

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH40688-MGa-155C

Short Title: Affordable Maternal Access & Cancer Care Act. (Public)

Sponsors: Representative Belk.

Referred to:

A BILL TO BE ENTITLED

AN ACT ENACTING THE AFFORDABLE MATERNAL ACCESS AND CANCER CARE ACT TO ESTABLISH AND FUND A MATERNAL CARE ACCESS GRANT PROGRAM AND A PROSTATE CANCER CONTROL PROGRAM; AND TO PROVIDE HEALTH COVERAGE PARITY FOR SUPPLEMENTAL AND DIAGNOSTIC BREAST IMAGING.

Whereas, North Carolina continues to face preventable disparities in maternal health outcomes, including higher rates of maternal mortality and severe maternal morbidity among marginalized and underserved populations; and

Whereas, community-based, culturally respectful, evidence-based supports can improve maternal health outcomes by addressing both clinical needs and social determinants of health before, during, and after pregnancy; and

Whereas, uninsured and underinsured men with elevated prostate cancer risk often face delayed screening and follow-up, resulting in later detection and worse outcomes; and

Whereas, patients should not face greater financial barriers to medically necessary diagnostic or supplemental breast imaging than they face for screening mammography; and

Whereas, improving early detection, access to care, and continuity of care promotes better health outcomes and advances the public interest in a healthier North Carolina; Now, therefore,

The General Assembly of North Carolina enacts:

PART I. MATERNAL CARE ACCESS GRANT PROGRAM

SECTION 1.1.(a) Definitions. – The following definitions apply in this section:

- (1) Culturally respectful congruent. – Sensitive to and respectful of the preferred cultural values, beliefs, world view, and practices of the patient, and aware that cultural differences between patients and health care providers or other service providers must be proactively addressed to ensure that patients receive equitable, high-quality services that meet their needs.
- (2) Department. – The North Carolina Department of Health and Human Services.
- (3) Postpartum. – The one-year period beginning on the last day of a woman's pregnancy.

SECTION 1.1.(b) Establishment of Grant Program. – The Department shall establish and administer a Maternal Care Access Grant Program to award competitive grants to eligible entities to establish or expand programs for the prevention of maternal mortality and severe maternal morbidity among marginalized and underserved populations. The Department shall establish eligibility requirements for program participation which shall, at a minimum,



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1 require that applicants be organizations led by individuals from communities that have
2 historically experienced disparities in accessing health and human services.

3 **SECTION 1.1.(c)** Outreach and Application Assistance. – Beginning July 1, 2026,
4 the Department shall (i) conduct outreach to encourage eligible applicants to apply for grants
5 under this program and (ii) provide application assistance to eligible applicants on best practices
6 for applying for grants under this program. In conducting the outreach required by this section,
7 the Department shall give special consideration to eligible applicants that meet the following
8 criteria:

- 9 (1) Are based in, and provide support for, communities with high rates of adverse
10 maternal health outcomes and significant racial and ethnic disparities in
11 maternal health outcomes.
- 12 (2) Are led by women from marginalized and underserved populations.
- 13 (3) Offer programs and resources that are aligned with evidence-based practices
14 for improving maternal health outcomes for marginalized and underserved
15 populations.

16 **SECTION 1.1.(d)** Grant Awards. – In awarding grants under this section, the
17 Department shall, to the extent possible, award grants to recipients to reflect different areas of
18 the State. The Department shall not award a single grant for less than ten thousand dollars
19 (\$10,000) or more than fifty thousand dollars (\$50,000) per grant recipient. In selecting grant
20 recipients, the Department shall give special consideration to eligible applicants that meet all of
21 the following criteria:

