

## HB 797 -- Insurance Coverage for Autism Spectrum Disorder

Sponsor: Lampe

This bill requires all health carriers offering health benefit plans which are delivered, issued, continued, or renewed on or after August 28, 2009, to provide coverage for autism spectrum disorder (ASD) with certain guidelines; however, the guidelines will only be permitted if allowed under federal mental health parity laws. 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 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 their expense unless the individual's treating physician or psychologist agrees that a more frequent review is necessary.

Applied behavior analysis treatments for individuals younger than 21 years of age must be covered by the health plan and 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 the percentage of increase in the federal Consumer Price Index.

Any health carrier violating the provisions of the bill will be subject to a fine enforceable by the department.