

DISTRICT OF COLUMBIA
OFFICIAL CODE

TITLE 31.
INSURANCE AND SECURITIES.

CHAPTER 29.
CANCER PREVENTION.

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CHAPTER 29. CANCER PREVENTION.

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CHAPTER 29. CANCER PREVENTION.

SUBCHAPTER I. SCREENING FOR WOMEN.

§ 31-2901. DEFINITIONS.

For the purposes of this subchapter, the term:

- (1) "Baseline mammogram" means a screening mammogram that is used as a comparison for future examinations.
- (2) "Screening mammogram" means a low dose x-ray used to visualize the internal structure of the breast.
- (3) "Cytologic screening" means a pap test to detect cervical cancer through the simple microscopic examination of cells scraped from the surface of the cervix.
- (4) "Health benefit plan" means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

(Mar. 7, 1991, D.C. Law 8-225, § 2, 38 DCR 217; June 18, 2003, D.C. Law 14-312, § 401(a), 50 DCR 306.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 35-2401.

Effect of Amendments

D.C. Law 14-312 rewrote par. (4) which had read as follows:

"(4) 'Health insurance policy' means any health insurance policy that provides for the payment of indemnity on account of sickness and is offered by Group Hospitalization and Medical Services, Incorporated, a health insurance company, a health self-insured, an insurance purchasing trust, or any health maintenance organization that offers insurance benefits or health plans in the District of Columbia ('District'). The term 'health insurance policy' shall not include a hospital indemnity policy, a disability insurance policy, an accident only policy, or a student accident policy."

Legislative History of Laws

Law 8-225, the "District of Columbia Cancer Prevention Act of 1990," was introduced in Council and assigned Bill No. 8-367, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 4, 1990, and December 18, 1990, respectively. Signed by the Mayor on December 27, 1990, it was assigned Act No. 8-308 and transmitted to both Houses of Congress for its review.

For Law 14-312, see notes following § 31-1601.

§ 31-2902. PAYABLE BENEFITS.

- (a) Any individual or group health benefit plan, including Medicaid, shall provide health insurance benefits

to cover:

- (1) A baseline mammogram for women; and
- (2) An annual screening mammogram for women.

(b) Any individual or group health benefit plan, including Medicaid, shall provide health insurance benefits to cover:

- (1) Annual cervical cytologic screening for women; and
- (2) Cervical cytologic screening for women upon certification by an attending physician that the test is medically necessary.

(c) Benefits provided in accordance with this section shall not be subject to an annual or coinsurance deductible.

(d) Benefits provided in accordance with this section shall not be subject to a co-payment except when an enrollee or subscriber elects to have a baseline mammogram, annual screening mammogram, annual cervical cytologic screening, and a cervical cytologic screening certified by an attending physician as being necessary, performed by an out-of-network provider in a preferred provider plan.

(e) Co-payments and coinsurance may be applicable to the enrollee's or subscriber's office visit.

(f) Subsections (d) and (e) of this section shall apply:

- (1) To any insurance policy or subscriber contract delivered or issued for delivery in the District more than 120 days after April 5, 2005; and
- (2) To any insurance policy or subscriber contract renewed, amended, or reissued 120 days after April 5, 2005.

(Mar. 7, 1991, D.C. Law 8-225, § 3, 38 DCR 217; June 18, 2003, D.C. Law 14-312, § 401(b), 50 DCR 306; Apr. 5, 2005, D.C. Law 15-291, § 2, 52 DCR 1457; Apr. 7, 2006, D.C. Law 16-91, § 106, 52 DCR 10637.)

HISTORICAL AND STATUTORY NOTES

Prior Codifications

1981 Ed., § 35-2402.

Effect of Amendments

D.C. Law 14-312, in subsecs. (a) and (b), substituted "health benefit plan" for "health insurance policy or service".

D.C. Law 15-291 added subsecs. (d), (e), and (f).

D.C. Law 16-91 made a technical correction that resulted in no change in text.

Legislative History of Laws

For legislative history of D.C. Law 8-225, see Historical and Statutory Notes following § 31-2901.

For Law 14-312, see notes following § 31-1601.

Law 15-291, the "Cancer Prevention Amendment Act of 2004", was introduced in Council and assigned Bill No. 15-875, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on November 9, 2004, and December 7, 2004, respectively. Signed by the Mayor on December 29, 2004, it was assigned Act No. 15-686 and transmitted to both Houses of Congress for its review. D.C. Law 15-291 became effective on April 5, 2005.

