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HEALTH

Women's Health: Require Insurers to Cover Chlamydia Screening Tests for Women Twenty-Nine Years of Age or Younger as Part of Certain Medical Insurance

CODE SECTION:	O.C.G.A. § 31-17-4.1 (new)
BILL NUMBER:	HB 1565
ACT NUMBER:	857
GEORGIA LAWS:	1998 Ga. Laws 867
SUMMARY:	The Act sets forth legislative findings that chlamydia causes serious complications in women, that it may cause complications for their infants, and that chlamydia may go undetected but is easily curable. The Act requires insurers authorized to issue certain individual or group accident and sickness benefit plans, contracts, or policies, and nondental contracts with managed care plans to include, as part of any such plan renewed or entered into on or after July 1, 1998, coverage for one annual chlamydia screening test for covered females twenty-nine years of age or younger. The Act provides that the Commissioner of Insurance may approve exclusions, reductions, or limitations as to coverages, deductibles, or coinsurance provisions for the chlamydia screening. The provisions are subject to notice and enforcement provisions promulgated by the Commissioner of Insurance.
EFFECTIVE DATE:	July 1, 1998

History

Chlamydia, a sexually transmitted bacterial infection, costs the State of Georgia an estimated \$51 million each year.¹ Historically, the State has a higher percentage of citizens suffering from sexually

1. See Patricia Guthrie, *Chlamydia Screening Pushed by Activists*, ATLANTA J. & CONST., Feb. 11, 1998, at C4.

transmitted diseases than most other states.² Among the complications chlamydia can cause in women of child-bearing years are: chronic pelvic inflammatory disease and pain; infertility; increased risks of ectopic (tubal) pregnancy; vulnerability to AIDS; and complications during childbirth.³ For a baby born to an infected mother, chlamydia can increase the risks of eye infections, low birth-weight, or pneumonia.⁴

Although the complications that arise from chlamydia can be very severe, the disease is easily treated with antibiotics if detected early.⁵ However, the condition is often asymptomatic, so most women who have chlamydia never know they are infected.⁶ The disease has been described as the “Stealth bomber of [sexually transmitted diseases].”⁷ When it goes undetected, and consequently untreated, complications develop, which can be difficult and costly to treat.⁸ Proponents of the Act argued that screening women and detecting the disease early will actually save money in the long run.⁹ The screening tests range in price from five dollars to fifteen dollars¹⁰ and can help healthcare providers detect the infection early.

Although discovering chlamydia cases early can save a lot in healthcare costs, screening tests are really the only way to detect the disease, and few women currently are being tested.¹¹ Major Georgia insurers have not covered the screening, possibly because they were “unaware of the impact of [chlamydia] infections and their prevalence

2. See *id.*; *Cover Cost of Chlamydia Screen*, ATLANTA J. & CONST., Mar. 15, 1998 [hereinafter *Chlamydia Screen*].

3. See 1998 Ga. Laws 867, § 1, at 868; Guthrie, *supra* note 1; *Chlamydia Screen*, *supra* note 2.

4. See Guthrie, *supra* note 1; *Chlamydia Screen*, *supra* note 2.

5. See Guthrie, *supra* note 1; *Chlamydia Screen*, *supra* note 2.

6. See Guthrie, *supra* note 1 (quoting Susan DeLisle, Director of Centers for Disease Control’s (CDC) infertility and prevention activities); *Chlamydia Screen*, *supra* note 2.

7. Guthrie, *supra* note 1 (quoting Susan DeLisle, Director of CDC’s Infertility and Prevention Activities); *Chlamydia Screen*, *supra* note 2.

8. See Guthrie, *supra* note 1; *Lawmakers ’98* (GPTV Broadcast, Feb. 11, 1998) [hereinafter *Lawmakers*] (remarks by Rep. Buddy Childers, House District No. 13) (available in Georgia State University College of Law Library).

