AMENDED IN ASSEMBLY JUNE 1, 2009

SENATE BILL No. 158

Introduced by Senator Wiggins
(Coauthors: Assembly Members Evans, Huffman, and Lieu)

February 12, 2009

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 158, as amended, Wiggins. Health care coverage: human papillomavirus vaccination.

Existing law, the Knox-Keene Health Care Service 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, health care service plan contracts and health insurance policies that include coverage for the treatment or surgery of cervical cancer are deemed to provide coverage for an annual cervical cancer screening test, upon the referral of specified persons.

This bill would require those plan contracts and insurance policies to also provide coverage for ~~the~~ *a* human papillomavirus vaccination, as specified.

Because a willful violation of the bill's requirements by a health care service plan would be a crime, the bill 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:

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

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

The coverage for an annual cervical cancer screening test provided pursuant to this section shall include the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the patient's health care provider.

(b) Every individual or group health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, or renewed on or after January 1, 2010, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for a human papillomavirus vaccination upon the referral of the patient's physician and surgeon, a nurse practitioner, ~~or~~ *a physician assistant, or a* certified nurse midwife, providing care to the patient and operating within the scope of practice otherwise permitted for the licensee.

(c) Nothing in this section shall be construed to establish a new mandated benefit or to prevent application of deductible or copayment provisions in an existing plan contract. The Legislature

intends in this section to provide that cervical cancer screening services *and a human papillomavirus vaccination* are deemed to be covered if the plan contract includes coverage for cervical cancer treatment or surgery.

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

10123.18. (a) Every individual or group policy of health insurance that is issued, amended, or renewed, on or after January 1, 2002, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage, upon the referral of a patient's physician and surgeon, a nurse practitioner, or a certified nurse midwife, providing care to the patient and operating within the scope of practice otherwise permitted for the licensee, for an annual cervical cancer screening test.

The coverage for an annual cervical cancer screening test provided pursuant to this section shall include the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the patient's health care provider.

(b) Every individual or group policy of health insurance that is issued, amended, or renewed~~,~~ on or after January 1, 2010, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for a human papillomavirus vaccination upon the referral of a patient's physician and surgeon, a nurse practitioner, *a physician assistant,* or a certified nurse midwife, providing care to the patient and operating within the scope of practice otherwise permitted for the licensee~~, for an annual cervical cancer screening test~~.

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

(d) This section shall not apply to vision only, dental only, accident only, specified disease, hospital indemnity, Medicare supplement, CHAMPUS supplement, long-term care, or disability

income insurance. For accident only, hospital indemnity, or specified disease insurance, coverage for benefits under this section shall apply only to the extent that the benefits are covered under the general terms and conditions that apply to all other benefits under the policy or certificate. Nothing in this section shall be construed as imposing a new benefit mandate on accident only, hospital indemnity, or specified disease insurance.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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