

House File 71 - Introduced

HOUSE FILE 71

BY A. MEYER

A BILL FOR

1 An Act relating to insurance coverage for diagnostic breast
2 cancer examinations.

3 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 a noninvasive examination of
21 a breast using high-frequency sound waves to produce detailed
22 images 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 and
34 appropriate by a covered person's health care professional,
35 for the detection of breast cancer. The examination may

1 be conducted using a diagnostic mammogram, breast magnetic
2 resonance imaging, or a 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 that aids in the early detection and diagnosis of breast
12 cancer.

13 2. *a.* Notwithstanding the uniformity of treatment
14 requirements of section 514C.6, a policy, contract, or plan
15 providing for third-party payment or prepayment of health or
16 medical expenses shall provide coverage for diagnostic breast
17 cancer examinations.

18 *b.* Coverage required under this section shall not be less
19 favorable than coverage a health carrier offers for screening
20 mammograms.

21 *c.* Cost-sharing requirements imposed for coverage
22 required under this section shall not be less favorable than
23 cost-sharing requirements imposed by a health carrier for
24 screening mammograms.

25 3. *a.* This section applies to the following classes of
26 third-party payment provider contracts, policies, or plans
27 delivered, issued for delivery, continued, or renewed in this
28 state on or after January 1, 2024:

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

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

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

35 (4) A plan established for public employees pursuant to

1 chapter 509A.

2 *b.* This section shall not apply to accident-only, specified
3 disease, short-term hospital or medical, hospital confinement
4 indemnity, credit, dental, vision, Medicare supplement,
5 long-term care, basic hospital and medical-surgical expense
6 coverage as defined by the commissioner of insurance,
7 disability income insurance coverage, coverage issued as a
8 supplement to liability insurance, workers' compensation or
9 similar insurance, or automobile medical payment insurance.

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

12 EXPLANATION

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

15 This bill relates to insurance coverage for diagnostic
16 breast cancer examinations.

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

28 Coverage required under the bill shall not be less favorable
29 than coverage a health carrier offers for screening mammograms.
30 The policy, contract, or plan cannot impose cost-sharing
31 greater than the cost-sharing that the policy, contract, or
32 plan imposes for a screening mammogram. "Cost-sharing" and
33 "screening mammogram" are defined in the bill.

34 The bill applies to third-party payment providers enumerated
35 in the bill. The bill specifies the types of specialized

1 health-related insurance which are not subject to the coverage
2 requirements of the bill.

3 The commissioner of insurance is required to adopt rules to
4 administer the requirements of the bill.

5 The bill applies to third-party payment provider contracts,
6 policies, or plans delivered, issued for delivery, continued,
7 or renewed in this state on or after January 1, 2024.