

Senate Study Bill 3078 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE
ON COMMERCE BILL BY
CHAIRPERSON BROWN)

A BILL FOR

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

1 Section 1. NEW SECTION. 514C.36 Ovarian cancer prevention
2 — coverage.

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

5 a. *"At risk for ovarian cancer"* means any of the following:

6 (1) A family history that includes any of the following:

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.

11 (c) Nonpolyposis colorectal cancer.

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.

18 c. *"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 d. *"Health carrier"* means the same as defined in section
23 514J.102.

24 e. *"Surveillance testing for ovarian cancer"* means
25 annual screening using CA 125 blood testing, a transvaginal
26 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 b. Coverage required under this section shall not be less
2 favorable than coverage a health carrier offers for general
3 physical illness.

4 c. Cost-sharing requirements imposed for coverage
5 required under this section shall not be less favorable than
6 cost-sharing requirements imposed by a health carrier for
7 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 service
15 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.

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

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

32 EXPLANATION

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

35 This bill relates to insurance coverage for health care

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 BRCA1 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.

21 The bill applies to third-party payment providers enumerated
22 in the bill. The bill specifies the types of specialized
23 health-related insurance which are not subject to the bill.

24 The commissioner of insurance is required to adopt rules to
25 administer the bill.

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