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COMMERCE, REGULATION & LABOR

HOUSE FILE 104  
BY MURPHY and FREVERT

Passed House, Date \_\_\_\_\_ Passed Senate, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

**A BILL FOR**

1 An Act requiring third-party payors of health or medical expenses  
2 to provide coverage for screening tests for women who are at  
3 risk for ovarian cancer.

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

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HF 104

1 Section 1. NEW SECTION. 514C.21 OVARIAN CANCER

2 MONITORING TESTS.

3 1. As used in this section, unless the context otherwise  
4 requires:

5 a. "At risk for ovarian cancer" means any of the  
6 following:

7 (1) Having a family history that includes at least one of  
8 the following:

9 (a) One or more relatives within the first or second  
10 degree of consanguinity with ovarian cancer.

11 (b) Clusters of relatives with breast cancer.

12 (c) Hereditary nonpolyposis colon cancer.

13 (2) Testing positive for BRCA1 or BRCA2 mutations.

14 (3) Having a personal history of breast or colon cancer.

15 (4) Having a personal history involving prolonged use of  
16 fertility drugs, especially if the results of such use were  
17 unsuccessful.

18 b. "Screening tests" means annual or semiannual medical  
19 examinations using any or all of the following:

20 (1) CA-125 serum tumor marker testing.

21 (2) Transvaginal ultrasound.

22 (3) Pelvic examination.

23 2. Notwithstanding the uniformity of treatment  
24 requirements of section 514C.6, a policy, contract, or plan  
25 providing for third-party payment or prepayment of health or  
26 medical expenses shall provide coverage benefits for screening  
27 tests for women aged thirty-five and older who are at risk for  
28 ovarian cancer.

29 3. Benefits provided pursuant to this section shall be  
30 subject to the same annual deductibles, coinsurance, or  
31 copayment established for all other covered benefits within a  
32 policy, contract, or plan.

33 4. a. This section applies to the following classes of  
34 third-party payment provider contracts, policies, or plans  
35 delivered, issued for delivery, continued, or renewed in this

1 state on or after July 1, 2003:

2 (1) Individual or group accident and sickness insurance  
3 providing coverage on an expense-incurred basis.

4 (2) An individual or group hospital or medical service  
5 contract issued pursuant to chapter 509, 514, or 514A.

6 (3) An individual or group health maintenance organization  
7 contract regulated under chapter 514B.

8 (4) Any other entity engaged in the business of insurance,  
9 risk transfer, or risk retention, which is subject to the  
10 jurisdiction of the commissioner.

11 (5) A plan established pursuant to chapter 509A for public  
12 employees.

13 (6) An organized delivery system licensed by the director  
14 of public health.

15 b. This section shall not apply to accident-only,  
16 specified disease, short-term hospital or medical, hospital  
17 confinement indemnity, credit, dental, vision, Medicare  
18 supplement, long-term care, basic hospital and medical-  
19 surgical expense coverage as defined by the commissioner,  
20 disability income insurance coverage, coverage issued as a  
21 supplement to liability insurance, workers' compensation or  
22 similar insurance, or automobile medical payment insurance.

23 EXPLANATION

24 This bill adds a new section to Code chapter 514C,  
25 requiring certain health insurance policies, contracts, or  
26 plans issued by insurance companies to cover specific annual  
27 or semiannual screening tests for women at risk of ovarian  
28 cancer. The bill defines both "at risk for ovarian cancer"  
29 and "screening tests". The benefits provided in accordance  
30 with this section are subject to deductibles, coinsurance, or  
31 copayments equal to that for other covered benefits in  
32 accordance with the terms of the policy, contract, or plan.

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