

Senate File 2216 - Introduced

SENATE FILE 2216

BY ZAUN

A BILL FOR

1 An Act relating to insurance coverage for diagnostic breast
2 cancer examinations and prescription drugs used in the
3 treatment of stage IV cancer, and including applicability
4 provisions.

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

1 Section 1. NEW SECTION. 514C.4A Diagnostic examinations
2 — breast cancer.

3 1. As used in this section, unless the context otherwise
4 requires:

5 a. "Abnormality" means an abnormal feature, characteristic,
6 or occurrence in a covered person's breast that meets any of
7 the following requirements:

8 (1) The abnormality is identified as a result of a covered
9 person's screening mammogram.

10 (2) The abnormality is identified during the provision
11 of health care services to a covered person by a health care
12 professional.

13 (3) A health care professional determines an abnormality
14 exists based on a covered person's medical history or the
15 covered person's family medical history.

16 b. "Breast magnetic resonance imaging" or "breast MRI" means
17 an examination of a breast using a powerful magnetic field,
18 radio waves, and a computer to produce detailed pictures of the
19 structures within the breast.

20 c. "Breast ultrasound" means an examination of a breast
21 using sound waves to produce pictures of the internal
22 structures of the breast.

23 d. "Cost-sharing" means any coverage limit, copayment,
24 coinsurance, deductible, or other out-of-pocket expense
25 obligation imposed on a covered person by a policy, contract,
26 or plan providing for third-party payment or prepayment of
27 health or medical expenses.

28 e. "Covered person" means a policyholder, subscriber, or
29 other person participating in a policy, contract, or plan that
30 provides for third-party payment or prepayment of health or
31 medical expenses.

32 f. "Diagnostic breast cancer examination" means an
33 examination of an abnormality, deemed medically necessary by a
34 covered person's health care professional, for the detection
35 of breast cancer. The examination may be conducted using a

1 diagnostic mammogram, breast magnetic resonance imaging, or a
2 breast ultrasound.

3 *g.* "Diagnostic mammogram" means a detailed examination of a
4 breast abnormality using X ray.

5 *h.* "Health care professional" means the same as defined in
6 section 514J.102.

7 *i.* "Health care services" means services for the diagnosis,
8 prevention, treatment, cure, or relief of a health condition,
9 illness, injury, or disease.

10 *j.* "Screening mammogram" means an examination of a breast
11 using a low-dose x-ray system to see inside the breast, and
12 that aids in the early detection and diagnosis of breast
13 cancer.

14 2. Notwithstanding the uniformity of treatment requirements
15 of section 514C.6, a policy, contract, or plan providing
16 for third-party payment or prepayment of health or medical
17 expenses shall provide coverage for diagnostic breast cancer
18 examinations. The policy, contract, or plan shall not require
19 cost-sharing greater than the cost-sharing that the policy,
20 contract, or plan requires for a screening mammogram.

21 3. *a.* This section shall apply to the following classes of
22 third-party payment provider contracts, policies, or plans:

23 (1) Individual or group accident and sickness insurance
24 providing coverage on an expense-incurred basis.

25 (2) An individual or group hospital or medical service
26 contract issued pursuant to chapter 509, 514, or 514A.

27 (3) An individual or group health maintenance organization
28 contract regulated under chapter 514B.

29 (4) A plan established for public employees pursuant to
30 chapter 509A.

31 *b.* This section shall not apply to accident-only, specified
32 disease, short-term hospital or medical, hospital confinement
33 indemnity, credit, dental, vision, Medicare supplement,
34 long-term care, basic hospital and medical-surgical expense
35 coverage as defined by the commissioner of insurance,

1 disability income insurance coverage, coverage issued as a
2 supplement to liability insurance, workers' compensation or
3 similar insurance, or automobile medical payment insurance.

4 4. The commissioner of insurance shall adopt rules pursuant
5 to chapter 17A to administer this section.

6 Sec. 2. NEW SECTION. 514C.24A Prescription drugs — stage
7 IV cancer.

8 1. As used in this section, unless the context otherwise
9 requires:

10 a. "*Associated conditions*" means symptoms or side effects
11 associated with stage IV cancer, or with the health care
12 services for stage IV cancer provided by a covered person's
13 health care professional, that in the opinion of the health
14 care professional further jeopardize the covered person's
15 health if left untreated.

16 b. "*Covered person*" means a policyholder, subscriber, or
17 other person participating in a policy, contract, or plan that
18 provides for third-party payment or prepayment of health or
19 medical expenses that provides coverage for prescription drugs.

20 c. "*Health care professional*" means the same as defined in
21 section 514J.102.

22 d. "*Health care services*" means services for the diagnosis,
23 prevention, treatment, cure, or relief of a health condition,
24 illness, injury, or disease.

25 e. "*Prescription cancer drug*" means a prescription drug that
26 is used for the treatment of stage IV cancer.

27 f. "*Prescription drug*" means a prescription drug that has
28 been prescribed as medically necessary by a covered person's
29 health care professional.

