

FEB 21 1996

Place On Calendar

HOUSE FILE 2298
BY COMMITTEE ON HUMAN RESOURCES

(SUCCESSOR TO HSB 544)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to patient access through managed care plans or
2 indemnity plans with limited provider networks to defined
3 physicians.

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

- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23

HF 2298

1 Section 1. NEW SECTION. 514C.11 PATIENT ACCESS TO TYPES
2 OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN OR INDEMNITY PLAN
3 WITH LIMITED PROVIDER NETWORK.

4 Notwithstanding section 514C.6, a managed care health plan
5 or indemnity plan with a limited provider network shall
6 provide patients direct access to each type of physician, as
7 defined in section 135.1 and licensed under chapter 148, 150A,
8 or 151. Such direct access to a physician licensed under
9 chapter 151 shall not be conditioned upon a referral by a
10 provider licensed under another chapter. Access to a
11 specialist may be conditioned upon a referral by a primary
12 care provider physician licensed under chapter 148, 150A, or
13 151. If a physician licensed under chapter 151 determines
14 that a referral should be made to a physician licensed under
15 another chapter, a managed care health plan or indemnity plan
16 with a limited provider network may require that the referral
17 be made first to a provider designated by the plan. Any
18 copayment deductible, cost containment mechanism, or premium
19 rate shall not discriminate directly or indirectly upon the
20 basis of the license held by the physician. Access to a
21 specialist may be subject to a different copayment or
22 deductible than access to a primary care provider. Access to
23 a nonparticipating physician may be restricted or may be
24 subject to different copayments, deductibles, or premium
25 rates, or may be excluded, provided that a plan shall not
26 differentiate or exclude a physician directly or indirectly
27 upon the basis of the license held by the physician.

28 Each plan must demonstrate that it is capable of serving
29 appropriately the needs of the subscriber population in the
30 service area of the plan with regard to patient access to each
31 type of physician. The commissioner of insurance shall adopt
32 rules as necessary to administer this paragraph.

33 For purposes of this section, "managed care health plan or
34 indemnity plan with a limited provider network" means a health
35 maintenance organization, organized delivery system,

1 accountable health plan, health care insurance plan which
2 limits the number of licensed physicians who can provide
3 services under the plan, preferred provider organization,
4 exclusive provider organization, restricted access network, or
5 similar health-care plan. For purposes of this section,
6 "physician" means physician as defined in section 135.1 and
7 licensed under chapter 148, 150A, or 151.

8

EXPLANATION

9 This bill creates a new section 514C.11 which provides that
10 a managed care health plan or indemnity plan with a limited
11 provider network is to provide patients direct access to each
12 type of physician, as defined in section 135.1 and licensed
13 under chapter 148, 150A, or 151. The access required pursuant
14 to this section is not to be conditioned upon a referral by a
15 physician licensed under another chapter. However, if a
16 physician licensed under chapter 151 determines that a
17 referral should be made to a physician licensed under another
18 chapter, such health plan may require that the referral be
19 made first to a provider designated by the plan. Access to a
20 specialist may be conditioned upon a referral by a primary
21 care provider licensed under the same chapter. A copayment,
22 deductible, cost containment mechanism, or premium rate under
23 such plan shall not discriminate directly or indirectly upon
24 the basis of the license held by a physician. Access to a
25 specialist may be subject to a different copayment or
26 deductible than access to a primary care provider. Access to
27 a nonparticipating physician under such plan may be restricted
28 or may be subject to different copayments, deductibles, or
29 premium rates, or may be excluded under the plan, so long as
30 the differentiation or exclusion is not upon the basis of the
31 license held by the physician.

32 The bill requires that each plan demonstrate that it
33 appropriately serves the needs of the subscriber population in
34 the service area of the plan with regard to patient access to
35 physicians of each type.

HOUSE FILE 2298

H-5102

- 1 Amend House File 2298 as follows:
- 2 1. By striking everything after the enacting
- 3 clause.

By JACOBS of Polk

H-5102 FILED FEBRUARY 21, 1996

HOUSE FILE 2298

H-5114

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 5, by inserting after the word
- 3 "network" the following: ", including a managed care
- 4 health plan or indemnity plan organized for the
- 5 purpose of providing medical assistance from funds
- 6 available and appropriated to the department of human
- 7 services,".

By CHURCHILL of Polk

H-5114 FILED FEBRUARY 26, 1996

HOUSE FILE 2298

H-5116

- 1 Amend House File 2298 as follows:
- 2 1. Page 2, by inserting after line 7 the
- 3 following:
- 4 "This section applies to all state regulated third-
- 5 party payors and to employee welfare benefit plans
- 6 described in 29 U.S.C. 1001 et seq."

By CHURCHILL of Polk

H-5116 FILED FEBRUARY 26, 1996

HOUSE FILE 2298

H-5117

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:"

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 audiologist as defined in section 147.151, each person
15 practicing osteopathy under chapter 150, each
16 acupuncturist registered under chapter 148E, each
17 occupational therapist licensed under chapter 148B,
18 each podiatrist licensed under chapter 149, each
19 registered or practical nurse licensed under chapter
20 152, each dietician licensed under chapter 152A, each
21 respiratory care practitioner licensed under chapter
22 152B, each massage therapist licensed under chapter
23 152C, each person engaged in the practice of optometry
24 pursuant to chapter 154, each hearing aid dealer
25 licensed under chapter 154A, each person engaged in
26 the practice of psychology subject to regulation under
27 chapter 154B, each person engaged in the practice of
28 licensed social work subject to regulation under
29 chapter 154C, each marital and family therapist
30 licensed under chapter 154D, and each pharmacist
31 licensed under chapter 155A. Such direct access to a
32 physician licensed under chapter 151 shall not be
33 conditioned upon a referral by a provider licensed
34 under another chapter. Access to a specialist may be
35 conditioned upon a referral by a primary care provider
36 licensed under chapter 148, 150A, or 151, or a primary
37 care provider who is an audiologist as defined in
38 section 147.151, a person engaged in the practice of
39 osteopathy under chapter 150, an acupuncturist
40 registered under chapter 148E, an occupational
41 therapist licensed under chapter 148B, a podiatrist
42 licensed under chapter 149, a registered or practical
43 nurse licensed under chapter 152, dietician licensed
44 under chapter 152A, a respiratory care practitioner
45 licensed under chapter 152B, a massage therapist
46 licensed under chapter 152C, a person engaged in the
47 practice of optometry pursuant to chapter 154, a
48 hearing aid dealer licensed under chapter 154A, a
49 person engaged in the practice of psychology and
50 regulated under chapter 154B, a person engaged in the

H-5117

-1-

H-5117

Page 2

1 practice of licensed social work and regulated under
2 chapter 154C, a marital and family therapist licensed
3 under chapter 154D, a pharmacist licensed under
4 chapter 155A. If a primary care provider determines
5 that a referral should be made to a provider licensed,
6 registered, or otherwise regulated under another
7 chapter, a managed care health plan or indemnity plan
8 with a limited provider network may require that the
9 referral be made first to a provider designated by the
10 plan. Any copayment deductible, cost containment
11 mechanism, or premium rate shall not discriminate
12 directly or indirectly upon the basis of the license
13 held by the provider. Access to a specialist may be
14 subject to a different copayment or deductible than
15 access to a primary care provider. Access to a
16 nonparticipating provider may be restricted or may be
17 subject to different copayments, deductibles, or
18 premium rates, or may be excluded, provided that a
19 plan shall not differentiate or exclude a provider
20 directly or indirectly upon the basis of the license
21 held by the provider.

22 Each plan must demonstrate that it is capable of
23 serving appropriately the needs of the subscriber
24 population in the service area of the plan with regard
25 to patient access to each type of provider. The
26 commissioner of insurance shall adopt rules as
27 necessary to administer this paragraph.

28 For purposes of this section, "managed care health
29 plan or indemnity plan with a limited provider
30 network" means a health maintenance organization,
31 organized delivery system, accountable health plan,
32 health care insurance plan which limits the number of
33 health care providers who can provide services under
34 the plan, preferred provider organization, exclusive
35 provider organization, restricted access network, or
36 similar health-care plan."

37 2. Title page, line 3, by striking the word
38 "physicians" and inserting the following:
39 "providers".

By DISNEY of Polk

H-5117 FILED FEBRUARY 26, 1996

HOUSE FILE 2298

H-5118

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:"

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 audiologist as defined in section 147.151, each person
15 practicing osteopathy under chapter 150, each
16 acupuncturist registered under chapter 148E, each
17 occupational therapist licensed under chapter 148B,
18 each podiatrist licensed under chapter 149, each
19 registered or practical nurse licensed under chapter
20 152, each dietician licensed under chapter 152A, each
21 respiratory care practitioner licensed under chapter
22 152B, each massage therapist licensed under chapter
23 152C, each person engaged in the practice of optometry
24 pursuant to chapter 154, each hearing aid dealer
25 licensed under chapter 154A, each person engaged in
26 the practice of psychology subject to regulation under
27 chapter 154B, each person engaged in the practice of
28 licensed social work subject to regulation under
29 chapter 154C, each marital and family therapist
30 licensed under chapter 154D, and each pharmacist
31 licensed under chapter 155A. Such direct access to a
32 physician licensed under chapter 151 shall not be
33 conditioned upon a referral by a provider licensed
34 under another chapter. Access to a specialist may be
35 conditioned upon a referral by a primary care provider
36 licensed under chapter 148, 150A, or 151, or a primary
37 care provider who is an audiologist as defined in
38 section 147.151, a person engaged in the practice of
39 osteopathy under chapter 150, an acupuncturist
40 registered under chapter 148E, an occupational
41 therapist licensed under chapter 148B, a podiatrist
42 licensed under chapter 149, a registered or practical
43 nurse licensed under chapter 152, dietician licensed
44 under chapter 152A, a respiratory care practitioner
45 licensed under chapter 152B, a massage therapist
46 licensed under chapter 152C, a person engaged in the
47 practice of optometry pursuant to chapter 154, a
48 hearing aid dealer licensed under chapter 154A, a
49 person engaged in the practice of psychology and
50 regulated under chapter 154B, a person engaged in the

H-5118

-1-

H-5118

Page 2

1 practice of licensed social work and regulated under
2 chapter 154C, a marital and family therapist licensed
3 under chapter 154D, a pharmacist licensed under
4 chapter 155A. If a primary care provider determines
5 that a referral should be made to a provider licensed,
6 registered, or otherwise regulated under another
7 chapter, a managed care health plan or indemnity plan
8 with a limited provider network may require that the
9 referral be made first to a provider designated by the
10 plan. Any copayment deductible, cost containment
11 mechanism, or premium rate shall not discriminate
12 directly or indirectly upon the basis of the license
13 held by the provider. Access to a specialist may be
14 subject to a different copayment or deductible than
15 access to a primary care provider. Access to a
16 nonparticipating provider may be restricted or may be
17 subject to different copayments, deductibles, or
18 premium rates, or may be excluded, provided that a
19 plan shall not differentiate or exclude a provider
20 directly or indirectly upon the basis of the license
21 held by the provider.

22 Each plan must demonstrate that it is capable of
23 serving appropriately the needs of the subscriber
24 population in the service area of the plan with regard
25 to patient access to each type of provider. The
26 commissioner of insurance shall adopt rules as
27 necessary to administer this paragraph.

28 For purposes of this section, "managed care health
29 plan or indemnity plan with a limited provider
30 network" means a health maintenance organization,
31 organized delivery system, accountable health plan,
32 health care insurance plan which limits the number of
33 health care providers who can provide services under
34 the plan, preferred provider organization, exclusive
35 provider organization, restricted access network, or
36 similar health-care plan. For purposes of this
37 section, "specialist" includes a physician who
38 provides treatment for allergies, abdominal surgery,
39 adolescent medicine, allergy and immunology, aerospace
40 medicine, anesthesiology, broncho-esophagology,
41 critical care medicine, cardiovascular diseases,
42 cardiovascular surgery, child neurology, child
43 psychiatry, clinical pathology, colon and rectal
44 surgery, dermatology, diabetes, dermatopathology,
45 diagnostic radiology, emergency medicine,
46 endocrinology, forensic pathology, family practice,
47 gastroenterology, geriatrics, general practice,
48 general preventive medicine, general surgery,
49 gynecology, hematology, head and neck surgery, hand
50 surgery, hypnosis, infectious diseases, immunology,

H-5118

-2-

H-5118

Page 3

- 1 internal medicine, laryngology, maxillofacial surgery,
- 2 neurology, neuropathology, neoplastic diseases,
- 3 nephrology, nuclear medicine, neonatal-perinatal
- 4 medicine, nuclear radiology, neurological surgery,
- 5 nutrition, obstetrics and gynecology, obstetrics,
- 6 occupational medicine, oncology, ophthalmology,
- 7 orthopedic surgery, otology, otolaryngology,
- 8 psychiatry, clinical pharmacology, pediatrics,
- 9 pediatric allergy, pediatric cardiology, pediatric
- 10 endocrinology, pediatric radiology, pediatric surgery,
- 11 pediatric hematology-oncology, pediatric nephrology,
- 12 physical medicine and rehabilitation, plastic surgery,
- 13 facial plastic surgery, pathology, pulmonary diseases,
- 14 psychoanalysis, psychosomatic medicine, radiology,
- 15 rhinology, rheumatology, radioisotopic pathology,
- 16 radiation oncology, therapeutic radiology, traumatic
- 17 surgery, thoracic surgery, urological surgery,
- 18 vascular surgery, or any other recognized physician
- 19 specialty.""
- 20 2. Title page, line 3, by striking the word
- 21 "physicians" and inserting the following:
- 22 "providers".

