

**Senate File 2019 - Introduced**

SENATE FILE 2019

BY McCOY

**A BILL FOR**

1 An Act relating to insurance coverage for the assessment and  
2 treatment of eating disorders and including applicability  
3 date provisions.

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

1 Section 1. NEW SECTION. 514C.31 Eating disorders —  
2 coverage.

3 1. Notwithstanding the uniformity of treatment requirements  
4 of section 514C.6, a policy, contract, or plan providing for  
5 third-party payment or prepayment of health or medical expenses  
6 shall provide coverage benefits for the diagnostic assessment  
7 and treatment of eating disorders.

8 2. As used in this section, unless the context otherwise  
9 requires:

10 a. *“Diagnostic assessment of eating disorders”* means  
11 medically necessary assessments, evaluations, or tests  
12 performed by a physician or psychiatrist licensed pursuant to  
13 chapter 148, a psychologist licensed pursuant to chapter 154B,  
14 a social worker licensed pursuant to chapter 154C, or a mental  
15 health counselor or marital and family therapist licensed  
16 pursuant to chapter 154D, to diagnose whether an individual has  
17 an eating disorder.

18 b. *“Eating disorders”* means pica, rumination disorder,  
19 avoidant or restrictive food intake disorder, anorexia nervosa,  
20 bulimia nervosa, binge eating disorder, other specified feeding  
21 or eating disorder, or any other eating disorder not otherwise  
22 specified. The commissioner, by rule, shall define “eating  
23 disorders” consistent with definitions provided in the most  
24 recent edition of the American psychiatric association’s  
25 diagnostic and statistical manual of mental disorders, as such  
26 definitions may be amended from time to time. The commissioner  
27 may adopt the definitions provided in such manual by reference.

28 c. *“Pharmacy care”* means medications prescribed by  
29 a licensed physician or psychiatrist and includes any  
30 health-related services deemed medically necessary to determine  
31 the need for or effectiveness of the medications prescribed,  
32 but only to the extent that coverage of such medications is  
33 included in the insured’s health coverage benefits.

34 d. *“Psychiatric care”* or *“psychological care”* means  
35 direct or consultative services provided during inpatient

1 hospitalization, partial hospitalization, residential  
2 care, intensive outpatient treatment, follow-up outpatient  
3 care, or counseling, provided by a licensed psychiatrist or  
4 psychologist.

5 *e. "Therapeutic care"* means medical care or behavioral  
6 interventions provided by a licensed physician, psychiatrist,  
7 psychologist, social worker, mental health counselor, or  
8 marital and family therapist.

9 *f. "Treatment of eating disorders"* means treatment that  
10 is identified in a treatment plan and includes medically  
11 necessary pharmacy care, psychiatric or psychological care, or  
12 therapeutic care, that is provided by a licensed physician,  
13 psychiatrist, psychologist, social worker, mental health  
14 counselor, or marital and family therapist.

15 *g. "Treatment plan"* means a plan for the treatment of eating  
16 disorders developed by a licensed physician, psychiatrist,  
17 psychologist, social worker, mental health counselor,  
18 or marital and family therapist that includes all of the  
19 following:

20 (1) A diagnosis.

21 (2) Proposed treatment by type, frequency, and duration of  
22 treatment.

23 (3) Goals.

24 (4) All elements necessary for the third-party payment or  
25 prepayment of claims.

26 3. Coverage required by this section is limited to  
27 medically necessary diagnostic assessment and treatment of  
28 eating disorders in accordance with a treatment plan, that is  
29 provided by a licensed physician, psychiatrist, psychologist,  
30 social worker, mental health counselor, or marital and family  
31 therapist acting pursuant to that person's applicable scope of  
32 practice.

33 4. Coverage required pursuant to this section shall be  
34 subject to copayment, deductible, and coinsurance provisions,  
35 and any other general exclusions or limitations of a policy,

1 contract, or plan to the same extent as other health or medical  
2 services covered by the policy, contract, or plan.

3 5. This section shall not be construed to limit benefits  
4 which are otherwise available to an individual under a policy,  
5 contract, or plan.

6 6. *a.* Coverage of the diagnosis and treatment of eating  
7 disorders may be subject to other general exclusions and  
8 limitations of the policy, contract, or plan providing for  
9 third-party payment or prepayment of health or medical expenses  
10 not in conflict with the provisions of this section, such  
11 as coordination of benefits, and utilization of health care  
12 services, which include reviews of medical necessity and care  
13 management.

