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

Introduced and read first time: February 4, 2005
Assigned to: Finance

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

CHAPTER_____

1 AN ACT concerning
2 Health Insurance - Annual Human Papillomavirus Screening Test - Coverage
3
4 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
5 health maintenance organizations to provide coverage for an annual 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 human
14 papillomavirus screening test under certain circumstances.
15
16 BY repealing and reenacting, with amendments,
17 Article - Insurance
18 Section 15-829
19 Annotated Code of Maryland
20 (2002 Replacement Volume and 2004 Supplement)
21
22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
23 MARYLAND, That the Laws of Maryland read as follows:
In this section the following words have the meanings indicated.

"Chlamydia screening test" means any laboratory test that:

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

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

"HUMAN PAPILLOMAVIRUS SCREENING TEST" MEANS ANY
LABORATORY TEST THAT:

SPECIFICALLY DETECTS FOR INFECTION BY ONE OR MORE
AGENTS OF THE HUMAN PAPILLOMAVIRUS; AND

IS APPROVED FOR THIS PURPOSE BY THE FEDERAL FOOD AND
DRUG ADMINISTRATION.

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

This section applies to:

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

health maintenance organizations that provide hospital, medical, or
surgical benefits to individuals or groups under contracts that are issued or delivered
in the State.

An entity subject to this section shall:

provide coverage for an annual routine chlamydia screening test AND
ANNUAL ROUTINE HUMAN PAPILLOMAVIRUS SCREENING TEST for:

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

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

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

[(2)] (II) men who have multiple risk factors; AND
(2) PROVIDE EDUCATIONAL MATERIAL TO ENROLLEES, MEMBERS, OR SUBSCRIBERS ON THE HEALTH RISKS ASSOCIATED WITH THE HUMAN PAPILLOMAVIRUS AND THE AVAILABILITY OF COVERAGE FOR THE HUMAN PAPILLOMAVIRUS SCREENING TEST PROVIDE COVERAGE FOR A HUMAN PAPILLOMAVIRUS SCREENING AT THE TESTING INTERVALS OUTLINED IN THE RECOMMENDATIONS FOR CERVICAL CYTOLOGY SCREENING DEVELOPED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.

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

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

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

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

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