By DISNEY of Polk

H-5118 FILED FEBRUARY 26, 1996

HOUSE FILE 2298

H-5129

1 Amend House File 2298 as follows:

2 1. By striking everything after the enacting
3 clause and inserting the following:

4 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
5 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
6 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

7 Notwithstanding section 514C.6, a managed care
8 health plan or indemnity plan with a limited provider
9 network shall provide patients direct access to each
10 type of physician, as defined in section 135.1 and
11 licensed under chapter 148, 150A, or 151, and to each
12 audiologist as defined in section 147.151, each person
13 practicing osteopathy under chapter 150, each
14 acupuncturist registered under chapter 148E, each
15 occupational therapist licensed under chapter 148B,
16 each podiatrist licensed under chapter 149, each
17 registered or practical nurse licensed under chapter
18 152, each dietician licensed under chapter 152A, each
19 respiratory care practitioner licensed under chapter
20 152B, each massage therapist licensed under chapter
21 152C, each dentist licensed under chapter 153, each
22 person engaged in the practice of optometry pursuant
23 to chapter 154, each hearing aid dealer licensed under
24 chapter 154A, each person engaged in the practice of
25 psychology subject to regulation under chapter 154B,
26 each person engaged in the practice of licensed social
27 work subject to regulation under chapter 154C, each
28 marital and family therapist licensed under chapter
29 154D, and each pharmacist licensed under chapter 155A.
30 Such direct access to a physician licensed under
31 chapter 151 shall not be conditioned upon a referral
32 by a provider licensed under another chapter. Access
33 to a specialist may be conditioned upon a referral by
34 a primary care provider licensed under chapter 148,
35 150A, or 151, or a primary care provider who is an
36 audiologist as defined in section 147.151, a person
37 engaged in the practice of osteopathy under chapter
38 150, an acupuncturist registered under chapter 148E,
39 an occupational therapist licensed under chapter 148B,
40 a podiatrist licensed under chapter 149, a registered
41 or practical nurse licensed under chapter 152,
42 dietician licensed under chapter 152A, a respiratory
43 care practitioner licensed under chapter 152B, a
44 massage therapist licensed under chapter 152C, each
45 dentist licensed under chapter 153, a person engaged
46 in the practice of optometry pursuant to chapter 154,
47 a hearing aid dealer licensed under chapter 154A, a
48 person engaged in the practice of psychology and
49 regulated under chapter 154B, a person engaged in the
50 practice of licensed social work and regulated under

H-5129

H-5129

Page 2

1 chapter 154C, a marital and family therapist licensed
2 under chapter 154D, a pharmacist licensed under
3 chapter 155A. If a primary care provider determines
4 that a referral should be made to a provider licensed,
5 registered, or otherwise regulated under another
6 chapter, a managed care health plan or indemnity plan
7 with a limited provider network may require that the
8 referral be made first to a provider designated by the
9 plan. Any copayment deductible, cost containment
10 mechanism, or premium rate shall not discriminate
11 directly or indirectly upon the basis of the license
12 held by the provider. Access to a specialist may be
13 subject to a different copayment or deductible than
14 access to a primary care provider. Access to a
15 nonparticipating provider may be restricted or may be
16 subject to different copayments, deductibles, or
17 premium rates, or may be excluded, provided that a
18 plan shall not differentiate or exclude a provider
19 directly or indirectly upon the basis of the license
20 held by the provider.

21 Each plan must demonstrate that it is capable of
22 serving appropriately the needs of the subscriber
23 population in the service area of the plan with regard
24 to patient access to each type of provider. The
25 commissioner of insurance shall adopt rules as
26 necessary to administer this paragraph.

27 For purposes of this section, "managed care health
28 plan or indemnity plan with a limited provider
29 network" means a health maintenance organization,
30 organized delivery system, accountable health plan,
31 health care insurance plan which limits the number of
32 health care providers who can provide services under
33 the plan, preferred provider organization, exclusive
34 provider organization, restricted access network, or
35 similar health-care plan."

36 2. Title page, line 3, by striking the word
37 "physicians" and inserting the following:
38 "providers".

By DISNEY of Polk

H-5129 FILED FEBRUARY 29, 1996

HOUSE FILE 2298

H-5130

1 Amend House File 2298 as follows:

2 1. Page 1, by striking lines 7 and 8 and
3 inserting the following: "licensed under either
4 chapter 148 or 150A, and to a chiropractor licensed
5 under chapter 151. Such direct access to a
6 chiropractor licensed under".

By DISNEY of Polk

H-5130 FILED FEBRUARY 29, 1996

HOUSE FILE 2298

H-5132

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 7, by striking the figures "148,
3 150A," and inserting the following: "148 or 150A."
4 2. Page 1, by striking lines 8 through 10 and
5 inserting the following: "Access to a".
6 3. Page 1, by striking lines 12 through 17 and
7 inserting the following: "care provider physician
8 licensed under chapter 148 or 150A. Any".
9 4. Page 2, line 7, by striking the word and
10 figures "148, 150A, or 151" and inserting the
11 following: "148 or 150A".
12 5. Page 2, by inserting after line 7 the
13 following:
14 "Sec. _____. Section 509.3, subsection 7, Code 1995,
15 is amended by striking the subsection.
16 Sec. _____. Section 514.7, unnumbered paragraph 4,
17 Code 1995, is amended by striking the paragraph.
18 Sec. _____. Section 514B.1, subsection 5, paragraph
19 d, Code 1995, is amended by striking the paragraph."
20 6. Renumber as necessary.

By METCALF of Polk

H-5132 FILED FEBRUARY 29, 1996

HOUSE FILE 2298

H-5135

- 1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.
9 1. Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network may limit patient access to each type of
12 physician, as defined in section 135.1 and licensed
13 under chapter 148, 150A, or 151, based upon the needs
14 of the plan.
15 2. For the purposes of this section, "managed care
16 health plan or indemnity plan with a limited provider
17 network" means a health maintenance organization,
18 organized delivery system, accountable health plan,
19 health care insurance plan which limits the number of
20 licensed physicians who can provide services under the
21 plan, preferred provider organization, exclusive
22 provider organization, restricted access network, or
23 similar health-care plan.""

By CARROLL of Poweshiek

H-5135 FILED FEBRUARY 29, 1996

HOUSE FILE 2298

H-5167

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 audiologist as defined in section 147.151, each person
15 practicing osteopathy under chapter 150, each
16 acupuncturist registered under chapter 148E, each
17 occupational therapist licensed under chapter 148B,
18 each podiatrist licensed under chapter 149, each
19 registered or practical nurse licensed under chapter
20 152, each dietician licensed under chapter 152A, each
21 respiratory care practitioner licensed under chapter
22 152B, each massage therapist licensed under chapter
23 152C, each person engaged in the practice of optometry
24 pursuant to chapter 154, each hearing aid dealer
25 licensed under chapter 154A, each person engaged in
26 the practice of psychology subject to regulation under
27 chapter 154B, each person engaged in the practice of
28 licensed social work subject to regulation under
29 chapter 154C, each marital and family therapist
30 licensed under chapter 154D, and each pharmacist
31 licensed under chapter 155A. Such direct access to a
32 physician licensed under chapter 151 shall not be
33 conditioned upon a referral by a provider licensed
34 under another chapter. Access to a specialist may be
35 conditioned upon a referral by a primary care provider
36 licensed under chapter 148 or 150A, or a primary care
37 provider who is an audiologist as defined in section
38 147.151, a person engaged in the practice of
39 osteopathy under chapter 150, an acupuncturist
40 registered under chapter 148E, an occupational
41 therapist licensed under chapter 148B, a podiatrist
42 licensed under chapter 149, a registered or practical
43 nurse licensed under chapter 152, dietician licensed
44 under chapter 152A, a respiratory care practitioner
45 licensed under chapter 152B, a massage therapist
46 licensed under chapter 152C, a person engaged in the
47 practice of optometry pursuant to chapter 154, a
48 hearing aid dealer licensed under chapter 154A, a
49 person engaged in the practice of psychology and
50 regulated under chapter 154B, a person engaged in the

H-5167

-1-

H-5167

Page 2

1 practice of licensed social work and regulated under
2 chapter 154C, a marital and family therapist licensed
3 under chapter 154D, a pharmacist licensed under
4 chapter 155A. If a primary care provider determines
5 that a referral should be made to a provider licensed,
6 registered, or otherwise regulated under another
7 chapter, a managed care health plan or indemnity plan
8 with a limited provider network may require that the
9 referral be made first to a provider designated by the
10 plan. Access to a specialist may be subject to a
11 different copayment or deductible than access to a
12 primary care provider. Access to a nonparticipating
13 provider may be restricted or may be subject to
14 different copayments, deductibles, or premium rates,
15 or may be excluded.

16 For purposes of this section, "managed care health
17 plan or indemnity plan with a limited provider
18 network" means a health maintenance organization,
19 organized delivery system, accountable health plan,
20 health care insurance plan which limits the number of
21 health care providers who can provide services under
22 the plan, preferred provider organization, exclusive
23 provider organization, restricted access network, or
24 similar health-care plan."

25 2. Title page, line 3, by striking the word
26 "physicians" and inserting the following:
27 "providers".

By GRUNDBERG of Polk

H-5167 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5184

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each occupational therapist licensed under
14 chapter 148B. Access to a specialist may be
15 conditioned upon a referral by a primary care provider
16 licensed under chapter 148, 150A, or 151, or a primary
17 care provider who is an occupational therapist
18 licensed under chapter 148B. If a primary care
19 provider determines that a referral should be made to
20 a provider licensed, registered, or otherwise
21 regulated under another chapter, a managed care health
22 plan or indemnity plan with a limited provider network
23 may require that the referral be made first to a
24 provider designated by the plan. Any copayment
25 deductible, cost containment mechanism, or premium
26 rate shall not discriminate directly or indirectly
27 upon the basis of the license held by the provider.
28 Access to a specialist may be subject to a different
29 copayment or deductible than access to a primary care
30 provider. Access to a nonparticipating provider may
31 be restricted or may be subject to different
32 copayments, deductibles, or premium rates, or may be
33 excluded, provided that a plan shall not differentiate
34 or exclude a provider directly or indirectly upon the
35 basis of the license held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5184 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5185

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following: "

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each person engaged in the practice of
14 licensed social work subject to regulation under
15 chapter 154C. Access to a specialist may be
16 conditioned upon a referral by a primary care provider
17 licensed under chapter 148, 150A, or 151, or a primary
18 care provider who is a person engaged in the practice
19 of licensed social work and regulated under chapter
20 154C. If a primary care provider determines that a
21 referral should be made to a provider licensed,
22 registered, or otherwise regulated under another
23 chapter, a managed care health plan or indemnity plan
24 with a limited provider network may require that the
25 referral be made first to a provider designated by the
26 plan. Any copayment deductible, cost containment
27 mechanism, or premium rate shall not discriminate
28 directly or indirectly upon the basis of the license
29 held by the provider. Access to a specialist may be
30 subject to a different copayment or deductible than
31 access to a primary care provider. Access to a
32 nonparticipating provider may be restricted or may be
33 subject to different copayments, deductibles, or
34 premium rates, or may be excluded, provided that a
35 plan shall not differentiate or exclude a provider
36 directly or indirectly upon the basis of the license
37 held by the provider.

38 For purposes of this section, "managed care health
39 plan or indemnity plan with a limited provider
40 network" means a health maintenance organization,
41 organized delivery system, accountable health plan,
42 health care insurance plan which limits the number of
43 health care providers who can provide services under
44 the plan, preferred provider organization, exclusive
45 provider organization, restricted access network, or
46 similar health-care plan."

47 2. Title page, line 3, by striking the word
48 "physicians" and inserting the following:
49 "providers".

By BRUNKHORST of Bremer

H-5185 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5186

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 person engaged in the practice of licensed social work
15 subject to regulation under chapter 154C. Access to a
16 specialist may be conditioned upon a referral by a
17 primary care provider licensed under chapter 148,
18 150A, or 151, or a primary care provider who is a
19 person engaged in the practice of licensed social work
20 and regulated under chapter 154C. If a primary care
21 provider determines that a referral should be made to
22 a provider licensed, registered, or otherwise
23 regulated under another chapter, a managed care health
24 plan or indemnity plan with a limited provider network
25 may require that the referral be made first to a
26 provider designated by the plan. Any copayment
27 deductible, cost containment mechanism, or premium
28 rate shall not discriminate directly or indirectly
29 upon the basis of the license held by the provider.
30 Access to a specialist may be subject to a different
31 copayment or deductible than access to a primary care
32 provider. Access to a nonparticipating provider may
33 be restricted or may be subject to different
34 copayments, deductibles, or premium rates, or may be
35 excluded, provided that a plan shall not differentiate
36 or exclude a provider directly or indirectly upon the
37 basis of the license held by the provider.

38 For purposes of this section, "managed care health
39 plan or indemnity plan with a limited provider
40 network" means a health maintenance organization,
41 organized delivery system, accountable health plan,
42 health care insurance plan which limits the number of
43 health care providers who can provide services under
44 the plan, preferred provider organization, exclusive
45 provider organization, restricted access network, or
46 similar health-care plan."

47 2. Title page, line 3, by striking the word
48 "physicians" and inserting the following:
49 "providers".

By BRUNKHORST of Bremer

H-5186 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5187

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 acupuncturist registered under chapter 148E. Access
15 to a specialist may be conditioned upon a referral by
16 a primary care provider licensed under chapter 148,
17 150A, or 151, or a primary care provider who is an
18 acupuncturist registered under chapter 148E. If a
19 primary care provider determines that a referral
20 should be made to a provider licensed, registered, or
21 otherwise regulated under another chapter, a managed
22 care health plan or indemnity plan with a limited
23 provider network may require that the referral be made
24 first to a provider designated by the plan. Any
25 copayment deductible, cost containment mechanism, or
26 premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 provider. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 provider may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a provider directly or
35 indirectly upon the basis of the license held by the
36 provider.

37 For purposes of this section, "managed care health
38 plan or indemnity plan with a limited provider
39 network" means a health maintenance organization,
40 organized delivery system, accountable health plan,
41 health care insurance plan which limits the number of
42 health care providers who can provide services under
43 the plan, preferred provider organization, exclusive
44 provider organization, restricted access network, or
45 similar health-care plan."

46 2. Title page, line 3, by striking the word
47 "physicians" and inserting the following:
48 "providers".

