

the health of the citizens of this state. The commission shall adopt minimum standards and provide model standards for private water supplies and private sewage disposal facilities for use of the local boards of health. Each local board of health is the agency to regulate private water supplies and private sewage disposal systems, but the department shall maintain jurisdiction over discharges to a water of the state. Each local board of health shall adopt standards relating to the design and construction of private water supplies and private sewage disposal facilities, which standards shall not be lower than the minimum standards adopted by the commission.

Sec. 4. Section 455B.183, subsection 3, unnumbered paragraph 1, Code Supplement 1983, is amended to read as follows:

The operation of any waste disposal system or public water supply system or any part of or extension or addition to such the system. This provision does not apply to any a pretreatment system the effluent of which is to be discharged directly to another disposal system for final treatment and disposal, a semi-public sewage disposal system, the construction of which has been approved by the department and which does not discharge into water of the state or any a private sewage disposal system which does not discharge into a water of the state. The exemption of this paragraph shall not apply to any industrial waste discharges.

Approved April 20, 1984

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**CHAPTER 1122**  
**HEALTH CARE PROVIDERS**  
*S.F. 414*

**AN ACT** relating to health service and health care providers by providing for the licensing of a health service provider in psychology and the ability of a nonprofit medical service plan to contract with certain health care providers.

*Be It Enacted by the General Assembly of the State of Iowa:*

Section 1. Section 154B.6, subsection 1, Code 1983, is amended to read as follows:

1. A licensed psychologist Except as provided in this section, after July 1, 1985 a new applicant for licensure as a psychologist shall possess a doctoral degree in psychology or its equivalent from an institution approved by the board and shall have completed at least one year of supervised professional experience under the supervision of a licensed psychologist or prior to July 1, 1976 any person holding a certificate as a psychologist from the board of examiners of the Iowa psychological association, following the granting of the doctoral degree, or predoctoral experience, as may be acceptable to the board; or shall possess a master's degree in psychology or its equivalent from an institution approved by the board and have completed at least five years of professional experience, at least two of which shall have been under the supervision of a licensed psychologist or prior to July 1, 1976 any person holding a certificate

as a psychologist from the board of examiners of the Iowa psychological association, as may be acceptable to the board.

Sec. 2. NEW SECTION. 154B.6A HEALTH SERVICE PROVIDER IN PSYCHOLOGY. A certified health service provider in psychology means a person licensed to practice psychology who has a doctoral degree in psychology, or prior to July 1, 1984 was licensed at the doctoral level with a degree in psychology or its equivalent, or was prior to January 1, 1984 licensed as a psychologist in this state and prior to January 1, 1985 receives a doctoral degree equivalent to a doctoral degree in psychology, and who has at least two years of clinical experience in a recognized health service setting or meets the standards of a national register of health service providers in psychology. A person certified as a health service provider in psychology shall be deemed qualified to diagnose or evaluate mental illness and nervous disorders, and to treat mental illnesses and nervous disorders, excluding those mental illnesses and nervous disorders which are established as primarily of biological etiology with the exception of the treatment of the psychological and behavioral aspects of those mental illnesses and nervous disorders.

Sec. 3. Section 514.1, Code Supplement 1983, is amended to read as follows:

514.1 INSURANCE LAWS EXCLUDED GENERALLY. Any A corporation hereafter organized under the provisions of chapter 504 or chapter 504A for the purpose of establishing, maintaining, and operating a nonprofit hospital service plan, whereby hospital service may be provided by the corporation or by a hospital with which it has a contract for service, to the public who become subscribers to this plan under a contract which entitles each subscriber to hospital service, or any a corporation organized for the purpose of establishing, maintaining, and operating a plan whereby medical and surgical service may be provided at the expense of this corporation, by duly licensed physicians and surgeons, dentists, podiatrists, osteopathic physicians, or osteopathic physicians and surgeons, to subscribers under contract, entitling each subscriber to medical and surgical service, as provided in the contract or any corporation organized for the purpose of establishing, maintaining, and operating a nonprofit pharmaceutical service plan or optometric service plan, whereby pharmaceutical or optometric service may be provided by this corporation or by a licensed pharmacy with which it has a contract for service, to the public who become subscribers to this plan under a contract which entitles each subscriber to pharmaceutical or optometric service, shall be governed by the provisions of this chapter and shall be is exempt from all other provisions of the insurance laws of this state, unless specifically designated herein, not only in governmental relations with the state but for every other purpose, and additions hereafter enacted shall not apply to these corporations unless they be expressly designated therein. For the purposes of this chapter, "subscriber" means an individual who enters into a contract for hospital services, medical or surgical services, dental services, or pharmaceutical or optometric health care services with a corporation subject to this chapter and includes any person eligible for medical assistance or additional medical assistance as defined under chapter 249A, with respect to whom the department of human services has entered into a contract with any firm operating under chapter 514. For purposes of this chapter, "provider" is as defined in section 514B.1 shall mean a person as defined in section 4.1, subsection 13, which is licensed or otherwise authorized in this state to furnish health care services. "Health care" shall mean that care necessary for the purpose of preventing, alleviating, curing, or healing human physical or mental illness, injury, or disability.

Sec. 4. Section 514.5, Code Supplement 1983, is amended by adding the following new unnumbered paragraph:

**NEW UNNUMBERED PARAGRAPH.** A hospital service corporation or medical service corporation organized under this chapter may enter into contracts with subscribers and providers to furnish health care services not otherwise allocated by this section.

Sec. 5. Section 514.6, Code 1983, is amended to read as follows:

**514.6 RATES—APPROVAL BY COMMISSIONER.** The rates charged by any such corporation to the subscribers for ~~hospital health care service or for medical and surgical service, or for pharmaceutical or optometric service~~ shall at all times be subject to the approval of the commissioner of insurance.

Sec. 6. Section 514.7, unnumbered paragraph 1, Code Supplement 1983, is amended to read as follows:

The contracts by any such corporation with the subscribers for ~~hospital health care service or for medical and surgical service or for pharmaceutical or optometric service~~ shall at all times be subject to the approval of the commissioner of insurance. The commission shall require that participating pharmacies be reimbursed by the pharmaceutical service corporation at rates or prices equal to rates or prices charged nonsubscribers, unless the commissioner determines otherwise to prevent loss to subscribers.

Sec. 7. Section 514.8, Code 1983, is amended to read as follows:

**514.8 CONTRACTS WITH HOSPITALS PROVIDERS—APPROVAL.** The contracts by any such corporation with participating hospitals for hospital service or with participating physicians and surgeons, dentists, podiatrists, osteopathic physicians, or osteopathic physicians and surgeons for medical and surgical service, or with participating pharmacies for pharmaceutical service, or with participating optometrists for optometric service, or with other providers shall at all times be subject to the approval of the commissioner of insurance.

Sec. 8. Section 514.13, Code 1983, is amended to read as follows:

**514.13 ARBITRATION OF DISPUTES.** Any dispute arising between a corporation organized under said this chapter and any hospital with which such corporation has a contract for hospital service, or any physician and surgeon, dentist, podiatrist, osteopathic physician, or osteopathic physician and surgeon with whom any such corporation has a contract for medical and surgical service or any pharmacy or optometrist with whom any such corporation has a contract for pharmaceutical or optometric service, as provided for herein, a provider may be submitted to the commissioner of insurance for his a decision. All decisions and findings of the commissioner of insurance may be judicially reviewed in accordance with the terms of the Iowa administrative procedure Act chapter 17A.

Approved April 20, 1984