SPONSOR: Rep. Longhurst & Rep. Heffernan & Rep. Minor-Brown & Rep. Dorsey Walker & Rep. Bush & Rep. Wilson-Anton & Sen. Poore
Reps. Harris, Hilovsky, K. Johnson, S. Moore, Morrison, Neal, Osienski, Parker Selby, Ramone, Romer, Michael Smith; Sens. Brown, Gay, Hansen, Hocker, Hoffner, Huxtable, Lawson, Lockman, S. McBride, Paradee, Pettyjohn, Pinkney, Richardson, Sokola, Sturgeon, Townsend, Walsh, Wilson

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 15
AS AMENDED BY
HOUSE AMENDMENT NO. 1

AN ACT TO AMEND TITLE 18 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;

(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

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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

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 § 3338, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3338. Coverage of ovarian cancer monitoring ~~test.~~ and screening tests.

(a) Every individual health, sickness or accident insurance policy, contract or certificate, which is delivered or issued for delivery in this State by any health insurer, health service corporation or health maintenance organization, and which ~~provide~~ provides benefits for outpatient services, shall provide to covered persons residing in this State a benefit for ~~CA-125~~ monitoring tests for ~~of~~ ovarian cancer subsequent to ~~treatment.~~ treatment and annual screening tests for women at risk for ovarian cancer. Such monitoring or screening tests shall be deemed a covered ~~service, notwithstanding any policy exclusions for services which are considered experimental or investigative; provided however, that nothing contained herein shall be deemed to provide coverage for routine screening.~~ service. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the terms of coverage, including cost-sharing requirements, applicable to screening mammography for breast cancer.

~~(b) Nothing in this section shall prevent the operation of such policy provisions as deductibles, coinsurance, allowable charge limitations, coordination of benefits or provisions restricting coverage to services by licensed, certified or carrier-approved providers or facilities.~~

~~(c) This act shall apply to all policies, contracts or certificates which are issued, renewed, modified, altered, amended or reissued after September 1, 1994.~~

(b) This section does not apply to any of the following:

(1) Accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(2) A high deductible health plan if providing coverage under subsection (a) of this section would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code.

(3) A catastrophic health plan if providing coverage under subsection (a) of this section would cause the plan to fail to be treated as a catastrophic plan under § 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e).

(c) If, at any time, the State is required under federal law to defray the cost of any coverage required under this section, the requirements under this section are inoperative and the State does not assume any obligation for the cost of coverage.

(d) 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) "Cost-sharing requirement" means a deductible, coinsurance, or copayment and any maximum limitation on the application of such a deductible, coinsurance, payment, or similar out-of-pocket expense.

(3) "Monitoring tests" and "screening tests" means 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.

Section 2. Amend § 3555, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3555. Coverage of cancer monitoring ~~tests.~~ and screening tests.

(a) All group and blanket health insurance policies, which are delivered or issued for delivery in this State by any health insurer, health service corporation or health maintenance organization, and which provide benefits for outpatient services, shall provide to covered persons residing or having their principal place of employment in this State, a benefit for ~~CA-125~~ monitoring tests for ~~of~~ ovarian cancer subsequent to ~~treatment.~~ treatment and annual screening tests for women at risk for ovarian cancer. Such monitoring or screening tests shall be deemed a covered ~~service, notwithstanding any policy exclusions for services which are considered experimental or investigative; provided however, that nothing contained herein shall be deemed to provide coverage for routine screening.~~ service. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the terms of coverage, including cost-sharing requirements, applicable to screening mammography for breast cancer.

~~(b) Nothing in this section shall prevent the operation of such policy provisions such as deductibles, coinsurance, allowable charge limitations, coordination of benefits or provisions restricting coverage to services by licensed, certified or carrier-approved providers or facilities.~~

~~(c) This act shall apply to all policies, contracts or certificates which are issued, renewed, modified, altered, amended or reissued after September 1, 1994.~~

(b) This section does not apply to a high deductible health plan if providing coverage under subsection (a) of this section would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code.

(c) If, at any time, the State is required under federal law to defray the cost of any coverage required under this section, the requirements under this section are inoperative and the State does not assume any obligation for the cost of coverage.

(d) 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) "Cost-sharing requirement" means a deductible, coinsurance, or copayment and any maximum limitation on the application of such a deductible, coinsurance, payment, or similar out-of-pocket expense.

(3) "Monitoring tests" and "screening tests" means tests or 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.

Section 3. This Act is known as "The Faith Deanna Johnson Act".

Section 4. This Act applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2024.