- 22 (1) Meet all of the criteria specified in subdivisions (1) through (3) of subsection
23 (c) of this section.
- 24 (2) Offer programs and resources designed in consultation with and intended for
25 marginalized and underserved populations.
- 26 (3) Offer programs and resources in the communities in which they are located
27 that include any of the following activities:
 - 28 a. Promoting maternal mental health and maternal substance use disorder
29 treatments that are aligned with evidence-based practices for
30 improving maternal mental health outcomes for marginalized and
31 underserved populations.
 - 32 b. Addressing social determinants of health for women in the prenatal
33 and postpartum periods, including, but not limited to, any of the
34 following:
 - 35 1. Inadequate housing.
 - 36 2. Transportation barriers.
 - 37 3. Poor nutrition and a lack of access to healthy foods.
 - 38 4. Need for lactation support.
 - 39 5. Need for lead abatement and other efforts to improve air and
40 water quality.
 - 41 6. Lack of access to child care.
 - 42 7. Need for baby supplies such as diapers, formula, clothing, baby
43 and child equipment, and safe car seat installation.
 - 44 8. Need for wellness and stress management programs.
 - 45 9. Education about maternal health and well-being.
 - 46 10. Need for coordination across safety net and social support
47 services and programs.
 - 48 11. Barriers to employment.
 - 49 c. Promoting evidence-based health literacy and pregnancy, childbirth,
50 and parenting education for women in the prenatal and postpartum
51 periods, including group-based programs and peer support groups.

- d. Providing individually tailored support from doula and other perinatal health workers to women from pregnancy through the postpartum period.
- e. Providing culturally respectful congruent training to perinatal health workers such as doula, community health workers, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, home visitors, and navigators.
- f. Conducting or supporting research on issues affecting black maternal health.
- g. Developing other programs and resources that address community-specific needs for women in the prenatal and postpartum periods and are aligned with evidence-based practices for improving maternal health outcomes for marginalized and underserved populations.

SECTION 1.1.(e) Technical Assistance to Grant Recipients. – The Department shall provide technical assistance to grant recipients regarding all of the following:

- (1) Capacity building to establish or expand programs to prevent adverse maternal health outcomes among marginalized and underserved populations.
- (2) Best practices in data collection, measurement, evaluation, and reporting.
- (3) Planning centered around sustaining programs implemented with grant funds to prevent maternal mortality and severe maternal morbidity among marginalized and underserved populations when the grant funds have been expended.

SECTION 1.1.(f) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, the sum of five million dollars (\$5,000,000) in recurring funds for the 2026-2027 fiscal year to be used and allocated as follows:

- (1) Ninety-three thousand five hundred thirteen dollars (\$93,513) in recurring funds for the 2026-2027 fiscal year to establish a full-time, permanent Public Health Program Coordinator IV position within the Department dedicated to performing the following duties:
 - a. Providing application assistance to Maternal Care Access Grant Program applicants.
 - b. Providing technical assistance to Maternal Care Access Grant Program recipients.
 - c. Preparing the reports due under Section 1.1(h) of this Part.
- (2) Four million nine hundred six thousand four hundred eighty-seven dollars (\$4,906,487) in recurring funds for the 2026-2027 fiscal year to be allocated to the Maternal Care Access Grant Program authorized by this Part. The Department may use up to one percent (1%) of these funds for administrative purposes related to the grant program. The balance of these funds shall be used to operate the grant program.

SECTION 1.1.(g) The Department is authorized to hire one full-time, permanent Public Health Program Coordinator IV position to perform the duties described in subdivision (f)(1) of this section.

SECTION 1.1.(h) Reports. – The Department shall submit the following reports on the grant program authorized by this section to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division:

- (1) A report by October 1, 2027, that includes at least all of the following components:
 - a. A detailed report on funds expended for the program for the 2026-2027 fiscal year.

- 1 b. An assessment of the effectiveness of outreach efforts by the
2 Department during the application process in diversifying the pool of
3 grant recipients.
4 c. Recommendations for future outreach efforts to diversify the pool of
5 grant recipients for this program and other related grant programs, as
6 well as for funding opportunities related to the social determinants of
7 maternal health.
- 8 (2) A report by October 1, 2028, that includes at least all of the following
9 components:
10 a. A detailed report on funds expended for the program for the 2027-2028
11 fiscal year.
12 b. An assessment of the effectiveness of programs funded by grants
13 awarded under this section in improving maternal health outcomes for
14 marginalized and underserved populations.
15 c. Recommendations for future grant programs to be administered by the
16 Department and for future funding opportunities for community-based
17 organizations to improve maternal health outcomes for marginalized
18 and underserved populations through programs and resources that are
19 aligned with evidence-based practices for improving maternal health
20 outcomes for marginalized and underserved populations.
21

