

SENATE FILE 281

BY JUDGE

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

A BILL FOR

1 An Act relating to health care provider access under a managed
 2 care health plan or indemnity plan with a limited provider
 3 network.

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

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S.F. 281

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

4 A managed care health plan or indemnity plan with a limited
5 provider network shall provide patients direct access to each
6 type of provider that has authority under Title IV to utilize
7 differential diagnosis and physical examinations to determine
8 human ailments, and shall not condition that access upon a
9 referral by a provider licensed under another chapter.

10 Referral to a specialist may be conditioned upon referral by a
11 primary care provider licensed under the same chapter. Any
12 copayment, deductible, or premium rate shall not discriminate
13 upon the basis of the license held by a provider but may
14 differentiate or exclude providers upon a rational basis.
15 Access to a specialist may be subject to a different copayment
16 or deductible than access to a primary care provider. Access
17 to a nonparticipating provider may be restricted, or may be
18 subject to different copayments, deductibles, or premium
19 rates, or may be excluded, provided that a plan shall not
20 exclude a provider upon the basis of the license held by the
21 provider or the license held by members of the staff or
22 hospital.

23 For purposes of this section, a rational basis for
24 differentiating or excluding a provider shall relate to
25 outcome assessments of the provider as indicators of the cost
26 of the service to be provided or the effectiveness of the
27 service to be provided. For purposes of this section,
28 "managed care health plan or indemnity plan with a limited
29 provider network" means a health maintenance organization,
30 organized delivery system, preferred provider organization,
31 exclusive provider organization, point of service plan,
32 restricted access network, or similar health plan.

33 This section shall not apply if an employer offers
34 employees a choice of health plans, either directly or
35 indirectly through a health insurance purchasing cooperative,

1 provided that the offered choices include at least one
2 indemnity plan with unrestricted choice of provider, or at
3 least one managed care health plan or indemnity plan with a
4 limited provider network which provides access as defined in
5 this section.

6 EXPLANATION

7 This bill creates new section 514C.11 and provides that a
8 health maintenance organization, organized delivery system,
9 preferred provider organization, exclusive provider
10 organization, point of service plan, restricted access
11 network, or similar plan, with a limited provider network must
12 provide patients direct access to each type of provider
13 licensed under Title IV, which relates to public health and
14 health care providers, to utilize differential diagnosis and
15 physical examinations to determine human ailments. Certain
16 restrictions and conditions are applicable to the utilization
17 of health care providers who are not part of the restricted
18 provider network. The bill does not apply if an employer
19 offers employees a choice of health plans, provided that at
20 least one of the plans offers an unrestricted choice of
21 provider, or at least one plan which provides access as
22 defined in section 514C.11.

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