

House File 349 - Introduced

HOUSE FILE _____
BY FOEGE

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

A BILL FOR

1 An Act mandating that certain health insurance policies 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:
5 TLSB 2275HH 82
6 av/es/88

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1 1 Section 1. NEW SECTION. 514C.23 COLORECTAL AND PROSTATE
1 2 CANCER SCREENING COVERAGE.
1 3 1. Notwithstanding the uniformity of treatment
1 4 requirements of section 514C.6, a policy, contract, or plan
1 5 providing for third-party payment or prepayment of health or
1 6 medical expenses shall provide minimum colorectal cancer
1 7 screening coverage and minimum prostate cancer screening
1 8 coverage, including but not limited to the following classes
1 9 of third-party payment provider contracts or policies
1 10 delivered, issued for delivery, continued, or renewed in this
1 11 state on or after January 1, 2008:
1 12 a. Individual or group accident and sickness insurance
1 13 providing coverage on an expense-incurred basis.
1 14 b. An individual or group hospital or medical service
1 15 contract issued pursuant to chapter 509, 514, or 514A.
1 16 c. An individual or group health maintenance organization
1 17 contract regulated under chapter 514B.
1 18 d. An individual or group Medicare supplemental policy,
1 19 unless coverage pursuant to such policy is preempted by
1 20 federal law.
1 21 2. This section shall not apply to accident only,
1 22 specified disease, short-term hospital or medical, hospital
1 23 confinement indemnity, credit, dental, vision, long-term care,
1 24 basic hospital, and medical-surgical expense coverage as
1 25 defined by the commissioner, disability income insurance
1 26 coverage, coverage issued as a supplement to liability
1 27 insurance, workers' compensation or similar insurance, or
1 28 automobile medical payment insurance.
1 29 3. As used in this section, "minimum colorectal cancer
1 30 screening coverage" means benefits for colorectal examinations
1 31 and laboratory tests for cancer for any nonsymptomatic covered
1 32 individual in accordance with the most recently published
1 33 guidelines of the American cancer society for colorectal
1 34 cancer screening, which at a minimum provide coverage for
1 35 colorectal cancer screening every year for any individual who
2 1 is fifty years of age or older, or for any individual who is
2 2 less than fifty years of age and is at high risk for
2 3 colorectal cancer according to the most recently published
2 4 guidelines of the American cancer society.
2 5 4. As used in this section, "minimum prostate cancer
2 6 screening coverage" means benefits for prostate cancer
2 7 screening examinations including a digital rectal examination
2 8 and a prostate-specific antigen or equivalent test for the
2 9 presence of prostate cancer, which at a minimum provide
2 10 coverage for prostate cancer screening every year for all men
2 11 who are fifty years of age or older, and for all men less than
2 12 fifty years of age who are symptomatic or at high risk for
2 13 prostate cancer as determined by the treating physician.
2 14 As used in this subsection, "prostate-specific antigen or
2 15 equivalent test for the presence of prostate cancer" means a
2 16 seriological test for determining the presence of prostate
2 17 cytoplasmic protein and the generation of antibodies to it, as
2 18 a novel marker for prostatic disease.
2 19 5. The annual deductible or coinsurance for minimum

2 20 colorectal cancer screening coverage or minimum prostate
2 21 cancer screening coverage shall not be greater than the annual
2 22 deductible or coinsurance established for similar benefits
2 23 under the policy, contract, or plan. If the policy, contract,
2 24 or plan does not provide similar benefits, the deductible or
2 25 coinsurance for minimum colorectal cancer screening coverage
2 26 or minimum prostate cancer screening coverage shall not be an
2 27 amount that materially diminishes the value of the required
2 28 coverage.

2 29 6. The commissioner of insurance shall adopt rules under
2 30 chapter 17A as necessary to do all of the following:

2 31 a. Administer the provisions of this section.

2 32 b. Ensure that policies, contracts, or plans that provide
2 33 third-party payment or prepayment of health or medical
2 34 expenses do not include burdensome criteria or other obstacles
2 35 which interfere with access to and provision of the benefits
3 1 required by this section.

3 2 EXPLANATION

3 3 This bill creates new Code section 514C.23, which mandates
3 4 payment of health care costs for minimum colorectal cancer
3 5 screening coverage and minimum prostate cancer screening
3 6 coverage in certain policies, contracts, or plans providing
3 7 for third-party payment or prepayment of health or medical
3 8 expenses. The bill provides that the mandate does not apply
3 9 to certain specified types of insurance coverage.

3 10 The bill defines "minimum colorectal cancer examination
3 11 coverage" as benefits for colorectal examinations and
3 12 laboratory tests for cancer for any nonsymptomatic covered
3 13 individual in accordance with the most recently published
3 14 guidelines of the American cancer society for colorectal
3 15 cancer screening. The covered benefits must, at a minimum,
3 16 provide for annual colorectal cancer screening for any
3 17 individual who is 50 years of age or older or for any
3 18 individual who is less than 50 years old and is at high risk
3 19 for colorectal cancer according to the most recently published
3 20 guidelines of the American cancer society.

3 21 The bill defines "minimum prostate cancer screening
3 22 coverage" to mean benefits for prostate cancer screening
3 23 examinations including a digital rectal examination and a
3 24 prostate-specific antigen (PSA) or equivalent test for the
3 25 presence of prostate cancer. The covered benefits must, at a
3 26 minimum, provide for annual prostate cancer screening for any
3 27 individual who is 50 years of age or older or for any
3 28 individual who is less than 50 years old and is symptomatic or
3 29 at high risk for prostate cancer as determined by the treating
3 30 physician. The bill also defines "prostate-specific antigen
3 31 (PSA) or equivalent test for the presence of prostate cancer"
3 32 to mean a seriological test for determining the presence of
3 33 prostate cytoplasmic protein and the generation of antibodies
3 34 to it, as a novel marker for prostatic disease.

3 35 The covered benefits also cannot be subject to an annual
4 1 deductible or coinsurance that is greater than that
4 2 established for similar benefits, or if there are no similar
4 3 covered benefits, then the deductible or coinsurance cannot be
4 4 in an amount that materially diminishes the value of the
4 5 required coverage.

4 6 The bill also requires the commissioner of insurance to
4 7 adopt rules under Code chapter 17A as necessary to administer
4 8 the new Code section and to prevent insurers from adopting
4 9 burdensome criteria or creating other obstacles which
4 10 interfere with access to or provision of the benefits required
4 11 by the new Code section.

4 12 The new Code section applies to third-party payment
4 13 provider policies, contracts, or plans that are delivered,
4 14 issued for delivery, continued, or renewed in this state on or
4 15 after January 1, 2008.

4 16 LSB 2275HH 82

4 17 av:rj/es/88