

HCS#2 HB 357 & 298 -- INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

SPONSOR: Cooper (Scharnhorst)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 10 to 0.

Beginning January 1, 2010, this substitute requires health carriers issuing or renewing a health plan to provide individuals younger than 18 years of age insurance coverage 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. Except for inpatient services, the health benefit plan or carrier can request a review of the treatment not more than once every six months at its expense unless the individual's treating physician or psychologist agrees that a more frequent review is necessary.

Individual coverage for the applied behavior analysis will have a maximum benefit of \$55,000 per year for individuals younger than 15 years of age, and there is no maximum benefit limit for individuals 15 years of age and older with no limit on the number of times an individual visits an autism service provider. After December 31, 2010, and annually thereafter, the Director of the Department of Insurance, Financial Institutions and Professional Registration must adjust the maximum benefit for applied behavioral analysis for inflation using the Medical Care Component of the United States Department of Labor Consumer Price Index for All Urban Consumers.

Payments made by a health carrier for health services unrelated to ASD for an individual with ASD cannot be applied toward the ASD maximum benefit. ASD services cannot be subject to any greater deductible, co-insurance, or co-payment than other physical health care services provided by the health benefit plan. Payments and reimbursements for applied behavior analysis services provided by a person performing diagnostic or treatment services for ASD, known as a direct implementer, must be made to a person who supervises the direct implementer who is certified by the Behavior Analyst Certification Board within the National Commission for Certifying Agencies or an entity or group for whom the supervising person works or is associated.

Health care plans delivered, issued, continued, or renewed on or

after January 1, 2010, to employees and their dependents under the Missouri Consolidated Health Care Plan, self-insured governmental plans, self-insured group arrangements, plans provided through a multiple employer welfare arrangement if permitted by the federal Employee Retirement Income Security Act of 1974, and self-insured school district health plans are subject to ASD coverage requirements.

Individually sold health benefit plans and certain other supplemental insurance policies are not subject to ASD coverage requirements.

FISCAL NOTE: Estimated Cost on General Revenue Fund of Unknown could exceed \$3,003,275 in FY 2010, Unknown could exceed \$6,006,550 in FY 2011, and Unknown could exceed \$6,006,550 in FY 2012. Estimated Cost on Other State Funds of Could exceed \$632,300 in FY 2010, Could exceed \$1,275,800 in FY 2011, and Could exceed \$1,275,800 in FY 2012.

PROPOSERS: Supporters say that the bills contain recommendations from the Blue Ribbon Panel on Autism and that not all children will require the maximum benefit of \$72,000 per year in applied behavior analysis therapy. Autism is a neurobiological disorder that responds well to treatment, and the number of cases is growing. The insurance mandate in the bills will only result in a nominal increase in cost, estimated at 1% per member per month. In the long term, the cost of mandating coverage will be less than not treating a child with autism.

Testifying for the bills were Representatives Scharnhorst and Grisamore; Rebecca Blackwell, Judevine Center for Autism; John F. Montovani, MD; Lorri Unumb, Autism Speaks; Ron Ashworth; Jennifer Gray; Molly Schad; Jenny Whitty; Kelli Maxwell; and Louise Diender.

OPPOSERS: Those who oppose the bills say that health insurance costs will increase, and the increased costs, estimated between 2.5% and 3% per member per month, will result in more groups dropping coverage. Coverage will only be extended to 22% of people with autism. A mandated offer for coverage rather than an insurance mandate would be a better option. Applied behavior analysis is considered an educational intervention and, therefore, not covered by insurance policies.

Testifying against the bills were America's Health Insurance Plans; Missouri Insurance Coalition; Anthem Blue Cross and Blue Shield; Coventry Health Care; and United Health Care.

OTHERS: Others testifying on the bills say some students with early interventions like applied behavior analysis therapy might

not require any special education. Public schools serve all children, but they do not treat medical disorders and don't have time to provide the therapy required by applied behavior analysis.

Testifying on the bills was Gay Tompkins.