By BRUNKHORST of Bremer

H-5187 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5188

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each acupuncturist registered under
14 chapter 148E. Access to a specialist may be
15 conditioned upon a referral by a primary care provider
16 licensed under chapter 148, 150A, or 151, or a primary
17 care provider who is an acupuncturist registered under
18 chapter 148E. If a primary care provider determines
19 that a referral should be made to a provider licensed,
20 registered, or otherwise regulated under another
21 chapter, a managed care health plan or indemnity plan
22 with a limited provider network may require that the
23 referral be made first to a provider designated by the
24 plan. Any copayment deductible, cost containment
25 mechanism, or premium rate shall not discriminate
26 directly or indirectly upon the basis of the license
27 held by the provider. Access to a specialist may be
28 subject to a different copayment or deductible than
29 access to a primary care provider. Access to a
30 nonparticipating provider may be restricted or may be
31 subject to different copayments, deductibles, or
32 premium rates, or may be excluded, provided that a
33 plan shall not differentiate or exclude a provider
34 directly or indirectly upon the basis of the license
35 held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5188 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5189

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each dietitian licensed under chapter
14 152A. Access to a specialist may be conditioned upon
15 a referral by a primary care provider licensed under
16 chapter 148, 150A, or 151, or a primary care provider
17 who is a dietician licensed under chapter 152A. If a
18 primary care provider determines that a referral
19 should be made to a provider licensed, registered, or
20 otherwise regulated under another chapter, a managed
21 care health plan or indemnity plan with a limited
22 provider network may require that the referral be made
23 first to a provider designated by the plan. Any
24 copayment deductible, cost containment mechanism, or
25 premium rate shall not discriminate directly or
26 indirectly upon the basis of the license held by the
27 provider. Access to a specialist may be subject to a
28 different copayment or deductible than access to a
29 primary care provider. Access to a nonparticipating
30 provider may be restricted or may be subject to
31 different copayments, deductibles, or premium rates,
32 or may be excluded, provided that a plan shall not
33 differentiate or exclude a provider directly or
34 indirectly upon the basis of the license held by the
35 provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5189 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5190

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each hearing aid dealer licensed under
14 chapter 154A. Access to a specialist may be
15 conditioned upon a referral by a primary care provider
16 licensed under chapter 148, 150A, or 151, or a primary
17 care provider who is a hearing aid dealer licensed
18 under chapter 154A. If a primary care provider
19 determines that a referral should be made to a
20 provider licensed, registered, or otherwise regulated
21 under another chapter, a managed care health plan or
22 indemnity plan with a limited provider network may
23 require that the referral be made first to a provider
24 designated by the plan. Any copayment deductible,
25 cost containment mechanism, or premium rate shall not
26 discriminate directly or indirectly upon the basis of
27 the license held by the provider. Access to a
28 specialist may be subject to a different copayment or
29 deductible than access to a primary care provider.
30 Access to a nonparticipating provider may be
31 restricted or may be subject to different copayments,
32 deductibles, or premium rates, or may be excluded,
33 provided that a plan shall not differentiate or
34 exclude a provider directly or indirectly upon the
35 basis of the license held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5190 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5191

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each podiatrist licensed under chapter
14 149. Access to a specialist may be conditioned upon a
15 referral by a primary care provider licensed under
16 chapter 148, 150A, or 151, or a primary care provider
17 who is a podiatrist licensed under chapter 149. If a
18 primary care provider determines that a referral
19 should be made to a provider licensed, registered, or
20 otherwise regulated under another chapter, a managed
21 care health plan or indemnity plan with a limited
22 provider network may require that the referral be made
23 first to a provider designated by the plan. Any
24 copayment deductible, cost containment mechanism, or
25 premium rate shall not discriminate directly or
26 indirectly upon the basis of the license held by the
27 provider. Access to a specialist may be subject to a
28 different copayment or deductible than access to a
29 primary care provider. Access to a nonparticipating
30 provider may be restricted or may be subject to
31 different copayments, deductibles, or premium rates,
32 or may be excluded, provided that a plan shall not
33 differentiate or exclude a provider directly or
34 indirectly upon the basis of the license held by the
35 provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan.""

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5191 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5192

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 podiatrist licensed under chapter 149. Access to a
15 specialist may be conditioned upon a referral by a
16 primary care provider licensed under chapter 148,
17 150A, or 151, or a primary care provider who is a
18 podiatrist licensed under chapter 149. If a primary
19 care provider determines that a referral should be
20 made to a provider licensed, registered, or otherwise
21 regulated under another chapter, a managed care health
22 plan or indemnity plan with a limited provider network
23 may require that the referral be made first to a
24 provider designated by the plan. Any copayment
25 deductible, cost containment mechanism, or premium
26 rate shall not discriminate directly or indirectly
27 upon the basis of the license held by the provider.
28 Access to a specialist may be subject to a different
29 copayment or deductible than access to a primary care
30 provider. Access to a nonparticipating provider may
31 be restricted or may be subject to different
32 copayments, deductibles, or premium rates, or may be
33 excluded, provided that a plan shall not differentiate
34 or exclude a provider directly or indirectly upon the
35 basis of the license held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5192 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5193

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:"

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 hearing aid dealer licensed under chapter 154A.
15 Access to a specialist may be conditioned upon a
16 referral by a primary care provider licensed under
17 chapter 148, 150A, or 151, or a primary care provider
18 who is a hearing aid dealer licensed under chapter
19 154A. If a primary care provider determines that a
20 referral should be made to a provider licensed,
21 registered, or otherwise regulated under another
22 chapter, a managed care health plan or indemnity plan
23 with a limited provider network may require that the
24 referral be made first to a provider designated by the
25 plan. Any copayment deductible, cost containment
26 mechanism, or premium rate shall not discriminate
27 directly or indirectly upon the basis of the license
28 held by the provider. Access to a specialist may be
29 subject to a different copayment or deductible than
30 access to a primary care provider. Access to a
31 nonparticipating provider may be restricted or may be
32 subject to different copayments, deductibles, or
33 premium rates, or may be excluded, provided that a
34 plan shall not differentiate or exclude a provider
35 directly or indirectly upon the basis of the license
36 held by the provider.

37 For purposes of this section, "managed care health
38 plan or indemnity plan with a limited provider
39 network" means a health maintenance organization,
40 organized delivery system, accountable health plan,
41 health care insurance plan which limits the number of
42 health care providers who can provide services under
43 the plan, preferred provider organization, exclusive
44 provider organization, restricted access network, or
45 similar health-care plan.""

46 2. Title page, line 3, by striking the word
47 "physicians" and inserting the following:
48 "providers".

By BRUNKHORST of Bremer

H-5193 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5194

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 massage therapist licensed under chapter 152C. Access
15 to a specialist may be conditioned upon a referral by
16 a primary care provider licensed under chapter 148,
17 150A, or 151, or a primary care provider who is a
18 massage therapist licensed under chapter 152C. If a
19 primary care provider determines that a referral
20 should be made to a provider licensed, registered, or
21 otherwise regulated under another chapter, a managed
22 care health plan or indemnity plan with a limited
23 provider network may require that the referral be made
24 first to a provider designated by the plan. Any
25 copayment deductible, cost containment mechanism, or
26 premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 provider. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 provider may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a provider directly or
35 indirectly upon the basis of the license held by the
36 provider.

37 For purposes of this section, "managed care health
38 plan or indemnity plan with a limited provider
39 network" means a health maintenance organization,
40 organized delivery system, accountable health plan,
41 health care insurance plan which limits the number of
42 health care providers who can provide services under
43 the plan, preferred provider organization, exclusive
44 provider organization, restricted access network, or
45 similar health-care plan."

46 2. Title page, line 3, by striking the word
47 "physicians" and inserting the following:
48 "providers".

By BRUNKHORST of Bremer

H-5194 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5195

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 occupational therapist licensed under chapter 148B.
15 Access to a specialist may be conditioned upon a
16 referral by a primary care provider licensed under
17 chapter 148, 150A, or 151, or a primary care provider
18 who is an occupational therapist licensed under
19 chapter 148B. If a primary care provider determines
20 that a referral should be made to a provider licensed,
21 registered, or otherwise regulated under another
22 chapter, a managed care health plan or indemnity plan
23 with a limited provider network may require that the
24 referral be made first to a provider designated by the
25 plan. Any copayment deductible, cost containment
26 mechanism, or premium rate shall not discriminate
27 directly or indirectly upon the basis of the license
28 held by the provider. Access to a specialist may be
29 subject to a different copayment or deductible than
30 access to a primary care provider. Access to a
31 nonparticipating provider may be restricted or may be
32 subject to different copayments, deductibles, or
33 premium rates, or may be excluded, provided that a
34 plan shall not differentiate or exclude a provider
35 directly or indirectly upon the basis of the license
36 held by the provider.

37 For purposes of this section, "managed care health
38 plan or indemnity plan with a limited provider
39 network" means a health maintenance organization,
40 organized delivery system, accountable health plan,
41 health care insurance plan which limits the number of
42 health care providers who can provide services under
43 the plan, preferred provider organization, exclusive
44 provider organization, restricted access network, or
45 similar health-care plan."

46 2. Title page, line 3, by striking the word
47 "physicians" and inserting the following:
48 "providers".

H-5195 FILED MARCH 5, 1996

By BRUNKHORST of Bremer

HOUSE FILE 2298

H-5196

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 A managed care health plan or indemnity plan with a
10 limited provider network shall provide patients direct
11 access to each type of physician, as defined in
12 section 135.1 and licensed under chapter 148, 150A, or
13 151, and to each massage therapist licensed under
14 chapter 152C. Access to a specialist may be
15 conditioned upon a referral by a primary care provider
16 licensed under chapter 148, 150A, or 151, or a primary
17 care provider who is a massage therapist licensed
18 under chapter 152C. If a primary care provider
19 determines that a referral should be made to a
20 provider licensed, registered, or otherwise regulated
21 under another chapter, a managed care health plan or
22 indemnity plan with a limited provider network may
23 require that the referral be made first to a provider
24 designated by the plan. Any copayment deductible,
25 cost containment mechanism, or premium rate shall not
26 discriminate directly or indirectly upon the basis of
27 the license held by the provider. Access to a
28 specialist may be subject to a different copayment or
29 deductible than access to a primary care provider.
30 Access to a nonparticipating provider may be
31 restricted or may be subject to different copayments,
32 deductibles, or premium rates, or may be excluded,
33 provided that a plan shall not differentiate or
34 exclude a provider directly or indirectly upon the
35 basis of the license held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number of
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan."

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5196 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5197

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 dietician licensed under chapter 152A. Access to a
15 specialist may be conditioned upon a referral by a
16 primary care provider licensed under chapter 148,
17 150A, or 151, or a primary care provider who is a
18 dietician licensed under chapter 152A. If a primary
19 care provider determines that a referral should be
20 made to a provider licensed, registered, or otherwise
21 regulated under another chapter, a managed care health
22 plan or indemnity plan with a limited provider network
23 may require that the referral be made first to a
24 provider designated by the plan. Any copayment
25 deductible, cost containment mechanism, or premium
26 rate shall not discriminate directly or indirectly
27 upon the basis of the license held by the provider.
28 Access to a specialist may be subject to a different
29 copayment or deductible than access to a primary care
30 provider. Access to a nonparticipating provider may
31 be restricted or may be subject to different
32 copayments, deductibles, or premium rates, or may be
33 excluded provided that a plan shall not differentiate
34 or exclude a provider directly or indirectly upon the
35 basis of the license held by the provider.

36 For purposes of this section, "managed care health
37 plan or indemnity plan with a limited provider
38 network" means a health maintenance organization,
39 organized delivery system, accountable health plan,
40 health care insurance plan which limits the number
41 health care providers who can provide services under
42 the plan, preferred provider organization, exclusive
43 provider organization, restricted access network, or
44 similar health-care plan.""

45 2. Title page, line 3, by striking the word
46 "physicians" and inserting the following:
47 "providers".

By BRUNKHORST of Bremer

H-5197 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5202

- 1 Amend House File 2298 as follows:
- 2 1. By striking page 1, line 34, through page 2,
- 3 line 5, and inserting the following: "indemnity plan
- 4 with a limited provider network" means an organized
- 5 delivery system. For purposes of this section,".

By METCALF of Polk

H-5202 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5206

- 1 Amend House File 2298 as follows:
- 2 1. Page 2, lines 4 and 5, by striking the words
- 3 "restricted access network, or similar health-care
- 4 plan" and inserting the following: "or restricted
- 5 access network".

By METCALF of Polk

H-5206 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5207

- 1 Amend House File 2298 as follows:
- 2 1. Page 2, by striking lines 5 through 7 and
- 3 inserting the following: "similar health-care plan."

By METCALF of Polk

H-5207 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5208

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 35, by inserting after the word
- 3 "system," the following: "fraternal benefit
- 4 society,".

By METCALF of Polk

H-5208 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5209

1 Amend House File 2298 as follows:

2 1. Page 1, line 5, by striking the word "shall"
3 and inserting the following: "may".

4 2. Page 1, line 9, by striking the words "shall
5 not" and inserting the following: "may".

6 3. Page 1, lines 31 and 32, by striking the words
7 "adopt rules as necessary to administer this
8 paragraph" and inserting the following: "conduct a
9 study for each managed care plan in order to determine
10 if it is capable of serving appropriately the needs of
11 the subscriber population in the service area".

12 4. Page 1, by inserting after line 32 the
13 following:
14 "A plan shall not be implemented until completion
15 of the study of the needs of the subscriber population
16 in the service area. Following completion of a study,
17 the commissioner of insurance shall hold a public
18 hearing for the purpose of allowing commentary by the
19 public on the plan. Following the hearing, the
20 commissioner of insurance shall issue an order
21 regarding the capability of each plan to serve the
22 needs of the service area including the proper
23 concentration and number of providers who shall be a
24 part of the plan. The order shall be issued not more
25 than two weeks following the hearing."

26 5. Page 2, by inserting after line 7 the
27 following:

28 "Sec. ____ There is appropriated to the insurance
29 division of the department of commerce for the fiscal
30 year beginning July 1, 1996, and ending June 30, 1997,
31 the following amount, or so much thereof as may be
32 necessary, for the purpose of carrying out the studies
33 and public hearings as provided for in section
34 514C.11:

35 \$ 500,000".

36 6. Title page, line 3, by inserting after the
37 word "physicians" the following: "and making an
38 appropriation".

By METCALF of Polk

H-5209 FILED MARCH 5, 1996

HOUSE FILE 2298

H-5236

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "_____. Page 1, line 5, by striking the word
6 "shall" and inserting the following: "may".
7 _____. Page 1, line 9, by striking the words "shall
8 not" and inserting the following: "may".
9 _____. Page 1, lines 31 and 32, by striking the
10 words "adopt rules as necessary to administer this
11 paragraph" and inserting the following: "conduct a
12 study for each managed care plan in order to determine
13 if it is capable of serving appropriately the needs of
14 the subscriber population in the service area".
15 _____. Page 1, by inserting after line 32 the
16 following:
17 "A plan shall not be implemented until completion
18 of the study of the needs of the subscriber population
19 in the service area. Following completion of a study,
20 the commissioner of insurance shall hold a public
21 hearing for the purpose of allowing commentary by the
22 public on the plan. Following the hearing, the
23 commissioner of insurance shall issue an order
24 regarding the capability of each plan to serve the
25 needs of the service area including the proper
26 concentration and number of providers who shall be a
27 part of the plan. The order shall be issued not more
28 than two weeks following the hearing."
29 _____. Page 2, by inserting after line 7 the
30 following:
31 "Sec. _____. There is appropriated to the insurance
32 division of the department of commerce for the fiscal
33 year beginning July 1, 1996, and ending June 30, 1997,
34 the following amount, or so much thereof as may be
35 necessary, for the purpose of carrying out the studies
36 and public hearings as provided for in section
37 514C.11:
38 \$ 500,000".
39 _____. Title page, line 3, by inserting after the
40 word "physicians" the following: "and making an
41 appropriation"."

By METCALF of Polk

H-5236 FILED MARCH 7, 1996

HOUSE FILE 2298

H-5242

1 Amend House File 2298 as follows:
2 1. Page 1, line 4, by striking the words and
3 figure "Notwithstanding section 514C.6, a" and
4 inserting the following: "A".
By HALVORSON of Clayton

H-5242 FILED MARCH 7, 1996

HOUSE FILE 2298

H-5243

- 1 Amend House File 2298 as follows:
 - 2 1. Page 1, by striking lines 28 through 32.
- By HALVORSON of Clayton

H-5243 FILED MARCH 7, 1996

HOUSE FILE 2298

H-5244

- 1 Amend House File 2298 as follows:
- 2 1. Page 2, by inserting after line 7 the
- 3 following:
- 4 "Sec. ____ . Section 509.3, subsection 7, Code 1995,
- 5 is amended by striking the subsection.
- 6 Sec. ____ . Section 151.3, Code 1995, is amended by
- 7 adding the following new subsection:
- 8 NEW SUBSECTION. 4. Present satisfactory evidence
- 9 that the applicant has successfully completed one year
- 10 of postgraduate internship or resident training in a
- 11 hospital approved for such training by the board of
- 12 medical examiners established in chapter 147."
- 13 2. By renumbering as necessary.

