



## HPV & CERVICAL CANCER PREVENTION 2009 INTERNATIONAL TOOLKIT

### EXAMPLES OF STATE LEGISLATION

#### HPV VACCINE INFORMATION PROGRAM

THE STATE OF GEORGIA  
GEORGIA 150TH GENERAL ASSEMBLY -- 2009-10 REGULAR SESSION  
HOUSE BILL 736

BY: REPRESENTATIVES STEPHENS OF THE 164TH, MANNING OF THE 32ND, HILL OF THE 180TH, RANDALL OF THE 138TH, ABRAMS OF THE 84TH, AND OTHERS

#### SYNOPSIS:

A BILL TO BE ENTITLED

AN ACT to amend Part 3 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to student health in elementary and secondary education, so as to require public schools to provide parents or guardians of sixth grade female students information concerning the infection and the immunization against the human papillomavirus; to provide for information from the Department of Human Resources; to provide for related matters; to repeal conflicting laws; and for other purposes.

#### NOTICE:

[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

#### TEXT:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

#### SECTION 1.

Part 3 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to student health in elementary and secondary education, is amended by adding a new Code section to read as follows:

[A> (A) ON OR AFTER OCTOBER 1, 2010, EACH PUBLIC SCHOOL SHALL ANNUALLY PROVIDE TO EACH PARENT OR GUARDIAN OF A FEMALE STUDENT WHO IS ENTERING SIXTH GRADE IN SUCH SCHOOL INFORMATION PRESCRIBED BY THE DEPARTMENT OF HUMAN RESOURCES UNDER SUBSECTION (B) OF THIS CODE SECTION CONCERNING THE LINK BETWEEN CERVICAL CANCER AND THE HUMAN PAPILOMAVIRUS INFECTION AND THAT AN IMMUNIZATION AGAINST THE HUMAN PAPILOMAVIRUS INFECTION IS AVAILABLE. <A]

[A> (B) THE DEPARTMENT OF HUMAN RESOURCES SHALL PROVIDE EACH LOCAL SCHOOL SYSTEM FOR DISTRIBUTION TO EACH SCHOOL DESCRIBED IN SUBSECTION (A) OF THIS CODE SECTION WITH THE FOLLOWING INFORMATION CONCERNING CERVICAL CANCER AND THE HUMAN PAPILOMAVIRUS INFECTION: <A]

[A> (1) THE LATEST SCIENTIFIC INFORMATION ON THE IMMUNIZATION AGAINST THE HUMAN PAPILLOMAVIRUS INFECTION AND THE IMMUNIZATION'S EFFECTIVENESS AGAINST CAUSES OF CERVICAL CANCER; <A]

[A> (2) THAT A PAP SMEAR IS STILL CRITICAL FOR THE DETECTION OF PRECANCEROUS CHANGES IN THE CERVIX TO ALLOW FOR TREATMENT BEFORE CERVICAL CANCER DEVELOPS; <A]

[A> (3) INFORMATION CONCERNING THE MEANS BY WHICH THE HUMAN PAPILLOMAVIRUS INFECTION IS CONTRACTED; AND <A]

[A> (4) A STATEMENT THAT ANY QUESTIONS OR CONCERNS REGARDING IMMUNIZING A CHILD AGAINST HUMAN PAPILLOMAVIRUS COULD BE ANSWERED BY CONTACTING A HEALTH CARE PROVIDER. <A] "

SECTION 2.

All laws and parts of laws in conflict with this Act are repealed.

