

JAN 30 2003

COMMERCE, REGULATION & LABOR

HOUSE FILE 92
BY FOEGE

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-92

1 Section 1. Section 509.3, subsections 5, 6, and 7, Code
2 2003, 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 care or treatment
8 provided by a chiropractor shall be compensated at the same
9 level as equivalent services provided by a person licensed in
10 the practice of medicine and surgery under chapter 148 or
11 150A. The policy shall provide that the policyholder may
12 reject the coverage or provision if the coverage or provision
13 for diagnosis or treatment of a human ailment by a
14 chiropractor is rejected for all providers of diagnosis or
15 treatment for similar human ailments licensed under chapter
16 148, 150, 150A, or 151. A policy of group health insurance
17 may limit or make optional the payment or reimbursement for
18 lawful diagnostic or treatment service by all licensees under
19 chapters 148, 150, 150A, and 151 on any rational basis which
20 is not solely related to the license under or the practices
21 authorized by chapter 151 or is not dependent upon a method of
22 classification, categorization, or description based directly
23 or indirectly upon differences in terminology used by
24 different licensees in describing human ailments or their
25 diagnosis or treatment. This subsection applies to group
26 policies delivered or issued for delivery after July 1, 1986,
27 and to existing group policies on their next anniversary or
28 renewal date, or upon expiration of the applicable collective
29 bargaining contract, if any, whichever is later. This
30 subsection does not apply to blanket, short-term travel,
31 accident-only, limited or specified disease, or individual or
32 group conversion policies, or policies under Title XVIII of
33 the Social Security Act, or any other similar coverage under a
34 state or federal government plan.

35 7. A provision shall be made available to policyholders,

1 under group policies covering hospital, medical, or surgical
2 expenses, for payment of covered services determined to be
3 medically necessary provided by registered nurses certified by
4 a national certifying organization, which organization shall
5 be identified by the Iowa board of nursing pursuant to rules
6 adopted by the board, if the services are within the practice
7 of the profession of a registered nurse as that practice is
8 defined in section 152.1, under terms and conditions agreed
9 upon between the insurer and the policyholder, subject to
10 utilization controls. The provision shall also guarantee that
11 any care or treatment provided by registered nurses shall be
12 compensated at the same level as equivalent services provided
13 by a person licensed in the practice of medicine and surgery
14 under chapter 148 or 150A. This subsection shall not require
15 payment for nursing services provided by a certified nurse
16 practicing in a hospital, nursing facility, health care
17 institution, physician's office, or other noninstitutional
18 setting if the certified nurse is an employee of the hospital,
19 nursing facility, health care institution, physician, or other
20 health care facility or health care provider. This subsection
21 applies to group policies delivered or issued for delivery in
22 this state on or after July 1, 1989, and to existing group
23 policies on their next anniversary or renewal dates, or upon
24 expiration of the applicable collective bargaining contract,
25 if any, whichever is later. This subsection does not apply to
26 blanket, short-term travel, accident only, limited or
27 specified disease, or individual or group conversion policies,
28 policies rated on a community basis, or policies designed only
29 for issuance to persons for eligible coverage under Title
30 XVIII of the federal Social Security Act, or any other similar
31 coverage under a state or federal government plan.

32 Sec. 2. Section 509.3, Code 2003, is amended by adding the
33 following new subsection:

34 NEW SUBSECTION. 8. A provision shall be made available to
35 policyholders, under group policies covering hospital,

1 medical, or surgical expenses for payment of necessary medical
2 or surgical care and treatment, as well as drug prescriptions,
3 provided by a person licensed to practice podiatry under
4 chapter 149, if the care and treatment are provided within the
5 scope of the person's license and if the policy would pay for
6 the care and treatment if the care and treatment were provided
7 by a person engaged in the practice of medicine and surgery as
8 licensed under chapter 148 or 150A. The provision shall also
9 guarantee that any medical or surgical services provided by a
10 podiatrist shall be compensated at the same level as
11 equivalent services provided by a person licensed in the
12 practice of medicine or surgery under chapter 148 or 150A.
13 The policy shall provide that the policyholder may reject the
14 coverage or provision if the coverage or provision for similar
15 services which may be provided by a podiatric physician is
16 rejected for all providers of services as licensed under
17 chapter 148, 149, or 150A. This subsection applies to group
18 policies delivered or issued for delivery on or after July 1,
19 2003, and to existing group policies on their next anniversary
20 or renewal date, or upon expiration of the applicable
21 collective bargaining contract, if any, whichever is later.
22 This subsection does not apply to blanket, short-term travel,
23 accident only, limited or specified disease, or individual or
24 group conversion policies, or policies designed only for
25 issuance to persons for coverage under Title XVIII of the
26 federal Social Security Act, or any other similar coverage
27 under a state or federal government plan.

28 Sec. 3. Section 509.3, unnumbered paragraph 1, Code 2003,
29 is amended to read as follows:

30 In addition to the provisions required in subsections 1
31 through 7 8, the commissioner shall require provisions through
32 the adoption of rules implementing the federal Health
33 Insurance Portability and Accountability Act, Pub. L. No. 104-
34 191.

