

## **Guiding Principles for meaningful Private Health Insurance Coverage Legislation for Individuals with Autism**

### **DEFINITIONS**

"**Autism spectrum disorders**" (ASD) means pervasive developmental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autism, Asperger's disorder, and pervasive developmental disorder not otherwise specified.

[NOTE] The medical community has recognized for several years that ASDs are not "mental health disorders" or "emotional disorders;" however, many insurance companies were using these very classifications in order to severely restrict or completely deny coverage for services for ASDs. ASDs must be defined in any legislation as a neurological disorder for insurance purposes. This means that an insurer with a contract cannot simply classify ASDs as mental health or emotional disorders for any purpose or use mental health exclusions or contract limitations to limit coverage.

"**Medically necessary**" means any care, treatment, intervention, service or item which will or is reasonably expected to do any of the following: (i) prevent the onset of an illness, condition, injury, disease or disability; (ii) reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury, disease or disability and manage the chronic condition; or (iii) assist to achieve or maintain maximum functional activity in performing daily activities.

"**Treatment for autism spectrum disorders**" shall include, but is not limited to, the following care prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by (A) a physician licensed to practice medicine or (B) a certified, registered, or licensed health care professional with expertise in treating effects of autism spectrum disorders when the care is determined to be medically necessary and ordered by a physician licensed to practice medicine.

"**Applied Behavior Analysis**" means 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 relations between environment and behavior.

## **NO EXCLUSION BASED UPON ASD DIAGNOSIS**

No individual or group health insuring corporation policy, contract, or agreement providing basic health care services that is delivered, issued for delivery, or renewed in this state shall exclude coverage for the assessment, diagnosis and treatment of autism.

A violation of this section is an unfair and deceptive practice in the business of insurance.

## **COVERAGE**

(a) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of this Act must provide coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders to the extent that the assessment, diagnosis and treatment of autism spectrum disorders are not already covered by the policy of accident and health insurance or managed care plan. [\*\[NO AGE LIMIT—NO ARTIFICIAL DOLLAR CAPS\]\*](#)

(b) Coverage provided under this Section shall be not be subject to any maximum benefit, nor subject to any limits on the number of visits to a service provider. [\*\[If a maximum benefit is required us the following language\] -- Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, service, or item, the provision of which was for the treatment of a health condition not diagnosed as an autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection.\*](#)

(c) Coverage under this Section shall be subject to copayment, deductible, and coinsurance provisions of a policy of accident and health insurance or managed care plan to the extent that other medical services covered by the policy of accident and health insurance or managed care plan are subject to these provisions.

(d) This Section shall not be construed as limiting benefits that are otherwise available to an individual under a policy of accident and health insurance or managed care plan and benefits provided under this Section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally.

(e) An insurer may not deny or refuse to provide otherwise covered services, or refuse to renew, refuse to reissue, or otherwise restrict or terminate coverage under an individual or group contract to provide services to an individual because the individual or their dependent is diagnosed with an autism spectrum disorder or due to the individual utilizing benefits in this Section.

(f) Upon request of the reimbursing insurer, a provider of treatment for autism spectrum disorders shall furnish medical records, clinical notes, or other necessary data that substantiate that initial or continued medical treatment is medically necessary and is resulting in improved clinical status. When treatment is anticipated to require continued

services to achieve demonstrable progress, the insurer may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated duration of treatment, the anticipated outcomes stated as goals, and the frequency by which the treatment plan will be updated. Except for inpatient services, an insurer will have the right to request a review of that treatment not more than once every six (6) months. The cost of obtaining any review will be borne by the insurer.

(g) When making a determination of medical necessity for a treatment modality for autism spectrum disorders, an insurer must make the determination in a manner that is consistent with the manner used to make that determination with respect to other diseases or illnesses covered under the policy, including an appeals process. During the appeals process, any challenge to medical necessity must be viewed as reasonable only if the review includes a physician with expertise in the most current and effective treatment modalities for autism spectrum disorders.

(h) Nothing within the statutory language of this bill shall be construed as affecting any obligation to provide services to an individual under an individualized family service plan (IFSP), an individualized education program (IEP), or an individualized service plan (ISP).

*[If a “laundry list” is required, suggested language]*

(\*) Coverage is required for treatment of autism spectrum disorders, includes, but is not limited to:

- Evaluation and assessment services
- Behavior training and behavior management (including, but not limited to Applied Behavior Analysis (ABA) consultations and direct care and treatment)
- Habilitative or rehabilitative care (including, but not limited to Occupational therapy, Physical therapy and Speech Therapy)
- Pharmacy care
- Psychiatric care
- Psychological care
- Therapeutic care (including, but not limited to, behavioral, speech, occupational, and physical therapies that provide treatment in the following areas: (i) self care and feeding, (ii) pragmatic, receptive, and expressive language, (iii) cognitive functioning, (iv) applied behavior analysis, intervention, and modification, (v) motor planning, and (vi) sensory processing.
- Medication or nutritional supplements used to address symptoms of autism spectrum disorder.