

Introduced by Senator FigueroaFebruary 7, 2006

An act to amend Section 1367.66 of the Health and Safety Code, and to amend Section 10123.18 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1245, as introduced, Figueroa. Health care coverage: cervical cancer screening test.

Existing law, the Knox-Keene Health Care Services Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a plan and a health insurer that include coverage for the treatment or surgery of cervical cancer are deemed to provide coverage for an annual cervical cancer screening test that includes the conventional Pap test and the option of a cervical cancer screening test approved by the federal Food and Drug Administration (FDA).

This bill would require that the coverage for an annual cervical cancer screening test provided by a health care service plan or a health insurance policy that is issued, amended, or renewed on or after January 1, 2007, include the HPV test, upon referral by the patient's health care provider, in addition to the Pap test and the option of an FDA-approved cervical cancer screening test.

Because the bill would specify an additional requirement for a health care service plan, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.66 of the Health and Safety Code
2 is amended to read:

3 1367.66. Every individual or group health care service plan
4 contract, except for a specialized health care service plan, that is
5 issued, amended, or renewed, on or after January 1, 2002, and
6 that includes coverage for treatment or surgery of cervical cancer
7 shall also be deemed to provide coverage for an annual cervical
8 cancer screening test upon the referral of the patient’s physician,
9 a nurse practitioner, or certified nurse midwife, providing care to
10 the patient and operating within the scope of practice otherwise
11 permitted for the licensee.

12 The coverage for an annual cervical cancer screening test
13 provided pursuant to this section shall include the conventional
14 Pap test and the option of any cervical cancer screening test
15 approved by the federal Food and Drug Administration, upon the
16 referral of the patient’s health care provider. *For every individual
17 or group health care service plan contract that is issued,
18 amended, or renewed on or after January 1, 2007, this coverage
19 shall include the HPV test, upon the referral of the patient’s
20 health care provider, in addition to the other cervical cancer
21 screening tests required by this section.*

22 Nothing in this section shall be construed to establish a new
23 mandated benefit or to prevent application of deductible or
24 copayment provisions in an existing plan contract. The
25 Legislature intends in this section to provide that cervical cancer
26 screening services are deemed to be covered if the plan contract
27 includes coverage for cervical cancer treatment or surgery.

28 SEC. 2. Section 10123.18 of the Insurance Code is amended
29 to read:

30 10123.18. (a) Every individual or group policy of ~~disability~~
31 *health* insurance that provides coverage for hospital, medical, or

1 surgical benefits, that is issued, amended, or renewed, on or after
2 January 1, 2002, and that includes coverage for treatment or
3 surgery of cervical cancer shall also be deemed to provide
4 coverage, upon the referral of a patient's physician, a nurse
5 practitioner, or a certified nurse midwife, providing care to the
6 patient and operating within the scope of practice otherwise
7 permitted for the licensee, for an annual cervical cancer screening
8 test.

9 The coverage for an annual cervical cancer screening test
10 provided pursuant to this section shall include the conventional
11 Pap test and the option of any cervical cancer screening test
12 approved by the federal Food and Drug Administration, upon the
13 referral of the patient's health care provider. *For every individual
14 or group policy of health insurance that is issued, amended, or
15 renewed on or after January 1, 2007, this coverage shall include
16 the HPV test, upon the referral of the patient's health care
17 provider, in addition to the other cervical cancer screening tests
18 required by this section.*

19 Nothing in this section shall be construed to require an
20 individual or group policy to cover treatment or surgery for
21 cervical cancer or to prevent application of deductible or
22 copayment provisions contained in the policy or certificate, nor
23 shall this section be construed to require that coverage under an
24 individual or group policy be extended to any other procedures.

25 (b) This section shall not apply to vision only, dental only,
26 accident only, specified disease, hospital indemnity, Medicare
27 supplement, CHAMPUS supplement, long-term care, or
28 disability income insurance. For accident only, hospital
29 indemnity, or specified disease insurance, coverage for benefits
30 under this section shall apply only to the extent that the benefits
31 are covered under the general terms and conditions that apply to
32 all other benefits under the policy or certificate. Nothing in this
33 section shall be construed as imposing a new benefit mandate on
34 accident only, hospital indemnity, or specified disease insurance.

35 SEC. 3. No reimbursement is required by this act pursuant to
36 Section 6 of Article XIII B of the California Constitution because
37 the only costs that may be incurred by a local agency or school
38 district will be incurred because this act creates a new crime or
39 infraction, eliminates a crime or infraction, or changes the
40 penalty for a crime or infraction, within the meaning of Section

- 1 17556 of the Government Code, or changes the definition of a
- 2 crime within the meaning of Section 6 of Article XIII B of the
- 3 California Constitution.

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