

Senate File 413 - Introduced

SENATE FILE 413

BY WEINER

A BILL FOR

1 An Act relating to insurance coverage for prescription drugs
2 used to treat substance use disorders.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.36 Prescription drugs —
2 substance use disorders.

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

5 a. "Covered person" means a policyholder, subscriber, or
6 other person participating in a policy, contract, or plan that
7 provides for third-party payment or prepayment of health or
8 medical expenses that provides coverage for prescription drugs.

9 b. "Health care professional" means the same as defined in
10 section 514J.102.

11 c. "Health carrier" means the same as defined in section
12 514J.102.

13 d. "Prescription drug" means a prescription medication,
14 including an injectable medication, that has been prescribed
15 as medically necessary by a covered person's health care
16 professional.

17 2. a. Notwithstanding the uniformity of treatment
18 requirements of section 514C.6, a policy, contract, or plan
19 providing for third-party payment or prepayment of health or
20 medical expenses that provides coverage for prescription drugs
21 shall provide coverage for all prescription drugs approved
22 by the United States food and drug administration to treat
23 substance use disorders.

24 b. Coverage required under this section shall not be less
25 favorable than coverage a health carrier offers for general
26 physical illness.

27 c. Cost-sharing imposed for coverage required under this
28 section shall not be less favorable than cost-sharing a health
29 carrier imposes for general physical illness.

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

34 (1) Individual or group accident and sickness insurance
35 providing coverage on an expense-incurred basis.

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

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

5 (4) A plan established for public employees pursuant to
6 chapter 509A.

7 b. This section shall not apply to accident-only, specified
8 disease, short-term hospital or medical, hospital confinement
9 indemnity, credit, dental, vision, Medicare supplement,
10 long-term care, basic hospital and medical-surgical expense
11 coverage as defined by the commissioner of insurance,
12 disability income insurance coverage, coverage issued as a
13 supplement to liability insurance, workers' compensation or
14 similar insurance, or automobile medical payment insurance.

15 4. The commissioner of insurance may adopt rules pursuant to
16 chapter 17A to administer this section.

17 EXPLANATION

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

20 This bill relates to insurance coverage for prescription
21 drugs used to treat substance use disorders.

22 The bill requires policies, contracts, or plans providing
23 for third-party payment or prepayment of health or medical
24 expenses that provide coverage for prescription drugs to
25 provide coverage for all prescription drugs approved by the
26 United States food and drug administration to treat substance
27 use disorders. "Prescription drug" is defined in the bill as
28 prescription medication, including an injectable medication,
29 that has been prescribed as medically necessary by a covered
30 person's health care professional.

31 Coverage required under the bill shall not be less favorable
32 than coverage a health carrier offers for general physical
33 illness. Cost-sharing imposed for coverage required under the
34 bill shall not be less favorable than cost-sharing a health
35 carrier imposes for general physical illness.

1 The bill applies to the third-party payment providers
2 enumerated in the bill. The bill specifies the types of
3 specialized health-related insurance which are not subject to
4 the bill.

5 The commissioner of insurance may adopt rules to administer
6 the bill.

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