

FEB 3 2000
COMMERCE AND REGULATION

HOUSE FILE 2144
BY MURPHY

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

A BILL FOR

1 An Act relating to the required provider provisions under group
2 health insurance policies and health maintenance organization
3 contracts.

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

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HF 2144

1 Section 1. Section 509.3, subsections 5 and 6, Code
2 Supplement 1999, are amended to read as follows:

3 5. A provision shall be made available to policyholders,
4 under group policies covering vision care services or
5 procedures, for payment of necessary medical or surgical care
6 and treatment provided by an optometrist licensed under
7 chapter 154 if the care and treatment are provided within the
8 scope of the optometrist's license and if the policy would pay
9 for the care and treatment if the care and treatment were
10 provided by a person engaged in the practice of medicine or
11 surgery as licensed under chapter 148 or 150A. The provision
12 shall also guarantee that any care or treatment provided by an
13 optometrist shall be compensated at the same level as
14 equivalent services provided by a person licensed in the
15 practice of medicine and surgery under chapter 148 or 150A.

16 The policy shall provide that the policyholder may reject the
17 coverage or provision if the coverage or provision for
18 services which may be provided by an optometrist is rejected
19 for all providers of similar vision care services as licensed
20 under chapter 148, 150A, or 154. This subsection applies to
21 group policies delivered or issued for delivery after July 1,
22 1983, and to existing group policies on their next anniversary
23 or renewal date, or upon expiration of the applicable
24 collective bargaining contract, if any, whichever is later.
25 This subsection does not apply to blanket, short-term travel,
26 accident only, limited or specified disease, or individual or
27 group conversion policies, or policies designed only for
28 issuance to persons for coverage under Title XVIII of the
29 Social Security Act, or any other similar coverage under a
30 state or federal government plan.

31 6. A provision shall be made available to policyholders
32 under group policies covering diagnosis and treatment of human
33 ailments for payment or reimbursement for necessary diagnosis
34 or treatment provided by a chiropractor licensed under chapter
35 151, if the diagnosis or treatment is provided within the

1 scope of the chiropractor's license and if the policy would
2 pay or reimburse for the diagnosis or treatment by a person
3 licensed under chapter 148, 150, or 150A of the human ailment,
4 irrespective of and disregarding variances in terminology
5 employed by the various licensed professions in describing the
6 human ailment or its diagnosis or its treatment. The
7 provision shall also guarantee that any diagnosis and
8 treatment provided by a chiropractor shall be compensated at
9 the same level as equivalent diagnosis and treatment provided
10 by a person licensed in the practice of medicine and surgery
11 under chapter 148 or 150A. The policy shall provide that the
12 policyholder may reject the coverage or provision if the
13 coverage or provision for diagnosis or treatment of a human
14 ailment by a chiropractor is rejected for all providers of
15 diagnosis or treatment for similar human ailments licensed
16 under chapter 148, 150, 150A, or 151. A policy of group
17 health insurance may limit or make optional the payment or
18 reimbursement for lawful diagnostic or treatment service by
19 all licensees under chapters 148, 150, 150A, and 151 on any
20 rational basis which is not solely related to the license
21 under or the practices authorized by chapter 151 or is not
22 dependent upon a method of classification, categorization, or
23 description based directly or indirectly upon differences in
24 terminology used by different licensees in describing human
25 ailments or their diagnosis or treatment. This subsection
26 applies to group policies delivered or issued for delivery
27 after July 1, 1986, and to existing group policies on their
28 next anniversary or renewal date, or upon expiration of the
29 applicable collective bargaining contract, if any, whichever
30 is later. This subsection does not apply to blanket, short-
31 term travel, accident-only, limited or specified disease, or
32 individual or group conversion policies, or policies under
33 Title XVIII of the Social Security Act, or any other similar
34 coverage under a state or federal government plan.

35 Sec. 2. Section 509.3, Code Supplement 1999, is amended by

1 adding the following new subsection:

2 NEW SUBSECTION. 8. A provision shall be made available to
3 policyholders, under group policies covering hospital,
4 medical, or surgical expenses for payment of necessary medical
5 or surgical care and treatment, as well as drug prescriptions,
6 provided by a person licensed to practice podiatry under
7 chapter 149, if the care and treatment are provided within the
8 scope of the person's license and if the policy would pay for
9 the care and treatment if the care and treatment were provided
10 by a person engaged in the practice of medicine and surgery as
11 licensed under chapter 148 or 150A. The provision shall also
12 guarantee that any medical or surgical services provided by a
13 podiatrist shall be compensated at the same level as
14 equivalent services provided by a person licensed in the
15 practice of medicine or surgery under chapter 148 or 150A.
16 The policy shall provide that the policyholder may reject the
17 coverage or provision if the coverage or provision for similar
18 services which may be provided by a podiatric physician is
19 rejected for all providers of services as licensed under
20 chapter 148, 149, or 150A. This subsection applies to group
21 policies delivered or issued for delivery on or after July 1,
22 2000, and to existing group policies on their next anniversary
23 or renewal date, or upon expiration of the applicable
24 collective bargaining contract, if any, whichever is later.
25 This subsection does not apply to blanket, short-term travel,
26 accident only, limited or specified disease, or individual or
27 group conversion policies, or policies designed only for
28 issuance to persons for coverage under Title XVIII of the
29 federal Social Security Act, or any other similar coverage
30 under a state or federal government plan.

