

Senate File 417 - Introduced

SENATE FILE 417

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A BILL FOR

1 An Act relating to insurance coverage and Medicaid coverage for
2 annual lung cancer screenings for at-risk individuals.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. **249A.34 Annual lung cancer**
2 **screenings.**

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

5 a. "*At-risk individual*" means a recipient fifty years of age
6 or older to which any of the following circumstances apply:

7 (1) The individual has smoked cigarettes regularly or
8 experienced secondhand smoke regularly.

9 (2) The individual has an immediate family member diagnosed
10 with lung cancer.

11 (3) The individual has been regularly exposed to asbestos,
12 radon, arsenic, nickel, chromium, tar, or soot in the
13 individual's home or workplace.

14 b. "*Lung cancer screening*" means a scan of the lungs using
15 low-dose computed tomography.

16 2. The department shall seek any federal waiver necessary for
17 the medical assistance program to provide coverage for an annual
18 lung cancer screening for at-risk individuals. Contingent on
19 receiving approval of a federal waiver, and effective immediately
20 upon receiving approval of a federal waiver, the medical
21 assistance program shall provide coverage for annual lung cancer
22 screenings for at-risk individuals.

23 Sec. 2. NEW SECTION. **514C.37 Annual lung cancer screening**
24 **— coverage.**

25 1. As used in this section, unless the context otherwise
26 requires:

27 a. "*At-risk individual*" means a covered person fifty years of
28 age or older to which any of the following circumstances apply:

29 (1) The individual has smoked cigarettes regularly or
30 experienced secondhand smoke regularly.

31 (2) The individual has an immediate family member diagnosed
32 with lung cancer.

33 (3) The individual has been regularly exposed to asbestos,
34 radon, arsenic, nickel, chromium, tar, or soot in the
35 individual's home or workplace.

1 *b.* "Cost-sharing" means any coverage limit, copayment,
2 coinsurance, deductible, or other out-of-pocket expense
3 obligation imposed on a covered person by a policy, contract, or
4 plan providing for third-party payment or prepayment of health or
5 medical expenses.

6 *c.* "Covered person" means a policyholder, subscriber, or
7 other person participating in a policy, contract, or plan that
8 provides for third-party payment or prepayment of health or
9 medical expenses.

10 *d.* "Lung cancer screening" means a scan of the lungs using
11 low-dose computed tomography.

12 2. Notwithstanding the uniformity of treatment requirements
13 of section 514C.6, a policy, contract, or plan providing for
14 third-party payment or prepayment of health or medical expenses
15 shall provide coverage for an annual lung cancer screening for an
16 at-risk individual.

17 3. Cost-sharing shall not be imposed by a health carrier for
18 coverage required under this section.

19 4. *a.* This section applies to the following classes of
20 third-party payment provider contracts, policies, or plans
21 delivered, issued for delivery, continued, or renewed in this
22 state on or after January 1, 2026:

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, long-term
34 care, basic hospital and medical-surgical expense coverage as
35 defined by the commissioner of insurance, disability income

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

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

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 and medical assistance
10 program (Medicaid) coverage for annual lung cancer screenings for
11 at-risk individuals.

12 The bill defines "at-risk individual" as a recipient or
13 covered person 50 years of age or older that either has smoked
14 cigarettes regularly or experienced secondhand smoke regularly,
15 has an immediate family member diagnosed with lung cancer, or
16 has been regularly exposed to asbestos, radon, arsenic, nickel,
17 chromium, tar, or soot in the individual's home or workplace.
18 The bill defines "lung cancer screening" as a scan of the lungs
19 using low-dose computed tomography.

20 Under the bill, the department of health and human services
21 shall seek any federal waiver necessary for Medicaid to provide
22 coverage for an annual lung cancer screening for at-risk
23 individuals. Contingent on receiving approval of, and effective
24 immediately upon receiving approval of, a federal waiver,
25 Medicaid shall provide coverage for annual lung cancer screenings
26 for at-risk individuals.

27 The bill requires a policy, contract, or plan providing for
28 third-party payment or prepayment of health or medical expenses
29 to provide coverage for an annual lung cancer screening for
30 an at-risk individual. Cost-sharing shall not be imposed by a
31 health carrier for coverage required under the bill.

32 Coverage required under the bill shall not be less favorable
33 than coverage a health carrier offers for screening mammograms.

34 The bill applies to third-party payment providers enumerated
35 in the bill, and the commissioner of insurance may adopt rules

1 to administer the requirements of the bill applying to such
2 third-party payment providers.

3 The bill specifies the types of specialized health-related
4 insurance which are not subject to the coverage requirements of
5 the bill.

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