## HPV VACCINE SCHOOL REQUIREMENT

THE STATE OF NEW YORK  
NEW YORK 232ND ANNUAL LEGISLATIVE SESSION  
ASSEMBLY BILL 778

(PREFILED)

JANUARY 7, 2009

INTRODUCED BY M. OF A. PAULIN, GOTTFRIED, GUNTHER, WEINSTEIN, ESPAILLAT, GREENE, MARKEY, ORTIZ, ROBINSON, CONTE, ALFANO, HOOPER, SPANO, GABRYSZAK, SCHIMEL, TITONE -- MULTI-SPONSORED BY -- M. OF A. BARRA, BING, BRODSKY, CUSICK, DESTITO, DIAZ, DINOWITZ, KELLNER, KOON, LIFTON, MAYERSOHN, TOWNS, WEISENBERG, ZEBROWSKI -- READ ONCE AND REFERRED TO THE COMMITTEE ON HEALTH

**SYNOPSIS:** AN ACT to amend the public health law, in relation to requiring immunization against human papillomavirus (HPV)

### NOTICE:

[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]

[D> Text within these symbols is deleted <D]

**TEXT:** THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The section heading and subdivisions 2, 3, 5 and 6 of [section 2164 of the public health law, as amended](#) by chapter 189 of the laws of 2006, subdivision 2 as separately amended by chapter 506 of the laws of 2006, are amended to read as follows:

Definitions; immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, [A> [HUMAN PAPILLOMAVIRUS \(HPV\)](#), <A] Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B.

2. a. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, [A> HUMAN PAPILLOMAVIRUS (HPV), <A] Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B, which meets the standards approved by the United States public health service for such biological products, and which is approved by the department under such conditions as may be specified by the public health council.

b. Every person in parental relation to a child in this state born on or after January first, nineteen hundred ninety-four and entering sixth grade or a comparable age level special education program with an unassigned grade on or after September first, two thousand seven, shall have administered to such child a booster immunization containing diphtheria and tetanus toxoids, [D> and <D] an acellular pertussis vaccine, [A> AND A HUMAN PAPILLOMAVIRUS (HPV) VACCINE, <A] which meets the standards approved by the United States public health service for such biological products, and which is approved by the department under such conditions as may be specified by the public health council.

3. The person in parental relation to any such child who has not previously received such immunization shall present the child to a health practitioner and request such health practitioner to administer the necessary immunization against poliomyelitis, mumps, measles, diphtheria, Haemophilus influenzae type b (Hib), rubella, varicella, [A> HUMAN PAPILLOMAVIRUS (HPV), <A] pertussis, tetanus, pneumococcal disease, and hepatitis B as provided in subdivision two of this section.

5. The health practitioner who administers such immunizing agent against poliomyelitis, mumps, measles, diphtheria, Haemophilus influenzae type b (Hib), rubella, varicella, [A> HUMAN PAPILLOMAVIRUS (HPV), <A] pertussis, tetanus, pneumococcal disease, and hepatitis B to any such child shall give a certificate of such immunization to the person in parental relation to such child.

6. In the event that a person in parental relation to a child makes application for admission of such child to a school or has a child attending school and there exists no certificate or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, [A> HUMAN PAPILLOMAVIRUS (HPV), <A] hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall inform such person of the necessity to have the child immunized, that such immunization may be administered by any health practitioner, or that the child may be immunized without charge by the health officer in the county where the child resides, if such person executes a consent therefor. In the event that such person does not wish to select a health practitioner to administer the immunization, he or she shall be provided with a form which shall give notice that as a prerequisite to processing the application for admission to, or for continued attendance at, the school such person shall state a valid reason for withholding consent or consent shall be given for immunization to be administered by a health officer in the public employ, or by a school physician or nurse. The form shall provide for the execution of a consent by such person and it shall also state that such person need not execute such consent if subdivision eight or nine of this section apply to such child.

Section 2. Paragraph (a) of subdivision 7 of [section 2164 of the public health law, as amended](#) by chapter 189 of the laws of 2006, is amended to read as follows:

(a) No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school, or to attend such school, in excess of fourteen days, without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, [A> HUMAN PAPILLOMAVIRUS (HPV), <A] hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease; provided, however, such

fourteen day period may be extended to not more than thirty days for an individual student by the appropriate principal, teacher, owner or other person in charge where such student is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certification or other evidence of immunization.

