



CHESTER J. CULVER
GOVERNOR

OFFICE OF THE GOVERNOR

PATTY JUDGE
LT. GOVERNOR

April 24, 2009

The Honorable Michael Mauro
Secretary of State
State Capitol Building
LOCAL

Dear Mr. Secretary:

I hereby transmit:

House File 311, an Act requiring health care benefit coverage for certain medically necessary prosthetic devices and providing an applicability date.

The above House File is hereby approved this date.

Sincerely,

A handwritten signature in black ink, appearing to read "Chet Culver", with a long horizontal flourish extending to the right.

Chester J. Culver
Governor

CJC:bdj

cc: Secretary of the Senate
Chief Clerk of the House





HOUSE FILE 311

AN ACT

REQUIRING HEALTH CARE BENEFIT COVERAGE FOR CERTAIN MEDICALLY NECESSARY PROSTHETIC DEVICES AND PROVIDING AN APPLICABILITY DATE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. NEW SECTION. 514C.24 COVERAGE FOR PROSTHETIC DEVICES.

1. Notwithstanding the uniformity of treatment requirements of section 514C.6, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses shall provide coverage benefits for medically necessary prosthetic devices when prescribed by a physician licensed under chapter 148. Such coverage benefits for

medically necessary prosthetic devices shall provide coverage for medically necessary prosthetic devices, that at a minimum, equals the coverage and payment for medically necessary prosthetic devices provided under the most recent federal laws for health insurance for the aged and disabled pursuant to 42 U.S.C. § 1395k, 1395l, and 1395m, and 42 C.F.R. § 410.100, 414.202, 414.210, and 414.228, as applicable. For the purposes of this section, "prosthetic device" means an artificial limb device to replace, in whole or in part, an arm or leg.

2. a. This section applies to the following classes of third-party payment provider policies, contracts, or plans delivered, issued for delivery, continued, or renewed in this state on or after July 1, 2009:

(1) Individual or group accident and sickness insurance providing coverage on an expense-incurred basis.

(2) An individual or group hospital or medical service contract issued pursuant to chapter 509, 514, or 514A.

(3) An individual or group health maintenance organization contract regulated under chapter 514B.

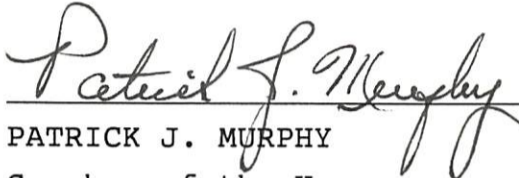
(4) A plan established pursuant to chapter 509A for public employees.

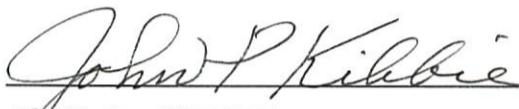
(5) An organized delivery system licensed by the director of public health.

b. This section shall not apply to accident only, specified disease, short-term hospital or medical, hospital confinement indemnity, credit, dental, vision, Medicare supplement, long-term care, basic hospital and medical-surgical expense coverage as defined by the commissioner, disability income insurance coverage, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, or automobile medical payment insurance.


3. Notwithstanding subsection 1, a policy, contract, or plan providing for third-party payment or prepayment of health or medical expenses that is issued for use in connection with a health savings account as authorized under Title XII of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Pub. L. No. 108-173, may impose the same deductibles and out-of-pocket limits on the prosthetics coverage benefits required in this section that apply to substantially all

health, medical, and surgical coverage benefits under the policy, contract, or plan.

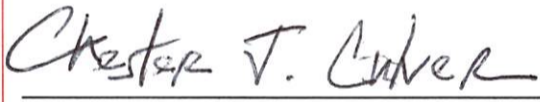

PATRICK J. MURPHY
Speaker of the House


JOHN P. KIBBIE
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 311, Eighty-third General Assembly.


MARK BRANDSGARD
Chief Clerk of the House

Approved April 24th, 2009


CHESTER J. CULVER
Governor