



## **Autism Speaks**

### **MODEL AUTISM INSURANCE LEGISLATION**

**A.** A health insurance policy will provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder [OPTIONAL: add “in individuals less than 26 years of age”]. To the extent that the screening, diagnosis, and treatment of autism spectrum disorder are not already covered by a health insurance policy, coverage under this section will be included in health insurance policies that are delivered, executed, issued, amended, adjusted, or renewed in this state, or outside this state if insuring residents of this state, on or after January 1, 20XX. No insurer can terminate coverage, or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for an autism spectrum disorder.

**B.** Coverage under this section will not be subject to any limits on the number of visits an individual may make for treatment of autism spectrum disorder.

**C.** Coverage under this section must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance policy. [When benefits are capped, add “except as otherwise provided in subsection (E)”.]

**D.** This section will not be construed as limiting benefits that are otherwise available to an individual under a health insurance policy.

**E.** [OPTIONAL: add as an additional paragraph, “Coverage for applied behavior analysis will be subject to a maximum benefit of \$50,000 per year. After December 31, 2013, the insurance commissioner will, on an annual basis, adjust the maximum benefit for inflation by using the Medical Care Component of the United States Department of Labor Consumer Price Index for all urban consumers (CPI-U). The commissioner will submit the adjusted maximum benefit for publication annually no later than Month X of each calendar year, and the published adjusted maximum benefit will be applicable in the following calendar year to health insurance policies subject to this act. Payments made by an insurer on behalf of a covered individual for treatment other than applied behavior analysis will not be applied towards any maximum benefit established under this section.”]

**F. As used in this section:**

- 1.** “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 relationship between environment and behavior.
- 2.** “Autism spectrum disorder” means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including Autistic Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.
- 3.** “Diagnosis of autism spectrum disorder” means medically necessary assessment, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.
- 4.** “Behavioral health treatment” means counseling and treatment programs, including applied behavior analysis, that are:
  - (a)** necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and
  - (b)** provided or supervised by a Board Certified Behavior Analyst or by a licensed psychologist so long as the services performed are commensurate with the psychologist’s formal university training and supervised experience.
- 5.** “Health insurance policy” means any group health policy or contract issued by an insurance entity subject to one of the following: [cite applicable statutes].
- 6.** “Pharmacy care” means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.
- 7.** “Psychiatric care” means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- 8.** “Psychological care” means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.
- 9.** “Therapeutic care” means services provided by licensed or certified speech therapists, occupational therapists, or physical therapists.
- 10.** “Treatment for autism spectrum disorder” means evidence-based care and related equipment prescribed or ordered for an individual diagnosed

with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary, including but not limited to:

- a. behavioral health treatment
- b. pharmacy care
- c. psychiatric care
- d. psychological care
- e. therapeutic care

**G.** Except for inpatient services, if an insured is receiving treatment for an autism spectrum disorder, an insurer shall have the right to review the treatment plan annually, unless the insurer and the insured's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the insurer.

**H.** This section will not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan.

**I.** This act will take effect in XX days.