

HB 1493 -- HEALTH INSURANCE COVERAGE FOR TREATMENT OF EATING DISORDERS

SPONSOR: Stream

Beginning January 1, 2015, 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 medical, psychological, nutritional, and psychiatric treatment and other integrated care and treatments as prescribed by a health care professional. 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 eligibility or continued eligibility to an individual to enroll or renew 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 necessary in accordance with the client's personal physician in consultation 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 to induce him or her to provide care in a manner that is inconsistent with these provisions; or
- (6) Deny continued eligibility to enroll or renew coverage to an individual solely because he or she was previously found to have an eating disorder or received treatment for an eating disorder or co-morbid disorders.