

House File 2434 - Introduced

HOUSE FILE 2434
BY COMMITTEE ON HEALTH AND HUMAN
SERVICES

(SUCCESSOR TO HSB 506)

A BILL FOR

- 1 An Act relating to insurance coverage for health care services
- 2 provided pursuant to a referral by an out-of-network primary
- 3 care provider.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. **514C.37 Primary care providers —**
2 **insurance requirements.**

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

5 a. "*Covered benefit*" means a health care service to which a
6 covered person is entitled under the terms of a health benefit
7 plan.

8 b. "*Covered person*" means a policyholder, subscriber,
9 enrollee, or other individual participating in a health benefit
10 plan.

11 c. "*Direct primary care agreement*" means an agreement between
12 a primary care provider and a covered person, or the covered
13 person's representative, in which the primary care provider
14 agrees to provide health care services for a specified period of
15 time to the covered person for a service charge.

16 d. "*Health benefit plan*" means a policy, contract,
17 certificate, or agreement offered or issued by a health carrier
18 to provide, deliver, arrange for, pay for, or reimburse any of
19 the costs of health care services.

20 e. "*Health care professional*" means the same as defined in
21 section 514J.102.

22 f. "*Health care services*" means the same as defined in
23 section 514J.102.

24 g. "*Health carrier*" means the same as defined in section
25 514J.102.

26 h. "*Primary care provider*" means a health care professional
27 trained to serve as the first contact and to provide continuous
28 and comprehensive care to a covered person, and includes but is
29 not limited to any of the following licensed or certified health
30 care professionals who provide primary care:

31 (1) A physician who is a family or general practitioner, a
32 pediatrician, an internist, an obstetrician, or a gynecologist.

33 (2) An advanced registered nurse practitioner.

34 (3) A physician assistant.

35 2. a. Notwithstanding the uniformity of treatment

1 requirements of section 514C.6, a health carrier shall not deny
2 coverage for a covered benefit provided to a covered person
3 solely on the basis that the covered person's referral to receive
4 the covered benefit was made by a primary care provider who does
5 not participate in the health carrier's provider network.

6 b. A health carrier shall not impose a deductible,
7 coinsurance, or copayment for a covered benefit for which a
8 covered person was referred by the covered person's primary care
9 provider in excess of the deductible, coinsurance, or copayment
10 applicable for the covered benefit had the covered person been
11 referred by a health care professional that participates in the
12 health carrier's provider network.

13 c. A health carrier may require a primary care provider to
14 provide evidence that the primary care provider has executed
15 a direct primary care agreement with the covered person, which
16 evidence may include a written attestation or a copy of the
17 executed direct primary care agreement.

18 3. This section applies to a covered benefit for which a
19 covered person's primary care provider referred the covered
20 person on or after July 1, 2026.

21 4. The commissioner of insurance may adopt rules pursuant to
22 chapter 17A to administer this section.

23 EXPLANATION

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

26 This bill relates to insurance coverage for health care
27 services provided pursuant to a referral by an out-of-network
28 primary care provider.

29 Under the bill, a health carrier (carrier) shall not deny
30 coverage for a covered benefit provided to a covered person
31 solely on the basis that the referral to receive the covered
32 benefit was made by the covered person's primary care provider
33 (PCP) who does not participate in the carrier's network. A
34 carrier shall not impose a deductible, coinsurance, or copayment
35 for a covered benefit for which a covered person was referred by

1 the covered person's PCP greater than what would be applicable
2 to the same benefit had the covered person been referred by an
3 in-network health care professional. A carrier may require a PCP
4 to provide evidence that the PCP executed a direct primary care
5 agreement with the covered person, which evidence may include
6 a written attestation or a copy of the executed agreement.
7 "Covered benefit", "direct primary care agreement", and "primary
8 care provider" are defined in the bill.

9 The bill applies to covered benefits for which a covered
10 person's primary care provider referred the covered person on or
11 after July 1, 2026.

12 The commissioner of insurance may adopt rules to administer
13 the bill.

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