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COMMERCE AND REGULATION	HOUSE FILE BY JOCHUM
Passed House, Date Vote: Ayes Nays	Passed Senate, Date Vote: Ayes Nays
Approved	

A BILL FOR

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1 Section 1. <u>NEW SECTION</u>. 514C.21 MANDATED COVERAGE FOR 2 MENTAL HEALTH CONDITIONS.

1. a. Notwithstanding section 514C.6, a policy or
4 contract providing for third-party payment or prepayment of
5 health or medical expenses shall provide coverage benefits for
6 mental health conditions based on rates, terms, and conditions
7 which are no more restrictive than the rates, terms, and
8 conditions for coverage benefits provided for other health or
9 medical conditions under the policy or contract.
10 Additionally, any rates, terms, and conditions involving
11 deductibles, copayments, coinsurance, and any other cost12 sharing requirements shall be cumulative for coverage of both
13 mental health conditions and other health or medical

14 conditions under the policy or contract.

15 b. Coverage required under this subsection shall be as 16 follows:

17 (1) For the treatment of mental illness, coverage shall be 18 for services provided by a licensed mental health 19 professional, or services provided in a licensed hospital or 20 health facility.

(2) For the treatment of alcohol or substance abuse,
22 coverage shall be for services provided by a substance abuse
23 counselor, as approved by the department of human services, a
24 licensed health facility providing a program for the treatment
25 of alcohol or substance abuse approved by the department of
26 human services, or a licensed substance abuse treatment and
27 rehabilitation facility.

28 2. This section applies to the following classes of third-29 party payment provider contracts or policies delivered, issued 30 for delivery, continued, or renewed in this state on or after 31 January 1, 2002:

32 a. Individual or group accident and sickness insurance33 providing coverage on an expense-incurred basis.

34 b. An individual or group hospital or medical service 35 contract issued pursuant to chapter 509, 514, or 514A.

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c. An individual or group health maintenance organization
 2 contract regulated under chapter 514B.

3 d. An individual or group Medicare supplemental policy,
4 unless coverage pursuant to such policy is preempted by
5 federal law.

6 e. Any other entity engaged in the business of insurance, 7 risk transfer, or risk retention, which is subject to the 8 jurisdiction of the commissioner.

9 f. An organized delivery system licensed by the director 10 of public health.

11 3. For purposes of this section, unless the context 12 otherwise requires:

a. "Mental health condition" means a condition or disorder
involving mental illness or alcohol or substance abuse that
falls under any of the diagnostic categories listed in the
mental disorders section of the international classification
of disease, as periodically revised.

b. "Rates, terms, and conditions" means any lifetime
payment limits, deductibles, copayments, coinsurance, and any
other cost-sharing requirements, out-of-pocket limits, visit
limitations, and any other financial component of benefits
coverage that affects the covered individual.

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EXPLANATION

This bill creates new Code section 514C.21 and provides that a policy or contract providing for third-party payment or prepayment of health or medical expenses must provide coverage benefits for mental health conditions based on rates, terms, and conditions which are no more restrictive than the rates, terms, and conditions associated with coverage benefits provided for other conditions under the policy or contract. Mental health conditions are defined to mean a condition or disorder involving mental illness or alcohol or substance abuse that falls under any of the diagnostic categories listed in the mental disorders section of the international classification of disease, as periodically updated.

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