35 Sec. 4. Section 514B.1, subsection 5, paragraphs b, c, and

1 d, Code 2003, are amended to read as follows:

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

27 c. The health care services available to enrollees under
28 prepaid group plans covering diagnosis and treatment of human
29 ailments, shall include a provision for payment of necessary
30 diagnosis or treatment provided by a chiropractor licensed
31 under chapter 151 if the diagnosis or treatment is provided
32 within the scope of the chiropractor's license and if the plan
33 would pay or reimburse for the diagnosis or treatment of human
34 ailment, irrespective of and disregarding variances in
35 terminology employed by the various licensed professions in

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

29 d. The health care services available to enrollees under
30 prepaid group plans covering hospital, medical, or surgical
31 expenses, may include, at the option of the employer
32 purchaser, a provision for payment of covered services
33 determined to be medically necessary provided by a certified
34 registered nurse certified by a national certifying
35 organization, which organization shall be identified by the

1 Iowa board of nursing pursuant to rules adopted by the board,
2 if the services are within the practice of the profession of a
3 registered nurse as that practice is defined in section 152.1,
4 under terms and conditions agreed upon between the employer
5 purchaser and the health maintenance organization, subject to
6 utilization controls. Additionally, any covered services
7 provided by a registered nurse shall be compensated at the
8 same level as equivalent services provided by a person
9 licensed in the practice of medicine or surgery under chapter
10 148 or 150A. This paragraph shall not require payment for
11 nursing services provided by a certified registered nurse
12 practicing in a hospital, nursing facility, health care
13 institution, a physician's office, or other noninstitutional
14 setting if the certified registered nurse is an employee of
15 the hospital, nursing facility, health care institution,
16 physician, or other health care facility or health care
17 provider. This paragraph applies to services provided under
18 plans within this state made on or after July 1, 1989, and to
19 existing group plans on their next anniversary or renewal
20 date, or upon the expiration of the applicable collective
21 bargaining contract, if any, whichever is later. This
22 paragraph does not apply to enrollees eligible for coverage
23 under an individual contract or coverage designed only for
24 issuance to enrollees eligible for coverage under Title XVIII
25 of the federal Social Security Act, or under coverage which is
26 rated on a community basis, or any other similar coverage
27 under a state or federal government plan.

28 Sec. 5. Section 514B.1, subsection 5, Code 2003, is
29 amended by adding the following new paragraph:

30 NEW PARAGRAPH. e. The health care services available to
31 enrollees under prepaid group plans covering hospital,
32 medical, or surgical expenses shall include a provision for
33 payment of necessary medical or surgical care and treatment as
34 well as drug prescriptions provided by a podiatric physician
35 licensed under chapter 149, if performed within the scope of

1 the podiatrist's license and the plan would pay for the care
2 and treatment when the care and treatment were provided by a
3 person engaged in the practice of medicine or surgery as
4 licensed under chapter 148 or 150A. Additionally, any medical
5 or surgical service provided by a podiatrist shall be
6 compensated at the same level as equivalent services provided
7 by a person licensed in the practice of medicine or surgery
8 under chapter 148, 149, or 150A. The plan shall provide that
9 the plan enrollees may reject the coverage for services which
10 may be provided by a podiatric physician if the coverage is
11 rejected for all providers of similar services as licensed
12 under chapter 148, 149, or 150A. This paragraph applies to
13 services provided under plans made on or after July 1, 2003,
14 and to existing group plans on their next anniversary or
15 renewal date, or upon the expiration of the applicable
16 collective bargaining contract, if any, whichever is the
17 later. This paragraph does not apply to enrollees eligible
18 for coverage under Title XVIII of the federal Social Security
19 Act or any other similar coverage under a state or federal
20 government plan.

21

EXPLANATION

22 This bill establishes the requirement under group insurance
23 policies and health maintenance organization contracts that
24 treatment or services provided by a person licensed under Code
25 chapter 154 (optometrist), a person licensed under Code
26 chapter 151 (chiropractor), a person licensed under Code
27 chapter 152 (nursing), or a person licensed under Code chapter
28 149 (podiatrist), are to be compensated at the same level as
29 if the treatment or services were provided by a person
30 licensed under Code chapter 148 or 150A (allopathic and
31 osteopathic physicians).

32 The bill establishes provisions under group insurance
33 policies and health maintenance organization contracts to
34 require that if the policy or available health care services
35 currently cover or include care and treatment, as well as drug

1 prescriptions, if provided by a person licensed to practice
2 medicine and surgery under Code chapter 148 or a person
3 licensed to practice osteopathic medicine and surgery under
4 Code chapter 150A, the plan or health care services available
5 shall also allow for provision of the care and treatment, as
6 well as drug prescriptions, by a podiatric physician. The
7 bill also requires that the care or treatment be within the
8 scope of practice of the podiatric physician. This
9 requirement applies to policies delivered and issued and
10 services provided under plans on or after July 1, 2003, and to
11 existing plans on the latter of the anniversary, renewal, or
12 expiration of a collective bargaining contract.

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