

# House File 440 - Introduced

HOUSE FILE \_\_\_\_\_  
BY FORD

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

## A BILL FOR

1 An Act requiring health insurance coverage of certain services  
2 related to the diagnosis, treatment, and management of  
3 osteoporosis for qualified insured individuals.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:  
5 TLSB 2388HH 83  
6 av/rj/24

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1 1 Section 1. NEW SECTION. 514C.24 COVERAGE FOR  
1 2 OSTEOPOROSIS DIAGNOSIS, TREATMENT, AND MANAGEMENT.  
1 3 1. Notwithstanding the uniformity of treatment  
1 4 requirements of section 514C.6, a contract, policy, or plan  
1 5 providing for third-party payment or prepayment of health or  
1 6 medical expenses that provides coverage for hospital or  
1 7 medical treatment or services for illness shall provide  
1 8 coverage related to services for the diagnosis, treatment, and  
1 9 appropriate management of osteoporosis for a qualified insured  
1 10 individual that includes bone mass measurement or bone density  
1 11 testing, and other United States food and drug  
1 12 administration-approved technologies as deemed medically  
1 13 appropriate.  
1 14 2. This section applies to the following classes of  
1 15 third-party payment provider contracts, policies, or plans  
1 16 delivered, issued for delivery, continued, or renewed in this  
1 17 state on or after January 1, 2010:  
1 18 a. Individual or group accident and sickness insurance  
1 19 providing coverage on an expense-incurred basis.  
1 20 b. An individual or group hospital or medical service  
1 21 contract issued pursuant to chapter 509, 514, or 514A.  
1 22 c. An individual or group Medicare supplemental policy,  
1 23 unless coverage pursuant to such a policy is preempted by  
1 24 federal law.  
1 25 d. An individual or group health maintenance organization  
1 26 contract regulated under chapter 514B.  
1 27 e. A plan established pursuant to chapter 509A for public  
1 28 employees.  
1 29 3. This section shall not apply to accident-only,  
1 30 specified disease, short-term hospital or medical, hospital  
1 31 confinement indemnity, credit, dental, vision, long-term care,  
1 32 basic hospital and medical-surgical expense coverage as  
1 33 defined by the commissioner, disability income insurance  
1 34 coverage, coverage issued as a supplement to liability  
1 35 insurance, workers' compensation or similar insurance, or  
2 1 automobile medical payment insurance.  
2 2 4. As used in this section:  
2 3 a. "Bone mass measurement" or "bone density testing" means  
2 4 a radiologic or radioisotopic procedure or other  
2 5 scientifically proven technology performed on an individual  
2 6 for the purpose of identifying bone mass or detecting bone  
2 7 loss.  
2 8 b. "Qualified insured individual" means an individual who  
2 9 is one of the following:  
2 10 (1) An estrogen-deficient woman at clinical risk for  
2 11 osteoporosis.  
2 12 (2) An individual with vertebral abnormalities.  
2 13 (3) An individual receiving long-term glucocorticoid  
2 14 therapy.  
2 15 (4) An individual with primary hyperparathyroidism.  
2 16 (5) An individual being monitored to assess the response  
2 17 to or efficacy of osteoporosis drug therapies.  
2 18 5. The commissioner of insurance shall adopt rules  
2 19 pursuant to chapter 17A as necessary to administer this

2 20 section.

2 21 EXPLANATION

2 22 This bill requires insurers offering certain individual or  
2 23 group health insurance contracts, policies, or plans in the  
2 24 state to provide coverage for certain services related to the  
2 25 diagnosis, treatment, and management of osteoporosis for  
2 26 qualified insured individuals.

2 27 The bill requires that such coverage include bone mass  
2 28 measurement or bone density testing and other technologies  
2 29 approved by the federal food and drug administration as  
2 30 medically appropriate. "Bone mass measurement" or "bone  
2 31 density testing" is defined as a radiologic or radioisotopic  
2 32 procedure or other scientifically proven technology performed  
2 33 on an individual for the purpose of identifying bone mass or  
2 34 detecting bone loss.

2 35 The required coverage must be provided to qualified insured  
3 1 individuals. A "qualified insured individual" is defined as  
3 2 an individual who is an estrogen-deficient woman at clinical  
3 3 risk for osteoporosis; an individual with vertebral  
3 4 abnormalities; an individual receiving long-term  
3 5 glucocorticoid therapy; an individual with primary  
3 6 hyperparathyroidism; or an individual being monitored to  
3 7 assess the response to or efficacy of osteoporosis drug  
3 8 therapies.

3 9 The provisions of the bill are applicable to third-party  
3 10 payment provider contracts, policies, or plans delivered,  
3 11 issued for delivery, continued, or renewed in this state on or  
3 12 after January 1, 2010. The commissioner of insurance is  
3 13 required to adopt rules under Code chapter 17A as necessary to  
3 14 administer the provisions of the bill.

3 15 LSB 2388HH 83

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