

Senate Study Bill 283

Conference Committee Text

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1 1 Section 1. NEW SECTION. 514C.11 PROVIDER ACCESS UNDER
1 2 MANAGED CARE HEALTH PLAN OR INDEMNITY PLAN WITH LIMITED
1 3 PROVIDER NETWORK.
1 4 1. a. Notwithstanding section 514C.6, a managed care
1 5 health plan or indemnity plan with a limited provider network
1 6 shall provide patients direct access to each type of provider
1 7 that has authority under Title IV, subtitle 3, to utilize
1 8 differential diagnosis and physical examinations to determine
1 9 human ailments and shall not condition that access upon a
1 10 referral by a provider licensed under another chapter. In
1 11 addition, a managed care health plan or indemnity plan with a
1 12 limited provider network shall accept as a provider in the
1 13 network any provider licensed under Title IV, subtitle 3, who
1 14 satisfies both of the following:
1 15 (1) Agrees to the conditions of the provider contract
1 16 required by the managed care health plan or indemnity plan.
1 17 (2) Meets the credentialing standards established by the
1 18 managed care health plan or indemnity plan.
1 19 b. Any conditions or standards established by a managed
1 20 care health plan or indemnity plan for a provider shall not
1 21 discriminate against providers on the basis of the license
1 22 held under Title IV, subtitle 3. A referral to a specialist
1 23 may be conditioned upon a referral by a primary care provider
1 24 licensed under the same chapter or as provided pursuant to the
1 25 standards and conditions of the managed care health plan or
1 26 indemnity plan.
1 27 2. A plan may discriminate with respect to premium
1 28 structures, including copayments, deductibles, or premium
1 29 rates, or with respect to access to specialists or
1 30 nonparticipating providers on any rational basis, provided
1 31 that such discrimination shall not be upon the basis of the
1 32 license held by the provider.
1 33 3. Each managed care health plan or indemnity plan with a
1 34 limited provider network shall provide written documentation
1 35 to the department of public health or the insurance division,
2 1 as appropriate, showing that the managed care health plan or
2 2 indemnity plan serves the needs of the population within the
2 3 service area of such plan, and showing that the plan does not
2 4 discriminate against any type of provider upon the basis of
2 5 the license held by such providers.
2 6 4. For purposes of this section, "managed care health plan
2 7 or indemnity plan with a limited provider network" means a
2 8 health maintenance organization, organized delivery system,
2 9 integrated delivery system, preferred provider organization,
2 10 exclusive provider organization, point of service plan,
2 11 standard indemnity insurance plan or any similar plan
2 12 providing for health care services.
2 13 5. This section shall not apply if an employer offers
2 14 employees a choice of health care plans which satisfy both of
2 15 the following:
2 16 a. The offered choices include at least one indemnity plan
2 17 with an unrestricted choice of providers or at least one
2 18 managed care health plan or indemnity plan with a limited
2 19 provider network which provides access defined in this
2 20 section.
2 21 b. The cost of the different plans offered shall not

2 22 discriminate on the basis of the license held by a
2 23 participating provider who has authority under Title IV,
2 24 subtitle 3, to utilize differential diagnosis and physical
2 25 examination to determine human ailments.

2 26

EXPLANATION

2 27 This bill creates a new section 514C.11 which provides that
2 28 a managed care health plan or indemnity plan with a limited
2 29 provider network is to provide patients with direct access to
2 30 health care providers who are authorized under Title IV,
2 31 subtitle 3, of the Iowa Code to utilize differential diagnosis
2 32 and physical examinations to determine human ailments. Access
2 33 provided under the section is not to be conditioned upon a
2 34 referral by a provider licensed under a different chapter.
2 35 The bill provides that a plan may discriminate with respect to
3 1 premium structures, including copayments, deductibles, or
3 2 premium rates, or with respect to access to specialists or
3 3 nonparticipating providers on any rational basis, provided
3 4 that such discrimination shall not be upon the basis of the
3 5 license held by the provider.

3 6 The bill provides that each managed care health plan or
3 7 indemnity plan shall provide written documentation to the
3 8 department of public health or insurance division, as
3 9 appropriate, showing that the managed care health plan or
3 10 indemnity plan serves the needs of the population within the
3 11 service area of such plan, and showing that the plan does not
3 12 discriminate against any type of provider upon the basis of
3 13 the license held by such providers.

3 14 The bill defines a managed care health plan or indemnity
3 15 plan with a limited provider network as a health maintenance
3 16 organization, organized delivery system, integrated delivery
3 17 system, preferred provider organization, exclusive provider
3 18 organization, point of service plan, standard indemnity
3 19 insurance plan, or similar health plan.

3 20 The bill also provides that the requirement to provide
3 21 access does not apply if an employer offers employees a choice
3 22 of health plans and one of the plans offered includes
3 23 unrestricted choice of provider, or one with a limited
3 24 provider network which provides access as provided in section
3 25 514C.11, and the cost of the different plans offered does not
3 26 discriminate on the basis of the license held by a
3 27 participating provider.

3 28 LSB 2293SC 76

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