

# House File 550 - Introduced

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

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 2597HH 83  
6 av/rj/14

PAG LIN

1 1 Section 1. NEW SECTION. 514C.24 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, 2010:  
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.24, 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, 2010.

4 16 LSB 2597HH 83

4 17 av/rj/14