

House File 687 - Introduced

HOUSE FILE 687

BY PRICHARD, McCONKEY,  
COHOON, KURTH, JAMES, B.  
MEYER, KONFRST, SUNDE,  
HALL, HUNTER, JUDGE,  
ANDERSON, GJERDE, BOHANNAN,  
WILBURN, WESSEL-KROESCHELL,  
WILLIAMS, OLSON, MASCHER,  
JACOBY, CAHILL, EHLERT,  
WINCKLER, STAED, OLDSON,  
BROWN-POWERS, THEDE,  
DONAHUE, FORBES, BENNETT,  
WOLFE, and STECKMAN

**A BILL FOR**

1 An Act related to health insurance coverage for the assessment  
2 or diagnosis of a health condition, illness, or disease  
3 related to COVID-19, and for the administration of COVID-19  
4 vaccines, and including effective date and retroactive  
5 applicability provisions.

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

1 Section 1. NEW SECTION. 514C.36 COVID-19 — coverage.

2 1. As used in this section, unless the context otherwise  
3 requires:

4 a. "Commissioner" means the commissioner of insurance.

5 b. "Cost-sharing" means any coverage limit, copayment,  
6 coinsurance, deductible, or other out-of-pocket expense  
7 obligation imposed on a covered person by a policy, contract,  
8 or plan providing for third-party payment or prepayment of  
9 health or medical expenses.

10 c. "Covered person" means a policyholder, subscriber, or  
11 other individual participating in a policy, contract, or plan  
12 providing for third-party payment or prepayment of health or  
13 medical expenses.

14 d. "COVID-19" means a severe acute respiratory syndrome  
15 coronavirus 2 or the disease caused by severe acute respiratory  
16 syndrome coronavirus 2.

17 e. "Facility" means the same as defined in section 514J.102.

18 f. "Health care professional" means the same as defined in  
19 section 514J.102.

20 g. "Health care provider" means a health care professional  
21 or a facility.

22 h. "Health care services" means services for the assessment  
23 or diagnosis of a health condition, illness, or disease related  
24 to COVID-19.

25 i. "Vaccines" means any vaccine for COVID-19 licensed by  
26 the United States food and drug administration, or for which  
27 the United States food and drug administration has issued an  
28 emergency use authorization, and that is administered pursuant  
29 to guidance issued by federal, state, or county public health  
30 officials.

31 2. Notwithstanding the uniformity of treatment requirements  
32 of section 514C.6, a policy, contract, or plan that provides  
33 for third-party payment or prepayment of health or medical  
34 expenses shall comply with the following requirements:

35 a. Waive all cost-sharing requirements for health care

1 services recommended by a covered person's health care  
2 provider.

3 *b.* Waive all costs, including administration fees and  
4 cost-sharing requirements, for the administration of vaccines.

5 *c.* Waive prior authorization requirements for all health  
6 care services recommended by a covered person's health care  
7 provider, and for the administration of vaccines.

8 *d.* Waive all requirements mandating a covered person receive  
9 health care services or vaccines from an in-network health care  
10 provider if the policy, contract, or plan is unable to provide  
11 timely and reasonable in-network access to health care services  
12 recommended by a covered person's health care provider, or to  
13 vaccines.

14 3. Notwithstanding the uniformity of treatment requirements  
15 of section 514C.6, a policy, contract, or plan that provides  
16 for third-party payment or prepayment of health or medical  
17 expenses shall not retroactively deny reimbursement to a health  
18 care provider that provided health care services or that  
19 administered a vaccine to a covered person, based on any of the  
20 following:

21 *a.* The health care provider's network status.

22 *b.* The covered person receiving a diagnosis other than a  
23 diagnosis related to COVID-19.

24 4. All requirements pursuant to subsections 2 and 3 shall  
25 be communicated in writing in a policy, contract, or plan that  
26 provides for third-party payment or prepayment of health or  
27 medical expenses to all covered persons and to all health care  
28 providers that are contracted with the policy, contract, or  
29 plan.

30 5. This section applies to the following classes of  
31 third-party payment provider policies, contracts, or plans:

32 *a.* Individual or group accident and sickness insurance  
33 providing coverage on an expense-incurred basis.

34 *b.* An individual or group hospital or medical service  
35 contract issued pursuant to chapter 509, 514, or 514A.

