SENATE FILE 2363 BY COMMITTEE ON COMMERCE

(SUCCESSOR TO SSB 3078)

A BILL FOR

- An Act relating to insurance coverage for health care services
 related to the prevention of ovarian cancer.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

S.F. 2363

1 Section 1. NEW SECTION. 514C.36 Ovarian cancer prevention 2 — coverage. 1. As used in this section, unless the context otherwise 3 4 requires: "At risk for ovarian cancer" means any of the following: 5 a. (1) A family history that includes any of the following: 6 7 (a) One or more first degree relatives that have had ovarian 8 cancer. 9 (b) Clusters of female relatives that have had breast 10 cancer. (c) Nonpolyposis colorectal cancer. 11 12 (2) Testing positive for either the BRCA1 or BRCA2 mutation. 13 b. "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. c. "Covered person" means a policyholder, subscriber, or 18 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 d. "Health carrier" means the same as defined in section 23 514J.102.

e. Surveillance testing for ovarian cancer means
annual screening using CA 125 blood testing, a transvaginal
ultrasound, and a pelvic examination.

27 2. *a.* Notwithstanding the uniformity of treatment 28 requirements of section 514C.6, a health carrier that offers 29 individual, group, or small group contracts, policies, or 30 plans in this state that provide for third-party payment or 31 prepayment of health or medical expenses shall offer coverage 32 for all of the following:

33 (1) An annual cervical smear test or pap smear test.
34 (2) Surveillance testing for ovarian cancer for covered
35 persons at risk for ovarian cancer.

-1-

LSB 5499SV (1) 90 nls/ko b. Coverage required under this section shall not be less
 favorable than coverage a health carrier offers for general
 physical illness.

c. Cost-sharing requirements imposed for coverage
required under this section shall not be less favorable than
cost-sharing requirements imposed by a health carrier for
general physical illness.

8 3. *a.* This section shall apply to the following classes 9 of third-party payment provider contracts, policies, or plans 10 delivered, issued for delivery, continued, or renewed in this 11 state on or after January 1, 2025:

12 (1) Individual or group accident and sickness insurance 13 providing coverage on an expense-incurred basis.

14 (2) An individual or group hospital or medical service15 contract issued pursuant to chapter 509, 514, or 514A.

16 (3) An individual or group health maintenance organization 17 contract regulated under chapter 514B.

18 (4) An individual or group Medicare supplement policy,
19 unless coverage under this section is preempted by federal law.
20 (5) A plan established for public employees pursuant to
21 chapter 509A.

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

30 4. The commissioner of insurance shall adopt rules pursuant31 to chapter 17A to administer this section.

32

EXPLANATION

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

35 This bill relates to insurance coverage for health care

-2-

LSB 5499SV (1) 90 nls/ko

2/3

1 services related to the prevention of ovarian cancer.

2 The bill requires a policy, contract, or plan providing for 3 third-party payment or prepayment of health or medical expenses 4 to provide coverage for an annual cervical smear test or pap 5 smear test, and for surveillance testing for ovarian cancer 6 for covered persons at risk for ovarian cancer. "Surveillance 7 testing for ovarian cancer" is defined in the bill as 8 annual screening using CA 125 blood testing, a transvaginal 9 ultrasound, and a pelvic examination. "At risk for ovarian 10 cancer" is defined as a family history that includes one or 11 more first degree relatives that have had ovarian cancer, 12 clusters of female relatives that have had breast cancer or 13 nonpolyposis colorectal cancer; or testing positive for either 14 the BRCAl or BRCA2 mutation.

15 Coverage required under the bill shall not be less favorable 16 than coverage a health carrier offers for general physical 17 illness. Cost-sharing requirements imposed for coverage 18 required under the bill shall not be less favorable than 19 cost-sharing requirements imposed by a health carrier for 20 general physical illness.

The bill applies to third-party payment providers enumerated in the bill. The bill specifies the types of specialized health-related insurance which are not subject to the bill. The commissioner of insurance is required to adopt rules to administer the bill.

The bill applies to third-party payment provider contracts, policies, or plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2025.

-3-

LSB 5499SV (1) 90 nls/ko

3/3