A BILL FOR

An Act relating to insurance coverage for diagnostic breast cancer examinations, and including applicability provisions.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
Section 1. NEW SECTION. 514C.4A Diagnostic examinations — breast cancer.

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

a. "Abnormality" means an abnormal feature, characteristic, or occurrence in a covered person's breast that meets any of the following requirements:

(1) The abnormality is identified as a result of a covered person's screening mammogram.

(2) The abnormality is identified during the provision of health care services to a covered person by a health care professional.

(3) A health care professional determines an abnormality exists based on a covered person's medical history or the covered person's family medical history.

b. "Breast magnetic resonance imaging" or "breast MRI" means an examination of a breast using a powerful magnetic field, radio waves, and a computer to produce detailed pictures of the structures within the breast.

c. "Breast ultrasound" means a noninvasive examination of a breast using high-frequency sound waves to produce detailed images of the breast.

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

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

f. "Diagnostic breast cancer examination" means an examination of an abnormality, deemed medically necessary by a covered person's health care professional, for the detection of breast cancer. The examination may be conducted using a...
diagnostic mammogram, breast magnetic resonance imaging, or a breast ultrasound.

g. "Diagnostic mammogram" means a detailed examination of a breast abnormality using X ray.

h. "Health care professional" means the same as defined in section 514J.102.

i. "Health care services" means services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.

j. "Screening mammogram" means an examination of a breast that aids in the early detection and diagnosis of breast cancer.

2. Notwithstanding the uniformity of treatment requirements of section 514C.6, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall provide coverage for diagnostic breast cancer examinations. The policy, contract, or plan shall not require cost-sharing greater than the cost-sharing that the policy, contract, or plan requires for a screening mammogram.

3. a. This section shall apply to the following classes of third-party payment provider contracts, policies, or plans:

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

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

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

   (4) A plan established for public employees pursuant to chapter 509A.

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

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

Sec. 2. APPLICABILITY. This Act 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, 2023.

EXPLANATION

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

This bill relates to insurance coverage for diagnostic
breast cancer examinations.

The bill requires a policy, contract, or plan providing for
third-party payment or prepayment of health or medical expenses
to provide coverage for diagnostic breast cancer examinations.
“Diagnostic breast cancer examination” is defined in the bill
as an examination of an abnormality, deemed medically necessary
by a covered person’s health care professional, for the
detection of breast cancer. The examination may be conducted
using a diagnostic mammogram, breast magnetic resonance
imaging, or breast ultrasound. “Abnormality”, “diagnostic
mammogram”, “breast magnetic resonance imaging”, and “breast
ultrasound” are also defined in the bill.

The policy, contract, or plan cannot require cost-sharing
greater than the cost-sharing that the policy, contract, or
plan requires for a screening mammogram. “Cost-sharing” and
“screening mammogram” are defined in the bill.

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 coverage
requirements of the bill.

The commissioner of insurance is required to adopt rules to
administer the requirements of 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, 2023.