Section 3. The opening paragraph of subdivision 8-a of [section 2164 of the public health law, as amended](#) by chapter 189 of the laws of 2006, is amended to read as follows:

Whenever a child has been refused admission to, or continued attendance at, a school as provided for in subdivision seven of this section because there exists no certificate provided for in subdivision five of this section or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, [A> [HUMAN PAPILLOMAVIRUS \(HPV\)](#), <A] hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall:

Section 4. Subdivision 1 of [section 613 of the public health law, as amended](#) by chapter 189 of the laws of 2006, is amended to read as follows:

1. The commissioner shall develop and supervise the execution of a program of immunization, surveillance and testing, to raise to the highest reasonable level the immunity of the children of the state against communicable diseases including, but not limited to, poliomyelitis, measles, mumps, rubella, haemophilus influenzae type b (Hib), diphtheria, pertussis, tetanus, varicella, [A> [HUMAN PAPILLOMAVIRUS \(HPV\)](#), <A] hepatitis B, pneumococcal disease, and the immunity of adults of the state against diseases identified by the commissioner, including but not limited to influenza, smallpox, and hepatitis. The commissioner shall encourage the municipalities in the state to develop and shall assist them in the development and the execution of local programs of inoculation to raise the immunity of the children and adults of each municipality to the highest reasonable level. Such programs shall include provision of vaccine, surveillance of vaccine effectiveness by means of laboratory tests, serological testing of individuals and educational efforts to inform health care providers and target populations or their parents, if they are minors, of the facts relative to these diseases and inoculation to prevent their occurrence. The commissioner shall invite and encourage the active assistance and cooperation in such education activities of: the medical societies, organizations of other licensed health personnel, hospitals, corporations subject to article forty-three of the insurance law, trade unions, trade associations, parents and teachers and their associations, the media of mass communication, and such other voluntary groups and organizations of citizens as he or she shall deem appropriate. The public health council, the department of education, the department of family assistance, and the department of mental hygiene shall provide the commissioner with such assistance in carrying out the program as he or she shall request. All other state agencies shall also render such assistance as the commissioner may reasonably require for this program. Nothing in this subdivision shall authorize mandatory immunization of adults or children, except as provided in sections twenty-one hundred sixty-four and twenty-one hundred sixty-five of this chapter.

[Section 5. This act shall take effect September 1, 2010; provided, however, that sections one, two and three of this act shall apply only to children born on or after January 1, 1996.](#)

# COMPULSORY HPV VACCINE INSURANCE REIMBURSEMENT

THE STATE OF OREGON  
OREGON 75TH LEGISLATIVE ASSEMBLY  
HOUSE BILL 2794

ORDERED BY THE SENATE JUNE 1  
INCLUDING SENATE AMENDMENTS DATED JUNE 1  
SPONSORED BY REPRESENTATIVE TOMEI, SENATOR ROSENBAUM; REPRESENTATIVES  
BAILEY, BARKER, BARNHART, BARTON, BOONE, BUCKLEY, COWAN, DEMBROW, GARRETT,  
GELSER, GREENLICK, HARKER, HOLVEY, KAHL, KOMP, KOTEK, MATTHEWS, NOLAN, READ,  
RILEY, ROBLAN, SCHAUFLEER, SHIELDS, J SMITH, STIEGLER, SENATORS DINGFELDER,  
MORRISETTE, WALKER

## SYNOPSIS:

A BILL FOR AN ACT relating to health benefit plan coverage of human papillomavirus vaccine; creating new provisions; and amending ORS 750.055 and 750.333.

## DIGEST: SUMMARY

Requires health benefit plans to provide coverage of human papillomavirus vaccine for female beneficiaries who are [D> 11 years of age or older <D] [A> AT LEAST 11 YEARS OF AGE BUT NO OLDER THAN 26 YEARS OF AGE <A] .

