

FEB 2 1969

Place On Calendar

HOUSE FILE 199

BY COMMITTEE ON SMALL BUSINESS
AND COMMERCE

(SUCCESSOR TO HSB 83)

Passed House, Date 2-14-89 (p. 413) Passed Senate, Date 2-29-89

Vote: Ayes 62 Nays 24 Vote: Ayes 46 Nays 1

*Application to recommit 2-14-89 (p. 413)
withdrawn 2-20-89 (p. 512)*
Approved June 2 1989

Repassed by House 4-27-89 (p. 2071)
Ayes 98 Nays 2

Repassed by Senate
4-27-89 (p. 1723)
Ayes 38 Nays 8

1 An Act relating to individual and group accident and sickness
2 insurance, nonprofit health service plans, health maintenance
3 organizations, and Medicare supplemental insurance policies,
4 by mandating inclusion of minimum mammography examination
5 coverage under certain conditions.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

HOUSE FILE 199

H-3155

1 Amend House File 199 as follows:

2 1. Page 1, by striking lines 3 through 5 and
3 inserting the following:

4 "1. A policy or contract which provides for third-
5 party payment or prepayment of routine physical
6 examinations shall include as part of routine physical
7 examination, minimum mammography examination coverage
8 as defined in this section, including, but not".

By CARPENTER of Polk

H-3155 FILED FEBRUARY 14, 1989

MOTION TO SUSPEND RULES LOST 2-14-89 (p. 412)

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Conference Committee appointed - 4-11-89 (p. 1464)
Holbeck of Polk, chair; Roderer of Johnson,
Resignard of Polk, Bemer of Buchanan,
& Shering of Woodbury
Senate members appointed Berl Priebe chair; John Lloyd (pre)
Beverly Nannon, Maggie Tinsman & Julia Gentleman. (p. 132) 7-11-89

MF 199

TL5B 11102V 3
6/27/24

3267 amendments

1 Section 1. NEW SECTION. 514C.4 MANDATED COVERAGE FOR
2 MAMMOGRAPHY.

3/55 3 1. A policy or contract providing for third-party payment
4 or prepayment of health or medical expenses shall provide
5 minimum mammography examination coverage, including, but not
6 limited to, the following classes of third-party payment
7 provider contracts or policies delivered, issued for delivery,
8 continued, or renewed in this state on or after July 1, 1989:

9 a. Individual or group accident and sickness insurance
10 providing coverage on an expense-incurred basis.

11 b. An individual or group hospital or medical service
12 contract issued pursuant to chapter 509, 514, or 514A.

13 c. An individual or group health maintenance organization
14 contract regulated under chapter 514B.

5-30/15 d. An individual or group Medicare supplemental policy.

16 A long-term care policy or contract is specifically
17 excluded from regulation under this section.

18 2. As used in this section, "minimum mammography
19 examination coverage" means benefits which are better than or
20 equal to the following minimum requirements:

21 a. One baseline mammogram for any woman who is thirty-five
22 through thirty-nine years of age.

5-31/23 b. A mammogram every two years for any woman who is forty
24 through forty-nine years of age, or more frequently if
25 recommended by the woman's physician.

26 c. A mammogram every two years for any woman who is fifty
27 years of age or older.

28 3. Mammogram benefits may be subject to any policy or
29 contract provisions which apply generally to other services
30 covered by the policy or contract.

5-30/31 4. A Medicare supplemental policy shall, in addition,
32 provide benefits to a woman covered under the policy for
33 mammographic examination every year, or more frequently if
34 recommended by the woman's physician, when the mammographic
35 examination is not paid for by Medicare.

1 5. As used in this section:

2 a. "Medicare" means the Health Insurance for the Aged Act,
3 Title XVIII of the federal Social Security Amendments of 1965,
4 as amended (Title I, Part I of Pub. L. No. 89-97).

5 b. "Medicare supplemental policy" means any individual or
6 group accident and sickness insurance policy or certificate or
7 individual subscriber contract delivered or issued for
8 delivery to any resident of the state who is eligible for
9 Medicare, except any long-term care insurance policy as
10 defined in section 514G.4.

11 6. The commissioner of insurance shall adopt rules under
12 chapter 17A necessary to implement this section no later than
13 July 1, 1989.

