

district court enters an order determining the lien to be valid, the person claiming the lien shall file a certified copy of the order in the office of the county recorder where the real or personal property is located. An appeal from the district court arising from such proceeding is by certiorari.

Sec. 2. This Act, being deemed of immediate importance, takes effect upon enactment.

Approved May 15, 1989

CHAPTER 164

HEALTH CARE INSURANCE

H.F. 729

AN ACT relating to insurance coverage for health care services, requiring that coverage be made available for care provided by certain registered nurses, providing for direct payment, modifying provisions relating to preferred providers, and providing for data collection and utilization review.

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

Section 1. Section 145.3, subsection 3, paragraph h, Code 1989, is amended to read as follows:

h. The commissioner of insurance and the director of public health require the collection of physicians and registered nurses billing information from third-party payers and self-insurers as specified by the health data commission by July 1, 1986. This billing information shall be collected for physicians as defined by section 135.1 and for registered nurses licensed under chapter 152. The collection, correlation, and development of this data shall include, but not be limited to, information and reports covering the physician designations as defined in section 135.1 and registered nurses licensed under chapter 152 and shall be made available annually.

Sec. 2. Section 509.3, Code 1989, is amended by adding the following new subsection:

NEW SUBSECTION. 8. A provision shall be made available to policyholders, under group policies covering hospital, medical, or surgical expenses, for payment of covered services determined to be medically necessary provided by registered nurses certified by a national certifying organization, which organization shall be identified by the Iowa board of nursing pursuant to rules adopted by the board, if the services are within the practice of the profession of a registered nurse as that practice is defined in section 152.1, under terms and conditions agreed upon between the insurer and the policyholder, subject to utilization controls. This subsection shall not require payment for nursing services provided by a certified nurse practicing in a hospital, nursing facility, health care institution, physician's office, or other noninstitutional setting if the certified nurse is an employee of the hospital, nursing facility, health care institution, physician, or other health care facility or health care provider. This subsection applies to group policies delivered or issued for delivery in this state on or after July 1, 1989, and to existing group policies on their next anniversary or renewal dates, or upon expiration of the applicable collective bargaining contract, if any, whichever is later. This subsection does not apply to blanket, short-term travel, accident only, limited or specified disease, or individual or group conversion policies, policies rated on a community basis, or policies designed only for issuance to persons for eligible coverage under Title XVIII of the federal Social Security Act, or any other similar coverage under a state or federal government plan.

Sec. 3. Section 514.7, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. A provision shall be available in approved contracts with hospital and medical service corporate subscribers under group subscriber contracts or plans covering medical and surgical service, for payment of covered services determined to be medically necessary provided by certified registered nurses certified by a national certifying organization, which organization shall be identified by the Iowa board of nursing pursuant to rules adopted by the board, if the services are within the practice of the profession of a registered nurse as that practice is defined in section 152.1, under terms and conditions agreed upon between the corporation and subscriber group, subject to utilization controls. This paragraph shall not require payment for nursing services provided by a certified registered nurse practicing in a hospital, nursing facility, health care institution, a physician's office, or other noninstitutional setting if the certified registered nurse is an employee of the hospital, nursing facility, health care institution, physician, or other health care facility or health care provider. This paragraph applies to group subscriber contracts delivered in this state on or after July 1, 1989, and to group subscriber contracts on their anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is later. This paragraph does not apply to limited or specified disease or individual contracts or contracts designed only for issuance to subscribers eligible for coverage under Title XVIII of the federal Social Security Act, contracts which are rated on a community basis, or any other similar coverage under a state or federal government plan.

Sec. 4. Section 514.21, Code 1989, is amended to read as follows:

514.21 UTILIZATION REVIEW PROGRAM.

A utilization review program shall be established for purposes of health care cost control, according to usual and customary third-party insurance payment or reimbursement procedures, by a corporation subject to this chapter and by physician providers as defined in section 135.1 and registered nurse providers licensed under chapter 152. This utilization review program shall not be used directly or indirectly to circumvent the provisions for payment or reimbursement to providers of health care services as provided in section 509.3, ~~subsection~~ subsections 7 and 8, and section 514.7.

