

HB 131 -- Health Insurance Coverage for Eating Disorders

Sponsor: Stream

Beginning January 1, 2014, this bill requires all health insurance carriers or health benefit plans that are issued, delivered, continued, or renewed to provide coverage for the diagnosis and treatment of eating disorders. Coverage must include psychiatric and medical treatment and other treatments as prescribed by a health care professional but cannot be considered as requiring coverage of a mental illness. Services rendered for eating disorder treatments cannot be subject to any greater deductible or co-payment than other health care services provided by a health benefit plan. Certain supplemental insurance policies are not subject to the eating disorder coverage requirements.

An insurance carrier or health benefit plan offering group health insurance coverage cannot:

- (1) Deny an eligible individual enrollment in or renewal of coverage solely to avoid providing coverage for the diagnosis and treatment of an eating disorder;
- (2) Deny coverage for the treatment of an eating disorder when it is medically necessary in accordance with the Practice Guidelines for the Treatment of Patients with Eating Disorders as most recently published by the American Psychiatric Association;
- (3) Provide monetary incentives or other benefits to individuals to encourage them to accept less than the minimum coverage;
- (4) Penalize, reduce, or limit provider reimbursements for services rendered for eating disorder treatment;
- (5) Provide monetary or other incentives to a provider for not treating an individual with an eating disorder; or
- (6) Deny an eligible individual enrollment in or renewal of coverage if the individual was previously found to have an eating disorder or received treatment for an eating disorder.