HOUSE FILE 340 BY SCHRADER

Passed	House,	Date	Passed	Senate,	Date	
Vote:	Ayes	Nays	Vote:	Ayes	Nays _	
	A	pproved				

A BILL FOR

1 An Act relating to the duty of care of third-party payors,

liability for breach of the duty, and certain other

3 prohibitions and exclusions.

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

- 1 Section 1. NEW SECTION. 514L.1 TITLE.
- 2 This chapter shall be known and may be cited as "Third-
- 3 party Payor Liability Act".
- 4 Sec. 2. NEW SECTION. 514L.2 DEFINITIONS.
- 5 As used in this chapter, unless the context otherwise
- 6 requires:
- 7 l. "Appropriate and medically necessary" means the
- 8 standard for health care services as determined by a physician
- 9 or health care provider consistent with accepted practices and
- 10 standards of care provided by the medical profession in the
- 11 community.
- 12 2. "Enrollee" means an individual who is enrolled in a
- 13 health care plan, including covered dependents.
- 3. "Health care plan" means a plan under which a person
- 15 undertakes to provide, arrange for, pay for, or reimburse any
- 16 part of the cost of any health care services.
- 17 4. "Health care provider" means a person licensed or
- 18 certified under chapter 147, 148, 148A, 148C, 149, 150, 150A,
- 19 151, 152, 153, 154, 154B, or 155A to provide in this state
- 20 professional health care services to an individual during that
- 21 individual's medical care, treatment, or confinement.
- 22 5. "Health care treatment decision" means a determination
- 23 made when health care services are actually provided under the
- 24 health care plan and a decision that affects the quality of
- 25 the diagnosis, care, or treatment provided to the plan's
- 26 insureds or enrollees.
- 27 6. "Health insurance carrier" means an entity subject to
- 28 the insurance laws and regulations of this state, or subject
- 29 to the jurisdiction of the commissioner of insurance, that
- 30 contracts or offers to contract, or that subcontracts or
- 31 offers to subcontract, to provide, deliver, arrange for, pay
- 32 for, or reimburse any of the costs of providing health care
- 33 services, including an insurance company offering sickness and
- 34 accident plans, a health maintenance organization, a nonprofit
- 35 health service corporation, or any other entity providing a

- 1 plan of health insurance, health benefits, or health services.
- 2 7. "Health maintenance organization" means a health
- 3 maintenance organization as defined in section 514B.1.
- 4 8. "Insured" means an individual who is covered by a
- 5 health care plan provided by a health insurance carrier.
- 6 9. "Managed care entity" means an entity that provides a
- 7 health care plan that selects and contracts with health care
- 8 providers; manages and coordinates health care services
- 9 delivery; monitors necessity, appropriateness, and quality of
- 10 health care services delivered by health care providers; and
- 11 performs utilization review and cost control.
- 12 10. "Ordinary care" means, in the case of a third-party
- 13 payor, that degree of care that a third-party of ordinary
- 14 prudence would provide under the same or similar
- 15 circumstances. In the case of a person who is an employee,
- 16 agent, or representative of a third-party payor, "ordinary
- 17 care" means that degree of care that a person of ordinary
- 18 prudence in the same profession, specialty, or area of
- 19 practice as such person would use in the same or similar
- 20 circumstances.
- 21 11. "Organized delivery system" means an organized
- 22 delivery system as licensed by the director of public health.
- 23 12. "Physician" means an individual licensed under chapter
- 24 148, 150, or 150A to practice medicine and surgery,
- 25 osteopathy, or osteopathic medicine and surgery.
- 26 13. "Third-party payor" means a health insurance carrier,
- 27 health maintenance organization, managed care entity, or
- 28 organized delivery system.
- 29 Sec. 3. NEW SECTION. 514L.3 THIRD-PARTY PAYOR DUTY TO
- 30 EXERCISE ORDINARY CARE -- LIABILITY.
- 31 1. A third-party payor has the duty to exercise ordinary
- 32 care when making health care treatment decisions and is liable
- 33 for damages for harm to an insured or enrollee proximately
- 34 caused by the third-party payor's failure to exercise such
- 35 ordinary care.