By HALVORSON of Clayton

H-5244 FILED MARCH 7, 1996

HOUSE FILE 2298

H-5313

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 4, by striking the words
- 3 "Notwithstanding section 514C.6, a" and inserting the
- 4 following: "A".

By LARSON of Linn

H-5313 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5314

- 1 Amend the amendment, H-5102, to House File 2298, as
- 2 follows:
- 3 1. Page 1, line 3, by striking the word "clause."
- 4 and inserting the following: "clause and inserting
- 5 the following:
- 6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.
- 7 A managed care health plan or indemnity plan with a
- 8 limited provider network may limit patient access to
- 9 each type of physician, as defined in section 135.1
- 10 and licensed under chapter 148, 150A, or 151, based
- 11 upon the needs of the plan.
- 12 Access to a specialist may be conditioned upon a
- 13 referral by a provider licensed under chapter 148 or
- 14 150A.""

By LARSON of Linn

H-5314 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5315

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.

7 Notwithstanding section 514C.6, a managed care
8 health plan or indemnity plan with a limited provider
9 network may set credentialling standards for each type
10 of physician, as defined in section 135.1 and licensed
11 under chapter 148, 150A, or 151.

12 Access to a specialist may be subject to a
13 different copayment or deductible than access to a
14 primary care provider."

By LARSON of Linn

H-5315 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5316

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.

7 A managed care health plan or indemnity plan with a
8 limited provider network may set credentialling
9 standards for each type of physician, as defined in
10 section 135.1 and licensed under chapter 148, 150A,
11 and 151.

12 Access to a specialist may be subject to a
13 different copayment or deductible than access to a
14 primary care provider."

By LARSON of Linn

H-5316 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5317

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.
7 Notwithstanding section 514C.6, a managed care
8 health plan or indemnity plan with a limited provider
9 network may limit patient access to each type of
10 physician, as defined in section 135.1 and licensed
11 under chapter 148, 150A, or 151, based upon the needs
12 of the plan.
13 Access to a specialist may be conditioned upon a
14 referral by a provider licensed under chapter 148 or
15 150A. Access to a specialist may be subject to a
16 different copayment or deductible than access to a
17 primary care provider."

By LARSON of Linn

H-5317 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5318

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.
7 A managed care health plan or indemnity plan with a
8 limited provider network may limit patient access to
9 each type of physician, as defined in section 135.1
10 and licensed under chapter 148, 150A, or 151, based
11 upon the needs of the plan.
12 Access to a specialist may be conditioned upon a
13 referral by a provider licensed under chapter 148 or
14 150A. Access to a specialist may be subject to a
15 different copayment or deductible than access to a
16 primary care provider."

By LARSON of Linn

H-5318 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5319

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.
7 Notwithstanding section 514C.6, a managed care
8 health plan or indemnity plan with a limited provider
9 network may limit patient access to each type of
10 physician, as defined in section 135.1 and licensed
11 under chapter 148, 150A, or 151, based upon the needs
12 of the plan.
13 Access to a specialist may be conditioned upon a
14 referral by a provider licensed under chapter 148 or
15 150A."

By LARSON of Linn

H-5319 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5320

1 Amend House File 2298 as follows:
2 1. Page 2, by inserting after line 7 the
3 following:
4 "Sec. ____ . Section 509.3, subsection 7, Code 1995,
5 is amended by striking the subsection."
6 2. Renumber as necessary.

By LARSON of Linn

H-5320 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5321

1 Amend House File 2298 as follows:
2 1. Page 1, by striking lines 28 through 32.

By LARSON of Linn

H-5321 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5322

1 Amend House File 2298 as follows:
2 1. Page 1, by striking lines 7 through 27 and
3 inserting the following: "defined in section 135.1
4 and licensed under chapter 148 or 150A."
5 2. Page 2, line 7, by striking the word and
6 figures ", 150A, or 151" and inserting the following:
7 "or 150A".

By LARSON of Linn

H-5322 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5323

- 1 Amend House File 2298 as follows:
2 1. Page 2, by inserting after line 7 the
3 following:
4 "Sec. ____ . Section 151.3, Code 1995, is amended by
5 adding the following new subsection:
6 NEW SUBSECTION. 4. Present satisfactory evidence
7 that the applicant has successfully completed one year
8 of postgraduate internship or resident training in a
9 hospital approved for such training by the board of
10 medical examiners established in chapter 147.
11 Sec. ____ . Section 509.3, subsection 7, Code 1995,
12 is amended by striking the subsection."
13 2. Renumber as necessary.

By LARSON of Linn

H-5323 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5324

- 1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS.
7 Notwithstanding section 514C.6, a managed care
8 health plan or indemnity plan with a limited provider
9 network may limit patient access to each type of
10 physician, as defined in section 135.1 and licensed
11 under chapter 148, 150A, or 151, based upon the needs
12 of the plan.
13 Sec. 2. Section 509.3, subsection 7, Code 1995, is
14 amended by striking the subsection.""

By LARSON of Linn

H-5324 FILED MARCH 12, 1996

HOUSE FILE 2298

H-5220

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network may provide patients limited access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such access
14 to a physician licensed under chapter 151 shall not be
15 conditioned upon a specific number of visits, but
16 shall be based upon the appropriate medical treatment.
17 If a physician determines that a referral should be
18 made to a physician licensed under another chapter, a
19 managed care health plan or indemnity plan with a
20 limited provider network may require that the referral
21 be made first to a provider designated by the plan.
22 Access to a nonparticipating physician may be
23 restricted or may be subject to different copayments,
24 deductibles, or premium rates, or may be excluded,
25 provided that a plan shall not differentiate or
26 exclude a physician directly or indirectly upon the
27 basis of the license held by the physician.

28 For purposes of this section, "managed care health
29 plan or indemnity plan with a limited provider
30 network" means a health maintenance organization,
31 organized delivery system, accountable health plan,
32 health care insurance plan which limits the number of
33 licensed physicians who can provide services under the
34 plan, preferred provider organization, exclusive
35 provider organization, restricted access network, or
36 similar health-care plan. For purposes of this sec-
37 tion, "physician" means physician as defined in
38 section 135.1 and licensed under chapter 148, 150A, or
39 151."

By MASCHER of Johnson

H-5220 FILED MARCH 6, 1996

HOUSE FILE 2298

H-5465

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148 or 150A. Access to a
14 specialist may be conditioned upon a referral by a
15 primary care provider physician licensed under chapter
16 148 or 150A. Any copayment, deductible, cost
17 containment mechanism, or premium rate shall not
18 discriminate directly or indirectly upon the basis of
19 the license held by the physician. Access to a
20 specialist may be subject to a different copayment or
21 deductible than access to a primary care provider
22 physician. Access to a nonparticipating physician may
23 be restricted or may be subject to different
24 copayments, deductibles, or premium rates, or may be
25 excluded, provided that a plan shall not differentiate
26 or exclude a physician directly or indirectly upon the
27 basis of the license held by the physician.

28 For purposes of this section, "managed care health
29 plan or indemnity plan with a limited provider
30 network" means a health maintenance organization,
31 organized delivery system, accountable health plan,
32 health care insurance plan which limits the number of
33 health care providers who can provide services under
34 the plan, preferred provider organization, exclusive
35 provider organization, restricted access network, or
36 similar health-care plan. For purposes of this
37 section, "physician" means physician as defined in
38 section 135.1 and licensed under chapter 148 or 150A.

39 Sec. 2. Section 509.3, subsection 7, Code 1995, is
40 amended by striking the subsection.

41 Sec. 3. Section 514.7, unnumbered paragraph 4,
42 Code 1995, is amended by striking the paragraph.

43 Sec. 4. Section 514B.1, subsection 5, paragraph d,
44 Code 1995, is amended by striking the paragraph."

By METCALF of Polk

H-5465 FILED MARCH 19, 1996

HOUSE FILE 2298

H-5550

1 Amend the House File 2298 as follows:

2 1. Page 2, by inserting after line 7 the
3 following:

4 "Sec. 101. EFFECTIVE DATE -- STUDY -- CONDITIONAL
5 REPEAL.

6 1. Section 1 of this Act is effective July 1,
7 1997, unless the commissioner of insurance determines
8 through an independent study that the requirements of
9 this Act will affect less than fifteen percent of the
10 Iowa population who have health care coverage pursuant
11 to all managed care plans, indemnity plans, organized
12 delivery systems, self-insured plans, Medicare,
13 medicaid, and any other types of health care coverage
14 that may be available, or if the commissioner
15 determines that as a result of this Act the persons or
16 business entities affected by it will suffer increased
17 health care coverage costs.

18 2. The commissioner of insurance shall conduct an
19 independent study of health care coverage in this
20 state for the purpose of making a determination under
21 subsection 1. The commissioner of insurance shall
22 contract with at least two independent actuarial firms
23 or consulting organizations capable of conducting this
24 study required. The study shall be completed no later
25 than June 1, 1997, and the results of the study shall
26 be certified by the commissioner of insurance to the
27 governor and the secretary of state no later than June
28 15, 1997.

29 3. If the commissioner determines as a result of
30 this study that less than fifteen percent of Iowa's
31 population who have health care coverage are affected
32 by this Act, section 1 of this Act is repealed
33 effective July 1, 1997. If the commissioner
34 determines as a result of this study that businesses
35 or individuals affected by section 1 of this Act will
36 be subject to increased health care coverage costs as
37 a result of this Act, section 1 of this Act is
38 repealed effective July 1, 1997.

39 Sec. 102. There is appropriated from the general
40 fund of the state to the division of insurance of the
41 department of commerce for the fiscal period beginning
42 on the effective date of section 101 and this section
43 of this Act, and ending June 30, 1997, the following
44 amount, or so much thereof as is necessary, for the
45 purpose of conducting the study required by section
46 101 of this Act:

47 \$ 300,000

48 Sec. _____. Sections 101 and 102 of this Act, being
49 deemed of immediate importance, take effect upon
50 enactment."

H-5550

H-5550

Page 2

- 1 2. Title page, line 3, by inserting after the
- 2 word "physicians" the following: ", making an
- 3 appropriation, providing an effective date, and
- 4 providing for a conditional repeal".
- 5 3. By renumbering as necessary.

By METCALF of Polk

H-5550 FILED MARCH 25, 1996

HOUSE FILE 2298

H-5570

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 7, by inserting after the figure
- 3 "148," the following: "150,".
- 4 2. Page 1, line 12, by inserting after the figure
- 5 "148," the following: "150,".
- 6 3. Page 2, line 7, by inserting after the figure
- 7 "148," the following: "150,".

By METCALF of Polk

H-5570 FILED MARCH 25, 1996

HOUSE FILE 2298

H-5603

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 audiologist as defined in section 147.151, each person
15 practicing osteopathy under chapter 150, each
16 acupuncturist registered under chapter 148E, each
17 occupational therapist licensed under chapter 148B,
18 each physician assistant licensed under chapter 148C,
19 each podiatrist licensed under chapter 149, each
20 registered or practical nurse licensed under chapter
21 152, each dietician licensed under chapter 152A, each
22 respiratory care practitioner licensed under chapter
23 152B, each massage therapist licensed under chapter
24 152C, each person engaged in the practice of optometry
25 pursuant to chapter 154, each hearing aid dealer
26 licensed under chapter 154A, each person engaged in
27 the practice of psychology subject to regulation under
28 chapter 154B, each person engaged in the practice of
29 licensed social work subject to regulation under
30 chapter 154C, each marital and family therapist
31 licensed under chapter 154D, and each pharmacist
32 licensed under chapter 155A. Such direct access to a
33 physician licensed under chapter 151 shall not be
34 conditioned upon a referral by a provider licensed
35 under another chapter. Access to a specialist may be
36 conditioned upon a referral by a primary care provider
37 licensed under chapter 148 or 150A, or a primary care
38 provider who is an audiologist as defined in section
39 147.151, a person engaged in the practice of
40 osteopathy under chapter 150, an acupuncturist
41 registered under chapter 148E, an occupational
42 therapist licensed under chapter 148B, a physician
43 assistant licensed under chapter 148C, a podiatrist
44 licensed under chapter 149, a registered or practical
45 nurse licensed under chapter 152, dietician licensed
46 under chapter 152A, a respiratory care practitioner
47 licensed under chapter 152B, a massage therapist
48 licensed under chapter 152C, a person engaged in the
49 practice of optometry pursuant to chapter 154, a
50 hearing aid dealer licensed under chapter 154A, a

H-5603

-1-

H-5603

Page 2

1 person engaged in the practice of psychology and
2 regulated under chapter 154B, a person engaged in the
3 practice of licensed social work and regulated under
4 chapter 154C, a marital and family therapist licensed
5 under chapter 154D, a pharmacist licensed under
6 chapter 155A. If a primary care provider determines
7 that a referral should be made to a provider licensed,
8 registered, or otherwise regulated under another
9 chapter, a managed care health plan or indemnity plan
10 with a limited provider network may require that the
11 referral be made first to a provider designated by the
12 plan. Access to a specialist may be subject to a
13 different copayment or deductible than access to a
14 primary care provider. Access to a nonparticipating
15 provider may be restricted or may be subject to
16 different copayments, deductibles, or premium rates,
17 or may be excluded.

18 For purposes of this section, "managed care health
19 plan or indemnity plan with a limited provider
20 network" means a health maintenance organization,
21 organized delivery system, accountable health plan,
22 health care insurance plan which limits the number of
23 health care providers who can provide services under
24 the plan, preferred provider organization, exclusive
25 provider organization, restricted access network, or
26 similar health-care plan."

27 2. Title page, line 3, by striking the word
28 "physicians" and inserting the following:
29 "providers".

By GRUNDBERG of Polk

H-5603 FILED MARCH 26, 1996

HOUSE FILE 2298

H-5604

1 Amend House File 2298 as follows:

2 1. Page 1, by inserting before line 1 the
3 following:

4 "Section 101. Section 422.7, Code Supplement 1995,
5 is amended by adding the following new subsections:
6 NEW SUBSECTION. 32A. Subtract up to one thousand
7 eight hundred dollars contributed by the individual,
8 the individual's employer, or a public agency, in the
9 aggregate to a family health account for the
10 individual, or up to four thousand two hundred dollars
11 contributed by the individual, the individual's
12 employer, or a public agency, in the aggregate to a
13 family health account for the individual and the
14 individual's spouse and dependents. However, the
15 amount to be subtracted shall be reduced, but not
16 below zero, by the amount of health insurance premiums
17 paid by the taxpayer's employer covering the taxpayer
18 or the taxpayer's spouse or dependent which premiums
19 were not subject to state income tax.

