

HB 357 -- Insurance Coverage for Autism Spectrum Disorders

Sponsor: Scharnhorst

Beginning August 28, 2009, this bill requires health carriers issuing or renewing a health plan to provide individuals younger than 21 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 \$72,000 per year with no limit on the number of times an individual visits an autism service provider. After December 31, 2010, the Director of the Department of Insurance, Financial Institutions and Professional Registration must annually adjust the maximum benefit based upon inflation using the federal Consumer Price Index.

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.

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