

House File 5 - Introduced

HOUSE FILE 5
BY ANDREWS

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, as that term
4 is defined in section 514C.28, subsection 2.

5 Sec. 2. Section 514C.22, subsection 4, Code 2025, 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 recent
11 edition of the American psychiatric association's diagnostic and
12 statistical manual of mental disorders, as such definitions may
13 be amended from time to time. The commissioner may adopt the
14 definitions provided in such manual by reference.

15 Sec. 3. Section 514C.22, subsection 7, Code 2025, 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 2025, is amended to read as follows:

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

1 contract, or plan excludes entirely from coverage benefits for
2 the cost of providing the following:

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

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

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

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

34 Sec. 6. Section 514C.31, subsection 1, unnumbered paragraph
35 1, Code 2025, is amended to read as follows:

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

9 Sec. 7. Section 514C.31, subsection 3, Code 2025, is amended
10 by striking the subsection.

11 Sec. 8. Section 514C.31, subsections 4 and 5, Code 2025, are
12 amended to read as follows:

13 4. Coverage required pursuant to this section may be
14 subject to ~~dollar limits,~~ deductibles, copayments, or coinsurance
15 provisions that apply to other medical and surgical services
16 under the policy, contract, or plan, ~~subject to the requirements~~
17 ~~of subsection 3.~~

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

23 Sec. 9. APPLICABILITY.

24 1. The sections of this Act amending section 514C.22 apply
25 to third-party payment provider policies, contracts, and plans
26 as specified in section 514C.22 that are delivered, issued for
27 delivery, continued, or renewed in this state on or after January
28 1, 2026.

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

33 3. The sections of this Act amending section 514C.31 apply
34 to third-party provider payment contracts, policies, or plans
35 specified in section 514C.31, subsection 1, paragraph "a", or to

1 plans established pursuant to chapter 509A for public employees
2 other than employees of the state, that are delivered, issued for
3 delivery, continued, or renewed in this state on or after January
4 1, 2026.

5 EXPLANATION

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

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

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

20 Under current law, a group policy, contract, or plan (policy)
21 providing for third-party payment or prepayment of health,
22 medical, and surgical coverage shall provide coverage for applied
23 behavior analysis (analysis) provided by a practitioner to
24 covered individuals under 19 years of age for the treatment
25 of autism pursuant to a treatment plan if the policy is
26 either a policy issued by a carrier to an employer who on
27 at least 50 percent of the employer's working days during
28 the preceding calendar year employed more than 50 full-time
29 equivalent employees, or the policy is established pursuant to
30 Code chapter 509A for public employees other than employees of
31 the state. Under the bill, the age restriction is eliminated.
32 Current law requires that the coverage for analysis shall
33 provide an annual maximum benefit of not less than \$36,000
34 for individuals through age six, \$25,000 for individuals age
35 7 through 13, and \$12,500 for individuals age 14 through 18.

1 The bill eliminates the maximum benefit amounts and the age
2 categories.

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

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

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