20 NEW SUBSECTION. 32B. Subtract to the extent
21 included, interest earned in the tax year on a family
22 health account unless the interest is withdrawn and
23 not used for any of the approved purposes described in
24 section 505.22, subsection 1, paragraph "f".

25 NEW SUBSECTION. 32C. Add to the extent not
26 included, amounts withdrawn from a family health
27 account which were not used for any of the approved
28 purposes described in section 505.22, subsection 1,
29 paragraph "f", and which represent tax benefits
30 previously taken by the individual.

31 NEW SUBSECTION. 32D. Subtract the amount of
32 premiums paid by the taxpayer for the renewal of a
33 long-term care insurance policy or contract certified
34 by the division of insurance pursuant to chapter 249G
35 which covers the taxpayer, taxpayer's spouse, or
36 dependent children. The taxpayer may elect to take
37 for premiums paid during the tax year the deduction
38 authorized by this subsection or the credit under
39 section 422.11 to the extent the premiums have not
40 been deducted in subsection 32 of this section.

41 Sec. 102. NEW SECTION. 422.11 LONG-TERM CARE
42 INSURANCE CREDIT.

43 The tax imposed under this division, less the
44 credits allowed under sections 422.11A, 422.11B,
45 422.11C, 422.12, and 422.12B, shall be reduced by a
46 long-term care insurance credit. The amount of the
47 credit is equal to the first one hundred dollars paid
48 in premiums by the taxpayer during the tax year for
49 the renewal of a long-term care insurance policy or
50 contract certified by the division of insurance

H-5604

H-5604

Page 2

1 pursuant to chapter 249G which covers the taxpayer,
2 taxpayer's spouse, or dependent children. Any amounts
3 paid in premiums for long-term coverage that are
4 claimed as a credit shall not be deducted as a medical
5 expense under section 422.9, subsection 2, or as
6 health insurance costs of self-employed individuals
7 under section 162(1) of the Internal Revenue Code. A
8 credit under this section for the premiums paid in the
9 tax year may not be taken if the taxpayer takes a
10 deduction under section 422.7, subsection 32D, for
11 those premiums.

12 Any credit in excess of the tax liability for the
13 tax year is refundable. In lieu of claiming a refund,
14 the taxpayer may elect to have the overpayment shown
15 on the taxpayer's final, completed return credited to
16 the tax liability for the following tax year.

17 Sec. 103. NEW SECTION. 505.23 FAMILY HEALTH
18 ACCOUNT AUTHORIZED.

19 1. A financial instrument known as the family
20 health account is established. A family health
21 account shall have all of the following
22 characteristics:

23 a. The account is kept in the name of the
24 individual, the individual's spouse, or the
25 individual's dependent.

26 b. Deposits of up to one thousand eight hundred
27 dollars for an individual and four thousand two
28 hundred dollars for an individual and the individual's
29 spouse or dependents can be made to the family health
30 account in the year.

31 c. The account earns income or interest.

32 d. In the case of death of an individual with a
33 family health account, the balance may be transferred
34 to the account of the spouse or dependent or an
35 account may be set up for the spouse or dependent.
36 The balance of an individual's family health account
37 that transfers to the spouse or dependent at the time
38 of death is not subject to the state inheritance tax.

39 e. A family health account may be used for any of
40 the following purposes and payments from the account
41 are restricted to the following:

42 (1) To receive subsidies from the state or federal
43 government to assure access to health insurance or
44 health care.

45 (2) To receive contributions from employers and
46 others on a tax-exempt basis to the extent otherwise
47 permitted by state or federal income tax law.

48 (3) To receive deposits of pretax income to
49 provide a savings vehicle for future insurance
50 premium, copayment, and deductible requirements.

H-5604

-2-

H-5604

Page 3

- 1 (4) To accrue interest income on a tax-exempt or
2 tax-deferred basis to the extent otherwise permitted
3 by state or federal income tax law.
- 4 (5) To purchase a private health plan from an
5 insurer, health maintenance organization, or organized
6 delivery system authorized to do business in Iowa,
7 either directly or through a health insurance
8 purchasing cooperative.
- 9 (6) To participate in an employer-sponsored health
10 benefit plan.
- 11 (7) To exercise rights through an employer-
12 sponsored health benefit plan provided under the
13 federal Consolidated Omnibus Budget Reconciliation Act
14 of 1986.
- 15 (8) To make payments to health care providers
16 necessary to satisfy copayment or deductible
17 requirements under a health plan.
- 18 (9) To make payments to licensed health care
19 providers.
- 20 (10) To make payments for necessary and
21 appropriate long-term care services, and long-term
22 care insurance coverage approved by the commissioner.
- 23 f. Amounts withdrawn for any of the following
24 approved purposes do not result in income to the
25 holder of a family health account:
- 26 Payment of costs identified under paragraph "e",
27 subparagraphs (5), (6), (7), (8), (9), and (10), for
28 the individual, the individual's spouse, and the
29 individual's dependents to the extent that the
30 expenditures qualify for the deduction for medical
31 care under section 213(a) of the Internal Revenue Code
32 without regard to whether the expenditures exceed
33 seven and one-half percent of the individual's federal
34 adjusted gross income. However, any expenditure for
35 an approved purpose which is paid from the family
36 health account shall not be deducted as a medical
37 expense under section 422.9, subsection 2, as health
38 insurance costs of self-employed individuals under
39 section 162(1) of the Internal Revenue Code, or as
40 costs of health benefits coverage or insurance under
41 section 422.7, subsection 32.
- 42 g. A financial institution holding a family health
43 account shall make an annual report to the department
44 of revenue and finance on contributions and
45 withdrawals to the account in the year pursuant to
46 rules of the department.
- 47 h. A financial institution administering a family
48 health account shall be able to process claims against
49 the account electronically subject to reasonable terms
50 and conditions as determined by the insurance division

H-5604

-3-

H-5604

Page 4

1 and consistent with the requirements of the community
2 health management information system.

3 i. If an individual makes a withdrawal from the
4 individual's family health account in the tax year and
5 the withdrawal is not for one of the purposes
6 described in paragraph "f", a civil penalty of ten
7 percent shall be imposed on the amount withdrawn
8 pursuant to rules of the department.

9 2. As a condition of maintaining a family health
10 account the individual or family must secure and
11 maintain a health benefit plan. The plan must provide
12 for copayments, deductibles, or out-of-pocket maximums
13 consistent with the average balance of the family
14 health account.

15 3. As used in this section, unless the context
16 otherwise requires:

17 a. "Account holder" means an individual for whose
18 benefit a family health account is established.

19 b. "Dependent" means the same as defined in
20 section 152 of the Internal Revenue Code.

21 c. "Financial institution" means a private
22 insurer, health maintenance organization, organized
23 delivery system, health insurance purchasing
24 cooperative, or a financial institution approved by
25 the insurance division as an investment mechanism for
26 family health accounts and licensed to do business in
27 this state.

28 d. "Internal Revenue Code" means the same as
29 defined in section 422.3.

30 Sec. ____ . FAMILY HEALTH ACCOUNTS -- STATE PILOT
31 PROJECT.

32 1. The department of personnel may develop and
33 implement a pilot project making the provisions of a
34 family health account, in accordance with section 103
35 of this Act, available to employees of the state. The
36 family health account shall be available to an
37 employee participating in the pilot project in lieu of
38 state group health insurance available to the employee
39 under chapter 509A.

40 2. In addition to the family health account
41 provisions under section 103 of this Act, the
42 department shall consider and include as part of the
43 pilot project any of the following provisions deemed
44 prudent by the department:

45 a. Providing an opportunity for the employee to
46 buy into a state group insurance plan under chapter
47 509A from the employee's family health account.

48 b. Providing catastrophic loss coverage.

49 c. Allowing the account to be used for preventive
50 health purchases such as fitness, smoking cessation,

H-5604

H-5604

Page 5

1 and weight loss classes.

2 d. Providing options for those ancillary health
3 purchases available under the state's group health
4 insurance plans, including but not limited to
5 purchases of prescription drugs, vision care, and
6 dental care.

7 3. If the department decides to develop and
8 implement a pilot project, the department shall
9 implement the pilot project beginning January 1, 1997,
10 and the department shall present the pilot project
11 design on or before October 1, 1996, to the fiscal
12 committee of the legislative council."

13 2. Page 2, by inserting after line 7 the
14 following:

15 "Sec. _____. Sections 101, 102, and 103 of this Act
16 take effect January 1, 1997, for tax years beginning
17 on or after that date."

18 3. Title page, line 3, by inserting after the
19 word "physicians" the following: ", establishing
20 family health accounts, and providing applicability
21 and effective date provisions".

By HALVORSON of Clayton

H-5604 FILED MARCH 26, 1996

HOUSE FILE 2298

H-5622

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. PATIENT ACCESS TO TYPES OF PHYSICIANS
7 AND PROVIDERS UNDER MANAGED CARE HEALTH PLAN OR
8 INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK --
9 LEGISLATIVE STUDY.

10 1. The legislative council is requested to
11 establish an interim committee to conduct a study
12 relating to patient access to providers under managed
13 care plans or indemnity plans with limited provider
14 networks. The study shall address the following
15 issues:

16 a. The financial and organizational impact upon
17 managed care plans resulting from direct access to
18 each type of physician licensed under chapters 148,
19 150A, and 151, and to each type of medical provider
20 licensed pursuant to Title IV, subtitle 3.

21 b. The financial impact upon business
22 organizations who sponsor or participate in managed
23 care plans.

24 c. The financial impact upon subscribers or
25 members of managed care plans.

26 d. The impact upon administrators, organizers, and
27 third-party payers who participate in such plans.

28 e. Alternative reactions anticipated by business
29 organizations if health care costs increase as a
30 result of providing direct access to medical
31 providers, such as reduction of insurance coverages,
32 dropping retirees from coverage or limiting such
33 coverage, or encouraging more Medicare or medicaid
34 beneficiaries to join health maintenance
35 organizations.

36 f. The impact and effect of the federal Employee
37 Retirement Income Security Act upon insurance plans
38 and programs and the likelihood of businesses becoming
39 self-insured under the provisions of that Act and
40 thereby avoiding state legislative or regulatory
41 oversight.

42 g. The impact upon Medicare and medicaid
43 beneficiaries as well as persons who are subscribers
44 or members of public health coverage plans.

45 h. The feasibility of the commissioner of
46 insurance regulating organized delivery systems and
47 preferred provider organizations.

48 i. Such additional information and issues as
49 deemed appropriate by the legislative council.

50 2. Membership on the committee is requested to be

H-5622

-1-

H-5622

Page 2

1 composed of legislators representing both houses of
 2 the general assembly and both political parties. The
 3 legislative council shall contract with an independent
 4 actuary or consulting firm to assist in completing the
 5 study and shall provide funds to conduct the study
 6 from moneys available to the legislative council
 7 pursuant to section 2.12. In conducting the study,
 8 the legislative council may appoint advisory members
 9 from the business community, health care providers,
 10 and the insurance industry to assist the committee or
 11 may call upon representatives of these interests to
 12 provide information to the committee.

13 3. The committee shall provide periodic reports as
 14 deemed necessary by the council and submit a final
 15 report and recommendations to the general assembly not
 16 later than March 1, 1997."

17 _____. Title page, line 1, by inserting after the
 18 word "Act" the following: "establishing a study".

19 _____. Title page, line 3, by striking the word
 20 "physicians" and inserting the following:
 21 "providers".

By JACOBS of Polk

METCALF of Polk

CARROLL of Poweshiek

CHURCHILL of Polk

HALVORSON of Clayton

GRUNDBERG of Polk

H-5622 FILED MARCH 26, 1996

HOUSE FILE 2298

H-5686

1 Amend House File 2298 as follows:

2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each person engaged in
4 the practice of licensed social work subject to
5 regulation under chapter 154C".

6 2. Page 1, line 13, by inserting after the figure
7 "151" the following: ", or by a person engaged in the
8 practice of licensed social work subject to regulation
9 under chapter 154C".

By METCALF of Polk

H-5686 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5687

1 Amend House File 2298 as follows:

2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each person engaged in
4 the practice of psychology subject to regulation under
5 chapter 154B".

6 2. Page 1, line 13, by inserting after the figure
7 "151" the following: ", or by a person engaged in the
8 practice of psychology subject to regulation under
9 chapter 154B".

10 3. Page 2, line 7, by inserting after the figure
11 "151" the following: ", and a person engaged in the
12 practice of psychology subject to regulation under
13 chapter 154B".

By METCALF of Polk

H-5687 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5688

1 Amend House File 2298 as follows:

2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each registered or
4 practical nurse licensed under chapter 152".

5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a registered or
7 practical nurse licensed under chapter 152".

By METCALF of Polk

H-5688 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5689

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each podiatrist
4 licensed under chapter 149".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a podiatrist licensed
7 under chapter 149".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and a podiatrist licensed
10 under chapter 149".

By METCALF of Polk

H-5689 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5690

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each respiratory care
4 practitioner licensed under chapter 152B".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a respiratory care
7 practitioner licensed under chapter 152B".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and a respiratory care
10 practitioner licensed under chapter 152B".

By METCALF of Polk

H-5690 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5691

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each marital and
4 family therapist licensed under chapter 154D".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a marital and family
7 therapist licensed under chapter 154D".

By METCALF of Polk

H-5691 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5692

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each hearing aid
4 dealer licensed under chapter 154A".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a hearing aid dealer
7 licensed under chapter 154A".

By METCALF of Polk

H-5692 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5693

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each massage therapist
4 licensed under chapter 152C".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a massage therapist
7 licensed under chapter 152C".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and a massage therapist
10 licensed under chapter 152C".

By METCALF of Polk

H-5693 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5694

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each occupational
4 therapist licensed under chapter 148B".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by an occupational
7 therapist licensed under chapter 148B".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and an occupational therapist
10 licensed under chapter 148B".

By METCALF of Polk

H-5694 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5695

- 1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each audiologist as
4 defined in section 147.151".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by an audiologist as
7 defined in section 147.151".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and an audiologist as defined
10 in section 147.151".

By METCALF of Polk

H-5695 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5729

- 1 Amend House File 2298 as follows:
2 1. Title page, by striking the enacting clause.