31 Sec. 3. Section 514B.1, subsection 5, paragraphs b and c,
32 Code Supplement 1999, are amended to read as follows:

33 b. The health care services available to enrollees under
34 prepaid group plans covering vision care services or
35 procedures, shall include a provision for payment of necessary

1 medical or surgical care and treatment provided by an
2 optometrist licensed under chapter 154, if performed within
3 the scope of the optometrist's license, and the plan would pay
4 for the care and treatment when the care and treatment were
5 provided by a person engaged in the practice of medicine or
6 surgery as licensed under chapter 148 or 150A. Additionally,
7 any optometric medical or surgical care and treatment provided
8 shall be compensated at the same level as equivalent services
9 provided by a person licensed in the practice of medicine or
10 surgery under chapter 148 or 150A. The plan shall provide
11 that the plan enrollees may reject the coverage for services
12 which may be provided by an optometrist if the coverage is
13 rejected for all providers of similar vision care services as
14 licensed under chapter 148, 150A, or 154. This paragraph
15 applies to services provided under plans made after July 1,
16 1983, and to existing group plans on their next anniversary or
17 renewal date, or upon the expiration of the applicable
18 collective bargaining contract, if any, whichever is the
19 later. This paragraph does not apply to enrollees eligible
20 for coverage under Title XVIII of the Social Security Act or
21 any other similar coverage under a state or federal government
22 plan.

23 c. The health care services available to enrollees under
24 prepaid group plans covering diagnosis and treatment of human
25 ailments, shall include a provision for payment of necessary
26 diagnosis or treatment provided by a chiropractor licensed
27 under chapter 151 if the diagnosis or treatment is provided
28 within the scope of the chiropractor's license and if the plan
29 would pay or reimburse for the diagnosis or treatment of human
30 ailment, irrespective of and disregarding variances in
31 terminology employed by the various licensed professions in
32 describing the human ailment or its diagnosis or its
33 treatment, if it were provided by a person licensed under
34 chapter 148, 150, or 150A. Additionally, any diagnosis and
35 treatment provided by a chiropractor shall be compensated at

1 the same level as equivalent diagnosis and treatment provided
2 by a person licensed in the practice of medicine or surgery
3 under chapter 148 or 150A. The plan shall also provide that
4 the plan enrollees may reject the coverage for diagnosis or
5 treatment of a human ailment by a chiropractor if the coverage
6 is rejected for all providers of diagnosis or treatment for
7 similar human ailments licensed under chapter 148, 150, 150A,
8 or 151. A prepaid group plan of health care services may
9 limit or make optional the payment or reimbursement for lawful
10 diagnostic or treatment service by all licensees under
11 chapters 148, 150, 150A, and 151 on any rational basis which
12 is not solely related to the license under or the practices
13 authorized by chapter 151 or is not dependent upon a method of
14 classification, categorization, or description based upon
15 differences in terminology used by different licensees in
16 describing human ailments or their diagnosis or treatment.
17 This paragraph applies to services provided under plans made
18 after July 1, 1986, and to existing group plans on their next
19 anniversary or renewal date, or upon the expiration of the
20 applicable collective bargaining contract, if any, whichever
21 is the later. This paragraph does not apply to enrollees
22 eligible for coverage under Title XVIII of the Social Security
23 Act, or any other similar coverage under a state or federal
24 government plan.

25 Sec. 4. Section 514B.1, subsection 5, Code Supplement
26 1999, is amended by adding the following new paragraph:

27 NEW PARAGRAPH. e. The health care services available to
28 enrollees under prepaid group plans covering hospital,
29 medical, or surgical expenses shall include a provision for
30 payment of necessary medical or surgical care and treatment as
31 well as drug prescriptions provided by a podiatric physician
32 licensed under chapter 149, if performed within the scope of
33 the podiatrist's license and the plan would pay for the care
34 and treatment when the care and treatment were provided by a
35 person engaged in the practice of medicine or surgery as

1 licensed under chapter 148 or 150A. Additionally, any medical
2 or surgical service provided by a podiatrist shall be
3 compensated at the same level as equivalent services provided
4 by a person licensed in the practice of medicine or surgery
5 under chapter 148, 149, or 150A. The plan shall provide that
6 the plan enrollees may reject the coverage for services which
7 may be provided by a podiatric physician if the coverage is
8 rejected for all providers of similar services as licensed
9 under chapter 148, 149, or 150A. This paragraph applies to
10 services provided under plans made on or after July 1, 2000,
11 and to existing group plans on their next anniversary or
12 renewal date, or upon the expiration of the applicable
13 collective bargaining contract, if any, whichever is the
14 later. This paragraph does not apply to enrollees eligible
15 for coverage under Title XVIII of the federal Social Security
16 Act or any other similar coverage under a state or federal
17 government plan.

18 EXPLANATION

19 This bill establishes the requirement under group insurance
20 policies and health maintenance organization contracts that
21 treatment or services provided by a person licensed under Code
22 chapter 154 (optometrist), a person licensed under Code
23 chapter 151 (chiropractor), or a person licensed under Code
24 chapter 149 (podiatrist), are to be compensated at the same
25 level as if the treatment or services were provided by a
26 person licensed under Code chapter 148 or 150A (persons
27 licensed to practice medicine and surgery and persons licensed
28 to practice osteopathic medicine and surgery).

29 The bill establishes provisions under group insurance
30 policies and health maintenance organization contracts to
31 require that if the policy or available health care services
32 currently cover or include care and treatment, as well as drug
33 prescriptions, if provided by a person licensed to practice
34 medicine and surgery under Code chapter 148 or a person
35 licensed to practice osteopathic medicine and surgery under

1 Code chapter 150A, the plan or health care services available
2 shall also allow for provision of the care and treatment, as
3 well as drug prescriptions, by a podiatrist. The bill also
4 requires that the care or treatment be within the scope of
5 practice of the podiatrist. This requirement applies to
6 policies delivered and issued and services provided under
7 plans on or after July 1, 2000, and to existing plans on the
8 latter of the anniversary, renewal, or expiration of a
9 collective bargaining contract.

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