## NOTICE:

[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]  
[D> Text within these symbols is deleted <D]

**TEXT:** Be It Enacted by the People of the State of Oregon:

SECTION 1. [A> SECTION 2 OF THIS 2009 ACT IS ADDED TO AND MADE A PART OF THE INSURANCE CODE. <A]

SECTION 2. [A> (1) ALL HEALTH BENEFIT PLANS, AS DEFINED IN ORS 743.730, SHALL INCLUDE COVERAGE OF THE HUMAN PAPILLOMAVIRUS VACCINE FOR FEMALE BENEFICIARIES UNDER THE HEALTH BENEFIT PLAN WHO ARE AT LEAST 11 YEARS OF AGE BUT NO OLDER THAN 26 YEARS OF AGE. <A]

[A> (2) ORS 743A.001 DOES NOT APPLY TO THIS SECTION. <A]

SECTION 3. ORS 750.055, as amended by section 5, chapter 22, Oregon Laws 2008, is amended to read:

750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592,

731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804 and 731.844 to 731.992 and section 2, chapter 22, Oregon Laws 2008.

(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not including ORS 732.582.

(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS chapter 734.

(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.664, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911, 743.913, 743A.010, 743A.012, 743A.036, 743A.048, 743A.062, 743A.064, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.110, 743A.140, 743A.148, 743A.160, 743A.164, 743A.168, 743A.184, 743A.188 and 743A.190 [A> [AND SECTION 2 OF THIS 2009 ACT](#) <A] .

(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.

(i) ORS 735.600 to 735.650.

(j) ORS 743.680 to 743.689.

(k) ORS 744.700 to 744.740.

(L) ORS 743.730 to 743.773.

(m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.

(2) For the purposes of this section, health care service contractors shall be deemed insurers.

(3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

SECTION 4. ORS 750.055, as amended by section 7, chapter 137, Oregon Laws 2003, section 3, chapter 263, Oregon Laws 2003, sections 501 and 502, chapter 22, Oregon Laws 2005, sections 5 and 6, chapter 255, Oregon Laws 2005, section 5, chapter 418, Oregon Laws 2005, section 3, chapter 128, Oregon Laws 2007, section 9, chapter 182, Oregon Laws 2007, section 6, chapter 313, Oregon Laws 2007, section 4, chapter 504, Oregon Laws 2007, section 4, chapter 566, Oregon Laws 2007, section 4, chapter 872, Oregon Laws 2007, and section 6, chapter 22, Oregon Laws 2008, is amended to read:

750.055. (1) The following provisions of the Insurance Code apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804 and 731.844 to 731.992 and section 2, chapter 22, Oregon Laws 2008.

(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not including ORS 732.582.

(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS chapter 734.

(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743.911, 743.913, 743A.010, 743A.012, 743A.036, 743A.048, 743A.062, 743A.064, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.110, 743A.140, 743A.148, 743A.160, 743A.164, 743A.168, 743A.184 and 743A.190 [A> AND SECTION 2 OF THIS 2009 ACT <A] .

(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(h) ORS 743A.024, except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is referred by a physician associated with a group practice health maintenance organization.

(i) ORS 735.600 to 735.650.

(j) ORS 743.680 to 743.689.

(k) ORS 744.700 to 744.740.

(L) ORS 743.730 to 743.773.

(m) ORS 731.485, except in the case of a group practice health maintenance organization that is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns and operates an in-house drug outlet.

(2) For the purposes of this section, health care service contractors shall be deemed insurers.

(3) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(4) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are deemed necessary for the proper administration of these provisions.

SECTION 5. ORS 750.333, as amended by section 7, chapter 22, Oregon Laws 2008, is amended to read:

750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(c) ORS chapter 734.

(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562, 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110 and 743A.184.

(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044, 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180, 743A.188 and 743A.190 [A> [AND SECTION 2 OF THIS 2009 ACT](#) <A] . Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insurance consultants, and ORS 744.700 to 744.740.

(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(i) ORS 731.592 and 731.594.

(j) Section 2, chapter 22, Oregon Laws 2008.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

(b) References to certificates of authority shall be considered references to certificates of multiple employer welfare arrangement.

(c) Contributions shall be considered premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the transaction of health insurance.

SECTION 6. ORS 750.333, as amended by section 4, chapter 263, Oregon Laws 2003, section 11, chapter 182, Oregon Laws 2007, section 8, chapter 313, Oregon Laws 2007, section 6, chapter 504, Oregon Laws 2007, section 6, chapter 566, Oregon Laws 2007, section 6, chapter 872, Oregon Laws 2007, and section 8, chapter 22, Oregon Laws 2008, is amended to read:

750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(c) ORS chapter 734.