9. See 1998 Ga. Laws 867, § 1, at 868; Telephone Interview with Rep. Nan Grogan Orrock, House District No. 56 (July 30, 1998) [hereinafter *Orrock Interview*]; Guthrie, *supra* note 1; *Chlamydia Screen*, *supra* note 2; *Lawmakers*, *supra* note 8.

10. See Peter Mantius, *Advocates, Insurers Split Over “Health Mandates,”* ATLANTA J. & CONST., Feb. 24, 1998, at C4; *Chlamydia Screen*, *supra* note 2; *Lawmakers*, *supra* note 8.

11. See *Chlamydia Screen*, *supra* note 2.

as a woman's health issue."¹² Dr. Kathleen Toomey, Director of Georgia's Division of Public Health, testified concerning the impact of chlamydia before House committees and even spoke on the floor of the House to educate Georgia lawmakers on the effects of the disease and the need for early detection and treatment.¹³

Representative Nan Grogan Orrock created a committee in 1997 to study the chlamydia problem in Georgia and develop recommendations for the Georgia General Assembly.¹⁴ The committee's finding that chlamydia posed a serious problem in Georgia, and its recommendation that insurance was needed to pay for screening and testing for the disease influenced Representative Buddy Childers to sponsor the bill.¹⁵ Similarly, Representative Gail Buckner co-sponsored the bill because Georgia has one of the highest rates of sexually transmitted diseases, with chlamydia affecting people of all economic and educational backgrounds.¹⁶

In addition to the Act, other efforts to combat the chlamydia problem in Georgia include appropriations of money to cover the cost of chlamydia screening and treatment in state public health clinics and in Georgia's Medicaid program.¹⁷

HB 1565

Introduction

The General Assembly referred the introduced version of HB 1565, which originally mandated the coverage of chlamydia tests, to a subcommittee of the House Health and Ecology Committee.¹⁸ Subsequently, the bill went to the full committee and passed.¹⁹ Thereafter, the bill passed the House, and was engrossed.²⁰ The bill then went to the Senate, where the Senate Insurance and Labor

12. *Id.* (quoting Dr. Kathleen Toomey, Georgia's Director of Public Health).

13. See Telephone Interview with Rep. Buddy Childers, House District No. 13 (May 29, 1998) [hereinafter Childers Interview]; *Chlamydia Screen*, *supra* note 2.

14. See Orrock Interview, *supra* note 9.

15. See Childers Interview, *supra* note 13.

16. See Telephone Interview with Rep. Gail M. Buckner, House District No. 95 (Aug. 10, 1998) [hereinafter Buckner Interview].

17. See *id.*; Orrock Interview, *supra* note 9.

18. See Childers Interview, *supra* note 13.

19. See *id.*; *Lawmakers*, *supra* note 8.

20. See O.C.G.A. § 31-17-4.1 (Supp. 1998); Childers Interview, *supra* note 13; Orrock Interview, *supra* note 9; see also State of Georgia Final Composite Status Sheet, Mar. 19, 1998.

Committee amended the bill to merely requiring insurers to *offer* coverage for chlamydia screenings, which would have essentially gutted the bill.²¹ However, through the efforts of Senator Charles Walker, the bill was amended on the Senate floor to reinstate the original House language, mandating coverage rather than merely offering coverage.²² Subsequently, this version of the bill passed the Senate.²³

Definitions

The Act defines the term “chlamydia screening test” as “any laboratory test of the urogenital tract which specifically detects for infection by one or more agents of chlamydia trachomatis and which test is approved for such purposes by the federal Food and Drug Administration.”²⁴ The Act excludes from its definition of “policy” limited benefit plan policies or contracts, disability income policies, specified disease policies, and hospital indemnity policies, in order to exclude insurers who provide types of insurance that would not cover such things as chlamydia screenings.²⁵ The Senate Insurance and Labor Committee’s proposed amendment would have excluded credit insurance policies, accident only policies, and other limited benefit plan policies or contracts from the definition of “policy,” but the Act did not contain those exclusions.²⁶

