

House File 2434 - Reprinted

HOUSE FILE 2434
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 506)

(As Amended and Passed by the House February 25, 2026)

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. "Health benefit plan" does
20 not include a self-funded health benefit plan that is governed
21 by the federal Employee Retirement Income Security Act of 1974,
22 29 U.S.C. §1001 et seq.

23 e. "Health care professional" means the same as defined in
24 section 514J.102.

25 f. "Health care services" means the same as defined in
26 section 514J.102.

27 g. "Health carrier" means the same as defined in section
28 514J.102.

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

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

1 (2) An advanced registered nurse practitioner.

2 (3) A physician assistant.

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

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

17 *c.* A health carrier may require a primary care provider to
18 provide evidence that the primary care provider has executed a
19 direct primary care agreement with the covered person, which
20 evidence may include a written attestation or a copy of the
21 executed direct primary care agreement.

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

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