(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530, 743.560, 743.562, 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110 and 743A.184.

(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.044, 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180 and 743A.190 [A> AND SECTION 2 OF THIS 2009 ACT <A] . Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insurance consultants, and ORS 744.700 to 744.740.

(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(i) ORS 731.592 and 731.594.

(j) Section 2, chapter 22, Oregon Laws 2008.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

(b) References to certificates of authority shall be considered references to certificates of multiple employer welfare arrangement.

(c) Contributions shall be considered premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the transaction of health insurance.

SECTION 7. ORS 750.333, as amended by section 8, chapter 137, Oregon Laws 2003, section 4, chapter 263, Oregon Laws 2003, section 3, chapter 446, Oregon Laws 2003, section 6, chapter 418, Oregon Laws 2005, section 12, chapter 182, Oregon Laws 2007, section 9, chapter 313, Oregon Laws 2007, section 7, chapter 504, Oregon Laws 2007, section 7, chapter 566, Oregon Laws 2007, section 7, chapter 872, Oregon Laws 2007, and section 9, chapter 22, Oregon Laws 2008, is amended to read:

750.333. (1) The following provisions of the Insurance Code apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652 and 731.804 to 731.992.

(b) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(c) ORS chapter 734.

(d) ORS 742.001 to 742.009, 742.013, 742.061 and 742.400.

(e) ORS 743.028, 743.053, 743.524, 743.526, 743.527, 743.528, 743.529, 743.530,

743.560, 743.562, 743.600, 743.601, 743.602, 743.610, 743.730 to 743.773 (except 743.760 to 743.773), 743.801, 743.804, 743.807, 743.808, 743.814 to 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863, 743.864, 743A.012, 743A.064, 743A.080, 743A.100, 743A.104, 743A.110 and 743A.184.

(f) ORS 743A.010, 743A.014, 743A.024, 743A.028, 743A.032, 743A.036, 743A.040, 743A.048, 743A.066, 743A.068, 743A.084, 743A.088, 743A.090, 743A.140, 743A.148, 743A.168, 743A.180 and 743A.190 [A] [AND SECTION 2 OF THIS 2009 ACT](#) [A]. Multiple employer welfare arrangements to which ORS 743.730 to 743.773 apply are subject to the sections referred to in this paragraph only as provided in ORS 743.730 to 743.773.

(g) Provisions of ORS chapter 744 relating to the regulation of insurance producers and insurance consultants, and ORS 744.700 to 744.740.

(h) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(i) ORS 731.592 and 731.594.

(j) Section 2, chapter 22, Oregon Laws 2008.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement shall be considered an insurer.

(b) References to certificates of authority shall be considered references to certificates of multiple employer welfare arrangement.

(c) Contributions shall be considered premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 shall be considered to be the transaction of health insurance.

SECTION 8. [A] [SECTION 2 OF THIS 2009 ACT APPLIES TO HEALTH BENEFIT PLANS ISSUED OR RENEWED ON OR AFTER THE EFFECTIVE DATE OF THIS 2009 ACT.](#) [A]

# STATEWIDE CERVICAL CANCER ELIMINATION TASK FORCE/ACCOUNTABLE ENTITY

2005 NH H.B. 111

FIRST YEAR OF THE 159TH SESSION OF THE GENERAL COURT

HOUSE BILL 111

2005 Bill Tracking NH H.B. 111

DATE-INTRO: DECEMBER 1, 2004

LAST-ACTION: **JUNE 1, 2005**; Chapter No. 18

**SYNOPSIS:** Establishes a commission to study the elimination of **cervical cancer** in the state of New Hampshire.

**STATUS:**

12/01/2004 PREFILED.

12/01/2004 Filed as LSR 117

01/05/2005 INTRODUCED.

01/05/2005 To HOUSE Committee on HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS.

01/13/2005 From HOUSE Committee on HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS: Ought to pass with amendment.

01/26/2005 Committee amendment adopted on HOUSE floor.