22 **PART II. PROSTATE CANCER CONTROL PROGRAM**

23 **SECTION 2.1.** There is appropriated from the General Fund to the Department of
24 Health and Human Services, Division of Public Health, the sum of two million dollars
25 (\$2,000,000) in recurring funds for the 2026-2027 fiscal year to be used to establish and
26 administer a statewide Prostate Cancer Control Program that provides free or low-cost prostate
27 cancer screenings and follow-up to any man residing in North Carolina who meets all of the
28 following criteria:

- 29 (1) Is uninsured or underinsured.
30 (2) Is not a beneficiary of Medicare Part B or Medicaid.
31 (3) Is between 50 and 70 years of age and without a family history of prostate
32 cancer or is between 40 and 70 years of age with a family history of prostate
33 cancer. For the purpose of this subdivision, a man with a family history of
34 prostate cancer means any man with at least one first-degree relative who (i)
35 was diagnosed with prostate cancer, (ii) developed prostate cancer, (iii) died
36 as a result of prostate cancer, (iv) was diagnosed with a cancer known to be
37 associated with increased risk of prostate cancer, or (v) has a genetic alteration
38 known to be associated with increased risk of prostate cancer.
39 (4) Has a household income below two hundred fifty percent (250%) of the
40 federal poverty level.
41

42 **PART III. HEALTH INSURANCE REGULATION CHANGES TO CREATE PARITY** 43 **FOR SUPPLEMENTAL AND DIAGNOSTIC BREAST IMAGING**

44 **SECTION 3.1.(a)** G.S. 58-51-57 is recodified as G.S. 58-3-271.

45 **SECTION 3.1.(b)** G.S. 58-65-92 is repealed.

46 **SECTION 3.1.(c)** G.S. 58-67-76 is repealed.

47 **SECTION 3.2.** G.S. 58-3-271, as enacted by Section 3.1(a) of this act, reads as
48 rewritten:

49 "**§ 58-3-271. Coverage for diagnostic, screening, and supplemental examinations for**
50 **breast cancer, including mammograms and other imaging, and cervical cancer**
51 **screening.**

1 (a) The following definitions apply in this section:

2 (1) Breast magnetic resonance imaging. – A diagnostic tool that uses a powerful
3 magnetic field, radio waves, and a computer to produce detailed pictures of
4 the structures within the breast.

5 (2) Breast ultrasound. – A noninvasive diagnostic tool that uses high-frequency
6 sound waves to produce detailed images of the breast.

7 (3) Cost-sharing. – A deductible, coinsurance, copayment, and any maximum
8 limitation on the application of a deductible, coinsurance, copayment, or
9 similar out-of-pocket expense.

10 (4) Diagnostic examination for breast cancer. – An examination for breast cancer
11 that is determined by the healthcare provider treating the patient to be
12 medically necessary and appropriate and that may include breast magnetic
13 resonance imaging, breast ultrasound, and diagnostic low-dose
14 mammography to evaluate the abnormality in the breast that meets one of the
15 following criteria:

16 a. Is seen or suspected from a screening examination for breast cancer.

17 b. Is detected by another means of examination.

18 (5) High-deductible health plan. – As defined under the Internal Revenue Code.

19 (6) Low-dose mammography. – A radiologic procedure for the early detection of
20 breast cancer using equipment dedicated specifically for mammography,
21 including a physician's interpretation of the results of the procedure.

22 (7) Screening examination for breast cancer. – Low-dose mammography, or an
23 equivalent procedure, that is used to determine if there is abnormality in the
24 breast.

25 (8) Screening of early detection of cervical cancer. – Examinations and laboratory
26 tests used to detect cervical cancer, including conventional PAP smear
27 screening, liquid-based cytology, and human papilloma virus (HPV) detection
28 methods for women with equivocal findings on cervical cytologic analysis
29 that are subject to the approval of and have been approved by the United States
30 Food and Drug Administration.

31 (9) Section 223. – Section 223 of the Internal Revenue Code or its equivalent.