14 *b.* Medical necessity determinations and care management  
15 for the treatment of eating disorders shall do all of the  
16 following:

17 (1) Consider the overall medical and mental health needs of  
18 the individual diagnosed with an eating disorder.

19 (2) Not be based solely on the weight of the individual  
20 diagnosed with an eating disorder.

21 (3) Take into consideration the most recent practice  
22 guideline for the treatment of patients with eating disorders  
23 adopted by the American psychiatric association in addition to  
24 current standards based upon the medical literature generally  
25 recognized as authoritative in the medical community.

26 7. The commissioner shall adopt rules pursuant to chapter  
27 17A to implement and administer this section.

28 8. This section shall not apply to accident-only,  
29 specified disease, short-term hospital or medical, hospital  
30 confinement indemnity, credit, dental, vision, Medicare  
31 supplement, long-term care, basic hospital and medical-surgical  
32 expense coverage as defined by the commissioner, disability  
33 income insurance coverage, coverage issued as a supplement  
34 to liability insurance, workers' compensation or similar  
35 insurance, or automobile medical payment insurance, or

1 individual accident and sickness policies issued to individuals  
2 or to individual members of a member association.

3 9. This section applies to the following classes of  
4 third-party payment provider policies, contracts, or plans  
5 delivered, issued for delivery, continued, or renewed in this  
6 state on or after January 1, 2017:

7 a. Individual or group accident and sickness insurance  
8 providing coverage on an expense-incurred basis.

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

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

13 d. Any other entity engaged in the business of insurance,  
14 risk transfer, or risk retention, which is subject to the  
15 jurisdiction of the commissioner.

16 e. A plan established pursuant to chapter 509A for public  
17 employees.

18 f. An organized delivery system licensed by the director of  
19 public health.

20 EXPLANATION

21 The inclusion of this explanation does not constitute agreement with  
22 the explanation's substance by the members of the general assembly.

23 This bill provides that a policy, contract, or plan  
24 providing for third-party payment or prepayment of health  
25 or medical expenses shall provide coverage benefits for the  
26 diagnostic assessment and treatment of eating disorders.

27 "Eating disorders" is defined to mean pica, rumination  
28 disorder, avoidant or restrictive food intake disorder,  
29 anorexia nervosa, bulimia nervosa, binge eating disorder,  
30 other specified feeding or eating disorder, or any other  
31 eating disorder not otherwise specified. The commissioner, by  
32 rule, is required to define "eating disorders" consistent with  
33 definitions provided in the most recent edition of the American  
34 psychiatric association's diagnostic and statistical manual of  
35 mental disorders.

1 Coverage required by the bill is limited to medically  
2 necessary diagnostic assessment and treatment of eating  
3 disorders in accordance with a treatment plan, that is  
4 provided by a licensed physician, psychiatrist, psychologist,  
5 social worker, mental health counselor, or marital and  
6 family therapist acting pursuant to that person's applicable  
7 scope of practice. The treatment plan must include a  
8 diagnosis; proposed treatment by type, frequency, and duration  
9 of treatment; goals; and all elements necessary for the  
10 third-party payment or prepayment of claims. "Treatment of  
11 eating disorders" includes medically necessary pharmacy care,  
12 psychiatric or psychological care, or therapeutic care.

13 Coverage required is subject to copayment, deductible, and  
14 coinsurance provisions, and any other general exclusions or  
15 limitations of a policy, contract, or plan to the same extent  
16 as other health or medical services that are covered. The  
17 required coverage shall not be construed to limit benefits  
18 which are otherwise available to an individual under a policy,  
19 contract, or plan.

20 The required coverage may be subject to other general  
21 exclusions and limitations of the contract, policy, or plan  
22 that are not in conflict with the provisions of the bill,  
23 such as coordination of benefits, and utilization of health  
24 care services, which include reviews of medical necessity  
25 and care management. Medical necessity determinations and  
26 care management for the treatment of eating disorders must  
27 consider the overall medical and mental health needs of the  
28 individual diagnosed with the disorder; not be based solely  
29 on the weight of the individual diagnosed with the disorder;  
30 and take into consideration the most recent practice guideline  
31 for the treatment of patients with eating disorders adopted  
32 by the American psychiatric association in addition to  
33 current standards based upon the medical literature generally  
34 recognized as authoritative in the medical community.

35 The commissioner is directed to adopt rules pursuant to Code

1 chapter 17A to implement and administer the provisions of the  
2 bill.

3 The bill applies to specified individual and group policies,  
4 contracts, and plans that are delivered, issued for delivery,  
5 continued, or renewed in this state on or after January 1,  
6 2017.