

514C.12A Licensed midwife services.

1. Notwithstanding [section 514C.6](#), a person who provides an individual or group policy of accident or health insurance or individual or group hospital or health care service contract issued pursuant to [chapter 509](#), [509A](#), [514](#), or [514A](#) or an individual or group health maintenance organization contract issued and regulated under [chapter 514B](#), which is delivered, amended, or renewed on or after July 1, 1996, and which provides maternity benefits, which are not limited to complications of pregnancy, or newborn care benefits, shall provide coverage for maternity services rendered by a midwife licensed pursuant to [chapter 148I](#), regardless of the site of services, in accordance with guidelines adopted by rule by the commissioner.

2. Coverage for maternity services provided by a licensed midwife shall not be subject to any greater copayment, deductible, or coinsurance than is applicable to any other similar benefits provided by the plan.

3. A person who provides an individual or group policy of accident or health insurance or individual or group hospital or health care service contract issued pursuant to [chapter 509](#), [509A](#), [514](#), or [514A](#) or an individual or group health maintenance organization contract issued and regulated under [chapter 514B](#) may require that maternity services be provided by a licensed midwife under contract with the person.

4. [This section](#) does not require payment for any cost, charge, or fee relating to the location at which maternity services were provided by a certified professional midwife.

[2023 Acts, ch 127, §12](#)