

Senate File 2358 - Introduced

SENATE FILE 2358
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO SSB 3135)

A BILL FOR

1 An Act relating to insurance coverage for supplemental and
2 diagnostic breast examinations.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.4A Supplemental and diagnostic
2 breast examinations.

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

5 a. "*Breast magnetic resonance imaging*" or "*breast MRI*"
6 means an examination of a breast, following administration of
7 intravenous contrast, using a powerful magnetic field, radio
8 waves, and a computer to produce detailed pictures of the
9 structures within the breast.

10 b. "*Breast ultrasound*" means a noninvasive examination of
11 a breast using high-frequency sound waves to produce detailed
12 images of the breast.

13 c. "*Cost-sharing*" means any coverage limit, copayment,
14 coinsurance, deductible, or other out-of-pocket expense
15 obligation imposed on a covered person by a policy, contract,
16 or plan providing for third-party payment or prepayment of
17 health or medical expenses.

18 d. "*Covered person*" means a policyholder, subscriber, or
19 other person participating in a policy, contract, or plan that
20 provides for third-party payment or prepayment of health or
21 medical expenses.

22 e. "*Diagnostic breast examination*" means a medically
23 necessary and appropriate examination of the breast that may
24 include a diagnostic mammogram, breast magnetic resonance
25 imaging, breast ultrasound, or other breast imaging, and that
26 is performed for any of the following reasons:

27 (1) To evaluate an abnormality seen or suspected during a
28 screening examination for breast cancer.

29 (2) To evaluate an abnormality detected by another means of
30 examination.

31 f. "*Diagnostic mammogram*" means a detailed examination of a
32 breast abnormality using X ray.

33 g. "*Health care professional*" means the same as defined in
34 section 514J.102.

35 h. "*Health care services*" means services for the diagnosis,

1 prevention, treatment, cure, or relief of a health condition,
2 illness, injury, or disease.

3 *i.* "Screening mammogram" means an examination of a breast
4 that aids in the early detection and diagnosis of breast
5 abnormalities including breast cancer.

6 *j.* "Supplemental breast examination" means a medically
7 necessary and appropriate examination of the breast that may
8 include breast magnetic resonance imaging, breast ultrasound,
9 contrast-enhanced mammography, or examination for dense
10 breast tissue as described by the breast imaging reporting
11 and data system of the American college of radiology, and
12 that is performed to screen for breast cancer when there is
13 no abnormality seen or suspected and based on an individual's
14 personal or family medical history, or additional factors that
15 may increase the individual's risk of breast cancer.

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

21 *b.* Coverage required under this section shall not be less
22 favorable than coverage a health carrier offers for screening
23 mammograms.

24 *c.* Cost-sharing requirements shall not be imposed by a
25 health carrier for coverage required under this section.

26 3. *a.* This section applies to the following classes of
27 third-party payment provider contracts, policies, or plans
28 delivered, issued for delivery, continued, or renewed in this
29 state on or after January 1, 2025:

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

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

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

1 (4) A plan established for public employees pursuant to
2 chapter 509A.

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

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

13 EXPLANATION

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

16 This bill relates to insurance coverage for supplemental
17 breast examinations (supplemental examinations) and diagnostic
18 breast examinations (diagnostic examinations).

19 The bill requires a policy, contract, or plan providing
20 for third-party payment or prepayment of health or medical
21 expenses to provide coverage for supplemental examinations
22 and diagnostic examinations. "Supplemental examination" and
23 "diagnostic examination" are defined in the bill. Coverage
24 required under the bill shall not be less favorable than
25 coverage a health carrier offers for screening mammograms. The
26 health carrier shall not impose cost-sharing for supplemental
27 examinations or diagnostic examinations. "Cost-sharing" and
28 "screening mammogram" are defined in the bill.

29 The bill applies to the third-party payment providers
30 enumerated in the bill. The bill specifies the types of
31 specialized health-related insurance which are not subject to
32 the coverage requirements of the bill.

33 The commissioner of insurance may adopt rules to administer
34 the requirements of the bill.

35 The provisions of the bill are applicable to third-party

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1 payment provider contracts, policies, or plans delivered,
2 issued for delivery, continued, or renewed in this state on or
3 after January 1, 2025.