House File 2200 - Introduced

HOUSE FILE 2200
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO HF 625) (SUCCESSOR TO HF 289)

A BILL FOR

- 1 An Act relating to direct health care agreements, and including
- 2 effective date and applicability provisions.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

- 1 Section 1. Section 135N.1, Code 2022, is amended by striking
- 2 the section and inserting in lieu thereof the following:
- 3 135N.1 Direct health care agreements.
- 4 l. Definitions. For the purpose of this section:
- 5 a. "Direct health care agreement" means an agreement between
- 6 a provider and a patient, or the patient's representative, in
- 7 which the provider agrees to provide health care services for a
- 8 specified period of time to the patient for a service charge.
- 9 b. "Durable power of attorney for health care" means the same 10 as defined in section 144B.1.
- 11 c. "Health care services" means services for the diagnosis,
- 12 prevention, treatment, cure, or relief of a health condition,
- 13 illness, injury, or disease. "Health care services" includes
- 14 dental care services.
- 15 d. "Patient" means an individual, or an individual and the
- 16 individual's immediate family, that is a party to a direct
- 17 health care agreement.
- 18 e. "Patient's representative" means a parent, guardian, or
- 19 an individual holding a durable power of attorney for health
- 20 care for a patient.
- 21 f. "Provider" means a health care professional licensed,
- 22 accredited, registered, or certified to perform health care
- 23 services consistent with the laws of this state. "Provider"
- 24 includes an individual health care professional or other
- 25 legal health care entity alone or with other health care
- 26 professionals professionally associated with the individual
- 27 health care professional or other legal health care entity.
- 28 g. "Service charge" means a charge for health care services
- 29 provided by a provider to a patient covered by a direct health
- 30 care agreement. "Service charge" may include a periodic
- 31 retainer, a membership fee, a subscription fee, or a charge in
- 32 any other form paid by a patient to a provider under a direct
- 33 health care agreement.
- 34 2. Requirements for a valid direct health care agreement.
- 35 a. In order to be a valid agreement, a direct health care

- 1 agreement must meet all of the following requirements:
- 2 (1) Be in writing.
- 3 (2) Be signed by the provider, or an agent of the provider,
- 4 and the patient or the patient's representative.
- 5 (3) Describe the scope of the health care services covered
- 6 by the direct health care agreement.
- 7 (4) State each of the provider's locations where a patient
- 8 may obtain health care services and specify any out-of-office
- 9 health care services that are covered under the direct health
- 10 care agreement.
- 11 (5) Specify the service charge and the frequency at which
- 12 the service charge must be paid by the patient. A patient
- 13 shall not be required to pay more than twelve months of a
- 14 service charge in advance.
- 15 (6) Specify any additional costs for health care services
- 16 not covered by the service charge for which the patient will
- 17 be responsible.
- 18 (7) Specify the duration of the direct health care
- 19 agreement, whether renewal is automatic, and if required, the
- 20 procedure for renewal.
- 21 (8) Specify the terms and conditions under which the direct
- 22 health care agreement may be terminated by the provider.
- 23 A termination of the direct health care agreement by the
- 24 provider shall include a minimum of a thirty-calendar-day
- 25 advance, written notice to the patient or to the patient's
- 26 representative.
- 27 (9) Specify that the direct health care agreement may be
- 28 terminated at any time by the patient upon written notice to
- 29 the provider.
- 30 (10) State that if the direct health care agreement is
- 31 terminated by either the patient or the provider all of the
- 32 following apply:
- 33 (a) Within thirty calendar days of the date of the notice of
- 34 termination from either party, the provider shall refund all
- 35 unearned service charges to the patient.