Sec. 5. Section 514B.1, subsection 2, Code 1989, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. The health care services available to enrollees under prepaid group plans covering hospital, medical, or surgical expenses, may include, at the option of the employer purchaser, a provision for payment of covered services determined to be medically necessary provided by a certified registered nurse certified by a national certifying organization, which organization shall be identified by the Iowa board of nursing pursuant to rules adopted by the board, if the services are within the practice of the profession of a registered nurse as that practice is defined in section 152.1, under terms and conditions agreed upon between the employer purchaser and the health maintenance organization, subject to utilization controls. This paragraph shall not require payment for nursing services provided by a certified registered nurse practicing in a hospital, nursing facility, health care institution, a physician's office, or other noninstitutional setting if the certified registered nurse is an employee of the hospital, nursing facility, health care institution, physician, or other health care facility or health care provider. This paragraph applies to services provided under plans within this state made on or after July 1, 1989, and to existing group plans on their next anniversary or renewal date, or upon the expiration of the applicable collective bargaining contract, if any, whichever is later. This paragraph does not apply to enrollees eligible for coverage under an individual contract or coverage designed only for issuance to enrollees eligible for coverage under Title XVIII of the federal Social Security Act, or under coverage which is rated on a community basis, or any other similar coverage under a state or federal government plan.

Sec. 6. Section 514F.1, Code 1989, is amended to read as follows:

514F.1 UTILIZATION AND COST CONTROL REVIEW COMMITTEES.

The boards of examiners under chapters 148, 149, 150, 150A, 151, 152, and 153 shall establish utilization and cost control review committees of licensees under the respective chapters, selected from licensees who have practiced in Iowa for at least the previous five years, or shall accredit and designate other utilization and cost control organizations as utilization and cost control committees under this section, for the purposes of utilization review of the appropriateness of levels of treatment and of giving opinions as to the reasonableness of charges for diagnostic or treatment services of licensees. Persons governed by the various chapters of Title XX of the Code and self-insurers for health care benefits to employees may utilize the services of the utilization and cost control review committees upon the payment of a reasonable fee for the services, to be determined by the respective boards of examiners. The respective boards of examiners under chapters 148, 149, 150, 150A, 151, 152, and 153 shall adopt rules necessary and proper for the implementation of this section pursuant to chapter 17A. It is the intent of this general assembly that conduct of the utilization and cost control review committees authorized under this section shall be exempt from challenge under federal or state antitrust laws or other similar laws in regulation of trade or commerce.

Approved May 15, 1989

CHAPTER 165**CHILD CUSTODY AND VISITATION MEDIATION**

H.F. 20

AN ACT relating to dissolution of marriage and related proceedings by providing for a pilot program of mandatory mediation of contested issues of child custody and visitation.

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

Section 1. **LEGISLATIVE FINDINGS.** The general assembly finds that the determination of child custody and visitation arrangements in a dissolution of a marriage is an issue of great importance to the social and emotional welfare of the children and parents involved; that mediation has proven to be an effective means of decision-making regarding child custody and visitation in a dissolution case; and that mediation has proven to be a cost-effective means of settling disputes while ensuring that the essential rights of the persons involved are protected. The general assembly determines that a pilot program of mandatory mediation relating to the issues of child custody and visitation in dissolution cases should be established under the supervision of the supreme court.

Sec. 2. PILOT PROGRAM FOR MEDIATION OF CHILD CUSTODY AND VISITATION ISSUES IN DISSOLUTION CASES — CONFIDENTIALITY.

1. The supreme court shall implement a pilot program for mandatory mediation of child custody and visitation issues in dissolution cases as described in this Act. The pilot program shall be established in a district court for which the appropriate judicial officers have agreed that the district court will serve as the pilot program site for a period of two years beginning January 1, 1990, and ending December 31, 1991. The supreme court shall cause a preliminary report to be submitted to the general assembly in January 1991, with a final report to be submitted in January 1992. The final report shall contain recommendations regarding the adoption of mediation of child custody and visitation issues in dissolution cases in courts throughout the state. The final report shall include, but not be limited to, all of the following:

a. The average length of time for cases to proceed from commencement to final settlement in the mediation process.