

Senate File 85 - Introduced

SENATE FILE 85
BY PETERSEN

A BILL FOR

- 1 An Act creating a health equity program and fund, and providing
- 2 an appropriation.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. NEW SECTION. **135.196 Health equity program —**
2 **fund — standing appropriation.**

3 1. The department shall establish a health equity program
4 to improve menstrual and post-menstrual health by providing
5 for reimbursement of the costs associated with the provision
6 of covered services and treatments related to menstrual and
7 post-menstrual health conditions not otherwise covered by a
8 third-party payor. The department shall promote the program
9 statewide and shall limit program administrative costs to no more
10 than four percent of the funds appropriated for the program on an
11 annual basis.

12 2. a. The department shall adopt rules pursuant to chapter
13 17A to administer the program and to specify the types of
14 services and treatments covered under the program, informed by
15 evidence-based data from menstrual and post-menstrual health
16 experts including but not limited to those who practice in the
17 fields of obstetrics and gynecology, family practice, internal
18 medicine, and urology. The covered services and treatments
19 shall include but are not limited to hormone treatments,
20 urinary tract treatments, vaginal estrogens, nerve therapies, and
21 other services and treatments that alleviate illness, injury,
22 conditions, diseases or symptoms related to periods, fibroids,
23 endometriosis, perimenopause, menopause, incontinence, atrophic
24 vaginitis, and other hormone-related conditions.

25 b. Covered services and treatments shall include health care
26 services, treatments, supplies, and drugs needed to treat a
27 menstrual or post-menstrual illness, injury, condition, disease,
28 or its symptoms that meet any of the following criteria:

29 (1) Comply with standard medical practice.

30 (2) Are approved by the United States food and drug
31 administration including for off-label use when supported by
32 appropriate medical records.

33 (3) Are recommended or preferred by the patient's provider
34 and supported by appropriate medical records.

35 3. The department shall establish a process for registration

1 of participating providers eligible to receive reimbursement
2 through the health equity program fund. A health care provider
3 shall be eligible for participation if the provider is deemed
4 qualified and in good standing by the provider's respective
5 health-related profession board.

6 4. A participating provider shall be reimbursed for a covered
7 service or treatment through the health equity program fund
8 within ten days of submission of a billing statement. If
9 applicable, the billing statement shall confirm that the patient
10 is uninsured or that the service or treatment is not covered by
11 the patient's insurer.

12 5. The amount billed by the participating provider shall not
13 exceed the actual cost incurred by the provider in delivering
14 the covered service or treatment. Reimbursement for a covered
15 service or treatment shall be paid directly to the participating
16 provider and such payment shall be considered payment in full.
17 The health equity program shall be the payor of last resort.

18 6. If sufficient program funds are not available to reimburse
19 all billings submitted by participating providers, the department
20 shall place a participating provider on a reimbursement waiting
21 list in the order the participating provider's billing statement
22 was received.

23 7. This section shall not be construed as granting an
24 entitlement to reimbursement for any covered service or treatment
25 provided by a participating provider.

26 8. a. A health equity program fund is created in the state
27 treasury under the control of the department. The fund includes
28 but is not limited to amounts appropriated by the general
29 assembly and other moneys available from federal or private
30 sources which are to be used for purposes of this section.
31 Notwithstanding section 8.33, funds remaining in the fund at
32 the end of each fiscal year shall not revert to the general
33 fund of the state but shall remain in the health equity program
34 fund. Moneys in the fund are appropriated to the department for
35 purposes of the health equity program.

1 basis.

2 The bill requires HHS to adopt administrative rules to
3 administer the program and specify the types of services
4 and treatments covered under the program, and requires that
5 the covered services and treatments shall include health care
6 services, treatments, supplies, and drugs needed to treat a
7 menstrual or post-menstrual illness, injury, condition, disease,
8 or its symptoms that comply with standard medical practice, or
9 are approved by the United States food and drug administration
10 or are recommended or preferred by the patient's provider and
11 supported by appropriate medical records.

12 The department shall establish a process for the registration
13 of participating providers eligible to receive reimbursement
14 through the program. A participating provider shall be
15 reimbursed for a covered service or treatment through the program
16 fund within 10 days of submission of a billing statement,
17 and if applicable, the billing statement shall confirm that
18 the patient is uninsured or that the service or treatment is
19 not covered by the patient's insurer. The amount billed by
20 the participating provider shall not exceed the actual cost
21 incurred by the provider in delivering the covered service
22 or treatment. Reimbursement shall be paid directly to the
23 participating provider and such payment shall be considered
24 payment in full. The program shall be the payor of last resort.
25 If sufficient program funds are not available to cover all of
26 the billings submitted, HHS shall place a participating provider
27 on a reimbursement waiting list in the order the participating
28 provider's billing statement was received.

29 The provisions of the bill are not to be construed as granting
30 an entitlement to reimbursement for any covered service or
31 treatment provided by a participating provider.

32 The bill creates a health equity program fund under the
33 control of HHS. The fund includes amounts appropriated by the
34 general assembly and other moneys available from federal or
35 private sources. Moneys in the fund at the end of each fiscal

1 year shall not revert but remain in the fund. Moneys in the fund
2 are appropriated to HHS for the purposes of the program. There
3 is appropriated from the general fund of the state to the program
4 fund a sum which reflects the total equivalent of all state
5 revenue expended for genitourinary agents for state employees
6 under the group insurance plan for public employees pursuant to
7 Code chapter 509A, for the fiscal period between July 1, 2002,
8 and June 30, 2022. The department shall submit an annual report
9 to the governor and the general assembly regarding the status of
10 the program and fund including the balance remaining in the fund,
11 the number of participating providers, the total amount billed
12 per participating provider, the covered services and treatments
13 for which reimbursement was provided in the previous year, and
14 any recommendations for changes to the program or fund.
15 The bill defines "genitourinary agents" and "period products".