- 1 (b) Within thirty calendar days of the date of the notice
- 2 of termination from either party, the patient shall pay all
- 3 outstanding earned service charges to the provider.
- 4 (11) Include a notice in bold, twelve-point type that states
- 5 substantially as follows:
- 6 NOTICE. This direct health care agreement is not health
- 7 insurance and is not a plan that provides health coverage for
- 8 purposes of any federal mandates. This direct health care
- 9 agreement only covers the health care services described in
- 10 this agreement. It is recommended that you obtain health
- 11 insurance to cover health care services not covered under this
- 12 direct health care agreement. You are personally responsible
- 13 for the payment of any additional health care expenses you may 14 incur.
- 15 b. The provider shall provide the patient, or the patient's
- 16 representative, with a fully executed copy of the direct health
- 17 care agreement at the time the direct health care agreement is
- 18 executed.
- 19 3. Application for a direct health care agreement. If
- 20 a provider requires a prospective patient to complete an
- 21 application for a direct health care agreement, the provider
- 22 shall provide a written disclaimer on each application that
- 23 informs the prospective patient of the patient's financial
- 24 rights and responsibilities and that states that the provider
- 25 will not bill a health insurance carrier for health care
- 26 services covered under the direct health care agreement. The
- 27 disclaimer shall also include the identical notice required by
- 28 subsection 2, paragraph "a", subparagraph (11).
- 29 4. Notice required for changes to the terms or conditions of
- 30 a direct health care agreement.
- 31 a. A provider shall provide at least a sixty-calendar-day
- 32 advance, written notice to a patient of any of the following
- 33 changes to a direct health care agreement:
- 34 (1) Any change in the scope of the health care services
- 35 covered under the agreement.

- 1 (2) Any change in the provider's locations where the patient 2 may access health care services.
- 3 (3) Any change in the out-of-office services that are 4 covered under the direct health care service agreement.
- 5 (4) Any change in the service charge.
- 6 (5) Any change in the additional costs for health care 7 services not covered by the service charge.
- 8 (6) Any change in the renewal terms.
- 9 (7) Any change in the terms to terminate the agreement.
- 10 b. A provider shall provide the notice by mailing a letter
- 11 to the last known address of the patient that the provider has
- 12 on file. The postmark date on the letter shall be the first day
- 13 of the required sixty-calendar-day notice period.
- 14 5. Discrimination based on an individual's health status. A
- 15 provider shall not refuse to accept a new patient or
- 16 discontinue care of an existing patient based solely on the new
- 17 patient's or the existing patient's health status.
- 18 6. A direct health care agreement is not insurance.
- 19 a. A direct health care agreement shall be deemed to not
- 20 be insurance and shall not be subject to the authority of the
- 21 commissioner of insurance. Neither a provider or an agent of a
- 22 provider shall be required to be licensed by the commissioner
- 23 to transact the business of insurance in this state, or to
- 24 obtain a certificate issued by the commissioner to market or
- 25 offer a direct health care agreement.
- 26 b. A provider shall not bill an insurer for a health care
- 27 service provided under a direct health care agreement. A
- 28 patient may submit a request for reimbursement to an insurer
- 29 if permitted under the patient's policy of insurance. This
- 30 paragraph does not prohibit a provider from billing a patient's
- 31 insurance for a health care service provided to the patient by
- 32 the provider that is not covered under the direct health care
- 33 agreement.
- 34 7. Third-party payment of a service charge. A provider
- 35 may accept payment of a service charge for a patient either

- 1 directly or indirectly from a third party. A provider may
- 2 accept all or part of a service charge paid by an employer
- 3 on behalf of an employee who is a patient of the provider.
- 4 A provider shall not enter directly into an agreement with
- 5 an employer relating to a health care agreement between the
- 6 provider and employees of the employer, other than an agreement
- 7 to establish the timing and method of the payment of a service
- 8 charge paid by the employer on behalf of the employee.
- 9 8. Sale or transfer of a direct health care agreement. A
- 10 direct health care agreement shall not be sold or transferred
- 11 by a provider without the prior written consent of the patient
- 12 who is a party to the direct health care agreement. A patient
- 13 shall not sell or transfer a direct health care agreement to
- 14 which the patient is a party.
- 15 Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate
- 16 importance, takes effect upon enactment.
- 17 Sec. 3. APPLICABILITY. This Act applies to direct health
- 18 care agreements that are fully executed on or after the date
- 19 of enactment.
- 20 EXPLANATION
- 21 The inclusion of this explanation does not constitute agreement with
- 22 the explanation's substance by the members of the general assembly.
- 23 This bill relates to direct health care agreements.
- 24 Current law allows certain primary care health professionals
- 25 to enter into a direct primary care agreement with a patient
- 26 to provide certain primary care health services for a set
- 27 service charge that covers a specific period of time. The bill
- 28 broadens the types of health care professionals that may enter
- 29 into a direct health care agreement to include health care
- 30 professionals that perform health care services. "Health care
- 31 services" is defined in the bill as services for the diagnosis,
- 32 prevention, treatment, cure, or relief of a health condition,
- 33 illness, injury, or disease, and includes dental care services.
- 34 The bill takes effect upon enactment and applies to direct
- 35 health care agreements that are fully executed on or after the

1 date of enactment.