

FIRST REGULAR SESSION

HOUSE COMMITTEE SUBSTITUTE NO. 2 FOR

HOUSE BILL NOS. 357 & 298

95TH GENERAL ASSEMBLY

1030L.05C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for the diagnosis and treatment of autism spectrum disorders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1224, to read as follows:

376.1224. 1. For purposes of this section, the following terms shall mean:

- (1) **"Applied behavior analysis", the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;**
- (2) **"Autism service provider":**
- (a) **Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri;**
- (b) **Any person who is certified as a board certified behavior analyst by the behavior analyst certification board; or**
- (c) **A direct implementer;**
- (3) **"Autism spectrum disorders", a neurobiological disorder, an illness of the nervous system, which includes Autistic Disorder, Asperger's Disorder, Pervasive Developmental Disorder Not Otherwise Specified;**
- (4) **"Diagnosis of autism spectrum disorders", medically necessary assessments, evaluations, or tests in order to diagnose whether an individual has an autism spectrum disorder;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

19 (5) **"Direct implementer"**, any person who provides treatment services for autism
20 spectrum disorders who is not licensed or certified, as described in paragraphs (a) and (b)
21 of subdivision (2) of this subsection, excluding parents, siblings, or other relatives within
22 the third degree of consanguinity of an autistic person who are providing applied
23 behavioral analysis services to their own child or sibling, and is supervised by a person who
24 is certified as a Board Certified Behavior Analyst by the Behavior Analyst Certification
25 Board, whether such Board Certified Behavior Analyst supervises as an individual or as
26 an employee of or in association with an entity or group;

27 (6) **"Habilitative or rehabilitative care"**, professional, counseling, and guidance
28 services and treatment programs, including applied behavior analysis, that are necessary
29 to develop, maintain, and restore the functioning of an individual;

30 (7) **"Health benefit plan"**, shall have the same meaning ascribed to it as in section
31 376.1350;

32 (8) **"Health carrier"**, shall have the same meaning ascribed to it as in section
33 376.1350;

34 (9) **"Pharmacy care"**, medications used to address symptoms of an autism spectrum
35 disorder prescribed by a licensed physician, and any health-related services deemed
36 medically necessary to determine the need or effectiveness of the medications;

37 (10) **"Psychiatric care"**, direct or consultative services provided by a psychiatrist
38 licensed in the state in which the psychiatrist practices;

39 (11) **"Psychological care"**, direct or consultative services provided by a
40 psychologist licensed in the state in which the psychologist practices;

41 (12) **"Therapeutic care"**, services provided by licensed speech therapists,
42 occupational therapists, or physical therapists;

43 (13) **"Treatment for autism spectrum disorders"**, care prescribed, provided, or
44 ordered for an individual diagnosed with an autism spectrum disorder by a licensed
45 physician or licensed psychologist, pursuant to the powers granted under such licensed
46 physician's or licensed psychologist's license, including, but not limited to:

47 (a) **Psychiatric care;**

48 (b) **Psychological care;**

49 (c) **Habilitative or rehabilitative care, including applied behavior analysis therapy;**

50 (d) **Therapeutic care;**

51 (e) **Pharmacy care.**

52

53 Coverage of services may be subject to other general exclusions and limitations of the
54 contract or benefit plan, such as coordination of benefits, services provided by family or

55 household members, utilization review of health care services including review of medical
56 necessity, and case management. However, coverage for treatment under this section shall
57 not be denied on the basis that it is educational in nature or habilitative in nature.

58 2. All health benefit plans that are delivered, issued for delivery, continued, or
59 renewed on or after January 1, 2010, if written in the state of Missouri or written outside
60 the state of Missouri but insuring Missouri residents, shall provide individuals less than
61 eighteen years of age coverage for the diagnosis and treatment of autism spectrum
62 disorders to the extent that the diagnosis and treatment of autism spectrum disorders are
63 not already covered by the health benefit plan.

64 3. With regards to a health benefit plan, a health carrier shall not deny or refuse
65 to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or
66 otherwise terminate or restrict coverage on an individual or their dependent solely because
67 the individual is diagnosed with autism spectrum disorder.

