HOUSE FILE 50 BY JONES

A BILL FOR

- An Act relating to insurance coverage for the treatment of
 eating disorders.
- z eating disorders.
- 3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

H.F. 50

1 Section 1. <u>NEW SECTION</u>. 514C.36 Eating disorders — 2 coverage.

3 l. As used in this section, unless the context otherwise 4 requires:

5 a. "Cost-sharing" means any coverage limit, copayment,
6 coinsurance, deductible, or other out-of-pocket expense
7 obligation imposed on a covered person by a policy, contract,
8 or plan providing for third-party payment or prepayment of
9 health or medical expenses.

10 b. "Covered person" means a policyholder, subscriber, or 11 other person participating in a policy, contract, or plan that 12 provides for third-party payment or prepayment of health or 13 medical expenses.

14 c. "Eating disorder" means pica, rumination disorder, 15 avoidant or restrictive food intake disorder, anorexia nervosa, 16 bulimia nervosa, binge eating disorder, other specified feeding 17 or eating disorder, and any other eating disorder contained 18 in the most recent edition of the diagnostic and statistical 19 manual of mental disorders as published by the American 20 psychiatric association.

21 d. "Facility" means an institution providing health care 22 services or a health care setting, including but not limited 23 to hospitals and other licensed inpatient centers, ambulatory 24 surgical or treatment centers, skilled nursing centers, 25 residential treatment centers, diagnostic centers, laboratory 26 and imaging centers, rehabilitation centers, and other 27 therapeutic settings.

e. Health care professional means a physician, a psychologist, a psychiatrist, a nutritionist, or other health care practitioner licensed, accredited, registered, or certified to perform specified health care services consistent with state law.

33 f. "Health care provider" means a health care professional 34 or a facility.

35 g. "Health care services" means services for the diagnosis,

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1 prevention, treatment, cure, or relief of a health condition, 2 illness, injury, or disease including services for mental 3 health conditions, illnesses, injuries, or diseases. "Health 4 care services" also includes dental care services.

5 *h. "Health carrier"* means the same as defined in section 6 514J.102.

i. "*Treatment plan*" means a plan for the treatment of 8 a covered person's eating disorder developed by a health 9 care professional pursuant to a comprehensive evaluation 10 or reevaluation performed in consultation with the covered 11 person or the covered person's representative. The plan may 12 include but is not limited to cognitive behavioral therapy, 13 family-based therapy, group cognitive behavioral therapy, 14 nutrition education, prescription drugs, hospitalization, day 15 treatment programs, residential treatment programs, and other 16 health care services.

17 2. a. Notwithstanding the uniformity of treatment 18 requirements of section 514C.6, a health carrier that offers 19 individual, group, or small group contracts, policies, or 20 plans in this state that provide for third-party payment or 21 prepayment of health or medical expenses shall offer coverage 22 for the treatment of eating disorders including all of the 23 following:

24 (1) Health care services pursuant to a covered person's25 treatment plan.

(2) Health care services pursuant to a covered person's
treatment plan that are provided to the covered person
out-of-network or out-of-state if such health care services are
unavailable in this state and are determined to be medically
necessary by the covered person's health care provider.

31 b. Coverage required under this section shall not be less 32 favorable than coverage a health carrier offers for general 33 physical illness.

34 *c.* Cost-sharing requirements imposed for coverage 35 required under this section shall not be less favorable than

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1 cost-sharing requirements imposed by a health carrier for 2 general physical illness.

3 3. *a.* This section applies to the following classes of 4 third-party payment provider contracts, policies, or plans 5 delivered, issued for delivery, continued, or renewed in this 6 state on or after January 1, 2024:

7 (1) Individual or group accident and sickness insurance8 providing coverage on an expense-incurred basis.

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

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

13 (4) A plan established for public employees pursuant to 14 chapter 509A.

15 (5) The medical assistance program under chapter 249A 16 including all managed care organizations acting pursuant to a 17 contract with the department of health and human services to 18 administer the medical assistance program.

19 b. This section shall not apply to accident-only, 20 specified disease, short-term hospital or medical, hospital 21 confinement indemnity, credit, dental, vision, Medicare 22 supplement, long-term care, basic hospital and medical-surgical 23 expense coverage as defined by the commissioner, disability 24 income insurance coverage, coverage issued as a supplement 25 to liability insurance, workers' compensation or similar 26 insurance, or automobile medical payment insurance.

4. The commissioner of insurance shall adopt rules pursuant28 to chapter 17A to administer this section.

29

EXPLANATION

30 The inclusion of this explanation does not constitute agreement with 31 the explanation's substance by the members of the general assembly.

32 This bill relates to insurance coverage for eating 33 disorders. "Eating disorder" is defined in the bill as pica, 34 rumination disorder, avoidant or restrictive food intake 35 disorder, anorexia nervosa, bulimia nervosa, binge eating

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1 disorder, other specified feeding or eating disorder, and any 2 other eating disorder contained in the most recent edition of 3 the diagnostic and statistical manual of mental disorders as 4 published by the American psychiatric association.

5 The bill requires a policy, contract, or plan providing for 6 third-party payment or prepayment of health or medical expenses 7 to provide coverage for health care services (services) 8 pursuant to a covered person's treatment plan (plan), and 9 services pursuant to a covered person's plan that are provided 10 to the covered person out-of-network or out-of-state if such 11 services are unavailable in this state and are determined 12 to be medically necessary by the covered person's health 13 care provider. "Treatment plan" is defined in the bill 14 as a plan for the treatment of a covered person's eating 15 disorder developed by a health care professional pursuant 16 to a comprehensive evaluation or reevaluation performed in 17 consultation with the covered person or the covered person's 18 representative. The plan may include but is not limited to 19 cognitive behavioral therapy, family-based therapy, group 20 cognitive behavioral therapy, nutrition education, prescription 21 drugs, hospitalization, day treatment programs, residential 22 treatment programs, and other health care services.

The bill applies to third-party payment providers enumerated in the bill, including the medical assistance program (program) under Code chapter 249A and managed care organizations acting pursuant to a contract with the department of health and human services to administer the program. The bill specifies the types of specialized health-related insurance which are not subject to the bill.

30 The commissioner of insurance is required to adopt rules to 31 administer the bill.

32 The bill applies to third-party payment provider contracts, 33 policies, or plans delivered, issued for delivery, continued, 34 or renewed in this state on or after January 1, 2024.

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