

JAN 25 2006
COMMERCE, REGULATION & LABOR

HOUSE FILE 2126
BY FOEGE

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act requiring certain health insurance policies to provide
2 coverage for colorectal and prostate cancer screening under
3 some circumstances and providing an applicability date.

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

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HF 2126

1 Section 1. NEW SECTION. 514C.23 COLORECTAL AND PROSTATE
2 CANCER SCREENING COVERAGE.

3 1. Notwithstanding the uniformity of treatment
4 requirements of section 514C.6, a policy, contract, or plan
5 providing for third-party payment or prepayment of health or
6 medical expenses shall provide minimum colorectal cancer
7 screening coverage and minimum prostate cancer screening
8 coverage, including, but not limited to, the following classes
9 of third-party payment provider contracts or policies
10 delivered, issued for delivery, continued, or renewed in this
11 state:

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

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

16 c. An individual or group health maintenance organization
17 contract regulated under chapter 514B.

18 d. An individual or group Medicare supplemental policy,
19 unless coverage pursuant to such policy is preempted by
20 federal law.

21 2. This section shall not apply to accident only,
22 specified disease, short-term hospital or medical, hospital
23 confinement indemnity, credit, dental, vision, Medicare
24 supplement, long-term care, basic hospital, and medical-
25 surgical expense coverage as defined by the commissioner,
26 disability income insurance coverage, coverage issued as a
27 supplement to liability insurance, workers' compensation or
28 similar insurance, or automobile medical payment insurance.

29 3. As used in this section, "minimum colorectal cancer
30 screening coverage" means benefits for colorectal examinations
31 and laboratory tests for cancer for any nonsymptomatic covered
32 individual in accordance with the most recently published
33 guidelines of the American cancer society for colorectal
34 cancer screening, which are better than or equal to coverage
35 for colorectal cancer screening every year for any individual

1 who is fifty years of age or older, or for any individual who
2 is less than fifty years of age and is at high risk for
3 colorectal cancer according to the most recently published
4 guidelines of the American cancer society.

5 4. As used in this section, "minimum prostate cancer
6 screening coverage" means benefits for prostate cancer
7 screening examinations including a digital rectal examination
8 and a prostate-specific antigen (PSA) or equivalent test for
9 the presence of prostate cancer, which are better than or
10 equal to coverage for prostate cancer screening every year for
11 all men who are fifty years of age or older, and for all men
12 less than fifty years of age who are symptomatic or at high
13 risk for prostate cancer as determined by the treating
14 physician.

15 As used in this subsection, "prostate-specific antigen
16 (PSA) or equivalent test for the presence of prostate cancer"
17 means a seriological test for determining the presence of
18 prostate cytoplasmic protein and the generation of antibodies
19 to it, as a novel marker for prostatic disease.

20 5. The annual deductible or coinsurance for minimum
21 colorectal cancer screening coverage or minimum prostate
22 cancer screening coverage shall not be greater than the annual
23 deductible or coinsurance established for similar benefits
24 under the policy, contract, or plan. If the policy, contract,
25 or plan does not provide similar benefits, the deductible or
26 coinsurance for minimum colorectal cancer screening coverage
27 or minimum prostate cancer screening coverage shall not be an
28 amount that materially diminishes the value of the required
29 coverage.

30 6. The commissioner of insurance shall adopt rules under
31 chapter 17A as necessary to do all of the following:

32 a. Administer the provisions of this section.

33 b. Ensure that policies, contracts, or plans that provide
34 third-party payment or prepayment of health or medical
35 expenses do not include burdensome criteria or other obstacles

1 which interfere with access to and provision of the benefits
2 required by this section.

3 Sec. 2. APPLICABILITY. This Act applies to third-party
4 payment provider policies, contracts, or plans that are
5 delivered, issued for delivery, continued, or renewed in this
6 state on or after January 1, 2007.

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EXPLANATION

8 This bill creates new Code section 514C.23, which mandates
9 payment of health care costs for minimum colorectal cancer
10 screening coverage and minimum prostate cancer screening
11 coverage in certain policies, contracts, or plans providing
12 for third-party payment or prepayment of health or medical
13 expenses. The bill provides that the mandate does not apply
14 to certain specified types of insurance coverage.

15 The bill defines "minimum colorectal cancer examination
16 coverage" as benefits for colorectal examinations and
17 laboratory tests for cancer for any nonsymptomatic covered
18 individual in accordance with the most recently published
19 guidelines of the American cancer society for colorectal
20 cancer screening. The covered benefits must, at a minimum,
21 provide for annual colorectal cancer screening for any
22 individual who is 50 years of age or older or for any
23 individual who is less than 50 years old and is at high risk
24 for colorectal cancer according to the most recently published
25 guidelines of the American cancer society.

26 The bill defines "minimum prostate cancer screening
27 coverage" to mean benefits for prostate cancer screening
28 examinations including a digital rectal examination and a
29 prostate-specific antigen (PSA) or equivalent test for the
30 presence of prostate cancer. The bill also defines "prostate-
31 specific antigen (PSA) or equivalent test for the presence of
32 prostate cancer" to mean a seriological test for determining
33 the presence of prostate cytoplasmic protein and the
34 generation of antibodies to it, as a novel marker for
35 prostatic disease.

1 The covered benefits also cannot be subject to an annual
2 deductible or coinsurance that is greater than that
3 established for similar benefits, or if there are no similar
4 covered benefits, then the deductible or coinsurance cannot be
5 in an amount that materially diminishes the value of the
6 required coverage.

7 The bill also requires the commissioner of insurance to
8 adopt rules under Code chapter 17A as necessary to administer
9 the new section and to prevent insurers from adopting
10 burdensome criteria or creating other obstacles which
11 interfere with access to or provision of the benefits required
12 by the new section.

13 The new Code section applies to third-party payment
14 provider policies, contracts, or plans that are delivered,
15 issued for delivery, continued, or renewed in this state on or
16 after January 1, 2007.

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