

House File 330 - Enrolled

House File 330

AN ACT

RELATING TO INSURANCE COVERAGE FOR COVERED INDIVIDUALS FOR
THE TREATMENT OF AUTISM SPECTRUM DISORDER AND INCLUDING
APPLICABILITY PROVISIONS.

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

Section 1. Section 514C.22, subsection 3, paragraph g, Code 2025, is amended to read as follows:

~~g. Autistic disorders~~ Autism spectrum disorder.

Sec. 2. Section 514C.22, subsection 4, Code 2025, is amended to read as follows:

4. ~~The commissioner, by rule, shall define definitions of the~~ biologically based mental illnesses identified in subsection 3-
~~Definitions established by the commissioner~~ shall be consistent with definitions provided in the most recent edition of the American psychiatric association's diagnostic and statistical manual of mental disorders, as such definitions may be amended from time to time. ~~The commissioner may adopt the definitions provided in such manual by reference.~~

Sec. 3. Section 514C.22, subsection 7, Code 2025, is amended by adding the following new paragraph:

NEW PARAGRAPH. c. Notwithstanding paragraphs "a" and "b", a group policy, contract, or plan covered under this section shall not impose an aggregate annual or lifetime limit on biologically based mental illness coverage benefits for autism spectrum disorder.

Sec. 4. Section 514C.22, subsection 8, unnumbered paragraph 1, Code 2025, is amended to read as follows:

A group policy, contract, or plan covered under this section shall at a minimum allow for thirty inpatient days and fifty-two outpatient visits annually, and shall not limit the number of outpatient visits a covered individual may have with a practitioner for applied behavior analysis under section 514C.31, or with an autism service provider for treatment of autism spectrum disorder under section 514C.28. The policy, contract, or plan may also include deductibles, coinsurance, or copayments, provided the amounts and extent of such deductibles, coinsurance, or copayments applicable to other health, medical, or surgical services coverage under the policy, contract, or plan are the same. It is not a violation of this section if the policy, contract, or plan excludes entirely from coverage benefits for the cost of providing the following:

Sec. 5. Section 514C.28, subsections 1, 3, and 5, Code 2025, are amended to read as follows:

1. Notwithstanding the uniformity of treatment requirements of section 514C.6, a group plan established pursuant to chapter 509A for employees of the state providing for third-party payment or prepayment of health, medical, and surgical coverage benefits shall provide coverage benefits to covered individuals under ~~twenty-one years of age~~ for the diagnostic assessment of autism spectrum disorder and for the treatment of autism spectrum disorder.

3. Coverage ~~is required pursuant to this section in a maximum benefit amount of not more than thirty-six thousand dollars per year but~~ shall not be subject to any limits on the number of visits ~~to~~ a covered individual may have with an autism service provider for treatment of autism spectrum disorder. ~~The commissioner shall, on or before April 1 of each calendar year, publish an adjustment to the maximum benefit required equal to the percentage change in the United States department of labor consumer price index for all urban consumers in the preceding year, and the published adjusted maximum benefit shall be applicable to group policies, contracts, or plans subject to this section that are issued or renewed on or after January 1 of the following calendar year. Payments made under a group plan subject to this section on behalf of a covered~~

~~individual for treatment of a health condition unrelated to or distinguishable from the individual's autism spectrum disorder shall not be applied toward any maximum benefit established under this subsection.~~

5. Coverage required by this section shall be provided in coordination with coverage required for the treatment of ~~autistic disorders~~ autism spectrum disorder pursuant to section 514C.22.

Sec. 6. Section 514C.28, subsection 2, paragraph c, Code 2025, is amended to read as follows:

c. "*Autism spectrum disorder*" means ~~a mental health condition that meets the diagnostic criteria for such disorder as published in the most recent edition of the diagnostic and statistical manual of mental disorders as published by the American psychiatric association~~ the same as defined in section 514C.22, subsection 4.

Sec. 7. Section 514C.31, subsection 1, unnumbered paragraph 1, Code 2025, is amended to read as follows:

Notwithstanding the uniformity of treatment requirements of section 514C.6, a group policy, contract, or plan providing for third-party payment or prepayment of health, medical, and surgical coverage benefits shall provide coverage benefits for applied behavior analysis provided by a practitioner to covered individuals ~~under nineteen years of age~~ for the treatment of autism spectrum disorder pursuant to a treatment plan if the policy, contract, or plan is either of the following:

Sec. 8. Section 514C.31, subsection 3, Code 2025, is amended by striking the subsection.

Sec. 9. Section 514C.31, subsections 4 and 5, Code 2025, are amended to read as follows:

4. Coverage required pursuant to this section may be subject to ~~dollar limits,~~ deductibles, copayments, or coinsurance provisions that apply to other medical and surgical services under the policy, contract, or plan, ~~subject to the requirements of subsection 3.~~

5. Coverage required pursuant to this section may be subject to care management provisions of the applicable policy, contract, or plan, including prior authorization, and prior approval, ~~and limits on the number of visits a covered individual may make for applied behavior analysis.~~

Sec. 10. APPLICABILITY.

1. The sections of this Act amending section 514C.22 apply to third-party payment provider policies, contracts, and plans as specified in section 514C.22 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2026.

2. The sections of this Act amending section 514C.28 apply to a group plan established pursuant to chapter 509A for employees of the state that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2026.

3. The sections of this Act amending section 514C.31 apply to third-party provider payment contracts, policies, or plans specified in section 514C.31, subsection 1, paragraph "a", or to plans established pursuant to chapter 509A for public employees other than employees of the state, that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2026.

PAT GRASSLEY
Speaker of the House

AMY SINCLAIR
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 330, Ninety-first General Assembly.

MEGHAN NELSON
Chief Clerk of the House

Approved _____, 2025

KIM REYNOLDS
Governor