

House File 330 - Introduced

HOUSE FILE 330
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO HF 5)

A BILL FOR

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

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1 Section 1. Section 514C.22, subsection 3, paragraph g, Code
2 2025, is amended to read as follows:

3 g. ~~Autistic disorders~~ Autism spectrum disorder.

4 Sec. 2. Section 514C.22, subsection 4, Code 2025, is amended
5 to read as follows:

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

14 Sec. 3. Section 514C.22, subsection 7, Code 2025, is amended
15 by adding the following new paragraph:

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

21 Sec. 4. Section 514C.22, subsection 8, unnumbered paragraph
22 1, Code 2025, is amended to read as follows:

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

1 the cost of providing the following:

2 Sec. 5. Section 514C.28, subsections 1, 3, and 5, Code 2025,
3 are amended to read as follows:

4 1. Notwithstanding the uniformity of treatment requirements
5 of section 514C.6, a group plan established pursuant to chapter
6 509A for employees of the state providing for third-party payment
7 or prepayment of health, medical, and surgical coverage benefits
8 shall provide coverage benefits to covered individuals ~~under~~
9 ~~twenty-one years of age~~ for the diagnostic assessment of autism
10 spectrum disorder and for the treatment of autism spectrum
11 disorder.

12 3. Coverage is required pursuant to this section ~~in a maximum~~
13 ~~benefit amount of not more than thirty-six thousand dollars per~~
14 ~~year but~~ shall not be subject to any limits on the number
15 of visits to a covered individual may have with an autism
16 service provider for treatment of autism spectrum disorder.
17 ~~The commissioner shall, on or before April 1 of each calendar~~
18 ~~year, publish an adjustment to the maximum benefit required~~
19 ~~equal to the percentage change in the United States department~~
20 ~~of labor consumer price index for all urban consumers in the~~
21 ~~preceding year, and the published adjusted maximum benefit shall~~
22 ~~be applicable to group policies, contracts, or plans subject to~~
23 ~~this section that are issued or renewed on or after January~~
24 ~~1 of the following calendar year. Payments made under a~~
25 ~~group plan subject to this section on behalf of a covered~~
26 ~~individual for treatment of a health condition unrelated to or~~
27 ~~distinguishable from the individual's autism spectrum disorder~~
28 ~~shall not be applied toward any maximum benefit established under~~
29 ~~this subsection.~~

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

33 Sec. 6. Section 514C.28, subsection 2, paragraph c, Code
34 2025, is amended to read as follows:

35 c. "*Autism spectrum disorder*" means a ~~mental health condition~~

1 ~~that meets the diagnostic criteria for such disorder as published~~
2 ~~in the most recent edition of the diagnostic and statistical~~
3 ~~manual of mental disorders as published by the American~~
4 ~~psychiatric association~~ the same as defined in section 514C.22,
5 subsection 4.

6 Sec. 7. Section 514C.31, subsection 1, unnumbered paragraph
7 1, Code 2025, is amended to read as follows:

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

16 Sec. 8. Section 514C.31, subsection 3, Code 2025, is amended
17 by striking the subsection.

18 Sec. 9. Section 514C.31, subsections 4 and 5, Code 2025, are
19 amended to read as follows:

20 4. Coverage required pursuant to this section may be
21 subject to ~~dollar limits,~~ deductibles, copayments, or coinsurance
22 provisions that apply to other medical and surgical services
23 under the policy, contract, or plan, ~~subject to the requirements~~
24 ~~of subsection 3.~~

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

30 Sec. 10. APPLICABILITY.

31 1. The sections of this Act amending section 514C.22 apply
32 to third-party payment provider policies, contracts, and plans
33 as specified in section 514C.22 that are delivered, issued for
34 delivery, continued, or renewed in this state on or after January
35 1, 2026.

1 2. The sections of this Act amending section 514C.28 apply to
2 a group plan established pursuant to chapter 509A for employees
3 of the state that are delivered, issued for delivery, continued,
4 or renewed in this state on or after January 1, 2026.

5 3. The sections of this Act amending section 514C.31 apply
6 to third-party provider payment contracts, policies, or plans
7 specified in section 514C.31, subsection 1, paragraph "a", or to
8 plans established pursuant to chapter 509A for public employees
9 other than employees of the state, that are delivered, issued for
10 delivery, continued, or renewed in this state on or after January
11 1, 2026.

12 EXPLANATION

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

15 This bill relates to insurance coverage for covered
16 individuals for the treatment of autism spectrum disorder
17 (autism). The bill changes the definition of autism under
18 current law to align with the American psychiatric association's
19 diagnostic and statistical manual of mental disorders.

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

29 Under current law, a group policy, contract, or plan (policy)
30 providing for third-party payment or prepayment of health,
31 medical, and surgical coverage shall provide coverage for applied
32 behavior analysis (analysis) provided by a practitioner to
33 covered individuals under 19 years of age for the treatment
34 of autism pursuant to a treatment plan if the policy is
35 either a policy issued by a carrier to an employer who on

1 at least 50 percent of the employer's working days during
2 the preceding calendar year employed more than 50 full-time
3 equivalent employees, or the policy is established pursuant to
4 Code chapter 509A for public employees other than employees of
5 the state. Under the bill, the age restriction is eliminated.
6 Current law requires that the coverage for analysis shall
7 provide an annual maximum benefit of not less than \$36,000
8 for individuals through age six, \$25,000 for individuals age
9 7 through 13, and \$12,500 for individuals age 14 through 18.
10 The bill eliminates the maximum benefit amounts and the age
11 categories.

12 The bill makes conforming changes to Code sections 514C.22 and
13 514C.28.

14 The bill applies to plans specified in the bill that are
15 delivered, issued for delivery, continued, or renewed in this
16 state on or after January 1, 2026.

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