

House File 58 - Introduced

HOUSE FILE 58
BY JONES

A BILL FOR

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

unofficial

1 Section 1. NEW SECTION. **514C.37 Eating disorders** —
2 **coverage.**

3 1. 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, or
8 plan providing for third-party payment or prepayment of health or
9 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 in
18 the most recent edition of the diagnostic and statistical manual
19 of mental disorders as published by the American psychiatric
20 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 and
26 imaging centers, rehabilitation centers, and other therapeutic
27 settings.

28 e. "*Health care professional*" means a physician, a
29 psychologist, a psychiatrist, a dietitian, or other health care
30 practitioner licensed, accredited, registered, or certified to
31 perform specified health care services consistent with state law.

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

34 g. "*Health care services*" means services for the diagnosis,
35 prevention, treatment, cure, or relief of a health condition,

1 illness, injury, or disease including services for mental health
2 conditions, illnesses, injuries, or diseases. "Health care
3 services" also includes dental care services.

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

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

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

22 (1) Health care services pursuant to a covered person's
23 treatment plan.

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

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

32 c. Cost-sharing requirements imposed for coverage required
33 under this section shall not be less favorable than cost-sharing
34 requirements imposed by a health carrier for general physical
35 illness.

1 3. a. This section applies to the following classes of
2 third-party payment provider contracts, policies, or plans
3 delivered, issued for delivery, continued, or renewed in this
4 state on or after January 1, 2026:

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

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

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

11 (4) A plan established for public employees pursuant to
12 chapter 509A.

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

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

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

27 **EXPLANATION**

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

30 This bill relates to insurance coverage for eating disorders.
31 "Eating disorder" is defined in the bill as pica, rumination
32 disorder, avoidant or restrictive food intake disorder, anorexia
33 nervosa, bulimia nervosa, binge eating disorder, other specified
34 feeding or eating disorder, and any other eating disorder
35 contained in the most recent edition of the diagnostic and

1 statistical manual of mental disorders as published by the
2 American psychiatric association.

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

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

28 The commissioner of insurance is required to adopt rules to
29 administer the bill.

30 The bill applies to third-party payment provider contracts,
31 policies, or plans delivered, issued for delivery, continued, or
32 renewed in this state on or after January 1, 2026.