1 c. An individual or group health maintenance organization  
2 contract regulated under chapter 514B.

3 d. A plan established pursuant to chapter 509A for public  
4 employees.

5 e. The medical assistance program established pursuant to  
6 chapter 249A, including a managed care organization acting  
7 pursuant to a contract with the department of human services to  
8 provide coverage to medical assistance program members.

9 6. This section shall not apply to accident-only,  
10 specified disease, short-term hospital or medical, hospital  
11 confinement indemnity, credit, dental, vision, Medicare  
12 supplement, long-term care, basic hospital and medical-surgical  
13 expense coverage as defined by the commissioner, disability  
14 income insurance coverage, coverage issued as a supplement  
15 to liability insurance, workers' compensation or similar  
16 insurance, or automobile medical payment insurance.

17 7. The commissioner shall adopt rules pursuant to chapter  
18 17A to administer this section. Such rules shall include  
19 the requirement that all policies, contracts, or plans that  
20 provide for third-party payment or prepayment of health or  
21 medical expenses adopt a uniform system of billing that allows  
22 health care providers to timely process billing codes related  
23 to health care services and vaccines provided pursuant to this  
24 section.

25 Sec. 2. EMERGENCY RULES. The commissioner may adopt  
26 emergency rules under section 17A.4, subsection 3, and section  
27 17A.5, subsection 2, paragraph "b", to implement this Act and  
28 the rules shall be effective immediately upon filing unless  
29 a later date is specified in the rules. Any rules adopted  
30 in accordance with this section shall also be published as a  
31 notice of intended action as provided in section 17A.4.

32 Sec. 3. EFFECTIVE DATE. This Act, being deemed of immediate  
33 importance, takes effect upon enactment.

34 Sec. 4. RETROACTIVE APPLICABILITY. This Act applies  
35 retroactively to January 1, 2020, for policies, contracts, or

1 plans that are delivered, issued for delivery, continued, or  
2 renewed in this state on or after that date.

3 EXPLANATION

4 The inclusion of this explanation does not constitute agreement with  
5 the explanation's substance by the members of the general assembly.

6 This bill relates to health insurance coverage for the  
7 assessment or diagnosis of a health condition, illness, or  
8 disease related to COVID-19, and for the administration of  
9 COVID-19 vaccines.

10 The bill requires policies, contracts, and plans (plans)  
11 that provide for third-party payment or prepayment of health  
12 or medical expenses to waive all cost-sharing requirements  
13 and prior authorization requirements for health care services  
14 recommended by a covered person's health care provider. The  
15 plans must also waive all costs, including administration  
16 fees and cost-sharing requirements, for the administration of  
17 vaccines. "Vaccines" is defined in the bill as any vaccine  
18 for COVID-19 licensed by the United States food and drug  
19 administration, or for which the United States food and drug  
20 administration has issued an emergency use authorization, and  
21 that is administered pursuant to guidance issued by federal,  
22 state, or county public health officials. In addition, the  
23 plans must waive all requirements mandating that a covered  
24 person receive health care services in-network if the plan  
25 is unable to provide timely and reasonable in-network access  
26 to health care services recommended by the covered person's  
27 health care provider, or to vaccines. "Health care services"  
28 is defined in the bill as services for the assessment or  
29 diagnosis of a health condition, illness, or disease related to  
30 COVID-19. The bill prohibits plans from retroactively denying  
31 reimbursement, based on a health care provider's network  
32 status or a covered person receiving a diagnosis other than a  
33 diagnosis related to COVID-19, to a health care provider that  
34 provided health care services or vaccines to a covered person.  
35 The bill requires plans to communicate these requirements in

1 writing to all covered persons and to all health care providers  
2 that are contracted with the plan.

3 The bill specifies the types of specialized health-related  
4 insurance that are not subject to the bill. The commissioner  
5 of insurance is required to adopt rules to administer the bill  
6 and the rules must include the requirement that all plans adopt  
7 a uniform system of billing that allows health care providers  
8 to timely process billing codes related to health care services  
9 provided to covered persons. The commissioner may also adopt  
10 emergency rules as outlined in the bill.

11 The bill takes effect upon enactment and applies  
12 retroactively to plans that are delivered, issued for delivery,  
13 continued, or renewed in this state on or after January 1,  
14 2020, by the third-party payment providers enumerated in the  
15 bill.