By JACOBS of Polk

H-5729 FILED MARCH 28, 1996

HOUSE FILE 2298

H-5672

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:
6 "Section 1. Section 135.1, subsection 4, Code
7 Supplement 1995, is amended to read as follows:
8 4. "Physician" means a person licensed to practice
9 medicine and surgery, osteopathic medicine and
10 surgery, osteopathy, chiropractic, or podiatry under
11 the laws of this state; but a person licensed as a
12 physician and surgeon shall be designated as a
13 "physician" or "surgeon", a person licensed as an
14 osteopathic physician and surgeon shall be designated
15 as an "osteopathic physician" or "osteopathic
16 surgeon", a person licensed as an osteopath shall be
17 designated as an "osteopathic physician", a person
18 licensed as a chiropractor shall be designated as a
19 "chiropractor", and a person licensed as a podiatrist
20 shall be designated as a "podiatric physician", and a
21 person licensed as an optometrist shall be designated
22 as an "optometrist".
23 Sec. 2. NEW SECTION. 514C.11 PATIENT ACCESS.
24 Notwithstanding section 514C.6, a managed care
25 health plan or indemnity plan with a limited provider
26 network may limit patient access to each type of
27 physician, as defined in section 135.1 and licensed
28 under chapter 148, 150A, or 151, based upon the needs
29 of the plan.
30 Access to a specialist may be conditioned upon a
31 referral by a provider licensed under chapter 148 or
32 150A."

By JACOBS of Polk

H-5672 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5685

1 Amend House File 2298 as follows:
2 1. Page 1, line 8, by inserting after the figure
3 "151" the following: ", and to each pharmacist
4 licensed under chapter 155A".
5 2. Page 1, line 13, by inserting after the figure
6 "151" the following: ", or by a pharmacist licensed
7 under chapter 155A".
8 3. Page 2, line 7, by inserting after the figure
9 "151" the following: ", and a pharmacist licensed
10 under chapter 155A".

By METCALF of Polk

H-5685 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5696

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 8, by inserting after the figure
- 3 "151" the following: ", and to each acupuncturist
- 4 registered under chapter 148E".
- 5 2. Page 1, line 13, by inserting after the figure
- 6 "151" the following: ", or by an acupuncturist
- 7 registered under chapter 148E".
- 8 3. Page 2, line 7, by inserting after the figure
- 9 "151" the following: ", and an acupuncturist
- 10 registered under chapter 148E".

By METCALF of Polk

H-5696 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5697

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 8, by inserting after the figure
- 3 "151" the following: ", and to each dietitian
- 4 licensed under chapter 152A".
- 5 2. Page 1, line 13, by inserting after the figure
- 6 "151" the following: ", or by a dietitian licensed
- 7 under chapter 152A".
- 8 3. Page 2, line 7, by inserting after the figure
- 9 "151" the following: ", and a dietitian licensed
- 10 under chapter 152A".

By METCALF of Polk

H-5697 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5671

- 1 Amend the amendment, H-5102, to House File 2298, as
- 2 follows:
- 3 1. Page 1, by inserting before line 1 the
- 4 following:
- 5 "Section 1. Section 135.1, subsection 4, Code
- 6 Supplement 1995, is amended to read as follows:
- 7 4. "Physician" means a person licensed to practice
- 8 medicine and surgery, osteopathic medicine and
- 9 surgery, osteopathy, chiropractic, or podiatry under
- 10 the laws of this state; but a person licensed as a
- 11 physician and surgeon shall be designated as a
- 12 "physician" or "surgeon", a person licensed as an
- 13 osteopathic physician and surgeon shall be designated
- 14 as an "osteopathic physician" or "osteopathic
- 15 surgeon", a person licensed as an osteopath shall be
- 16 designated as an "osteopathic physician", a person
- 17 licensed as a chiropractor shall be designated as a
- 18 "chiropractor", and a person licensed as a podiatrist
- 19 shall be designated as a "podiatric physician", and a
- 20 person licensed as an optometrist shall be designated
- 21 as an "optometrist"."
- 22 2. By renumbering as necessary.

By JACOBS of Polk

H-5671 FILED MARCH 27, 1996

HOUSE FILE 2298

H-5772

1 Amend House File 2298 as follows:

2 1. Page 1, by inserting before line 1 the
3 following:

4 "Sec. ____ . Section 135.1, subsection 4, Code
5 Supplement 1995, is amended to read as follows:

6 4. "Physician" means a person licensed to practice
7 medicine and surgery, osteopathic medicine and
8 surgery, osteopathy, chiropractic, ~~or~~ podiatry, or
9 optometry under the laws of this state; but a person
10 licensed as a physician and surgeon shall be
11 designated as a "physician" or "surgeon", a person
12 licensed as an osteopathic physician and surgeon shall
13 be designated as an "osteopathic physician" or
14 "osteopathic surgeon", a person licensed as an
15 osteopath shall be designated as an "osteopathic
16 physician", a person licensed as a chiropractor shall
17 be designated as a "chiropractor", and a person
18 licensed as a podiatrist shall be designated as a
19 "podiatric physician", and a person licensed as an
20 optometrist shall be designated as an "optometrist"."

21 2. By striking page 1, line 1, through page 2,
22 line 7, and inserting the following:

23 "Sec. ____ . NEW SECTION. 514C.11 PATIENT ACCESS
24 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
25 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

26 Notwithstanding section 514C.6, a managed care
27 health plan or indemnity plan with a limited provider
28 network shall provide patients direct access to each
29 type of physician, as defined in section 135.1 and
30 licensed under chapter 148, 150A, 151, or 154. Such
31 direct access to a physician licensed under chapter
32 151 or 154 shall not be conditioned upon a referral by
33 a provider licensed under another chapter. Access to
34 a specialist may be conditioned upon a referral by a
35 primary care provider physician licensed under chapter
36 148, 150A, 151, or 154. If a physician licensed under
37 chapter 151 or 154 determines that a referral should
38 be made to a physician licensed under another chapter,
39 a managed care health plan or indemnity plan with a
40 limited provider network may require that the referral
41 be made first to a provider designated by the plan.
42 Any copayment deductible, cost containment mechanism,
43 or premium rate shall not discriminate directly or
44 indirectly upon the basis of the license held by the
45 physician. Access to a specialist may be subject to a
46 different copayment or deductible than access to a
47 primary care provider. Access to a nonparticipating
48 physician may be restricted or may be subject to
49 different copayments, deductibles, or premium rates,
50 or may be excluded, provided that a plan shall not

H-5772

H-5772

Page 2

1 differentiate or exclude a physician directly or
2 indirectly upon the basis of the license held by the
3 physician.
4 Each plan must demonstrate that it is capable of
5 serving appropriately the needs of the subscriber
6 population in the service area of the plan with regard
7 to patient access to each type of physician. The
8 commissioner of insurance shall adopt rules as
9 necessary to administer this paragraph.
10 For purposes of this section, "managed care health
11 plan or indemnity plan with a limited provider
12 network" means a health maintenance organization,
13 organized delivery system, accountable health plan,
14 health care insurance plan which limits the number of
15 licensed physicians who can provide services under the
16 plan, preferred provider organization, exclusive
17 provider organization, restricted access network, or
18 similar health-care plan. For purposes of this
19 section, "physician" means physician as defined in
20 section 135.1 and licensed under chapter 148, 150A,
21 151, or 154."
22 3. By renumbering as necessary.

By JACOBS of Polk

H-5772 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5770

1 Amend the amendment, H-5129, to House File 2298 as
2 follows:
3 1. Page 1, by striking line 35 and inserting the
4 following: "including an obstetrician and
5 gynecologist, 150A, or 151, or may be conditioned upon
6 a referral by a primary care provider who is an".

By GRUNDBERG of Polk

H-5770 FILED APRIL 1, 1996

Lost 4/2/96 (p. 13/16)

HOUSE FILE 2298

H-5771

1 Amend the amendment, H-5129, to House File 2298 as
2 follows:
3 1. Page 1, by striking line 35 and inserting the
4 following: "including an orthopedic surgeon, 150A, or
5 151, or may be conditioned upon a referral by a
6 primary care provider who is an".

By GRUNDBERG of Polk

H-5771 FILED APRIL 1, 1996

Lost 4/2/96 (p. 13/16)

HOUSE FILE 2298

H-5773

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:

5 "_____. Page 1, by inserting before line 1 the
6 following:

7 "Sec. _____. Section 135.1, subsection 4, Code
8 Supplement 1995, is amended to read as follows:

9 4. "Physician" means a person licensed to practice
10 medicine and surgery, osteopathic medicine and
11 surgery, osteopathy, chiropractic, ~~or~~ podiatry, or
12 optometry under the laws of this state; but a person
13 licensed as a physician and surgeon shall be
14 designated as a "physician" or "surgeon", a person
15 licensed as an osteopathic physician and surgeon shall
16 be designated as an "osteopathic physician" or
17 "osteopathic surgeon", a person licensed as an
18 osteopath shall be designated as an "osteopathic
19 physician", a person licensed as a chiropractor shall
20 be designated as a "chiropractor", and a person
21 licensed as a podiatrist shall be designated as a
22 "podiatric physician", and a person licensed as an
23 optometrist shall be designated as an "optometrist"."

24 _____. By striking page 1, line 1, through page 2,
25 line 7, and inserting the following:

26 "Sec. _____. NEW SECTION. 514C.11 PATIENT ACCESS
27 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
28 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

29 Notwithstanding section 514C.6, a managed care
30 health plan or indemnity plan with a limited provider
31 network shall provide patients direct access to each
32 type of physician, as defined in section 135.1 and
33 licensed under chapter 148, 150A, 151, or 154. Such
34 direct access to a physician licensed under chapter
35 151 or 154 shall not be conditioned upon a referral by
36 a provider licensed under another chapter. Access to
37 a specialist may be conditioned upon a referral by a
38 primary care provider physician licensed under chapter
39 148, 150A, 151, or 154. If a physician licensed under
40 chapter 151 or 154 determines that a referral should
41 be made to a physician licensed under another chapter,
42 a managed care health plan or indemnity plan with a
43 limited provider network may require that the referral
44 be made first to a provider designated by the plan.
45 Any copayment deductible, cost containment mechanism,
46 or premium rate shall not discriminate directly or
47 indirectly upon the basis of the license held by the
48 physician. Access to a specialist may be subject to a
49 different copayment or deductible than access to a
50 primary care provider. Access to a nonparticipating

H-5773

H-5773

Page 2

1 physician may be restricted or may be subject to
2 different copayments, deductibles, or premium rates,
3 or may be excluded, provided that a plan shall not
4 differentiate or exclude a physician directly or
5 indirectly upon the basis of the license held by the
6 physician.

7 Each plan must demonstrate that it is capable of
8 serving appropriately the needs of the subscriber
9 population in the service area of the plan with regard
10 to patient access to each type of physician. The
11 commissioner of insurance shall adopt rules as
12 necessary to administer this paragraph.

13 For purposes of this section, "managed care health
14 plan or indemnity plan with a limited provider
15 network" means a health maintenance organization,
16 organized delivery system, accountable health plan,
17 health care insurance plan which limits the number of
18 licensed physicians who can provide services under the
19 plan, preferred provider organization, exclusive
20 provider organization, restricted access network, or
21 similar health-care plan. For purposes of this
22 section, "physician" means physician as defined in
23 section 135.1 and licensed under chapter 148, 150A,
24 151, or 154."

25 2. By renumbering as necessary.

By JACOBS of Polk

H-5773 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5774

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, including an orthopedic surgeon, 150A, or 151.
20 If a physician licensed under chapter 151 determines
21 that a referral should be made to a physician licensed
22 under another chapter, a managed care health plan or
23 indemnity plan with a limited provider network may
24 require that the referral be made first to a provider
25 designated by the plan. Any copayment deductible,
26 cost containment mechanism, or premium rate shall not
27 discriminate directly or indirectly upon the basis of
28 the license held by the physician. Access to a
29 specialist may be subject to a different copayment or
30 deductible than access to a primary care provider.
31 Access to a nonparticipating physician may be
32 restricted or may be subject to different copayments,
33 deductibles, or premium rates, or may be excluded,
34 provided that a plan shall not differentiate or
35 exclude a physician directly or indirectly upon the
36 basis of the license held by the physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

H-5774

H-5774

Page 2

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 150A, or
4 151."

By GRUNDBERG of Polk

H-5774 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5744

1 Amend House File 2298 as follows:
2 1. Page 1, line 18, by striking the word
3 "copayment" and inserting the following:
4 "copayment,".

By BODDICKER of Cedar

H-5744 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5767

1 Amend House File 2298 as follows:
2 1. Page 1, by striking lines 6 through 9 and
3 inserting the following: "provide patients direct
4 access to each type of physician. Such direct access
5 to a chiropractic physician shall not be conditioned
6 upon a referral by a".

By DISNEY of Polk

H-5767 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5768

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 2, by inserting after line 7 the
6 following:
7 "Sec. ____ . REPEAL. This Act is repealed effective
8 June 30, 1997."
9 2. By renumbering as necessary.

By DISNEY of Polk

H-5768 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5769

1 Amend House File 2298 as follows:
2 1. Page 2, by inserting after line 7 the
3 following:
4 "Sec. ____ . REPEAL. This Act is repealed effective
5 June 30, 1997."
6 2. By renumbering as necessary.

By DISNEY of Polk

H-5769 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5775

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, including an obstetrician and gynecologist, 150A,
20 or 151. If a physician licensed under chapter 151
21 determines that a referral should be made to a
22 physician licensed under another chapter, a managed
23 care health plan or indemnity plan with a limited
24 provider network may require that the referral be made
25 first to a provider designated by the plan. Any
26 copayment deductible, cost containment mechanism, or
27 premium rate shall not discriminate directly or
28 indirectly upon the basis of the license held by the
29 physician. Access to a specialist may be subject to a
30 different copayment or deductible than access to a
31 primary care provider. Access to a nonparticipating
32 physician may be restricted or may be subject to
33 different copayments, deductibles, or premium rates,
34 or may be excluded, provided that a plan shall not
35 differentiate or exclude a physician directly or
36 indirectly upon the basis of the license held by the
37 physician.

38 Each plan must demonstrate that it is capable of
39 serving appropriately the needs of the subscriber
40 population in the service area of the plan with regard
41 to patient access to each type of physician. The
42 commissioner of insurance shall adopt rules as
43 necessary to administer this paragraph.

44 For purposes of this section, "managed care health
45 plan or indemnity plan with a limited provider
46 network" means a health maintenance organization,
47 organized delivery system, accountable health plan,
48 health care insurance plan which limits the number of
49 licensed physicians who can provide services under the
50 plan, preferred provider organization, exclusive

H-5775

-1-

H-5775

Page 2

1 provider organization, restricted access network, or
2 similar health-care plan. For purposes of this
3 section, "physician" means physician as defined in
4 section 135.1 and licensed under chapter 148, 150A, or
5 151."

By GRUNDBERG of Polk

H-5775 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5780

1 Amend House File 2298 as follows:
2 1. Page 1, line 12, by inserting after the figure
3 "148," the following: "including an obstetrician and
4 gynecologist,".

By GRUNDBERG of Polk

H-5780 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5781

1 Amend the amendment, H-5129, to House File 2298 as
2 follows:
3 1. Page 1, by striking line 35 and inserting the
4 following: "including a pediatrician, 150A, or 151,
5 or may be conditioned upon a referral by a primary
6 care provider who is an".