01/26/2005 Passed HOUSE. \*\*\*\*\*To SENATE.

03/31/2005 To SENATE Committee on HEALTH AND HUMAN SERVICES.

04/13/2005 From SENATE Committee on HEALTH AND HUMAN SERVICES: Ought to pass.

04/21/2005 Committee report adopted on SENATE floor.

04/21/2005 Passed SENATE.

05/04/2005 Ordered Enrolled.

05/10/2005 Signed by GOVERNOR.

06/01/2005 Chapter No. 18

**SUBJECT:** HEALTH AND SOCIAL SERVICES, HEALTH- MISC, Health Research and Programs, MEDICAL SPECIALTIES AND SERVICES, Obstetrics and Gynecology, DISEASES- OTHER, Cancer, POLITICS AND GOVERNMENT, LEGISLATURES AND CONGRESS, Committees, Task Forces, Study Commissions

**SPONSOR:** Wendelboe

**SUBJECT:** CANCER (90%); OBSTETRICS & GYNECOLOGY (89%); LEGISLATORS (86%);

**VERSION:** Enacted

VERSION-DATE: May 10, 2005

**SYNOPSIS:**

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Five

AN ACT establishing a commission to study the elimination of cervical cancer in the state of New Hampshire.

DIGEST:

ANALYSIS

This bill establishes a commission to study the elimination of cervical cancer in the state of New Hampshire.

26Jan2005 0008h

**TEXT:** Be it Enacted by the Senate and House of Representatives in General Court convened:

18:1 Commission Established. There is established a commission to study the elimination of **cervical cancer** in New Hampshire.

18:2 Membership and Compensation.

I. The members of the commission shall be as follows:

- (a) Five members of the house of representatives, appointed by the speaker of the house.
- (b) Two members of the senate, appointed by the president of the senate.
- (c) One representative of the American Cancer Society, appointed by such society.
- (d) One representative of a woman's health organization, appointed by the governor.
- (e) The commissioner of insurance, or designee.
- (f) A gynecologist licensed in New Hampshire, appointed by the governor.
- (g) The state epidemiologist, or designee.
- (h) Two public members, appointed by the governor.
- (i) A licensed pediatrician, appointed by the New Hampshire Medical Society.
- (j) A licensed family physician, appointed by the New Hampshire Medical Society.
- (k) A licensed registered nurse, appointed by the New Hampshire Nurses Association.

II. Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

18:3 Duties. The commission's study shall include, but not be limited to the following:

I. A statistical and qualitative examination of the prevalence and burden of **cervical cancer**.

II. How to raise public awareness on the causes and capture of **cervical cancer**, personal risk factors, value of prevention, early detection, options for testing, treatment costs, new technology, medical care reimbursement, and physician education.

III. Identifying priority strategies, new technologies, or newly introduced vaccines which are effective in preventing and controlling the risk of **cervical cancer**.

IV. Identifying and examining the limitations of existing laws, regulation, programs, and services with regard to coverage and awareness issues for **cervical cancer**.

V. Receiving and considering reports and testimony from individuals, local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide to learn more about their contributions to **cervical cancer** diagnosis, prevention, and treatment and more about their ideas for improving **cervical cancer** prevention, diagnosis, and treatment in the state of New Hampshire.

VI. Developing a statewide comprehensive **cervical cancer** prevention plan and strategies for implementing and promoting the plan.

18:4 Chairperson; Quorum. The members of the study commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the first-named house member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Seven members of the commission shall constitute a quorum.

18:5 Report. The commission shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2005.

18:6 Effective Date. This act shall take effect upon its passage.

(Approved: May 10, 2005)

(Effective Date: May 10, 2005)

**SPONSOR:**

Wendelboe

## COMPULSORY HPV TESTING INSURANCE COVERAGE AND REIMBURSEMENT

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in bold-face type in the above bill is proposed language.