68 4. (1) Coverage provided under this section is limited to treatment that is ordered
69 by the insured's treating licensed physician or licensed psychologist, pursuant to the
70 powers granted under such licensed physician's or licensed psychologist's license, in
71 accordance with a treatment plan.

72 (2) The treatment plan upon request by the health benefit plan or health carrier
73 shall include all elements necessary for the health benefit plan or health carrier to
74 appropriately pay claims. Such elements include, but are not limited to, a diagnosis,
75 proposed treatment by type, frequency and duration of treatment and goals.

76 (3) Except for inpatient services, if an individual is receiving treatment for an
77 autism spectrum disorder, a health benefit plan or health carrier shall have the right to
78 request a review of the treatment plan not more than once every six months unless the
79 health benefit plan or health carrier and the individual's treating physician or psychologist
80 agrees that a more frequent review is necessary. The cost of obtaining any review will be
81 borne by the health benefit plan or health carrier, as applicable.

82 5. Coverage provided under this section for applied behavior analysis shall be
83 subject to a maximum benefit of fifty-five thousand dollars per year for individuals under
84 fifteen years of age. No coverage for applied behavior analysis shall be afforded to
85 individuals fifteen years of age or older. Notwithstanding the foregoing, the annual
86 maximum benefits for applied behavior analysis shall not be subject to any limits on the
87 numbers of visits by an individual to an autism service provider for applied behavior
88 analysis. Coverage provided under this section for services other than applied behavior
89 analysis shall not be subject to any limits on the number of visits an individual may make
90 to an autism service provider. After December 31, 2010, the director of the department of

91 insurance, financial institutions and professional registration shall, on an annual basis,
92 adjust the maximum benefit (for applied behavioral analysis) for inflation using the
93 Medical Care Component of the United States Department of Labor Consumer Price Index
94 for All Urban Consumers. Payments made by a health carrier on behalf of a covered
95 individual for any care, treatment, intervention, service or item, the provision of which was
96 for the treatment of a health condition unrelated to the covered individual's autism
97 spectrum disorder, shall not be applied toward any maximum benefit established under
98 this subsection.

99 **6. This section shall not be construed as limiting benefits which are otherwise**
100 **available to an individual under a health benefit plan. The health care services required**
101 **by this section shall not be subject to any greater deductible, coinsurance or co-payment**
102 **than other physical health care services provided by a health benefit plan.**

103 **7. To the extent any payments or reimbursements are being made for services**
104 **rendered by a direct implementer for applied behavior analysis, such payments or**
105 **reimbursements shall be made to either:**

106 **(1) The person who is supervising the direct implementer, who is certified as a**
107 **board certified behavior analyst by the Behavior Analyst Certification Board; or**

108 **(2) The entity or group for whom such supervising person works or is associated.**

109 **8. The provisions of this section shall apply to any health care plans issued to**
110 **employees and their dependents under the Missouri consolidated health care plan**
111 **established pursuant to chapter 103, RSMo, that are delivered, issued for delivery,**
112 **continued, or renewed in this state on or after January 1, 2010. The terms "employees"**
113 **and "health care plans" shall have the same meaning ascribed to them in section 103.003,**
114 **RSMo.**

115 **9. The provisions of this section shall also apply to the following types of plans that**
116 **are established, extended, modified, or renewed on or after January 1, 2010:**

117 **(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section**
118 **1002(32);**

119 **(2) All self-insured group arrangements, to the extent not preempted by federal**
120 **law;**

121 **(3) All plans provided through a multiple employer welfare arrangement, or plans**
122 **provided through another benefit arrangement, to the extent permitted by the Employee**
123 **Retirement Income Security Act of 1974, or any waiver or exception to that act provided**
124 **under federal law or regulation; and**

125 **(4) All self-insured school district health plans.**

126 **10. This section shall not apply to health benefit plans offered solely to an**
127 **individual.**

128 **11. The provisions of this section shall not apply to a supplemental insurance**
129 **policy, including a life care contract, accident-only policy, specified disease policy, hospital**
130 **policy providing a fixed daily benefit only, Medicare supplement policy, long-term care**
131 **policy, short-term major medical policy of six months or less duration, or any other**
132 **supplemental policy.**

✓