An act to add Section 1367.666 to the Health and Safety Code, and to add Section 10123.175 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 547, as introduced, Liu. Ovarian cancer coverage.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act’s provisions a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Under existing law, a health care service plan and a health insurer are deemed to provide coverage for all generally medically accepted cancer screening tests.

This bill would specifically provide that a health care service plan and a health insurer would be deemed to provide coverage for specified tests and procedures relating to the screening and diagnosis of ovarian cancer.

Because the bill would specify additional requirements for a health care service plan, the 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.

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

SECTION 1. Section 1367.666 is added to the Health and Safety Code, to read:
Every individual or group health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2004, shall be deemed to provide coverage for the screening and diagnosis of ovarian cancer, including, but not limited to, the appropriate blood tests, a transvaginal sonogram, and a rectovaginal pelvic examination when medically necessary and consistent with good professional practice.

SEC. 2. Section 10123.175 is added to the Insurance Code, to read:
Every individual or group health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2004, shall be deemed to provide coverage for the screening and diagnosis of ovarian cancer, including, but not limited to, the appropriate blood tests, a transvaginal sonogram, and a rectovaginal pelvic examination when medically necessary and consistent with good professional practice.

(b) This section shall not apply to Medicare supplement, vision-only, dental-only, or Champus-supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance that does not pay benefits on a fixed-benefit, cash payment only basis.

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.