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By: **Senators Lawlah, Astle, Britt, Conway, Currie, Della, Exum, Forehand, Frosh, Gladden, Green, Greenip, Grosfeld, Hogan, Hollinger, Hooper, Jacobs, Jones, Kasemeyer, Kelley, Klausmeier, Kramer, McFadden, Middleton, Miller, Munson, Pinsky, Ruben, Schrader, Stone, and Teitelbaum**

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Assigned to: Finance

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Committee Report: Favorable with amendments  
Senate action: Adopted  
Read second time: March 29, 2005

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance - ~~Annual~~ Human Papillomavirus Screening Test -**  
3 **Coverage**

4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and  
5 health maintenance organizations to provide coverage for ~~an annual a~~ human  
6 papillomavirus screening ~~test for certain persons under certain circumstances at~~  
7 the testing intervals outlined in certain recommendations developed by the  
8 American College of Obstetricians and Gynecologists; authorizing certain  
9 insurers, nonprofit health service plans, and health maintenance organizations  
10 to impose certain cost-sharing requirements under certain circumstances;  
11 defining certain terms; providing for the application of this Act; and generally  
12 relating to requiring certain insurers, nonprofit health service plans, and health  
13 maintenance organizations to provide coverage for ~~an annual a~~ human  
14 papillomavirus screening test under certain circumstances.

15 BY repealing and reenacting, with amendments,  
16 Article - Insurance  
17 Section 15-829  
18 Annotated Code of Maryland  
19 (2002 Replacement Volume and 2004 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
21 MARYLAND, That the Laws of Maryland read as follows:

Article - Insurance

1 15-829.

2 (a) (1) In this section the following words have the meanings indicated.

3 (2) "Chlamydia screening test" means any laboratory test that:

4 (i) specifically detects for infection by one or more agents of  
5 chlamydia trachomatis; and

6 (ii) is approved for this purpose by the federal Food and Drug  
7 Administration.

8 (3) "HUMAN PAPILLOMAVIRUS SCREENING TEST" MEANS ANY  
9 LABORATORY TEST THAT:

10 (I) SPECIFICALLY DETECTS FOR INFECTION BY ONE OR MORE  
11 AGENTS OF THE HUMAN PAPILLOMAVIRUS; AND

12 (II) IS APPROVED FOR THIS PURPOSE BY THE FEDERAL FOOD AND  
13 DRUG ADMINISTRATION.

14 (4) "Multiple risk factors" means having a prior history of a sexually  
15 transmitted disease, new or multiple sex partners, inconsistent use of barrier  
16 contraceptives, or cervical ectopy.

17 (b) This section applies to:

18 (1) insurers and nonprofit health service plans that provide hospital,  
19 medical, or surgical benefits to individuals or groups on an expense-incurred basis  
20 under health insurance policies or contracts that are issued or delivered in the State;  
21 and

22 (2) health maintenance organizations that provide hospital, medical, or  
23 surgical benefits to individuals or groups under contracts that are issued or delivered  
24 in the State.

25 (c) An entity subject to this section shall:

26 (1) provide coverage for an annual routine chlamydia screening test ~~AND~~  
27 ~~ANNUAL ROUTINE HUMAN PAPILLOMAVIRUS SCREENING TEST~~ for:

28 [(1)] (I) women who are:

29 [(i)] 1. under the age of 20 years if they are sexually active; and

30 [(ii)] 2. at least 20 years old if they have multiple risk factors; and

31 [(2)] (II) men who have multiple risk factors; AND

1           (2)     ~~PROVIDE EDUCATIONAL MATERIAL TO ENROLLEES, MEMBERS, OR~~  
2 ~~SUBSCRIBERS ON THE HEALTH RISKS ASSOCIATED WITH THE HUMAN~~  
3 ~~PAPILLOMAVIRUS AND THE AVAILABILITY OF COVERAGE FOR THE HUMAN~~  
4 ~~PAPILLOMAVIRUS SCREENING TEST PROVIDE COVERAGE FOR A HUMAN~~  
5 ~~PAPILLOMAVIRUS SCREENING AT THE TESTING INTERVALS OUTLINED IN THE~~  
6 ~~RECOMMENDATIONS FOR CERVICAL CYTOLOGY SCREENING DEVELOPED BY THE~~  
7 ~~AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.~~

8           (d)     (1)     Subject to paragraph (2) of this subsection, the coverage required  
9 under this section may be subject to a co-payment or coinsurance requirement or  
10 deductible that an entity subject to this section imposes for similar coverages under  
11 the same policy or contract.

12           (2)     The co-payment or coinsurance requirement or deductible imposed  
13 under paragraph (1) of this subsection may not be greater than the co-payment or  
14 coinsurance requirement or deductible imposed by the entity for similar coverages.

15           (e)     Nothing in this section may be construed to prohibit an entity subject to  
16 this section from providing coverages that are greater than or more favorable to an  
17 insured or enrollee than the coverage required under this section.

18     SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
19 policies, contracts, and health benefit plans issued, delivered, or renewed in the State  
20 on or after October 1, 2005. Any policy or health benefit plan in effect before October  
21 1, 2005, shall comply with the provisions of this Act no later than October 1, 2006.

22     SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
23 October 1, 2005.