### **ENROLLED ORIGINAL**

#### AN ACT

## IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To require all individual and group health insurance policies to provide coverage for prostate cancer screening.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Prostate Cancer Screening Insurance Coverage Requirement Act of 2002".

Sec. 2. Definitions.

For the purposes of this act, 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.

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New Subchapter II, Chapter 29

New § 31-2931

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Sec. 3. 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.

Sec. 4. Applicability.

This act shall apply to all individual and group health benefits plans issued or renewed on <sup>§ 31-2933</sup> or after 120 days after the effective date of this act.

Sec. 5. Regulations.

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

Sec. 6. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code \$1-206.02(c)(3)).

#### Sec. 7. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December

New § 31-2932

New § 31-2934

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24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman Council of the District of Columbia

Mayor District of Columbia

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