

Senate File 2356

H-8559

1 Amend Senate File 2356, as amended, passed, and
2 reprinted by the Senate, as follows:

3 1. Page 1, by striking lines 2 through 17 and
4 inserting:

5 <IOWACARE PROGRAM AND OTHER HEALTH CARE OPTIONS>

6 2. Page 2, line 6, after <network.> by inserting
7 <In developing the phase-in plan the department shall
8 consult with the medical assistance projections and
9 assessment council created in section 249J.20. Any
10 plan developed shall be approved by the council prior
11 to implementation. The phase-in of the regional
12 provider network shall be implemented in a manner that
13 ensures that program expenditures do not exceed budget
14 neutrality limits and funded program capacity, and that
15 ensures compliance with the eligibility maintenance of
16 effort requirements of the federal American Recovery
17 and Reinvestment Act of 2009.>

18 3. Page 2, by striking lines 30 through 32 and
19 inserting <such hospital has reached service capacity,
20 the hospital and the>

21 4. Page 4, by striking lines 7 through 16.

22 5. By striking page 5, line 25, through page 13,
23 line 5, and inserting:

24 <DIVISION II

25 IOWA INSURANCE INFORMATION EXCHANGE

26 Sec. ____ . NEW SECTION. 505.32 Iowa insurance
27 information exchange.

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

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

36 a. "Carrier" means an insurer providing accident
37 and sickness insurance under chapter 509, 514, or
38 514A and includes a health maintenance organization
39 established under chapter 514B if payments received
40 by the health maintenance organization are considered
41 premiums pursuant to section 514B.31 and are taxed
42 under chapter 432. "Carrier" also includes a
43 corporation which becomes a mutual insurer pursuant
44 to section 514.23 and any other person as defined in
45 section 4.1, subsection 20, who is or may become liable
46 for the tax imposed by chapter 432.

47 b. "Commissioner" means the commissioner of
48 insurance.

49 c. "Creditable coverage" means the same as defined
50 in section 513B.2.

1 *d.* "Exchange" means the Iowa insurance information
2 exchange.
3 *e.* "Health insurance" means accident and sickness
4 insurance authorized by chapter 509, 514, or 514A.
5 *f.* (1) "Health insurance coverage" means health
6 insurance coverage offered to individuals.
7 (2) "Health insurance coverage" does not include any
8 of the following:
9 (a) Coverage for accident-only, or disability
10 income insurance.
11 (b) Coverage issued as a supplement to liability
12 insurance.
13 (c) Liability insurance, including general
14 liability insurance and automobile liability insurance.
15 (d) Workers' compensation or similar insurance.
16 (e) Automobile medical-payment insurance.
17 (f) Credit-only insurance.
18 (g) Coverage for on-site medical clinic care.
19 (h) Other similar insurance coverage, specified in
20 federal regulations, under which benefits for medical
21 care are secondary or incidental to other insurance
22 coverage or benefits.
23 (3) "Health insurance coverage" does not include
24 benefits provided under a separate policy as follows:
25 (a) Limited-scope dental or vision benefits.
26 (b) Benefits for long-term care, nursing home care,
27 home health care, or community-based care.
28 (c) Any other similar limited benefits as provided
29 by rule of the commissioner.
30 (4) "Health insurance coverage" does not include
31 benefits offered as independent noncoordinated benefits
32 as follows:
33 (a) Coverage only for a specified disease or
34 illness.
35 (b) A hospital indemnity or other fixed indemnity
36 insurance.
37 (5) "Health insurance coverage" does not include
38 Medicare supplemental health insurance as defined under
39 section 1882(g)(1) of the federal Social Security Act,
40 coverage supplemental to the coverage provided under
41 10 U.S.C. ch. 55 and similar supplemental coverage
42 provided to coverage under group health insurance
43 coverage.
44 *g.* "Legislative health care coverage commission" or
45 "commission" means the legislative health care coverage
46 commission created in 2009 Iowa Acts, ch. 118, section
47 1.
48 *h.* "Medicare" means the federal government health
49 insurance program established under Tit. XVIII of the
50 federal Social Security Act.

1 *i. "Organized delivery system"* means an organized
2 delivery system as licensed by the director of public
3 health.

4 3. *Iowa insurance information exchange*
5 *established.* An Iowa insurance information exchange is
6 established in the insurance division of the department
7 of commerce under the authority of the commissioner of
8 insurance.

9 *a.* The commissioner, in collaboration with the
10 legislative health care coverage commission, shall
11 develop a plan of operation for the exchange within
12 one hundred eighty days from the effective date of
13 this section. The plan shall create an information
14 clearinghouse that provides resources where Iowans can
15 obtain information about health care coverage that is
16 available in the state.

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

23 4. *Powers and duties of exchange.*

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

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

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

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

45 *b.* The commissioner shall implement and maintain
46 information on the insurance division internet site
47 that is easily accessible and available to consumers
48 and purchasers of health insurance coverage regarding
49 each carrier licensed to do business in this state.
50 The information provided shall be understandable to

1 consumers and purchasers of health insurance coverage
2 and shall include but is not limited to information
3 regarding plan design, premium rate filings and
4 approvals, health care cost information, and any
5 other information specific to this state that the
6 commissioner determines may be beneficial to consumers
7 and purchasers of health insurance coverage. The
8 commissioner may contract with outside vendors and
9 entities to assist in providing this information on the
10 internet site.

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

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

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

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

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

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

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

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

1 6. By renumbering as necessary.

SMITH of Marshall

UPMEYER of Hancock

HUNTER of Polk