32 (10) Supplemental examination for breast cancer. – An examination for breast
33 cancer that is determined by the healthcare provider treating the patient to be
34 medically necessary and appropriate and that may include breast magnetic
35 resonance imaging or breast ultrasound to screen for cancer when there is no
36 abnormality seen or suspected if the patient meets either of the following
37 criteria:

38 a. The patient is at increased risk for breast cancer based on the patient's
39 personal medical history or family medical history of breast cancer.

40 b. The patient has a breast cancer risk profile that qualifies the patient
41 based on current recommendations of the United States Preventive
42 Services Task Force, also known as USPSTF.

43 ~~(a)(a1) Every policy or contract of accident or health insurance, and every preferred provider~~
44 ~~benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 1992,~~
45 ~~health benefit plan offered by an insurer in this State shall provide coverage for examinations~~
46 ~~and laboratory tests for the screening for the early detection of cervical cancer and for low-dose~~
47 ~~screening mammography. The same deductibles, coinsurance, and other limitations as apply to~~
48 ~~similar services covered under the policy, contract, or plan shall apply to coverage for~~
49 ~~examinations and laboratory tests for the screening for the early detection of cervical cancer and~~
50 ~~low-dose screening mammography.~~

1 (a1) ~~As used in this section, "examinations and laboratory tests for the screening for the~~
2 ~~early detection of cervical cancer" means conventional PAP smear screening, liquid-based~~
3 ~~cytology, and human papilloma virus (HPV) detection methods for women with equivocal~~
4 ~~findings on cervical cytologic analysis that are subject to the approval of and have been approved~~
5 ~~by the United States Food and Drug Administration.~~

6 (b) ~~As used in this section, "low-dose screening mammography" means a radiologic~~
7 ~~procedure for the early detection of breast cancer provided to an asymptomatic woman using~~
8 ~~equipment dedicated specifically for mammography, including a physician's interpretation of the~~
9 ~~results of the procedure.~~

10 (b1) Every health benefit plan offered by an insurer that provides benefits for a diagnostic
11 or supplemental examination for breast cancer shall ensure that the cost-sharing requirements
12 applicable to a diagnostic or supplemental examination for breast cancer are no less favorable
13 than the cost-sharing requirements applicable to low-dose screening mammography for breast
14 cancer.

15 (b2) An insurer shall not be required to reimburse a healthcare provider that is not a
16 contracted provider in the provider network of a health benefit plan offered by the insurer any
17 reimbursement rate more than the rate paid to a provider that has contracted with the insurer to
18 participate in the provider network of the health benefit plan for any of the following services:

19 (1) Diagnostic, screening, or supplemental examination for breast cancer.

20 (2) Low-dose mammography.

21 (3) Breast ultrasound.

22 (4) Breast magnetic resonance imaging.

23 (c) Coverage for low-dose screening mammography shall be provided as follows:

24 (1) One or more mammograms a year, as recommended by a physician, for any
25 woman who is at risk for breast cancer. For purposes of this subdivision, a
26 woman is at risk for breast cancer if any one or more of the following is true:

27 a. The woman has a personal history of breast ~~cancer;~~cancer.

28 b. The woman has a personal history of biopsy-proven benign breast
29 ~~disease;~~disease.

30 c. The woman's mother, sister, or daughter has or has had breast ~~cancer;~~
31 ~~or~~cancer.

32 d. The woman has not given birth prior to the age of ~~30;~~30.

33 (2) One baseline mammogram for any woman 35 through 39 years of age,
34 ~~inclusive;~~inclusive.

35 (3) A mammogram every other year for any woman 40 through 49 years of age,
36 inclusive, or more frequently upon recommendation of a ~~physician;~~
37 ~~and~~physician.

38 (4) A mammogram every year for any woman 50 years of age or older.

39 (d) Reimbursement for a mammogram authorized under this section shall be made only
40 if the facility in which the mammogram was performed meets mammography accreditation
41 standards established by the North Carolina Medical Care Commission.

42 (e) Coverage for the screening for the early detection of cervical cancer shall be in
43 accordance with the most recently published ~~American Cancer Society~~ American College of
44 Obstetricians and Gynecologists' guidelines or guidelines adopted by the North Carolina
45 Advisory Committee on Cancer Coordination and Control. Coverage shall include the
46 examination, the laboratory fee, and the physician's interpretation of the laboratory results.
47 Reimbursements for laboratory fees shall be made only if the laboratory meets accreditation
48 standards adopted by the North Carolina Medical Care Commission.