By GRUNDBERG of Polk

H-5781 FILED APRIL 1, 1996

Just 4/2/96 (p. 1317)

HOUSE FILE 2298

H-5782

1 Amend House File 2298 as follows:
2 1. Page 1, line 12, by inserting after the figure
3 "148," the following: "including a pediatrician,".

By GRUNDBERG of Polk

H-5782 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5778

1 Amend House File 2298, as follows:

2 1. Page 1, by inserting before line 1 the
3 following:4 "Section 1. Section 135.1, subsection 4, Code
5 Supplement 1995, is amended to read as follows:6 4. "Physician" means a person licensed to practice
7 medicine and surgery, osteopathic medicine and
8 surgery, osteopathy, chiropractic, or podiatry, or
9 optometry under the laws of this state; but a person
10 licensed as a physician and surgeon shall be
11 designated as a "physician" or "surgeon", a person
12 licensed as an osteopathic physician and surgeon shall
13 be designated as an "osteopathic physician" or
14 "osteopathic surgeon", a person licensed as an
15 osteopath shall be designated as an "osteopathic
16 physician", a person licensed as a chiropractor shall
17 be designated as a "chiropractor", and a person
18 licensed as a podiatrist shall be designated as a
19 "podiatric physician", and a person licensed as an
20 optometrist shall be designated as an "optometrist"."21 2. Page 1, line 8, by striking the word and
22 figure "or 151" and inserting the following: "151, or
23 154".24 3. Page 1, line 9, by inserting after the figure
25 "151" the following: "or 154".26 4. Page 1, lines 12 and 13, by striking the word
27 and figure "or 151" and inserting the following:
28 "151, or 154".29 5. Page 1, line 13, by inserting after the word
30 and figure "chapter 151" the following: "or 154".31 6. Page 2, line 7, by striking the word and
32 figure "or 151" and inserting the following: "151, or
33 154".

34 7. By renumbering as necessary.

By JACOBS of Polk

H-5778 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5779

1 Amend House File 2298 as follows:

2 1. Page 1, line 12, by inserting after the figure
3 "148," the following: "including an orthopedic
4 surgeon,".

By GRUNDBERG of Polk

H-5779 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5795

1 Amend the amendment, H-5129, to House File 2298, as
2 follows:

3 1. Page 2, line 35, by inserting after the word
4 "plan." the following: "For purposes of this section,
5 "primary care provider" means, in addition to any
6 other primary care physician, an orthopedic surgeon."
By GRUNDBERG of Polk

H-5795 FILED APRIL 1, 1996

Test 4/2/96 (p. 1318)

HOUSE FILE 2298

H-5776

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, including a pediatrician, 150A, or 151. If a
20 physician licensed under chapter 151 determines that a
21 referral should be made to a physician licensed under
22 another chapter, a managed care health plan or
23 indemnity plan with a limited provider network may
24 require that the referral be made first to a provider
25 designated by the plan. Any copayment deductible,
26 cost containment mechanism, or premium rate shall not
27 discriminate directly or indirectly upon the basis of
28 the license held by the physician. Access to a
29 specialist may be subject to a different copayment or
30 deductible than access to a primary care provider.
31 Access to a nonparticipating physician may be
32 restricted or may be subject to different copayments,
33 deductibles, or premium rates, or may be excluded,
34 provided that a plan shall not differentiate or
35 exclude a physician directly or indirectly upon the
36 basis of the license held by the physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

H-5776

H-5776

Page 2

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 150A, or
4 151."

By GRUNDBERG of Polk

H-5776 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5777

1 Amend House File 2298 as follows:

2 1. Page 1, line 10, by inserting after the word
3 "chapter." the following: "Such direct access to a
4 physician licensed under chapter 151 may be limited to
5 such a physician who limits the physician's practice
6 to the treatment of human ailments by the adjustment
7 of the musculoskeletal structures, primarily spinal
8 adjustments by hand, or by other procedures incidental
9 to such adjustments limited to heat, cold, exercise,
10 and supports, the principles of which chiropractors
11 are subject to examination under chapter 151, but not
12 as independent therapeutic means."

By METCALF of Polk

H-5777 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5786

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151, and to each
14 audiologist as defined in section 147.151, each person
15 practicing osteopathy under chapter 150, each
16 acupuncturist registered under chapter 148E, each
17 physical therapist licensed under chapter 148A, each
18 occupational therapist licensed under chapter 148B,
19 each physician assistant licensed under chapter 148C,
20 each podiatrist licensed under chapter 149, each
21 registered or practical nurse licensed under chapter
22 152, each dietician licensed under chapter 152A, each
23 respiratory care practitioner licensed under chapter
24 152B, each massage therapist licensed under chapter
25 152C, each person engaged in the practice of optometry
26 pursuant to chapter 154, each hearing aid dealer
27 licensed under chapter 154A, each person engaged in
28 the practice of psychology subject to regulation under
29 chapter 154B, each person engaged in the practice of
30 licensed social work subject to regulation under
31 chapter 154C, each marital and family therapist
32 licensed under chapter 154D, and each pharmacist
33 licensed under chapter 155A. Such direct access to a
34 physician licensed under chapter 151 shall not be
35 conditioned upon a referral by a provider licensed
36 under another chapter. Access to a specialist may be
37 conditioned upon a referral by a primary care provider
38 licensed under chapter 148 or 150A, or a primary care
39 provider who is an audiologist as defined in section
40 147.151, a person engaged in the practice of
41 osteopathy under chapter 150, an acupuncturist
42 registered under chapter 148E, a physical therapist
43 licensed under chapter 148A, an occupational therapist
44 licensed under chapter 148B, a physician assistant
45 licensed under chapter 148C, a podiatrist licensed
46 under chapter 149, a registered or practical nurse
47 licensed under chapter 152, dietician licensed under
48 chapter 152A, a respiratory care practitioner licensed
49 under chapter 152B, a massage therapist licensed under
50 chapter 152C, a person engaged in the practice of

H-5786

H-5786

Page 2

1 optometry pursuant to chapter 154, a hearing aid
 2 dealer licensed under chapter 154A, a person engaged
 3 in the practice of psychology and regulated under
 4 chapter 154B, a person engaged in the practice of
 5 licensed social work and regulated under chapter 154C,
 6 a marital and family therapist licensed under chapter
 7 154D, a pharmacist licensed under chapter 155A. If a
 8 primary care provider determines that a referral
 9 should be made to a provider licensed, registered, or
 10 otherwise regulated under another chapter, a managed
 11 care health plan or indemnity plan with a limited
 12 provider network may require that the referral be made
 13 first to a provider designated by the plan. Access to
 14 a specialist may be subject to a different copayment
 15 or deductible than access to a primary care provider.
 16 Access to a nonparticipating provider may be
 17 restricted or may be subject to different copayments,
 18 deductibles, or premium rates, or may be excluded.

19 For purposes of this section, "managed care health
 20 plan or indemnity plan with a limited provider
 21 network" means a health maintenance organization,
 22 organized delivery system, accountable health plan,
 23 health care insurance plan which limits the number of
 24 health care providers who can provide services under
 25 the plan, preferred provider organization, exclusive
 26 provider organization, restricted access network, or
 27 similar health-care plan."

28 2. Title page, line 3, by striking the word
 29 "physicians" and inserting the following:
 30 "providers".

By GRUNDBERG of Polk

H-5786 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5793

1 Amend House File 2298 as follows:
 2 1. Page 2, line 7, by inserting after the figure
 3 "151." the following: "For purposes of this section,
 4 "primary care provider physician" means, in addition
 5 to any other primary care physician, an orthopedic
 6 surgeon."

By GRUNDBERG of Polk

H-5793 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5794

1 Amend House File 2298 as follows:
 2 1. Page 2, line 7, by inserting after the figure
 3 "151." the following: "For purposes of this section,
 4 "primary care provider physician" means, in addition
 5 to any other primary care physician, an obstetrician
 6 and gynecologist."

By GRUNDBERG of Polk

H-5794 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5797

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, 150A, or 151. If a physician licensed under
20 chapter 151 determines that a referral should be made
21 to a physician licensed under another chapter, a
22 managed care health plan or indemnity plan with a
23 limited provider network may require that the referral
24 be made first to a provider designated by the plan.
25 Any copayment deductible, cost containment mechanism,
26 or premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 physician. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 physician may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a physician directly or
35 indirectly upon the basis of the license held by the
36 physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

-5797

-1-

H-5797

Page 2

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 150A, or
4 151. For purposes of this section, "primary care
5 provider physician" means, in addition to any other
6 primary care physician, an orthopedic surgeon."
By GRUNDBERG of Polk

H-5797 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5798

1 Amend House File 2298 as follows:
2 1. Page 2, line 7, by inserting after the figure
3 "151." the following: "For purposes of this section,
4 "primary care provider physician" means, in addition
5 to any other primary care physician, a pediatrician."
By GRUNDBERG of Polk

H-5798 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5799

1 Amend the amendment, H-5129, to House File 2298, as
2 follows:
3 1. Page 2, line 35, by inserting after the word
4 "plan." the following: "For purposes of this section,
5 "primary care provider" means, in addition to any
6 other primary care physician, a pediatrician."
By GRUNDBERG of Polk

H-5799 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5800

1 Amend the amendment, H-5129, to House File 2298, as
2 follows:
3 1. Page 2, line 35, by inserting after the word
4 "plan." the following: "For purposes of this section,
5 "primary care provider" means, in addition to any
6 other primary care physician, an obstetrician and
7 gynecologist."

By GRUNDBERG of Polk

H-5800 FILED APRIL 1, 1996

Act 4/2/96 (p. 1318)

HOUSE FILE 2298

H-5796

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, 150A, or 151. If a physician licensed under
20 chapter 151 determines that a referral should be made
21 to a physician licensed under another chapter, a
22 managed care health plan or indemnity plan with a
23 limited provider network may require that the referral
24 be made first to a provider designated by the plan.
25 Any copayment deductible, cost containment mechanism,
26 or premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 physician. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 physician may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a physician directly or
35 indirectly upon the basis of the license held by the
36 physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

H-5796

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 150A, or
4 151.

5 For purposes of this section, "primary care
6 provider physician" means, in addition to any other
7 primary care physician, a pediatrician."

By GRUNDBERG of Polk

HOUSE FILE 2298

H-5801

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, 150A, or 151. If a physician licensed under
20 chapter 151 determines that a referral should be made
21 to a physician licensed under another chapter, a
22 managed care health plan or indemnity plan with a
23 limited provider network may require that the referral
24 be made first to a provider designated by the plan.
25 Any copayment deductible, cost containment mechanism,
26 or premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 physician. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 physician may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a physician directly or
35 indirectly upon the basis of the license held by the
36 physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

H-5801

H-5801

Page 2

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 150A, or
4 151.

5 For purposes of this section, "primary care
6 provider physician" means, in addition to any other
7 primary care physician, an obstetrician and
8 gynecologist.""

By GRUNDBERG of Polk

H-5801 FILED APRIL 1, 1996

HOUSE FILE 2298

H-5804

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 150A, or 151. Such direct
14 access to a physician licensed under chapter 151 shall
15 not be conditioned upon a referral by a provider
16 licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, 150A, or 151. If a physician licensed under
20 chapter 151 determines that a referral should be made
21 to a physician licensed under another chapter, a
22 managed care health plan or indemnity plan with a
23 limited provider network may require that the referral
24 be made first to a provider designated by the plan.
25 Any copayment deductible, cost containment mechanism,
26 or premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 physician. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 physician may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a physician directly or
35 indirectly upon the basis of the license held by the
36 physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 Each plan shall disclose to each individual
44 considering becoming a subscriber under such plan, at
45 a minimum, information related to all of the
46 following:

47 1. The number, type, and distribution of
48 participating providers, including a list of
49 individual participating providers, if requested.

50 2. Any limitations on the choice of health care

H-5804

-1-

H-5804

Page 2

1 providers under the plan.
2 3. Coverage benefits under the plan, as well as
3 exclusions from coverage.
4 4. Prior authorization or other review
5 requirements and their potential impact on payment or
6 nonpayment for services.
7 5. Financial obligations of a subscriber under the
8 plan.
9 6. Subscriber rights and responsibilities.
10 7. The existence of any limited utilization
11 incentive plans which may reduce or limit services
12 covered under the plan.
13 For purposes of this section, "managed care health
14 plan or indemnity plan with a limited provider
15 network" means a health maintenance organization,
16 organized delivery system, accountable health plan,
17 health care insurance plan which limits the number of
18 licensed physicians who can provide services under the
19 plan, preferred provider organization, exclusive
20 provider organization, restricted access network, or
21 similar health-care plan. For purposes of this
22 section, "physician" means physician as defined in
23 section 135.1 and licensed under chapter 148, 150A, or
24 151."

By GRUNDBERG of Polk

H-5804 FILED APRIL 2, 1996**HOUSE FILE 2298****H-5808**

1 Amend House File 2298 as follows:
2 1. Page 1, line 7, by inserting after the figure
3 "148," the following: "149,".
4 2. Page 1, line 12, by inserting after the figure
5 "148," the following: "149,".
6 3. Page 2, line 7, by inserting after the figure
7 "148," the following: "149,".

By GRUNDBERG of Polk

H-5808 FILED APRIL 2, 1996**HOUSE FILE 2298****H-5809**

1 Amend House File 2298 as follows:
2 1. Page 1, line 31, by inserting after the word
3 "physician." the following: "Each plan must
4 demonstrate that it is capable of, and has established
5 procedures for the purpose of, safeguarding the
6 privacy of individually identifiable subscriber
7 information and maintaining accurate and timely
8 records for subscribers."

By GRUNDBERG of Polk

H-5809 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5803

1 Amend the amendment, H-5129, to House File 2298, as
2 follows:

3 1. Page 2, by inserting after line 26 the
4 following:

5 "Each plan shall disclose to each individual
6 considering becoming a subscriber under such plan, at
7 a minimum, information related to all of the
8 following:

9 1. The number, type, and distribution of
10 participating providers, including a list of
11 individual participating providers, if requested.

12 2. Any limitations on the choice of health care
13 providers under the plan.

14 3. Coverage benefits under the plan, as well as
15 exclusions from coverage.

16 4. Prior authorization or other review
17 requirements and their potential impact on payment or
18 nonpayment for services.

19 5. Financial obligations of a subscriber under the
20 plan.

21 6. Subscriber rights and responsibilities.

22 7. The existence of any limited utilization
23 incentive plans which may reduce or limit services
24 covered under the plan."

By GRUNDBERG of Polk

H-5803 FILED APRIL 2, 1996

Last 4/2/96 (p. 13/17)

HOUSE FILE 2298

H-5802

1 Amend House File 2298 as follows:

2 1. Page 1, by inserting after line 32 the
3 following:

4 "Each plan shall disclose to each individual
5 considering becoming a subscriber under such plan, at
6 a minimum, information related to all of the
7 following:

8 1. The number, type, and distribution of
9 participating providers, including a list of
10 individual participating providers, if requested.

11 2. Any limitations on the choice of health care
12 providers under the plan.

