Introduced by Assembly Member Hernandez Evans
(Principal coauthor: Assembly Member Hernandez)

December 4, 2006

An act to amend Section 48980 of, and to add Section 48986 to, the Education Code, and to repeal Sections 120325, 120330, and 120340 of, and to repeal and add Sections 120335 and 120365 of, the Health and Safety Code, relating to pupil immunizations. 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

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, a plan and a health insurer that include coverage for the treatment or surgery of cervical cancer are 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 permitted for the licensee, for an annual cervical cancer screening test.

This bill would instead require the referral to be from the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee. The bill would also expand the coverage to include a human papillomavirus vaccination, as specified.

Because the bill would specify an additional requirement for a health care service plan, the willful 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.

Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless prior to his or her first admission to that institution he or she has been fully immunized against various diseases.

The bill would, commencing July 1, 2009, revise the list of institutions that are subject to the prohibition, and would require the State Public Health Officer to create a list of diseases for which immunization shall be required prior to entry into those institutions.

The bill would also, commencing July 1, 2009, require the State Department of Public Health to annually publish on its Web site the list of immunizations that are required under these provisions, and to adopt regulations as necessary to administer the immunization requirements by July 1, 2010.

This bill would, commencing July 1, 2009, require the State Department of Education, in coordination with the State Department
of Public Health, to make available to school districts related informational materials.

Existing law requires at the beginning of the first semester or quarter, the governing board of each school district to notify parents or guardians of minor pupils of specified rights and responsibilities of the parent or guardian.

The bill would, commencing July 1, 2009, require the notice to also advise the parent or guardian of the immunization requirements developed by the State Public Health Officer pursuant to the above-described provisions, as specified.

By increasing the duties of local school districts, this 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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, licensed health care practitioner who is 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 licensed
health care provider practitioner who is providing care to the
patient and operating within the scope of practice permitted for
the licensee.

(b) 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, 2009, 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 licensed health care
practitioner who is providing care to the patient and operating
within the scope of practice permitted for the licensee, in
accordance with the recommendations of the Advisory Committee
on Immunization Practices to the Centers of Disease Control and
Prevention.

Nothing

(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 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 provides coverage for hospital, medical, or surgical
benefits, 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, the licensed health care
practitioner who is 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 licensed health care provider who is providing care to the patient and operating within the scope of practice permitted for the licensee.

(b) Every individual or group policy of health insurance that provides coverage for hospital, medical, or surgical benefits, that is issued, amended, or renewed, on or after January 1, 2009, 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 licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee, in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers of Disease Control and Prevention.

Nothing

(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.

All matter omitted in this version of the bill appears in the bill as amended in Senate, July 5, 2007 (JR11)