

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:

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
12 between a primary care provider and a covered person, or the
13 covered person's representative, in which the primary care
14 provider agrees to provide health care services for a specified
15 period of 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
29 is not limited to any of the following licensed or certified
30 health 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 copayment for a covered benefit for which a covered person was
2 referred by the covered person's PCP greater than what would
3 be applicable to the same benefit had the covered person been
4 referred by an in-network health care professional. A carrier
5 may require a PCP to provide evidence that the PCP executed a
6 direct primary care agreement with the covered person, which
7 evidence may include a written attestation or a copy of the
8 executed agreement. "Covered benefit", "direct primary care
9 agreement", and "primary care provider" are defined in the
10 bill.

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

14 The commissioner of insurance may adopt rules to administer
15 the bill.