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COMMENTS

SENATE FILE 2248
BY MCKINLEY

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

A BILL FOR

1 An Act requiring certain health insurance policies to provide
2 coverage for prostate cancer screening under some
3 circumstances and providing an applicability date.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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COMMENTS
SF 2248

1 Section 1. NEW SECTION. 514C.23 PROSTATE CANCER
2 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 prostate cancer
7 screening coverage, including, but not limited to, the
8 following classes of third-party payment provider contracts or
9 policies delivered, issued for delivery, continued, or renewed
10 in this state:

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

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

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

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

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

28 3. As used in this section, "minimum prostate cancer
29 screening coverage" means benefits for prostate cancer
30 screening examinations including a digital rectal examination
31 and a prostate-specific antigen (PSA) or equivalent test for
32 the presence of prostate cancer, which are better than or
33 equal to the following minimum requirements:

34 a. Prostate cancer screening every year for all men who
35 are fifty years of age or older, and for all men less than

1 fifty years of age who are symptomatic or at high risk for
2 prostate cancer as determined by the treating physician.

3 b. An annual deductible or coinsurance for minimum
4 prostate cancer screening coverage that is not greater than
5 the annual deductible or coinsurance established for similar
6 benefits under the policy, contract, or plan. If the policy,
7 contract, or plan does not provide similar benefits, the
8 deductible or coinsurance for minimum prostate cancer
9 screening coverage shall not be an amount that materially
10 diminishes the value of the required coverage.

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

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

18 a. Administer the provisions of this section.

19 b. Ensure that policies, contracts, or plans that provide
20 third-party payment or prepayment of health or medical
21 expenses do not include burdensome criteria or other obstacles
22 which interfere with access to and provision of the benefits
23 required by this section.

24 5. This section applies to third-party payment provider
25 policies, contracts, or plans that are delivered, issued for
26 delivery, continued, or renewed in this state on or after
27 January 1, 2007.

28 EXPLANATION

29 This bill creates new Code section 514C.23 which mandates
30 payment of health care costs for minimum prostate cancer
31 screening coverage in certain policies, contracts, or plans
32 providing for third-party payment or prepayment of health or
33 medical expenses. The bill provides that the mandate does not
34 apply to certain specified types of insurance coverage.

35 The bill defines "minimum prostate cancer screening

1 coverage" to mean benefits for prostate cancer screening
2 examinations including a digital rectal examination and a
3 prostate-specific antigen (PSA) or equivalent test for the
4 presence of prostate cancer. The bill also defines "prostate-
5 specific antigen (PSA) test or equivalent test for the
6 presence of prostate cancer" to mean a seriological test for
7 determining the presence of prostate cytoplasmic protein and
8 the generation of antibodies to it, as a novel marker for
9 prostatic disease.

10 The covered benefits must, at a minimum, provide for annual
11 prostate cancer screening for all men who are 50 years of age
12 or older, or for all men less than 50 years of age who are
13 symptomatic or at high risk for prostate cancer as determined
14 by the treating physician. The covered benefits also cannot
15 be subject to an annual deductible or coinsurance that is
16 greater than that established for similar benefits, or if
17 there are no similar covered benefits, then the deductible or
18 coinsurance cannot be in an amount that materially diminishes
19 the value of the required coverage.

20 The bill also requires the commissioner of insurance to
21 adopt rules under Code chapter 17A as necessary to administer
22 the new section and to prevent insurers from adopting
23 burdensome criteria or creating other obstacles which
24 interfere with access to or provision of the benefits required
25 by the new section.

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

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