14 EXPLANATION

15 This bill mandates the inclusion of certain minimum
16 coverage for mammographic examinations in various forms of
17 health expense reimbursement third-party payor contracts, such
18 as individual and group accident and sickness insurance,
19 nonprofit health service plans (Blue Cross/Blue Shield),
20 health maintenance organizations (HMO's), and Medicare
21 supplemental policies. Long-term care policies are excluded
22 from the mandate.

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HOUSE FILE 199

S-3114

1 Amend House File 199 as passed by the House as
2 follows:

3 1. Page 1, by striking lines 23 through 27, and
4 inserting the following:

5 "b. A mammogram every two years for any woman who
6 is forty years of age or older, or more frequently if
7 recommended by the woman's physician."

By MAGGIE TINSMAN

S-3114 FILED FEBRUARY 27, 1989

RULED OUT OF ORDER

2-27-89 (p534)

HOUSE FILE 199

S-3115

1 Amend amendment, S-3108, to House File 199 as
2 follows:

3 1. Page 1, line 14, by inserting after the word
4 "delivery" the following: "in this state".

5 2. Page 1, line 35, by inserting after the word
6 "delivered" the following: "in this state".

7 3. Page 1, line 36, by inserting after the word
8 "to" the following: "existing".

9 4. Page 2, line 6, by inserting after the word
10 "implemented" the following: "in this state".

By JULIA GENTLEMAN

S-3115 FILED FEBRUARY 27, 1989

ADOPTED

2-27-89 (p533)

HOUSE FILE 199

S-3108

Amend House File 199, as passed by the House, as follows:

1. By striking everything after the enacting clause and inserting the following:

"Section 1. Section 509.3, Code 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 8. A provision shall be made available to policyholders, under group policies covering hospital, medical, or surgical expenses, for payment of mammographic examinations, under terms and conditions agreed upon between the insurer and the policyholder, subject to utilization controls. This subsection applies to group policies delivered or issued for delivery on or after July 1, 1989, and to existing group policies on their next anniversary or renewal dates, or upon expiration of the applicable collective bargaining contract, if any, whichever is later. This subsection does not apply to blanket, short-term travel, accident only, limited or specified disease, or individual or group conversion policies, or policies designed only for issuance to persons for coverage under title XVIII of the federal Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 2. Section 514.7, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. A provision shall be available in approved contracts with hospital and medical service corporate subscribers under group subscriber contracts or plans covering medical and surgical service, for payment of mammographic examinations, under terms and conditions agreed upon between the corporation and the subscriber group, subject to utilization controls. This paragraph applies to group subscriber contracts delivered on or after July 1, 1989, and to group subscriber contracts on their anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is the later. This paragraph does not apply to contracts designed only for issuance to subscribers eligible for coverage under title XVIII of the federal Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 3. Section 514B.1, subsection 2, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The health care services available to enrollees under prepaid group plans covering hospital, medical, or surgical expenses, may

S-3108

Page 2

1 include, at the option of the employer purchaser, a
2 provision for payment for mammographic examinations,
3 under terms and conditions agreed upon between the
4 purchaser and the health maintenance organization,
5 subject to utilization controls. This paragraph
6 applies to services provided under plans implemented
7 on or after July 1, 1989, and to existing group plans
8 on their next anniversary or renewal date, or upon the
9 expiration of the applicable collective bargaining
10 contract, if any, whichever is later. This paragraph
11 does not apply to enrollees eligible for coverage
12 under title XVIII of the federal Social Security Act
13 or any other similar coverage under a state or federal
14 government plan."

By JULIA GENTLEMAN

S-3108 FILED FEBRUARY 22, 1989

adopted 2-27-89 (p. 533)

HOUSE FILE 199

S-3093

1 Amend House File 199 as passed by the House as
2 follows:
3 1. Page 1, by striking line 15 and inserting the
4 following:
5 "d. The insurance division shall promulgate
6 administrative rules that set forth provisions under
7 which insurers, non-profit hospital and medical
8 services corporations and health maintenance
9 organizations may provide for coverage of mammograms
10 which are not covered by Medicare under individual and
11 group Medicare supplemental policies."
12 2. Page 1, by striking lines 31 through 35.