Law 16-91, the "Technical Amendments Act of 2005", was introduced in Council and assigned Bill No. 16-477 which was referred to the Committee on the Whole. The Bill was adopted on first and second readings on November 1, 2005, and November 15, 2005, respectively. Signed by the Mayor on November 30, 2005, it was assigned Act No. 16-212 and transmitted to both Houses of Congress for its review. D.C. Law 16-91 became effective on April 7, 2006.

§ 31-2903. APPLICABILITY.

The requirements of this subchapter shall apply:

- (1) To any health benefit plan delivered or issued for delivery in the District more than 120 days after March 7, 1991; and
- (2) To any health benefit plan renewed, amended, or reissued 120 days after March 7, 1991.

(Mar. 7, 1991, D.C. Law 8-225, § 4, 38 DCR 217; June 18, 2003, D.C. Law 14-312, § 401(c), 50 DCR 306.)

HISTORICAL AND STATUTORY NOTES

1981 Ed., § 35-2403.

D.C. Law 14-312, in pars. (1) and (2), substituted "health benefit plan" for "insurance policy or subscriber contract".

For legislative history of D.C. Law 8-225, see Historical and Statutory Notes following § 31-2901.

For Law 14-312, see notes following § 31-1601.

SUBCHAPTER II. COLORECTAL CANCER SCREENING INSURANCE.

§ 31-2931. COVERAGE.

- (a) Every individual and group health insurance policy or service, including Medicaid, shall provide coverage for colorectal cancer screening for policyholders residing in the District of Columbia.
- (b) The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines.
- (c) As American Cancer Society colorectal cancer screening guidelines are updated, every individual and group health insurance policy of service, including Medicaid, shall update their colorectal cancer screening benefits to comply with the American Cancer Society guidelines.

(Apr. 13, 2002, D.C. Law 14-100, § 2, 49 DCR 1008.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

Law 14-100, the "Colorectal Cancer Screening Insurance Coverage Requirement Act of 2002", was introduced in Council and assigned Bill No. 14-131, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on December 4, 2001, and January 8, 2002, respectively. Signed by the Mayor on January 28, 2002, it was assigned Act No. 14-233 and transmitted to both Houses of Congress for its review. D.C. Law 14- 100 became effective on April 13, 2002.

SUBCHAPTER III. PROSTATE CANCER SCREENING INSURANCE.

§ 31-2951. DEFINITIONS.

For the purposes of this subchapter, the term:

- (1) "Commissioner" means the Commissioner of the Department of Insurance and Securities Regulation.
- (2) "Health benefits plan" means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage; coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
- (3) "Health insurer" means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner.

(Mar. 25, 2003, D.C. Law 14-233, § 2, 49 DCR 9772.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

Law 14-233, the "Prostate Cancer Screening Insurance Coverage Requirement Act of 2002", was introduced in Council and assigned Bill No. 14-637, which was referred to the Committee on Consumer and Regulatory Affairs. The Bill was adopted on first and second readings on July 2, 2002, and October 1, 2002, respectively. Signed by the Mayor on October 23, 2002, it was assigned Act No. 14-491 and transmitted to both Houses of Congress for its review. D.C. Law 14-233 became effective on March 25, 2003.

§ 31-2952. COVERAGE FOR PROSTATE CANCER SCREENING.

(a) Each individual and group health benefits plan issued or renewed in the District of Columbia shall provide coverage for prostate cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society for the ages, family histories, and frequencies referenced in such guidelines.

(b) The coverage provided under this section shall not be more restrictive than or separate from coverage provided from any other illness, condition, or disorder for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.

(Mar. 25, 2003, D.C. Law 14-233, § 3, 49 DCR 9772.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 14-233, see notes following § 31-2951.

§ 31-2953. APPLICABILITY.

This subchapter shall apply to all individual and group health benefits plans issued or renewed on or after 120 days after March 25, 2003.

(Mar. 25, 2003, D.C. Law 14-233, § 4, 49 DCR 9772.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 14-233, see notes following § 31-2951.

§ 31-2954. REGULATIONS.

The Commissioner may issue rules and regulations necessary to implement the provisions of this subchapter.

(Mar. 25, 2003, D.C. Law 14-233, § 5, 49 DCR 9772.)

HISTORICAL AND STATUTORY NOTES

Legislative History of Laws

For Law 14-233, see notes following § 31-2951.