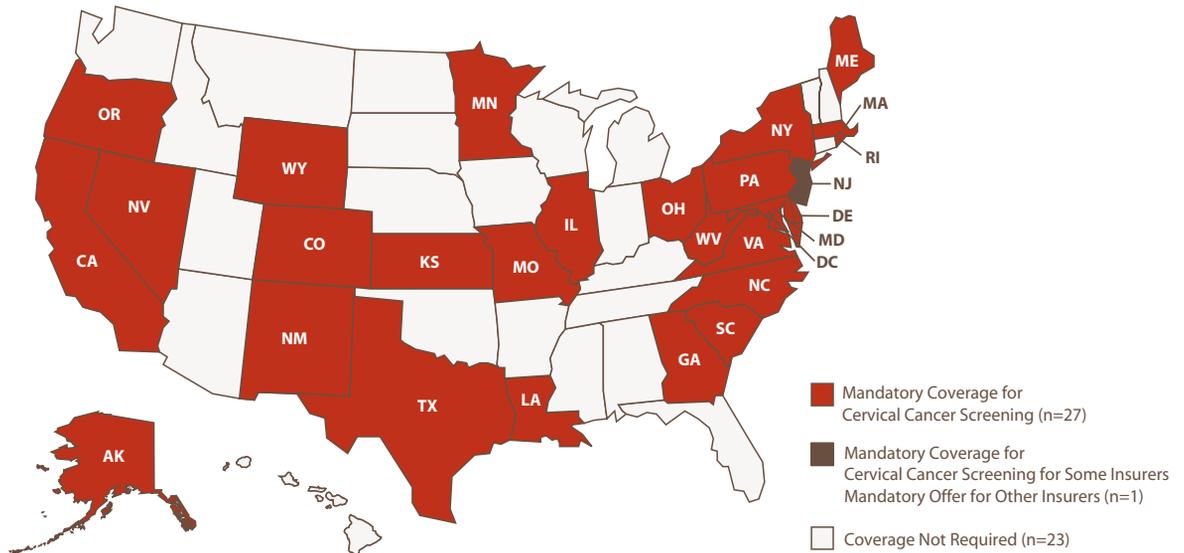




Cervical Cancer Screening

State Laws Requiring Third-Party Coverage for Cervical Cancer Screening*

(enacted as of March 31, 2011)



Pelvic exams, Pap tests (also referred to as Pap smears), and tests for the human papillomavirus (HPV) are essential parts of women's routine health examinations because these tests can detect cervical cancer or abnormalities that may lead to cervical cancer.

In 1987, **Massachusetts** was the first state to require specific third-party insurers to provide coverage for annual cervical cancer screening. Currently, 26* states and the **District of Columbia** (collectively, "states") have enacted similar laws. **New Jersey's** law is unique in requiring certain insurers to *provide* coverage for cervical cancer screening while requiring others only to *offer* such coverage. Of the states that require screening coverage, **California, Georgia, Kansas, Maine, New Jersey, New Mexico, and South Carolina** specify that coverage is dependent upon the recommendation of a health care provider. Laws in 26 states specifically mandate coverage for Pap tests. Of these, five states—**California, New Mexico, North Carolina, Texas, and West Virginia**—require that cervical cancer screening coverage include reimbursement for HPV testing. Six states explicitly require coverage to include a clinical pelvic examination to detect abnormalities.

State laws that mandate coverage for cervical cancer screening often stipulate age and frequency requirements, either in the text of the law itself or by requiring coverage to conform to the screening guidelines of a specified national organization. **Missouri, North Carolina, and Rhode Island** require coverage that conforms to the American Cancer Society guidelines, which recommend annual screening (or biennial if using new liquid-based cervical cytology screening)

beginning three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Alternatively, **North Carolina** allows coverage to conform to guidelines established by the North Carolina Advisory Committee on Cancer Coordination and Control. Three states—**Maryland***, **Pennsylvania**, and **Texas**—require coverage to conform to the guidelines of the American College of Obstetricians and Gynecologists (ACOG). In **Texas**, coverage may also conform to the guidelines of a "similar national organization." **West Virginia** requires coverage to conform either to ACOG guidelines or those of the U.S. Preventive Services Task Force. Eight of the remaining 21 states include age requirements for the initiation of screening. Seven of these states specify that screening coverage must begin at age 18 (through age 64 in **Oregon**), while **New Jersey** requires screening coverage beginning at age 20.