By MICHAEL E. GRONSTAL

S-3093 FILED FEBRUARY 20, 1989

Out of Order 2-29-89 (p. 534)

HOUSE FILE 199

H-3267

Amend House File 199, as passed by the House, as follows:

1. By striking everything after the enacting clause and inserting the following:

"Section 1. Section 509.3, Code 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 8. A provision shall be made available to policyholders, under group policies covering hospital, medical, or surgical expenses, for payment of mammographic examinations, under terms and conditions agreed upon between the insurer and the policyholder, subject to utilization controls. This subsection applies to group policies delivered or issued for delivery in this state on or after July 1, 1989, and to existing group policies on their next anniversary or renewal dates, or upon expiration of the applicable collective bargaining contract, if any, whichever is later. This subsection does not apply to blanket, short-term travel, accident only, limited or specified disease, or individual or group conversion policies, or policies designed only for issuance to persons for coverage under title XVIII of the federal Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 2. Section 514.7, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. A provision shall be available in approved contracts with hospital and medical service corporate subscribers under group subscriber contracts or plans covering medical and surgical service, for payment of mammographic examinations, under terms and conditions agreed upon between the corporation and the subscriber group, subject to utilization controls. This paragraph applies to group subscriber contracts delivered in this state on or after July 1, 1989, and to existing group subscriber contracts on their anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is the later. This paragraph does not apply to contracts designed only for issuance to subscribers eligible for coverage under title XVIII of the federal Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 3. Section 514B.1, subsection 2, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The health care services available to enrollees under prepaid group plans covering hospital, medical, or surgical expenses, may

H-3267

Page 2

1 include, at the option of the employer purchaser, a
2 provision for payment for mammographic examinations,
3 under terms and conditions agreed upon between the
4 purchaser and the health maintenance organization,
5 subject to utilization controls. This paragraph
6 applies to services provided under plans implemented
7 in this state on or after July 1, 1989, and to
8 existing group plans on their next anniversary or
9 renewal date, or upon the expiration of the applicable
10 collective bargaining contract, if any, whichever is
11 later. This paragraph does not apply to enrollees
12 eligible for coverage under title XVIII of the federal
13 Social Security Act or any other similar coverage
14 under a state or federal government plan."

RECEIVED FROM THE SENATE

H-3267 FILED MARCH 1, 1989

lost 3-7-89 (p. 670)

NSB 83

SMALL BUSINESS AND COMMERCE

NSB

HOUSE FILE 199

BY (PROPOSED DEPARTMENT OF ELDER
AFFAIRS/OLDER IOWANS'
LEGISLATURE BILL)

Passed House, Date _____ Passed Senate, Date _____

Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____

Approved _____

A BILL FOR

1 An Act relating to individual and group accident and sickness
2 insurance, nonprofit health service plans, health maintenance
3 organizations, and Medicare supplemental insurance policies,
4 by mandating inclusion of minimum mammography examination
5 coverage under certain conditions.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. 514C.4 MANDATED COVERAGE FOR
2 MAMMOGRAPHY.

3 1. A policy or contract providing for third-party payment
4 or prepayment of health or medical expenses shall provide
5 minimum mammography examination coverage, including, but not
6 limited to, the following classes of third-party payment
7 provider contracts or policies delivered, issued for delivery,
8 continued, or renewed in this state on or after July 1, 1989:

9 a. Individual or group accident and sickness insurance
10 providing coverage on an expense-incurred basis.

11 b. An individual or group hospital or medical service
12 contract issued pursuant to chapter 509, 514, or 514A.

13 c. An individual or group health maintenance organization
14 contract regulated under chapter 514B.

15 d. An individual or group Medicare supplemental policy.

16 A long-term care policy or contract is specifically
17 excluded from regulation under this section.

18 2. As used in this section, "minimum mammography
19 examination coverage" means benefits which are better than or
20 equal to the following minimum requirements:

21 a. One baseline mammogram for any woman who is thirty-five
22 through thirty-nine years of age.

23 b. A mammogram every two years for any woman who is forty
24 through forty-nine years of age, or more frequently if
25 recommended by the woman's physician.

26 c. A mammogram every two years for any woman who is fifty
27 years of age or older.