13 3. Coverage benefits under the plan, as well as
14 exclusions from coverage.

15 4. Prior authorization or other review
16 requirements and their potential impact on payment or
17 nonpayment for services.

18 5. Financial obligations of a subscriber under the
19 plan.

20 6. Subscriber rights and responsibilities.

21 7. The existence of any limited utilization
22 incentive plans which may reduce or limit services
23 covered under the plan."

By GRUNDBERG of Polk

H-5802 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5810

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 1, line 7, by inserting after the
6 figure "148," the following: "149,".
7 _____. Page 1, line 9, by inserting after the word
8 "chapter" the following: "149 or".
9 _____. Page 1, line 12, by inserting after the
10 figure "148," the following: "149,".
11 _____. Page 1, line 13, by inserting after the word
12 "chapter" the following: "149 or".
13 _____. Page 2, line 7, by inserting after the
14 figure "148," the following: "149,".
By GRUNDBERG of Polk

H-5810 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5833

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 1, line 12, by inserting after the
6 figure "148," the following: "including an orthopedic
7 surgeon,".
By GRUNDBERG of Polk

H-5833 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5840

1 Amend the amendment, H-5129, to House File 2298, as
2 follows:
3 1. Page 1, line 14, by inserting after the figure
4 "148E," the following: "each physical therapist
5 licensed under chapter 148A,".
6 2. Page 1, line 38, by inserting after the figure
7 "148E," the following: "a physical therapist licensed
8 under chapter 148A,".
By GRUNDBERG of Polk

H-5840 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5811

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, line 3, by striking the word "clause."
4 and inserting the following: "clause, and inserting
5 the following:

6 "Section 1. NEW SECTION. 514C.11 PATIENT ACCESS
7 TO TYPES OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN
8 OR INDEMNITY PLAN WITH LIMITED PROVIDER NETWORK.

9 Notwithstanding section 514C.6, a managed care
10 health plan or indemnity plan with a limited provider
11 network shall provide patients direct access to each
12 type of physician, as defined in section 135.1 and
13 licensed under chapter 148, 149, 150A, or 151. Such
14 direct access to a physician licensed under chapter
15 151 shall not be conditioned upon a referral by a
16 provider licensed under another chapter. Access to a
17 specialist may be conditioned upon a referral by a
18 primary care provider physician licensed under chapter
19 148, 149, 150A, or 151. If a physician licensed under
20 chapter 151 determines that a referral should be made
21 to a physician licensed under another chapter, a
22 managed care health plan or indemnity plan with a
23 limited provider network may require that the referral
24 be made first to a provider designated by the plan.
25 Any copayment deductible, cost containment mechanism,
26 or premium rate shall not discriminate directly or
27 indirectly upon the basis of the license held by the
28 physician. Access to a specialist may be subject to a
29 different copayment or deductible than access to a
30 primary care provider. Access to a nonparticipating
31 physician may be restricted or may be subject to
32 different copayments, deductibles, or premium rates,
33 or may be excluded, provided that a plan shall not
34 differentiate or exclude a physician directly or
35 indirectly upon the basis of the license held by the
36 physician.

37 Each plan must demonstrate that it is capable of
38 serving appropriately the needs of the subscriber
39 population in the service area of the plan with regard
40 to patient access to each type of physician. The
41 commissioner of insurance shall adopt rules as
42 necessary to administer this paragraph.

43 For purposes of this section, "managed care health
44 plan or indemnity plan with a limited provider
45 network" means a health maintenance organization,
46 organized delivery system, accountable health plan,
47 health care insurance plan which limits the number of
48 licensed physicians who can provide services under the
49 plan, preferred provider organization, exclusive
50 provider organization, restricted access network, or

H-5811

H-5811

Page 2

1 similar health-care plan. For purposes of this
2 section, "physician" means physician as defined in
3 section 135.1 and licensed under chapter 148, 149,
4 150A, or 151."

By GRUNDBERG of Polk

H-5811 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5813

1 Amend House File 2298 as follows:

2 1. By striking everything after the enacting
3 clause and inserting the following:

4 "Section 1. NEW SECTION. 514C.15 MANAGED CARE
5 HEALTH PLAN OR INDEMNITY PLAN WITH LIMITED PROVIDER
6 NETWORK -- POINT-OF-SERVICE OPTION -- DISPUTE
7 RESOLUTION -- DISCLOSURE OF INFORMATION.

8 1. Notwithstanding section 514C.6, a managed care
9 health plan or indemnity plan with a limited provider
10 network shall provide a point-of-service option to
11 patients as an additional benefit under such plan.
12 Provision of a point-of-service option may be subject
13 to a different copayment or deductible, but such a
14 different copayment or deductible shall not be set at
15 an amount which is more than ten percent greater than
16 the amount of the copayment or deductible under the
17 plan without the point-of-service option, unless
18 otherwise approved by the commissioner of insurance.

19 2. A managed care health plan or indemnity plan
20 with a limited provider network shall not require
21 consent to the disclosure of information, other than
22 patient name, diagnosis, and date and type of service,
23 as a condition of receiving benefits mandated by such
24 plan.

25 3. A managed care health plan or indemnity plan
26 with a limited provider network shall not refuse to
27 contract with or compensate for covered services an
28 otherwise eligible provider or nonparticipating
29 provider solely because that provider has in good
30 faith communicated with one or more of such provider's
31 current, former, or prospective patients regarding the
32 provisions, terms, or requirements of such plan as
33 they relate to the needs of the patient.

34 4. A managed care health plan or indemnity plan
35 with a limited provider network shall establish a
36 dispute resolution process to resolve any complaint
37 involving a dispute about an immediate and urgently
38 needed service that such plan determines to be
39 experimental, not medically necessary, or otherwise
40 not generally accepted by the medical profession. A
41 complaint filed under this subsection need not be in
42 writing. Such plan shall establish an expedited
43 dispute resolution process appropriate to the
44 particular situation in dispute. Such process shall
45 provide for the following:

46 a. Notification of the commissioner of insurance
47 by the end of the next business day after the day the
48 complaint is filed with the plan including the nature
49 of the complaint, the decision of the plan, if any,
50 and a description of the dispute resolution process

H-5813

-1-

H-5813

Page 2

1 used or being used, as appropriate.
 2 b. If a decision has not been made by the end of
 3 the next business day after the day the complaint is
 4 filed, the plan shall notify the commissioner of
 5 insurance of the decision of the plan by the end of
 6 the next business day after the day the plan makes its
 7 decision.

8 5. For purposes of this section, unless the
 9 context otherwise requires:

10 a. "Managed care health plan or indemnity plan
 11 with a limited provider network" means a health
 12 maintenance organization, organized delivery system,
 13 accountable health plan, health care insurance plan
 14 which limits the number of licensed physicians who can
 15 provide services under the plan, preferred provider
 16 organization, exclusive provider organization,
 17 restricted access network, or similar health-care
 18 plan.

19 b. "Point-of-service option" means a delivery
 20 system that permits a patient to receive services
 21 outside the provider panel of the managed care health
 22 plan or indemnity plan with a limited provider network
 23 under the terms and conditions of such plan.

24 c. "Provider panel" means those providers with
 25 which a managed care health plan or indemnity plan
 26 with a limited provider network contracts to provide
 27 services to covered individuals under such plan."

By JOCHUM of Dubuque

H-5813 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5814

1 Amend the amendment, H-5102, to House File 2298, as
 2 follows:

3 1. Page 1, by striking lines 2 and 3 and
 4 inserting the following:

5 " . Page 1, line 15, by inserting after the
 6 word "chapter" the following: "or to a provider
 7 licensed under chapter 149"."

8 2. By renumbering as necessary.

By CHURCHILL of Polk

H-5814 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5815

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, by striking lines 2 and 3 and

4 inserting the following:

5 "____. Page 1, lines 7 and 8, by striking the
6 words and figures "and licensed under chapter 148,
7 150A, or 151".

8 _____. Page 1, line 9, by striking the word and
9 figure "chapter 151" and inserting the following:

10 "any chapter".

11 _____. Page 1, by striking lines 12 and 13 and
12 inserting the following: "care provider physician, as
13 defined in section 135.1. If a physician, as defined
14 in section 135.1, determines".

15 _____. Page 1, line 15, by inserting after the word
16 "chapter" the following: "different from the chapter
17 under which the physician making the referral is
18 licensed".

19 _____. Page 2, lines 6 and 7, by striking the words
20 and figures "and licensed under chapter 148, 150A, or
21 151".

22 2. By renumbering as necessary.

By CHURCHILL of Polk

H-5815 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5816

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, by striking lines 2 and 3 and

4 inserting the following:

5 "____. Page 1, by striking lines 19 and 20 and
6 inserting the following: "rate shall be the same for
7 each physician. Access to a".

8 2. By renumbering as necessary.

By ERTL of Dubuque

H-5816 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5817

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:

3 1. Page 1, by striking lines 2 and 3 and

4 inserting the following:

5 "____. Page 1, line 27, by inserting after the
6 word "physician" the following: ", except with
7 respect to a podiatrist".

8 2. By renumbering as necessary.

By ERTL of Dubuque

H-5817 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5819

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, by striking lines 19 and 20 and
- 3 inserting the following: "rate shall be the same for
- 4 each physician. Access to a".

By ERTL of Dubuque

H-5819 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5820

- 1 Amend House File 2298, as follows:
- 2 1. Page 1, line 27, by inserting after the word
- 3 "physician" the following: ", except with respect to
- 4 a podiatrist".

By ERTL of Dubuque

H-5820 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5822

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 12, by inserting after the figure
- 3 "148," the following: "including a pediatrician,".

By GRUNDBERG of Polk

H-5822 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5823

- 1 Amend the amendment, H-5102, to House File 2298 as
- 2 follows:
- 3 1. Page 1, by striking lines 2 and 3 and
- 4 inserting the following:
- 5 "____. Page 1, line 12, by inserting after the
- 6 figure "148," the following: "including an
- 7 obstetrician and gynecologist,".

By GRUNDBERG of Polk

H-5823 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5824

- 1 Amend House File 2298 as follows:
- 2 1. Page 1, line 12, by inserting after the figure
- 3 "148," the following: "including an obstetrician and
- 4 gynecologist,".

By GRUNDBERG of Polk

H-5824 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5825

1 Amend House File 2298, as follows:

- 2 1. Page 2, line 7, by inserting after the figure
- 3 "151." the following: "For purposes of this section,
- 4 "primary care provider" means, in addition to any
- 5 other primary care physician, a pediatrician."

By GRUNDBERG of Polk

H-5825 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5826

1 Amend House File 2298 as follows:

- 2 1. Page 2, line 7, by inserting after the figure
- 3 "151." the following: "For purposes of this section,
- 4 "primary care provider" means, in addition to any
- 5 other primary care physician, an orthopedic surgeon."

By GRUNDBERG of Polk

H-5826 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5827

1 Amend House File 2298, as follows:

- 2 1. Page 2, line 7, by inserting after the figure
- 3 "151." the following: "For purposes of this section,
- 4 "primary care provider" means, in addition to any
- 5 other primary care physician, an obstetrician and
- 6 gynecologist."

By GRUNDBERG of Polk

H-5827 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5828

1 Amend House File 2298 as follows:

- 2 1. Page 1, line 12, by inserting after the figure
- 3 "148," the following: "including an orthopedic
- 4 surgeon,".

By GRUNDBERG of Polk

H-5828 FILED APRIL 2, 1996

HOUSE FILE 2298

H-5829

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 2, line 7, by inserting after the
6 figure "151." the following: "For purposes of this
7 section, "primary care provider" means, in addition to
8 any other primary care physician, an orthopedic
9 surgeon.""

H-5829 FILED APRIL 2, 1996

By GRUNDBERG of Polk

HOUSE FILE 2298

H-5830

1 Amend the amendment, H-5102, to House File 2298 as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 1, line 12, by inserting after the
6 figure "148," following: "including a
7 pediatrician,.""

H-5830 FILED APRIL 2, 1996

By GRUNDBERG of Polk

HOUSE FILE 2298

H-5831

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 2, line 7, by inserting after the
6 figure "151." the following: "For purposes of this
7 section, "primary care provider" means, in addition to
8 any other primary care physician, an obstetrician and
9 gynecologist.""

H-5831 FILED APRIL 2, 1996

By GRUNDBERG of Polk

HOUSE FILE 2298

H-5832

1 Amend the amendment, H-5102, to House File 2298, as
2 follows:
3 1. Page 1, by striking lines 2 and 3 and
4 inserting the following:
5 "____. Page 2, line 7, by inserting after the
6 figure "151." the following: "For purposes of this
7 section, "primary care provider" means, in addition to
8 any other primary care physician, a pediatrician.""

H-5832 FILED APRIL 2, 1996

By GRUNDBERG of Polk

Boddicker, Chr
Brand
Martin

HSB 544

HUMAN RESOURCES

St ^{FILED BY} 02298

HOUSE FILE _____
BY (PROPOSED COMMITTEE ON
HUMAN RESOURCES BILL
REQUESTED BY BODDICKER)

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to patient access through managed care plans or
2 indemnity plans with limited provider networks to defined
3 physicians.

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

5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

1 Section 1. NEW SECTION. 514C.11 PATIENT ACCESS TO TYPES
2 OF PHYSICIANS UNDER MANAGED CARE HEALTH PLAN OR INDEMNITY PLAN
3 WITH LIMITED PROVIDER NETWORK.

4 Notwithstanding section 514C.6, a managed care health plan
5 or indemnity plan with a limited provider network shall
6 provide patients direct access to each type of physician, as
7 defined in section 135.1 and licensed under chapter 148, 150A,
8 or 151, and shall not condition that access upon a referral by
9 a physician licensed under another chapter. Access to a
10 specialist may be conditioned upon a referral by a primary
11 care provider licensed under the same chapter. Any copayment,
12 deductible, cost containment mechanism, or premium rate shall
13 not discriminate directly or indirectly upon the basis of the
14 license held by the physician. Access to a specialist may be
15 subject to a different copayment or deductible than access to
16 a primary care provider. Access to a nonparticipating
17 physician may be restricted or may be subject to different
18 copayments, deductibles, or premium rates, or may be excluded,
19 provided that a plan shall not differentiate or exclude a
20 physician directly or indirectly upon the basis of the license
21 held by the physician.

22 Each plan must demonstrate that it is capable of serving
23 appropriately the needs of the subscriber population in the
24 service area of the plan with regard to patient access to each
25 type of physician.

26 For purposes of this section, "managed care health plan or
27 indemnity plan with a limited provider network" means a health
28 maintenance organization, organized delivery system,
29 accountable health plan, health care insurance plan which
30 limits the number of licensed physicians who can provide
31 services under the plan, preferred provider organization,
32 exclusive provider organization, restricted access network, or
33 similar health-care plan. For purposes of this section,
34 "physician" means physician as defined in section 135.1 and
35 licensed under chapter 148, 150A, or 151.