Applicability

The Act mandates chlamydia screening coverage for females under age thirty as part of individual or group accident or sickness insurance policies that cover females, and as part of contracts for “financing and delivery of health care services through a managed care plan, other than a dental plan.”²⁷ The Act explicitly excludes certain medical

21. See HB 1565 (SCA), 1998 Ga. Gen. Assem.; Orrock Interview, *supra* note 9.

22. See HB 1565 (SFA), 1998 Ga. Gen. Assem.; Orrock Interview, *supra* note 9. Compare HB 1565, as introduced, 1998 Ga. Gen. Assem., with HB 1565 (SCA), 1998 Ga. Gen. Assem., and O.C.G.A. § 31-17-4.1 (Supp. 1998).

23. See State of Georgia Final Composite Status Sheet, Mar. 19, 1998.

24. O.C.G.A. § 31-17-4.1(a)(1) (Supp. 1998).

25. See *id.* § 31-17-4.1(a)(2); Telephone Interview with Rep. Michele Henson, House District No. 65 (July 13, 1998) [hereinafter Henson Interview].

26. Compare O.C.G.A. § 31-17-4.1(a)(2) (Supp. 1998), with HB 1565 (SCA), 1998 Ga. Gen. Assem.

27. O.C.G.A. § 31-17-4.1(c)(1) (Supp. 1998); see *id.* § 31-17-4.1(b)(1); Orrock Interview, *supra* note 9.

insurance policies from its provisions, as discussed above.²⁸ Although the Senate amendment would have applied only to insurers offering "major medical insurance coverage," the Act does not include that specific limitation.²⁹ However, the language of the Act does limit the required chlamydia screening coverage to "individual or group accident and sickness insurance polic[ies]," or to contracts providing "health care services" through a managed care plan.³⁰

The Act only requires insurers to cover chlamydia screenings for females who are twenty-nine years of age or younger.³¹ The twenty-nine-year-old age cutoff was chosen to minimize costs while protecting women as much as possible, since ninety-five percent of the chlamydia cases occur in women under the age of thirty.³² The amended version of the bill would have required insurers to offer a chlamydia screening test only "in conjunction with" a pap smear that is required to be covered under statutory provisions governing individual and group major medical coverage.³³ The Act contains no such limitation.³⁴

In addition to the Act's exclusions and applicability provisions, it also provides that the Commissioner of Insurance may approve "exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance provisions."³⁵

Violation and Remedies

The Act is subject to notice and enforcement provisions as promulgated by the Commissioner of Insurance.³⁶ In addition, the Act

28. See O.C.G.A. § 31-17-4.1(a)(2) (Supp. 1998).

29. HB 1565 (SCA), 1998 Ga. Gen. Assem.; see Henson Interview, *supra* note 25. Compare O.C.G.A. § 31-17-4.1(b)(1) (Supp. 1998), with HB 1565 (SCA), 1998 Ga. Gen. Assem.

30. O.C.G.A. § 31-17-14.1(b)(1), (c)(1) (Supp. 1998).

31. See *id.* § 31-17-4.1(b)(1).

32. See 1998 Ga. Laws 867, § 1, at 868; Henson Interview, *supra* note 25; Orrock Interview, *supra* note 9.

33. HB 1565 (SCA), 1998 Ga. Gen. Assem.; see O.C.G.A. § 33-29-3.2 (Supp. 1998) (requiring pap smears for women at risk as part of individual accident and sickness policies); *id.* § 33-30-4.2 (requiring same as part of group accident and sickness policies).

34. See O.C.G.A. § 31-17-4.1 (Supp. 1998).

35. *Id.* § 31-17-4.1(b)(2); see *id.* § 31-17-4.1(c)(1).

36. See *id.* § 31-17-4.1(e).

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is excluded from Code provisions which would otherwise make violations of the new Code section a misdemeanor.³⁷

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37. *See id.* § 31-17-4.1(d) (referring to *id.* § 31-17-8).