30 g. "*Stage IV cancer*" means cancer that has spread from the
31 primary or original site of the cancer to other parts of the
32 body. Stage IV cancer may also be referred to as advanced
33 cancer or metastatic cancer.

34 h. "*Step therapy protocol*" means the same as defined in
35 section 514F.7.

1 2. *a.* Notwithstanding the uniformity of treatment
2 requirements of section 514C.6, a policy, contract, or plan
3 providing for third-party payment or prepayment of health or
4 medical expenses that provides coverage for prescription drugs
5 shall provide coverage for prescription cancer drugs.

6 *b.* Notwithstanding section 514F.7, the policy, contract, or
7 plan shall provide coverage, without imposing a step therapy
8 protocol, for a prescription cancer drug that meets all of the
9 following requirements:

10 (1) The use of the prescription cancer drug is in accordance
11 with the medical standards of care for stage IV cancer.

12 (2) The use of the prescription cancer drug for stage
13 IV cancer is supported by peer-reviewed, evidence-based
14 literature.

15 (3) The prescription cancer drug has been approved by the
16 United States food and drug administration.

17 3. *a.* This section shall apply to the following classes of
18 third-party payment provider contracts, policies, or plans:

19 (1) Individual or group accident and sickness insurance
20 providing coverage on an expense-incurred basis.

21 (2) An individual or group hospital or medical service
22 contract issued pursuant to chapter 509, 514, or 514A.

23 (3) An individual or group health maintenance organization
24 contract regulated under chapter 514B.

25 (4) A plan established for public employees pursuant to
26 chapter 509A.

27 *b.* This section shall not apply to accident-only, specified
28 disease, short-term hospital or medical, hospital confinement
29 indemnity, credit, dental, vision, Medicare supplement,
30 long-term care, basic hospital and medical-surgical expense
31 coverage as defined by the commissioner of insurance,
32 disability income insurance coverage, coverage issued as a
33 supplement to liability insurance, workers' compensation or
34 similar insurance, or automobile medical payment insurance.

35 4. The commissioner of insurance shall adopt rules pursuant

1 to chapter 17A to administer this section.

2 Sec. 3. APPLICABILITY. This Act applies to third-party
3 payment provider contracts, policies, or plans delivered,
4 issued for delivery, continued, or renewed in this state on or
5 after January 1, 2021.

6 EXPLANATION

7 The inclusion of this explanation does not constitute agreement with
8 the explanation's substance by the members of the general assembly.

9 This bill relates to insurance coverage for diagnostic
10 breast cancer examinations and prescription drugs used in the
11 treatment of stage IV cancer.

12 The bill requires a policy, contract, or plan providing for
13 third-party payment or prepayment of health or medical expenses
14 to provide coverage for diagnostic breast cancer examinations.
15 "Diagnostic breast cancer examination" is defined in the bill
16 as an examination of an abnormality, deemed medically necessary
17 by a covered person's health care professional, for the
18 detection of breast cancer. The examination may be conducted
19 using a diagnostic mammogram, breast magnetic resonance
20 imaging, or breast ultrasound. "Abnormality", "diagnostic
21 mammogram", "breast magnetic resonance imaging", and "breast
22 ultrasound" are also defined in the bill.

23 The policy, contract, or plan cannot require cost-sharing
24 greater than the cost-sharing that the policy, contract, or
25 plan requires for a screening mammogram. "Cost-sharing" and
26 "screening mammogram" are defined in the bill.

27 The bill also requires policies, contracts, or plans
28 providing for third-party payment or prepayment of health
29 or medical expenses that provide coverage for prescription
30 drugs to provide coverage for prescription cancer drugs.
31 "Prescription cancer drug" is defined in the bill as a
32 prescription drug that is used to treat stage IV cancer.
33 "Stage IV cancer" is also defined in the bill.

34 The policy, contract, or plan is required to provide
35 coverage, without imposing a step therapy protocol, for a

1 prescription cancer drug that has been approved by the United
2 States food and drug administration, the use of which is
3 in accordance with medical standards of care for stage IV
4 cancer, and the use of which is supported by peer-reviewed,
5 evidence-based literature. "Step therapy protocol" is defined
6 in the bill as a protocol or program that establishes a
7 specific sequence in which prescription drugs for a specified
8 medical condition and medically appropriate for a particular
9 covered person are covered under a pharmacy or medical benefit
10 by a health carrier, a health benefit plan, or a utilization
11 review organization, including self-administered drugs and
12 drugs administered by a health care professional.

13 The bill applies to third-party payment providers enumerated
14 in the bill. The bill specifies the types of specialized
15 health-related insurance which are not subject to the coverage
16 requirements of the bill.

17 The commissioner of insurance is required to adopt rules to
18 administer the requirements of the bill.

19 The bill applies to third-party payment provider contracts,
20 policies, or plans delivered, issued for delivery, continued,
21 or renewed in this state on or after January 1, 2021.