

**Senate File 2128 - Reprinted**

SENATE FILE 2128

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(As Amended and Passed by the Senate March 13, 2012)

**A BILL FOR**

1 An Act requiring certain group health insurance policies,  
2 contracts, or plans to provide coverage for autism spectrum  
3 disorders for certain persons, providing for a repeal, and  
4 including applicability and effective date provisions.  
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.29 Autism spectrum disorders  
2 coverage.

3 1. Notwithstanding the uniformity of treatment requirements  
4 of section 514C.6, a group policy, contract, or plan providing  
5 for third-party payment or prepayment of health, medical, and  
6 surgical coverage benefits shall provide coverage benefits  
7 to covered individuals under twenty-six years of age for  
8 the screening, diagnosis, and treatment of autism spectrum  
9 disorders if the policy, contract, or plan is either of the  
10 following:

11 a. A policy, contract, or plan issued by a carrier, as  
12 defined in section 513B.2, or an organized delivery system  
13 authorized under 1993 Iowa Acts, chapter 158.

14 b. A plan established pursuant to chapter 509A for public  
15 employees.

16 2. As used in this section, unless the context otherwise  
17 requires:

18 a. "*Applied behavior analysis*" means the design,  
19 implementation, and evaluation of environmental modifications,  
20 using behavioral stimuli and consequences, to produce socially  
21 significant improvement in human behavior or to prevent loss  
22 of attained skill or function, including the use of direct  
23 observation, measurement, and functional analysis of the  
24 relations between environment and behavior.

25 b. "*Autism service provider*" means a person, group, or  
26 entity that provides treatment for autism spectrum disorders.

27 c. "*Autism spectrum disorder*" means any of the pervasive  
28 developmental disorders including autistic disorder, Asperger's  
29 disorder, and pervasive developmental disorders not otherwise  
30 specified. The commissioner, by rule, shall define "*autism*  
31 *spectrum disorder*" consistent with definitions provided in the  
32 most recent edition of the American psychiatric association's  
33 diagnostic and statistical manual of mental disorders, as such  
34 definitions may be amended from time to time. The commissioner  
35 may adopt the definitions provided in such manual by reference.

1     *d. "Behavioral health treatment"* means counseling and  
2 treatment programs, including applied behavior analysis, that  
3 meet the following requirements:

4     (1) Are necessary to develop, maintain, or restore, to the  
5 maximum extent practicable, the functioning of an individual.

6     (2) Are provided by an applied behavior analysis direct  
7 service provider under the supervision of an assistant behavior  
8 analyst certified by a nationally recognized board, with  
9 overall clinical direction by a behavior analyst certified by  
10 a nationally recognized board, or by a licensed psychologist,  
11 so long as the services are performed commensurate with the  
12 psychologist's formal training and supervised experience.

13     *e. "Diagnosis of autism spectrum disorder"* means the use  
14 of medically necessary assessments, evaluations, or tests  
15 performed by a licensed physician or licensed psychologist to  
16 diagnose whether an individual has an autism spectrum disorder.

17     *f. "Pharmacy care"* means medications prescribed by a  
18 licensed physician and any assessment, evaluation, or test  
19 prescribed or ordered by a licensed physician to determine the  
20 need for or effectiveness of such medications.

21     *g. "Psychiatric care"* means direct or consultative services  
22 provided by a licensed physician who specializes in psychiatry.

23     *h. "Psychological care"* means direct or consultative  
24 services provided by a licensed psychologist.

25     *i. "Rehabilitative care"* means professional services and  
26 treatment programs, including applied behavior analysis, that  
27 are provided by an autism service provider to produce socially  
28 significant improvements in human behavior or to prevent loss  
29 of attained skills or functions.

30     *j. "Therapeutic care"* means services provided by a licensed  
31 speech pathologist, licensed occupational therapist, or  
32 licensed physical therapist.

33     *k. "Treatment for autism spectrum disorder"* means treatment  
34 that is identified in a treatment plan as prescribed by a  
35 licensed physician or a licensed psychologist and includes

1 medically necessary pharmacy care, psychiatric care,  
2 psychological care, rehabilitative care, and therapeutic care  
3 that is provided by one of the following:

4 (1) A mental health professional as defined in section  
5 228.1.

6 (2) An autism service provider.

