
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

A BILL ENTITLED

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 human
 6 papillomavirus screening test for certain persons under certain circumstances;
 7 authorizing certain insurers, nonprofit health service plans, and health
 8 maintenance organizations to impose certain cost-sharing requirements under
 9 certain circumstances; defining certain terms; providing for the application of
 10 this Act; and generally relating to requiring certain insurers, nonprofit health
 11 service plans, and health maintenance organizations to provide coverage for an
 12 annual human papillomavirus screening test under certain circumstances.

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

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

20 **Article - Insurance**

21 15-829.

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

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

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

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

5 (3) "HUMAN PAPILLOMAVIRUS SCREENING TEST" MEANS ANY
6 LABORATORY TEST THAT:

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

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

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

14 (b) This section applies to:

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

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

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

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

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

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

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

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

29 (2) PROVIDE EDUCATIONAL MATERIAL TO ENROLLEES, MEMBERS, OR
30 SUBSCRIBERS ON THE HEALTH RISKS ASSOCIATED WITH THE HUMAN
31 PAPILLOMAVIRUS AND THE AVAILABILITY OF COVERAGE FOR THE HUMAN
32 PAPILLOMAVIRUS SCREENING TEST.

33 (d) (1) Subject to paragraph (2) of this subsection, the coverage required
34 under this section may be subject to a co-payment or coinsurance requirement or

1 deductible that an entity subject to this section imposes for similar coverages under
2 the same policy or contract.

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

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

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
10 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
11 on or after October 1, 2005. Any policy or health benefit plan in effect before October
12 1, 2005, shall comply with the provisions of this Act no later than October 1, 2006.

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