49 (f) If the application of any provision of this section would render the insured ineligible
50 for a health savings account under section 223, then that provision shall apply only for
51 high-deductible health plans with respect to the deductible of that plan after the insured has

1 satisfied the minimum deductible under section 223, except with respect to items or services that
 2 are preventive care. For items or services that are preventive care under section 223, all
 3 provisions of this section shall apply regardless of whether or not the minimum deductible under
 4 section 223 has been satisfied."

5 **SECTION 3.3.(a)** G.S. 135-48.51 reads as rewritten:

6 **"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**
 7 **Statutes.**

8 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

9 ...

10 (9a) G.S. 58-3-271, Coverage for diagnostic, screening, and supplemental
 11 examinations for breast cancer, including mammograms and other imaging,
 12 and cervical cancer screening.

13"

14 **SECTION 3.3.(b)** Effective July 1, 2026, there is appropriated from the General
 15 Fund to the Department of State Treasurer the sum of five million dollars (\$5,000,000) in
 16 recurring funds for the 2026-2027 fiscal year to ensure compliance with subsection (a) of this
 17 section by the North Carolina State Health Plan for Teachers and State Employees.

18 **SECTION 3.4.** Except as otherwise provided, this Part becomes effective October
 19 1, 2026, and applies to insurance contracts issued, renewed, or amended on or after that date.

20
 21 **PART IV. HEALTHCARE PROVIDER BILLING REGULATION CHANGES TO**
 22 **CREATE PARITY FOR SUPPLEMENTAL AND DIAGNOSTIC BREAST CANCER**
 23 **IMAGING**

24 **SECTION 4.1.(a)** G.S. 90-701 is recodified as G.S. 90-705.

25 **SECTION 4.1.(b)** Article 41 of Chapter 90 of the General Statutes, as amended by
 26 subsection (a) of this section, reads as rewritten:

27 "Article 41.

28 "Pathology Services Billing-Transparency in Healthcare Provider Billing Practices.

29 **"§ 90-702. Definitions.**

30 The following definitions shall apply in this Article:

- 31 (1) Breast cancer prevention service. – All services listed under
 32 G.S. 58-3-271(b2).
 33 (2) Cost-sharing. – As defined in G.S. 58-3-271.
 34 (3) Reserved for future codification purposes.
 35 (4) Health benefit plan. – As defined in G.S. 58-3-167.
 36 (5) Health services facility. – A facility that is licensed under (i) Chapter 131E or
 37 Chapter 122C of the General Statutes or (ii) the licensing laws of another state
 38 for the provision of the same services in the ordinary course of business or
 39 practice as would require the facility to be licensed under Chapter 131E or
 40 Chapter 122C of the General Statutes were the facility located in this State.
 41 (6) Healthcare provider. – A health services facility or a person who is licensed,
 42 registered, or certified under Chapter 90 or Chapter 90B of the General
 43 Statutes, or under the laws of another state, to provide healthcare services in
 44 the ordinary care of business or practice, or as a profession, or in an approved
 45 education or training program.
 46 (7) Reserved for future codification purposes.
 47 (8) Insurer. – As defined in G.S. 58-3-167.

48 **"§ 90-704. Billing for certain breast cancer prevention services.**

49 (a) A healthcare provider who has not contracted with an insurer to participate in the
 50 provider network of a health benefit plan shall accept as reimbursement for any breast cancer
 51 prevention service provided to an individual insured under a health benefit plan the amount of

1 reimbursement provided by that insurer, including any cost-sharing required to be paid by the
2 patient.

3 (b) No healthcare provider may bill a patient covered under a health benefit plan or
4 request additional reimbursement from the insurer for any amount above the amount required to
5 be accepted under subsection (a) of this section.

6"

7 **SECTION 4.2.** This Part is effective October 1, 2026, and applies to services
8 provided on or after that date.

9

10 **PART V. EFFECTIVE DATE**

11 **SECTION 5.1.** Except as otherwise provided, this act becomes effective July 1,
12 2026.