

HB 760 -- Insurance Coverage for Autism Spectrum Disorder

Sponsor: Grill

This bill requires all health insurance carriers offering health benefit plans which are delivered, issued, continued, or renewed on or after January 1, 2010, to provide coverage to their members for autism spectrum disorder (ASD) diagnosis and treatments. Insurers are prohibited from denying coverage for individuals solely because they are diagnosed with ASD. Deductibles, co-insurance, and benefit limits for the disorder cannot exceed those assessed for a general physical illness under the health insurance plan.

Coverage for ASD:

- (1) Can be subject to exclusions and limitations such as coordination of benefits, provider requirements, restrictions for services provided by family members, and reviews of necessity for services being utilized;
- (2) Will be limited to the treatment plan prescribed by the treating physician, and insurers can request a copy of the treatment plan every six months;
- (3) Will be provided for individuals that are diagnosed with ASD prior to turning nine years of age, and eligible individuals can receive plan benefits and coverage up to 21 years of age;
- (4) Will include applied behavioral analysis therapies with a \$75,000 per year maximum benefit; and
- (5) Is not required to be offered by employers with 50 or fewer employees.

Certain other supplemental insurance policies are not subject to the ASD coverage requirements.