

HB 1341 -- Health Insurance Coverage for Autism Spectrum Disorders

Sponsor: Grill

This bill requires all health benefit plans that are delivered, issued, continued, or renewed on or after January 1, 2011, to provide coverage for individuals 18 years of age or younger for the diagnosis and treatment of autism spectrum disorders (ASD). Carriers cannot deny or refuse to issue insurance coverage on; refuse to contract with; or refuse to renew or reissue, terminate, or restrict coverage on an individual or his or her dependent solely because of being diagnosed with ASD. The coverage provided by an insurance carrier for ASD is limited to the treatment ordered by the insured individual's licensed treating physician or psychologist in accordance with a treatment plan and is limited to treatment and diagnosis provided within Missouri. An ASD treatment plan must include all elements necessary for a health carrier to appropriately pay claims. Except for inpatient services, the health carrier can request, at its expense, a review of the treatment plan not more than once every six months unless the individual's treating physician or psychologist agrees that a more frequent review is necessary.

Coverage for individuals younger than 15 years of age for the applied behavior analysis (ABA) services will have a maximum benefit of \$55,000 per year with no limit on the number of visits to an autism service provider. Individuals who are 15 years of age or older will not be eligible for these services. Coverage cannot be denied on the basis that it is educational or habilitative in nature. After December 31, 2010, the Director of the Department of Insurance, Financial Institutions and Professional Registration must annually adjust the maximum benefit for inflation based on the federal Consumer Price Index.

Payments and reimbursements for ABA services can only be made to the ASD service provider, the certified supervisor of the provider, or the entity or group for whom the supervisor works or is associated. ASD services cannot be subject to any greater deductible, co-insurance, co-payment, or utilization review than other physical health care services provided by the health benefit plan. Health carriers and benefit plans are not required to reimburse a school district for services delivered by an early intervention or a school service.

Health benefit plans delivered, issued, continued, or renewed on or after January 1, 2011, under the Missouri Consolidated Health Care Plan, self-insured governmental plans, self-insured group arrangements, multiple employer welfare arrangements, and self-insured school district health plans must offer individual ASD

coverage. Individually sold health benefit plans must offer ASD coverage as an option to any plan. Certain supplemental insurance policies are exempt from the provisions of the bill.