

# Senate Study Bill 3026

## Bill Text

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1 1 Section 1. Section [509.3](#), Code Supplement 1999, is amended  
1 2 by adding the following new subsection:

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

1 28 Sec. 2. Section [514B.1](#), subsection 5, Code Supplement  
1 29 1999, is amended by adding the following new paragraph:

1 30 NEW PARAGRAPH. e. The health care services available to  
1 31 enrollees under prepaid group plans covering hospital,  
1 32 medical, or surgical expenses shall include a provision for  
1 33 payment of necessary medical or surgical care and treatment as  
1 34 well as drug prescriptions provided by a person licensed to  
1 35 practice podiatry under chapter 149, if performed within the  
2 1 scope of the person's license and the plan would pay for the  
2 2 care and treatment when the care and treatment were provided  
2 3 by a person engaged in the practice of medicine or surgery as  
2 4 licensed under chapter 148 or 150A. The plan shall provide  
2 5 that the plan enrollees may reject the coverage for services  
2 6 which may be provided by a podiatric physician if the coverage  
2 7 is rejected for all providers of similar services as licensed  
2 8 under chapter 148, 149, or 150A. This paragraph applies to  
2 9 services provided under plans made on or after July 1, 2000,  
2 10 and to existing group plans on their next anniversary or  
2 11 renewal date, or upon the expiration of the applicable  
2 12 collective bargaining contract, if any, whichever is the  
2 13 later. This paragraph does not apply to enrollees eligible  
2 14 for coverage under Title XVIII of the federal Social Security  
2 15 Act or any other similar coverage under a state or federal  
2 16 government plan.

2 17

### EXPLANATION

2 18 This bill establishes provisions under group insurance  
2 19 policies and health maintenance organization contracts to  
2 20 require that if the policy or available health care services  
2 21 currently cover or include care and treatment, as well as drug

2 22 prescriptions, if provided by a person licensed to practice  
2 23 medicine and surgery under Code chapter 148 or a person  
2 24 licensed to practice osteopathic medicine and surgery under  
2 25 Code chapter 150A, the plan or health care services available  
2 26 shall also allow for provision of the care and treatment, as  
2 27 well as drug prescriptions, by a podiatrist. The bill also  
2 28 requires that the care or treatment be within the scope of  
2 29 practice of the podiatrist. The requirement applies to  
2 30 policies delivered and issued and services provided under  
2 31 plans on or after July 1, 2000, and to existing plans on the  
2 32 latter of the anniversary, renewal, or expiration of a  
2 33 collective bargaining contract.  
2 34 LSB 5902SC 78  
2 35 pf/cf/24