

Senate Study Bill 1050 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE
ON COMMERCE BILL BY
CHAIRPERSON BROWN)

A BILL FOR

1 An Act relating to insurance coverage for covered individuals
2 for the treatment of autism spectrum disorder.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 514C.22, subsection 3, paragraph g, Code
2 2023, is amended to read as follows:

3 ~~g. Autistic disorders~~ Autism spectrum disorder, as that term
4 is defined in section 514C.28, subsection 2.

5 Sec. 2. Section 514C.22, subsection 4, Code 2023, is amended
6 to read as follows:

7 4. The commissioner, by rule, shall define the biologically
8 based mental illnesses identified in subsection 3, paragraphs
9 "a" through "f". Definitions established by the commissioner
10 shall be consistent with definitions provided in the most
11 recent edition of the American psychiatric association's
12 diagnostic and statistical manual of mental disorders, as such
13 definitions may be amended from time to time. The commissioner
14 may adopt the definitions provided in such manual by reference.

15 Sec. 3. Section 514C.22, subsection 7, Code 2023, is amended
16 by adding the following new paragraph:

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

22 Sec. 4. Section 514C.22, subsection 8, unnumbered paragraph
23 1, Code 2023, is amended to read as follows:

24 A group policy, contract, or plan covered under this
25 section shall at a minimum allow for thirty inpatient days
26 and fifty-two outpatient visits annually, and shall not
27 limit the number of outpatient visits a covered individual
28 may have with a practitioner for applied behavior analysis
29 under section 514C.31, or with an autism service provider for
30 treatment of autism spectrum disorder under section 514C.28.
31 The policy, contract, or plan may also include deductibles,
32 coinsurance, or copayments, provided the amounts and extent
33 of such deductibles, coinsurance, or copayments applicable to
34 other health, medical, or surgical services coverage under the
35 policy, contract, or plan are the same. It is not a violation

1 of [this section](#) if the policy, contract, or plan excludes
2 entirely from coverage benefits for the cost of providing the
3 following:

4 Sec. 5. Section 514C.22, subsection 9, Code 2023, is amended
5 to read as follows:

6 9. [This section](#) applies to third-party payment provider
7 policies or contracts and to plans established pursuant
8 to [chapter 509A](#) that are delivered, issued for delivery,
9 continued, or renewed in this state on or after January 1, ~~2006~~
10 2024.

11 Sec. 6. Section 514C.28, subsections 1, 3, 5, and 13, Code
12 2023, are amended to read as follows:

13 1. Notwithstanding the uniformity of treatment requirements
14 of [section 514C.6](#), a group plan established pursuant to chapter
15 509A for employees of the state providing for third-party
16 payment or prepayment of health, medical, and surgical coverage
17 benefits shall provide coverage benefits to covered individuals
18 ~~under twenty one years of age~~ for the diagnostic assessment
19 of autism spectrum disorder and for the treatment of autism
20 spectrum disorder.

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

1 ~~condition unrelated to or distinguishable from the individual's~~
2 ~~autism spectrum disorder shall not be applied toward any~~
3 ~~maximum benefit established under this subsection.~~

4 5. Coverage required by this section shall be provided
5 in coordination with coverage required for the treatment of
6 ~~autistic disorders~~ autism spectrum disorder pursuant to section
7 514C.22.

8 13. This section applies to plans established pursuant to
9 chapter 509A for employees of the state that are delivered,
10 issued for delivery, continued, or renewed in this state on or
11 after January 1, ~~2011~~ 2024.

12 Sec. 7. Section 514C.31, subsection 1, unnumbered paragraph
13 1, Code 2023, is amended to read as follows:

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

22 Sec. 8. Section 514C.31, subsection 3, Code 2023, is amended
23 by striking the subsection.

24 Sec. 9. Section 514C.31, subsections 4, 5, and 10, Code
25 2023, are amended to read as follows:

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

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

1 10. This section applies to third-party provider payment
2 contracts, policies, or plans specified in subsection 1,
3 paragraph "a" or to plans established pursuant to chapter 509A
4 for public employees other than employees of the state, that
5 are delivered, issued for delivery, continued, or renewed in
6 this state on or after January 1, ~~2018~~ 2024.

7 EXPLANATION

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

10 This bill relates to insurance coverage for covered
11 individuals for the treatment of autism spectrum disorder
12 (autism).

13 Under current law, a group plan established pursuant to
14 Code chapter 509A for employees of the state that provides
15 for third-party payment or prepayment of health, medical, and
16 surgical coverage benefits (coverage) shall provide coverage to
17 covered individuals under 21 years of age for the diagnostic
18 assessment and treatment of autism, and coverage is required
19 in a maximum benefit amount of not more than \$36,000 per year.
20 The bill eliminates the 21-year maximum age limit and the
21 maximum benefit amount.

22 Under current law, a group policy, contract, or plan
23 (policy) providing for third-party payment or prepayment
24 of health, medical, and surgical coverage shall provide
25 coverage for applied behavior analysis (analysis) provided
26 by a practitioner to covered individuals under 19 years of
27 age for the treatment of autism pursuant to a treatment plan
28 if the policy is either a policy issued by a carrier to an
29 employer who on at least 50 percent of the employer's working
30 days during the preceding calendar year employed more than 50
31 full-time equivalent employees, or the policy is established
32 pursuant to Code chapter 509A for public employees other than
33 employees of the state. Under the bill, the age restriction
34 is eliminated. Current law requires that the coverage for
35 analysis shall provide an annual maximum benefit of not less

1 than \$36,000 for individuals through age six, \$25,000 for
2 individuals age seven through 13, and \$12,500 for individuals
3 age 14 through 18. The bill eliminates the maximum benefit
4 amounts and the age categories.

5 The bill makes conforming changes to Code section 514C.22.

6 The bill applies to third-party payment providers enumerated
7 in the bill. The types of specialized health-related insurance
8 which are not subject to the bill are specified in the bill.
9 The bill applies to plans delivered, issued for delivery,
10 continued, or renewed in this state on or after January 1,
11 2024.