with legal proceedings, to attend
20 schools or camps, to meet travel requirements, to participate in
21 athletic and related activities or to comply with governmental
22 licensing requirements. For the purposes of this
23 sub-subdivision, "examinations and laboratory tests for the
24 screening for the early detection of cervical cancer" means
25 conventional PAP smear screening, liquid-based cytology, and
26 human papilloma virus (HPV) detection methods for women
27 with equivocal findings on cervical cytologic analysis that are
28 subject to the approval of and have been approved by the
29 United States Food and Drug Administration."

30 **SECTION 2.** This act becomes effective July 1, 2005.