SPONSOR: Rep. Longhurst & Rep. Heffernan & Rep. Wilson-Anton & Rep. Dorsey Walker & Rep. Bush & Sen. Poore Reps. Harris, Hilovsky, K. Johnson, Minor-Brown, Morrison, Neal, Osienski, Parker Selby, Romer, Michael Smith; Sens. Hansen, Hoffner, Huxtable, Pinkney, Sokola, Townsend, Wilson

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 16
AS AMENDED BY
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLES 29 AND 31 OF THE DELAWARE CODE RELATING TO OVARIAN CANCER.

WHEREAS, ovarian cancer is the second most common gynecologic cancer in the United States; and

WHEREAS, ovarian cancer has the highest mortality rate of any gynecologic cancer; and

WHEREAS, ovarian cancer affects women of any age; and

WHEREAS, the American Cancer Society estimates that 19,680 women in the United States will receive a new diagnosis of ovarian cancer in 2024; and

WHEREAS, the American Cancer Society estimates that 12,740 women in the United States will die from ovarian cancer in 2024; and

WHEREAS, studies supported by the National Cancer Institute have shown that there are racial disparities among women with ovarian cancer; and

WHEREAS, research has shown that African-American women with ovarian cancer do not survive as long as non-Hispanic White women with ovarian cancer as a result of several factors including:

(1) Access to effective healthcare; and

(2) Socioeconomic factors; and

(3) Gaps in health insurance coverage; and

WHEREAS research has shown that women with a history of endometriosis and uterine fibroids have an elevated risk of ovarian cancer; and

WHEREAS research has shown that racial disparities in access to healthcare reflect racial differences in the diagnosis of endometriosis among African-American women; and

WHEREAS research supported by the National Institutes of Health found that African-American women are more likely to develop fibroids, to have them at an earlier age, and to experience more severe symptoms than White women; and

WHEREAS, less than 20% of ovarian cancers are diagnosed at an early stage; and

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LC : HVW : CBM : 5081520223

WHEREAS, early-stage ovarian cancers often do not present easily identifiable symptoms; and

WHEREAS, by the time physical symptoms of ovarian cancer become present, the cancer has likely reached an advanced stage and spread to other organs; and

WHEREAS, ovarian cancer has a very high recurrence rate resulting in an overall survival rate of less than 50%; and

WHEREAS, there is no simple and reliable way to screen for ovarian cancer; and

WHEREAS, the majority of women diagnosed in later stages do not survive past the five year milestone.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5218. Ovarian cancer screening and monitoring tests.

(a) For purposes of this section:

(1) "At risk for ovarian cancer" means any of the following:

a. Having a family history of any of the following:

1. One or more first- or second-degree relatives with ovarian cancer.

2. Clusters of women relatives with breast cancer.

3. Nonpolyposis colorectal cancer.

4. Breast cancer in a male relative.

b. Testing positive for any of the following genetic mutations:

1. BRCA1 or BRCA2.

2. Lynch Syndrome.

c. Having a personal history of any of the following:

1. Ovarian cancer.

2. Endometriosis.

3. Unexplained infertility.

4. Uterine Fibroids.

5. Polycystic ovarian syndrome.

(2) "Monitoring tests" and "screening tests" mean tests and examinations for ovarian cancer using any of the following methods that are recommended by a patient's physician:

a. Tumor marker tests supported by national clinical guidelines, national standards of care, or peer reviewed medical literature.

b. Transvaginal ultrasound.

c. Pelvic examination.

d. Other screening tests supported by national clinical guidelines, national standards of care, or peer reviewed medical literature.

(b) The plan shall provide coverage for all of the following:

(1) Monitoring tests for ovarian cancer after a woman is treated for ovarian cancer.

(2) Annual screening tests for women at risk for ovarian cancer.

(c) Coverage required by subsection (b) of this section must be at no cost to a covered individual, including deductible payments and cost-sharing amounts charged once a deductible is met.

Section 2. Amend Chapter 5, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 533. Ovarian cancer screening and monitoring tests.

(a) For purposes of this section:

(1) "At risk for ovarian cancer" means any of the following:

a. Having a family history of any of the following:

1. One or more first- or second-degree relatives with ovarian cancer.

2. Clusters of women relatives with breast cancer.

3. Nonpolyposis colorectal cancer.

4. Breast cancer in a male relative.

b. Testing positive for any of the following genetic mutations:

1. BRCA1 or BRCA2.

2. Lynch Syndrome.

c. Having a personal history of any of the following:

1. Ovarian cancer.

2. Endometriosis.

3. Unexplained infertility.

4. Uterine fibroids.

5. Polycystic ovarian syndrome.

(2) “Carrier” means any entity that provides health insurance under § 505(3) of this title.

(3) “Monitoring tests” and “screening tests” mean tests and examinations for ovarian cancer using any of the following methods that are recommended by a patient’s physician:

a. Tumor marker tests supported by national clinical guidelines, national standards of care, or peer reviewed medical literature.

b. Transvaginal ultrasound.

c. Pelvic examination.

d. Other screening tests supported by national clinical guidelines, national standards of care, or peer reviewed medical literature.

(b) Carriers shall provide coverage for all the following:

(1) Monitoring tests for ovarian cancer after a woman is treated for ovarian cancer.

(2) Annual screening tests for women at risk for ovarian cancer.

(c) Coverage required by subsection (b) of this section must be at no cost in all health benefits plans delivered or issued for delivery by carriers.

Section 3. This Act applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2024.