



[SF 2358](#) – Insurance Coverage, Diagnostic Breast Examinations (LSB5676SV)
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Fiscal Note Version – New

Description

[Senate File 2358](#) relates to insurance coverage for supplemental and diagnostic breast examinations and does the following:

- Requires a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses to provide coverage for diagnostic and supplemental breast examinations.
- Prohibits the coverage required by the Bill from being less favorable than coverage a health carrier offers for screening mammograms.
- Prohibits cost-sharing requirements from being imposed by a health carrier for coverage required by the Bill.
- Permits the Iowa Insurance Division (IID) of the Department of Insurance and Financial Services (DIFS) to adopt administrative rules.

The provisions of SF 2358 are applicable to third-party payment provider contracts, policies, or plans delivered, issued for delivery, continued, or renewed in Iowa on or after January 1, 2025.

Background

Under the current State of Iowa Plan designs, cost-sharing for preventative and screening mammograms, ultrasounds, and magnetic resonance imaging (MRIs) is cost-free to the policyholder in nearly all cases, with mammograms making up the majority of the preventative imaging services covered by the Bill. The same services for diagnostic purposes apply plan-specific cost-sharing, and the shifting of these cost-shares from Plan members to the Plan may result in an increase in claim spending.

Senate File 2358 is estimated to impact approximately 25.2% of the population of Iowa (807,000). This includes individual coverage, fully insured small and large employer groups, self-insured public employees, and the State of Iowa Plan.

Of the individuals not covered by the mandate, approximately 47.9% are covered by government-sponsored health insurance, 23.0% are covered by employer coverage that is governed by the federal [Employee Retirement Income Security Act of 1974 \(ERISA\)](#), and the remaining 3.9% are uninsured. Additional details are presented in **Figure 1**.

Figure 1 — Population Covered by Insurance Plans Regulated by Iowa Law

Type of Coverage	Iowa Population	Percent of Population
Total Population 2022	3,200,517	100.0%
Included in Mandate		
Individual Coverage	102,399	3.2%
Fully Insured Small Employer Group	140,349	4.4%
Fully Insured Large Employer Group	294,013	9.2%
Self-Insured Public Employees	215,000	6.7%
State of Iowa Plan	55,000	1.7%
Total	806,761	25.2%
Not Included in Mandate		
Employer (self-insured + other types not listed)	736,868	23.0%
Uninsured	126,000	3.9%
Other Public (Military, Tricare, Veterans Affairs)	21,600	0.7%
Medicare	658,382	20.6%
Medicaid + Children’s Health Insurance Plan	850,906	26.6%
Total	2,393,756	74.8%

Source: Iowa Insurance Division, Department of Insurance and Financial Services, and Wellmark

Assumptions

- The utilization of imaging may increase due to the removal of the requirement of an abnormality for further imaging.
- State of Iowa Plan costs may increase between 0.03% and 0.15%. The lower end of this range is more likely to occur.
- The costs to the Board of Regents Insurance Plans may increase minimally.

Fiscal Impact

Senate File 2358 is estimated to increase annual costs to the State of Iowa Insurance Plan by an amount ranging from approximately \$100,000 to \$500,000 beginning in FY 2025. It is anticipated that the lower end of this range is more likely to occur; however, the estimated cost cannot be determined. Senate File 2358 is also estimated to minimally increase annual costs to the Board of Regents Insurance Plans.

Sources

Iowa Insurance Division, Department of Insurance and Financial Services
 Board of Regents
 Wellmark

/s/ Jennifer Acton

March 13, 2024

Doc ID 1447437

The fiscal note for this Bill was prepared pursuant to [Joint Rule 17](#) and the Iowa Code. Data used in developing this fiscal note is available from the Fiscal Services Division of the Legislative Services Agency upon request.