28 3. Mammogram benefits may be subject to any policy or
29 contract provisions which apply generally to other services
30 covered by the policy or contract.

31 4. A Medicare supplemental policy shall, in addition,
32 provide benefits to a woman covered under the policy for
33 mammographic examination every year, or more frequently if
34 recommended by the woman's physician, when the mammographic
35 examination is not paid for by Medicare.

1 5. As used in this section:

2 a. "Medicare" means the Health Insurance for the Aged Act,
3 Title XVIII of the federal Social Security Amendments of 1965,
4 as amended (Title I, Part I of Pub. L. No. 89-97).

5 b. "Medicare supplemental policy" means any individual or
6 group accident and sickness insurance policy or certificate or
7 individual subscriber contract delivered or issued for
8 delivery to any resident of the state who is eligible for
9 Medicare, except any long-term care insurance policy as
10 defined in section 514G.4.

11 6. The commissioner of insurance shall adopt rules under
12 chapter 17A necessary to implement this section no later than
13 July 1, 1989.

14 EXPLANATION

15 This bill mandates the inclusion of certain minimum
16 coverage for mammographic examinations in various forms of
17 health expense reimbursement third-party payor contracts, such
18 as individual and group accident and sickness insurance,
19 nonprofit health service plans (Blue Cross/Blue Shield),
20 health maintenance organizations (HMO's), and Medicare
21 supplemental policies. Long-term care policies are excluded
22 from the mandate. This bill was passed by the older Iowans'
23 legislature.

24 BACKGROUND STATEMENT

25 SUBMITTED BY THE AGENCY

26 ON BEHALF OF THE OLDER IOWANS' LEGISLATURE

27 This bill was recommended by the Older Iowans' Legislature.
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HOUSE FILE 199

AN ACT

RELATING TO INDIVIDUAL AND GROUP ACCIDENT AND SICKNESS INSURANCE, NONPROFIT HEALTH SERVICE PLANS, HEALTH MAINTENANCE ORGANIZATIONS, AND MEDICARE SUPPLEMENTAL INSURANCE POLICIES, BY MANDATING INCLUSION OF MINIMUM MAMMOGRAPHY EXAMINATION COVERAGE UNDER CERTAIN CONDITIONS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. NEW SECTION. 514C.4 MANDATED COVERAGE FOR MAMMOGRAPHY.

1. A policy or contract providing for third-party payment or prepayment of health or medical expenses shall provide minimum mammography examination coverage, including, but not limited to, the following classes of third-party payment provider contracts or policies delivered, issued for delivery, continued, or renewed in this state on or after July 1, 1989:

- a. Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.
- b. An individual or group hospital or medical service contract issued pursuant to chapter 509, 514, or 514A.
- c. An individual or group health maintenance organization contract regulated under chapter 514B.
- d. An individual or group Medicare supplemental policy. A long-term care policy or contract is specifically excluded from regulation under this section.

2. As used in this section, "minimum mammography examination coverage" means benefits which are better than or equal to the following minimum requirements:

- a. One baseline mammogram for any woman who is thirty-five through thirty-nine years of age.
- b. A mammogram every two years for any woman who is forty through forty-nine years of age, or more frequently if recommended by the woman's physician.
- c. A mammogram every year for any woman who is fifty years of age or older.

3. Mammogram benefits may be subject to any policy or contract provisions which apply generally to other services covered by the policy or contract.

4. As used in this section:

- a. "Medicare" means the Health Insurance for the Aged Act, Title XVIII of the federal Social Security Amendments of 1965, as amended (Title I, Part I of Pub. L. No. 89-97).
- b. "Medicare supplemental policy" means any individual or group accident and sickness insurance policy or certificate or individual subscriber contract delivered or issued for delivery to any resident of the state who is eligible for Medicare, except any long-term care insurance policy as defined in section 514G.4.

5. The commissioner of insurance shall adopt rules under chapter 17A necessary to implement this section no later than July 1, 1989.

DONALD D. AVENSON
Speaker of the House

JO ANN ZIMMERMAN
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 199, Seventy-third General Assembly.

JOSEPH O'HERN
Chief Clerk of the House

Approved June 2, 1989

TERRY E. BRANSTAD
Governor