

**CHAPTER 289****HEALTH INSURANCE MAMMOGRAPHY COVERAGE***H.F. 199*

**AN ACT** relating to individual and group accident and sickness insurance, nonprofit health service plans, health maintenance organizations, and Medicare supplemental insurance policies, by mandating inclusion of minimum mammography examination coverage under certain conditions.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. NEW SECTION. 514C.4 MANDATED COVERAGE FOR MAMMOGRAPHY.

1. A policy or contract providing for third-party payment or prepayment of health or medical expenses shall provide minimum mammography examination coverage, including, but not limited to, the following classes of third-party payment provider contracts or policies delivered, issued for delivery, continued, or renewed in this state on or after July 1, 1989:

a. Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

b. An individual or group hospital or medical service contract issued pursuant to chapter 509, 514, or 514A.

c. An individual or group health maintenance organization contract regulated under chapter 514B.

d. An individual or group Medicare supplemental policy.

A long-term care policy or contract is specifically excluded from regulation under this section.

2. As used in this section, "minimum mammography examination coverage" means benefits which are better than or equal to the following minimum requirements:

a. One baseline mammogram for any woman who is thirty-five through thirty-nine years of age.

b. A mammogram every two years for any woman who is forty through forty-nine years of age, or more frequently if recommended by the woman's physician.

c. A mammogram every year for any woman who is fifty years of age or older.

3. Mammogram benefits may be subject to any policy or contract provisions which apply generally to other services covered by the policy or contract.

4. As used in this section:

a. "Medicare" means the Health Insurance for the Aged Act, Title XVIII of the federal Social Security Amendments of 1965, as amended (Title I, Part I of Pub. L. No. 89-97).

b. "Medicare supplemental policy" means any individual or group accident and sickness insurance policy or certificate or individual subscriber contract delivered or issued for delivery to any resident of the state who is eligible for Medicare, except any long-term care insurance policy as defined in section 514G.4.

5. The commissioner of insurance shall adopt rules under chapter 17A necessary to implement this section no later than July 1, 1989.

Approved June 2, 1989