

**514C.6 Uniformity of treatment — employee welfare benefit plans.**

1. A statutory provision to mandate a health care coverage or service, or to mandate the offering of a health care coverage or service, applies to all state-regulated third-party payors and to employee welfare benefit plans described in 29 U.S.C. §1001 et seq. However, if an employee welfare benefit plan subject to federal regulation is not subject to a substantially similar requirement, the statutory provision does not apply to a state-regulated third-party payor until the employee welfare benefit plans are subject to a substantially similar standard under federal regulations as determined by the commissioner.

2. For purposes of [this section](#) unless the context otherwise requires, a third-party payor means:

- a. An accident and sickness insurer, subject to [chapter 509](#) or [514A](#).
- b. A nonprofit health service corporation, subject to [chapter 514](#).
- c. A health maintenance organization, subject to [chapter 514B](#).
- d. Any other entity engaged in the business of insurance, risk transfer, or risk retention, which is subject to the jurisdiction of the commissioner.

**91 Acts, ch 213, §20**

Referred to in [§514C.7](#), [514C.11](#), [514C.12](#), [514C.18](#), [514C.19](#), [514C.20](#), [514C.22](#), [514C.23](#), [514C.24](#), [514C.25](#), [514C.26](#), [514C.27](#), [514C.28](#), [514C.29](#), [514C.30](#), [514C.31](#), [514C.32](#), [514C.33](#), [514C.34](#), [514C.35](#)