Testing frequency requirements also vary. The laws of 14 states require annual screening coverage. **New Jersey** requires biennial Pap test coverage only for specified individual insurers. Five states—the **District of Columbia, Georgia, New Jersey, Oregon, and South Carolina**—mandate coverage for more frequent testing if recommended by a physician. Five states—**Colorado, Kansas, Maine, Ohio, and Wyoming**—do not stipulate age or frequency requirements. Coverage in **Minnesota** and **New Mexico** must be recommended by a physician and be based on medical standards.

The laws of 15* states provide that screening coverage may be subject to insurance co-payments, deductibles, and/or coinsurance.

*Applies only to HPV testing in Maryland

The SCLD contains information synthesized from state-level laws. The SCLD does not contain state-level regulations; executive orders; measures implemented by counties, cities, or other localities; opinions of Attorneys General; or data addressing the implementation of state laws—all of which may vary from the laws reported here.

Source: National Cancer Institute: State Cancer Legislative Database Program, Bethesda, MD, 2011

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(enacted as of March 31, 2011)

State	Mandatory Coverage	Test(s) Covered			Coverage Must Conform to Specified Organization's Guidelines	Age and Frequency Requirements for Pap Test/ Cytology Specified in the Law			Copayment, Deductibles, and/or Coinsurance May Apply
		Pap Test/ Cytologic Screening	Pelvic/ Clinical Exams	HPV Testing		Age Requirements	Frequency	More Frequent Testing if Recommended by a Physician	
Alabama									
Alaska	●	●				18 and older	Annual		●
Arizona									
Arkansas									
California	●1,2	●		●			Annual		●
Colorado	●								●
Connecticut									
Delaware	●	●				18 and older	Annual		●
District of Columbia	●	●					Annual	●	●3
Florida									
Georgia	●1	●					Annual	●	●
Hawaii									
Idaho									
Illinois	●	●					Annual		
Indiana									
Iowa									
Kansas	●1	●							●
Kentucky									
Louisiana	●	●					Annual		
Maine	●1	●							
Maryland	● (HPV testing only)			●	●4 (HPV testing only)				● (HPV testing only)
Massachusetts	●	●				18 and older	Annual		
Michigan									
Minnesota	●	●					When ordered or provided by a physician according to standard practice		
Mississippi									
Missouri	●	●	●		●5				●
Montana									
Nebraska									
Nevada	●	●				18 and older	Annual		
New Hampshire									
New Jersey	●1,6	●				20 and older ⁷	Biennial (individual plans only)	●	
New Mexico	●1	●	●	●		18 and older	Upon determination of health care provider according to medical standards		●
New York	●	●	●			18 and older	Annual		●
North Carolina	●	●		●	●8				●
North Dakota									
Ohio	●	●							
Oklahoma									
Oregon	●	●	●			18 through 64	Annual	●	
Pennsylvania	●	●	●		●4				
Rhode Island	●	●			●5				
South Carolina	●1	●					Annual	●	●
South Dakota									
Tennessee									
Texas	●	●		● (in combination with Pap test)	●4 (or similar organization)	18 and older	Annual		
Utah									
Vermont									
Virginia	●	●					Annual		
Washington									
West Virginia	●	●		●	●4 or 9	18 and older			●
Wisconsin									
Wyoming	●	●	●						●

Key:

- Coverage is contingent upon recommendation by a health care provider.
- Although California law does not specifically address pelvic/clinical exams, Cal Health and Safety Code § 1367.665 requires third-party reimbursement for "all generally medically accepted cancer screening tests."
- Copayment applies only when the insured elects screening by an out-of-network provider in a preferred provider plan.
- American College of Obstetricians and Gynecologists (ACOG) Guidelines: Cervical cancer screening should begin at age 21. Guidelines for subsequent screening differ based on age, type of screening test, and prior test results.
- American Cancer Society (ACS) Guidelines: Cervical cancer screening should begin approximately three years after a woman begins having vaginal intercourse, but no later than 21 years of age. Guidelines for subsequent screening differ based on age, type of screening test, and prior test results.
- New Jersey law stipulates that specified HMOs must only offer coverage.
- Age requirements do not apply to specified group insurers.
- Requires coverage to conform to guidelines established by either the ACS or the North Carolina Advisory Committee on Cancer Coordination and Control.
- United States Preventive Services Task Force (USPSTF) Recommendations: The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and recommends against routinely screening women older than age 65 or women who have had a total hysterectomy for benign disease.

Note: State administrative regulations are not included in this analysis.