- 2. A third-party payor is also liable for damages for harm
- 2 to an insured or enrollee proximately caused by the health
- 3 care services treatment decisions made by an employee, agent,
- 4 or representative of the third-party payor who is acting on
- 5 behalf of the third-party payor and over whom the third-party
- 6 payor has the right to exercise influence or control or has
- 7 actually exercised influence or control if such decision
- 8 results in the failure to exercise ordinary care.
- 9 3. Either of the following is a defense in an action
- 10 brought pursuant to this section against a third-party payor:
- 11 a. That neither the third-party payor, nor an employee,
- 12 agent, or representative of the third-party payor controlled,
- 13 influenced, or participated in the health care services
- 14 treatment decision.
- 15 b. That the third-party payor did not deny or delay
- 16 payment for any health care services prescribed or recommended
- 17 by a health care provider to the insured or enrollee.
- 18 4. A provision under state law prohibiting a third-party
- 19 payor from practicing medicine or being licensed to practice
- 20 medicine shall not be asserted as a defense by such third-
- 21 party payor in an action brought against it pursuant to this
- 22 section or any other applicable law.
- 23 5. In an action against a third-party payor, a finding
- 24 that a health care provider is an employee, agent, or
- 25 representative of such third-party payor shall not be based
- 26 solely on proof that such a health care provider's name
- 27 appears in a listing of approved health care providers made
- 28 available to an insured or enrollee under a health care plan.
- 29 Sec. 4. <u>NEW SECTION</u>. 514L.4 EXCLUSIONS.
- 30 1. Section 514L.3 does not create an obligation on the
- 31 part of the third-party payor to provide any health care
- 32 services to an insured or enrollee that are not covered by the
- 33 health care plan offered by the third-party payor.
- 34 2. This chapter does not create any liability on the part
- 35 of an employer or an employer group purchasing organization

- 1 that purchases health care services coverage or assumes risk
- 2 on behalf of its employees for providing health care services.
- 3. This chapter does not apply to workers' compensation4 coverages.
- 5 Sec. 5. NEW SECTION. 514L.5 PROHIBITIONS.
- 6 1. A third-party payor shall not remove a health care
- 7 provider from its plan or refuse to renew the participation of
- 8 a health care provider under its plan for advocating
- 9 appropriate and medically necessary health care services for
- 10 an insured or enrollee.
- 11 2. A third-party payor shall not enter into a contract
- 12 with a hospital or health care provider or pharmaceutical
- 13 company which includes an indemnification or hold harmless
- 14 clause for the acts or conduct of the third-party payor. Any
- 15 such indemnification or hold harmless clause in an existing
- 16 contract is void.
- 17 EXPLANATION
- 18 This bill creates new Code chapter 514L. The bill defines
- 19 "third-party payor" as a health insurance carrier, health
- 20 maintenance organization, managed care entity, or organized
- 21 delivery system.
- New Code section 514L.3 provides that a third-party payor
- 23 has the duty to exercise ordinary care when making health care
- 24 treatment decisions and is liable for damages for harm to an
- 25 insured or enrollee proximately caused by its failure to
- 26 exercise such ordinary care. The bill establishes certain
- 27 defenses to such an action for failure to use ordinary care
- 28 and provides that the duty to exercise ordinary care does not
- 29 create an obligation on the part of the third-party payor to
- 30 provide health care services to an insured or enrollee which
- 31 is not covered by the health care plan offered by the third-
- 32 party payor.
- 33 New Code section 514L.4 contains a list of items which are
- 34 specifically excluded from this chapter's application. New
- 35 Code section 514L.5 lists certain acts third-party payors are