

**505.32 Iowa insurance information exchange.**

1. *Purpose.* The purpose of this section is to establish an information clearinghouse where all Iowans can obtain information about health care coverage that is available in this state including availability of care delivered by safety-net providers and comparisons of benefits, premiums, and out-of-pocket costs.

2. *Definitions.* As used in this section, unless the context otherwise requires:

a. “*Carrier*” means an insurer providing accident and sickness insurance under chapter 509, 514, or 514A and includes a health maintenance organization established under chapter 514B if payments received by the health maintenance organization are considered premiums pursuant to section 514B.31 and are taxed under chapter 432. “*Carrier*” also includes a corporation which becomes a mutual insurer pursuant to section 514.23 and any other person as defined in section 4.1, subsection 20, who is or may become liable for the tax imposed by chapter 432.

b. “*Commissioner*” means the commissioner of insurance.

c. “*Creditable coverage*” means the same as defined in section 513B.2.

d. “*Exchange*” means the Iowa insurance information exchange.

e. “*Health insurance*” means accident and sickness insurance authorized by chapter 509, 514, or 514A.

f. (1) “*Health insurance coverage*” means health insurance coverage offered to individuals.

(2) “*Health insurance coverage*” does not include any of the following:

(a) Coverage for accident-only, or disability income insurance.

(b) Coverage issued as a supplement to liability insurance.

(c) Liability insurance, including general liability insurance and automobile liability insurance.

(d) Workers’ compensation or similar insurance.

(e) Automobile medical-payment insurance.

(f) Credit-only insurance.

(g) Coverage for on-site medical clinic care.

(h) Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance coverage or benefits.

(3) “*Health insurance coverage*” does not include benefits provided under a separate policy as follows:

(a) Limited-scope dental or vision benefits.

(b) Benefits for long-term care, nursing home care, home health care, or community-based care.

(c) Any other similar limited benefits as provided by rule of the commissioner.

(4) “*Health insurance coverage*” does not include benefits offered as independent noncoordinated benefits as follows:

(a) Coverage only for a specified disease or illness.

(b) A hospital indemnity or other fixed indemnity insurance.

(5) “*Health insurance coverage*” does not include Medicare supplemental health insurance as defined under section 1882(g)(1) of the federal Social Security Act, coverage supplemental to the coverage provided under 10 U.S.C. ch. 55 and similar supplemental coverage provided to coverage under group health insurance coverage.

g. “*Legislative health care coverage commission*” or “*commission*” means the legislative health care coverage commission created in 2009 Iowa Acts, ch. 118, section 1.

h. “*Medicare*” means the federal government health insurance program established under Tit. XVIII of the federal Social Security Act.

i. “*Organized delivery system*” means an organized delivery system as licensed by the director of public health.

3. *Iowa insurance information exchange established.* An Iowa insurance information exchange is established in the insurance division of the department of commerce under the authority of the commissioner of insurance.

a. The commissioner, in collaboration with the legislative health care coverage commission, shall develop a plan of operation for the exchange within one hundred

eighty days from the effective date of this section. The plan shall create an information clearinghouse that provides resources where Iowans can obtain information about health care coverage that is available in the state.

b. The commissioner shall keep records of all financial transactions related to the establishment and operation of the exchange and shall deliver an annual fiscal report of the costs of administering the exchange to the general assembly by December 15 of each year.

4. *Powers and duties of exchange.*

a. The commissioner shall report on the status of the exchange at all regular meetings of the legislative health care coverage commission, including progress in developing and implementing the exchange operationally, resources available through the exchange, information about utilization of the resources offered by the exchange, including demographic information that illustrates how and by whom the exchange is being utilized, and the costs of implementing and operating the exchange. The commissioner may make recommendations to the commission for including but not limited to the following:

(1) Promotion of greater transparency in providing quality data on health care providers and health care coverage plans and in providing data on the cost of medical care that is easily accessible to the public.

(2) Statutory options that improve seamlessness in the health care system in this state.

(3) Funding opportunities to increase health care coverage in the state, particularly for individuals who have been denied access to health insurance coverage.

b. The commissioner shall implement and maintain information on the insurance division's internet site that is easily accessible and available to consumers and purchasers of health insurance coverage regarding each carrier licensed to do business in this state. The information provided shall be understandable to consumers and purchasers of health insurance coverage and shall include but is not limited to information regarding plan design, premium rate filings and approvals, health care cost information, and any other information specific to this state that the commissioner determines may be beneficial to consumers and purchasers of health insurance coverage. The commissioner may contract with outside vendors and entities to assist in providing this information on the internet site.

c. The exchange shall provide information about all public and private health care coverage that is available in this state including the cost to the public, and comparisons of benefits, premiums, and out-of-pocket costs.

(1) The commissioner may establish methodologies to provide uniform and consistent side-by-side comparisons of the health care coverage options that are offered by carriers, organized delivery systems, and public programs in this state including but not limited to benefits covered and not covered, the amount of coverage for each service, including copays and deductibles, administrative costs, and any prior authorization requirements for coverage.

(2) The commissioner may require each carrier, organized delivery system, and public program in this state to describe each health care coverage option offered by that carrier, organized delivery system, or public program in a manner so that the various options can be compared as provided in subparagraph (1).

d. The commissioner shall provide ongoing information to taxpayers about the costs of public health care programs to the state, including the administrative costs of the programs and the percentage and source of state and federal funding for the programs, utilizing information provided by the department of human services and the department of public health.

e. The exchange may provide information to assist Iowans with making an informed choice when selecting health care coverage.

f. The commissioner may utilize independent consultants, as deemed necessary, to assist in carrying out the powers and duties of the exchange.

g. The commissioner may periodically advertise the general availability of health care coverage information available from the exchange.

5. *Rules.* The commissioner shall adopt rules pursuant to chapter 17A to implement the provisions of this section.

2010 Acts, ch 1134, §7