FIRST REGULAR SESSION

HOUSE BILL NO. 541

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES LOW (39) (Sponsor), WILDBERGER, DOUGHERTY, HARRIS (110), BOWMAN, CHAPPELLE-NADAL, MEADOWS, WRIGHT-JONES, FRAME, SCHOEMEHL, LeVOTA, QUINN (9), SCAVUZZO, RUCKER, WALSH, PAGE, DONNELLY, EL-AMIN, HAYWOOD, SKAGGS, LAMPE, BAKER (25) AND McCLANAHAN (Co-sponsors).

Read 1st time January 23, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

1115L.01I

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for cervical cancer testing.

*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be 2 known as section 376.1256, to read as follows:

376.1256. 1. Each health carrier or health benefit plan that offers or issues health 2 benefit plans which are delivered, issued for delivery, continued, or renewed in this state 3 on or after January 1, 2008, shall provide coverage for a human papillomavirus (HPV) 4 screening at testing intervals outlined in certain recommendations developed by the 5 American College of Obstetricians and Gynecologists.

6 2. For the purposes of this section, "health carrier" and "health benefit plan" shall 7 have the same meaning as defined in section 376.1350, and "human papillomavirus 8 screening" means any laboratory test that specifically detects for infection by one or more 9 agents of the human papillomavirus and is approved for such purpose by the federal Food 10 and Drug Administration.

11 3. The health care service required by this section shall not be subject to any 12 greater deductible or co-payment than other similar health care services provided by the 13 health benefit plan.

14. The provisions of this section shall not apply to a supplemental insurance policy, 15 including a life care contract, accident-only policy, specified disease policy, hospital policy 16 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, 17 short-term major medical policies of six months or less duration, or any other 18 supplemental policy.

# CERVICAL CANCER PREVENTION – OTHER

Enrolled Copy H.B. 358

1 CERVICAL CANCER PREVENTION

2 2007 GENERAL SESSION

3 STATE OF UTAH

4 **Chief Sponsor: Karen W. Morgan**

5 Senate Sponsor: Margaret Dayton

6 Cosponsors:

7 Sheryl L. Allen

8 Sylvia S. Andersen

9 Ralph Becker

10 Jackie Biskupski

11 DeMar Bud Bowman

12 Tim M. Cosgrove

13 Bradley M. Daw

14 Carl W. Duckworth

15 Janice M. Fisher

James R. Gowans

Neil A. Hansen

Lynn N. Hemingway

Neal B. Hendrickson

Kory M. Holdaway

Fred R. Hunsaker

Eric K. Hutchings

Christine A. Johnson

Brad King

David Litvack

Steven R. Mascaro

Ronda Rudd Menlove

Carol Spackman Moss

Paul Ray

Phil Riesen

Jennifer M. Seelig

LaWanna Lou Shurtliff

Mark A. Wheatley

Larry B. Wiley

16

17 **LONG TITLE**

18 **General Description:**

19 This bill amends the Health Promotion and Risk Reduction chapter of the Health Code.

20 **Highlighted Provisions:**

21 This bill:

22 < directs the Department of Health to establish a public awareness campaign to

23 educate parents, healthcare providers, and women about the causes and risks of

24 cervical cancer and the prevention of cervical cancer.

25 **Monies Appropriated in this Bill:**

26 None

27 **Other Special Clauses:**

28 None

**29 Utah Code Sections Affected:**

30 ENACTS:

31 **26-7-3**, Utah Code Annotated 1953

32

**H.B. 358 Enrolled Copy**

33 *Be it enacted by the Legislature of the state of Utah:*

34 Section 1. Section **26-7-3** is enacted to read:

**35 26-7-3. Cervical cancer public awareness campaign.**

36 (1) The department shall create a public awareness campaign to educate parents, health  
37 care providers, and women about the causes and risk factors associated with cervical cancer  
38 and the prevention of cervical cancer.

39 (2) The public awareness campaign required by Subsection (1) shall include:

40 (a) information about abstinence before and fidelity after marriage being the surest  
41 prevention of sexually transmitted diseases including the human papillomavirus; and

42 (b) a complete list of side effects and risks discovered during drug trials of any vaccine  
43 developed for the prevention of cervical cancer or human papillomavirus.

- 2 -