7 1. *Treatment plan* means a plan for the treatment of an  
8 autism spectrum disorder developed by a licensed physician or  
9 licensed psychologist pursuant to a comprehensive evaluation  
10 or reevaluation performed in a manner consistent with the most  
11 recent clinical report or recommendations of the American  
12 academy of pediatrics or the American academy of child and  
13 adolescent psychiatry, as determined by the commissioner by  
14 rule.

15 3. Coverage for applied behavior analysis is required  
16 pursuant to this section for a maximum benefit amount of  
17 thirty-six thousand dollars per year. Beginning in 2014, the  
18 commissioner shall, on or before April 1 of each calendar year,  
19 publish an adjustment for inflation to the maximum benefit  
20 required equal to the percentage change in the medical care  
21 component of the United States department of labor consumer  
22 price index for all urban consumers in the preceding year, and  
23 the published adjusted maximum benefit shall be applicable to  
24 group policies, contracts, or plans subject to this section  
25 that are delivered, issued for delivery, continued, or renewed  
26 on or after January 1 of the following calendar year. Payments  
27 made under a group policy, contract, or plan subject to this  
28 section on behalf of a covered individual for any treatment  
29 other than applied behavior analysis shall not be applied  
30 toward the maximum benefit established under this subsection.

31 4. Coverage required pursuant to this section shall not be  
32 subject to any limits on the number of visits an individual may  
33 make for treatment of an autism spectrum disorder.

34 5. Coverage required pursuant to this section shall not  
35 be subject to dollar limits, deductibles, copayments, or

1 coinsurance provisions, or any other general exclusions or  
2 limitations of a group plan that are less favorable to an  
3 insured than the dollar limits, deductibles, copayments, or  
4 coinsurance provisions that apply to physical illness generally  
5 under the policy, contract, or plan, except as provided in  
6 subsection 3.

7 6. Coverage required by this section shall be provided  
8 in coordination with coverage required for the treatment of  
9 autistic disorders pursuant to section 514C.22.

10 7. This section shall not be construed to limit benefits  
11 which are otherwise available to an individual under a group  
12 policy, contract, or plan.

13 8. This section shall not be construed to require coverage  
14 by a group policy, contract, or plan of any service solely  
15 based on inclusion of the service in an individualized  
16 education program. Consistent with federal or state law and  
17 upon consent of the parent or guardian of a covered individual,  
18 the treatment of autism spectrum disorders may be coordinated  
19 with any services included in an individualized education  
20 program. However, coverage for the treatment of autism  
21 spectrum disorders shall not be contingent upon coordination of  
22 services with an individualized education program.

23 9. Except for inpatient services, if an insured is receiving  
24 treatment for an autism spectrum disorder, an insurer is  
25 entitled to review the treatment plan annually, unless the  
26 insurer and the insured's treating physician or psychologist  
27 agree that a more frequent review is necessary. An agreement  
28 giving an insurer the right to review the treatment plan of  
29 an insured more frequently applies only to that insured and  
30 does not apply to other individuals being treated for autism  
31 spectrum disorders by a physician or psychologist. The cost of  
32 conducting a review of a treatment plan shall be borne by the  
33 insurer.

34 10. This section shall not apply to accident-only,  
35 specified disease, short-term hospital or medical, hospital

1 confinement indemnity, credit, dental, vision, Medicare  
2 supplement, long-term care, basic hospital and medical-surgical  
3 expense coverage as defined by the commissioner, disability  
4 income insurance coverage, coverage issued as a supplement  
5 to liability insurance, workers' compensation or similar  
6 insurance, or automobile medical payment insurance, or  
7 individual accident and sickness policies issued to individuals  
8 or to individual members of a member association.

9 11. The commissioner shall adopt rules pursuant to chapter  
10 17A to implement and administer this section.

11 12. An insurer shall not terminate coverage of an individual  
12 solely because the individual is diagnosed with or has received  
13 treatment for an autism spectrum disorder.

14 13. This section applies to third-party payment provider  
15 policies, contracts, or plans, and to plans established  
16 pursuant to chapter 509A, that are delivered, issued for  
17 delivery, continued, or renewed in this state on or after  
18 January 1, 2013.

19 Sec. 2. REPEAL. Section 514C.28, Code 2011, is repealed.

20 Sec. 3. EFFECTIVE DATE. The following provision of this Act  
21 takes effect January 1, 2013:

22 1. The section of this Act repealing section 514C.28.