

1 H.355

2 Introduced by Representative O'Brien of Richmond

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; autism spectrum disorders

6 Statement of purpose: This bill proposes to expand health insurance coverage  
7 for diagnosis and treatment of autism spectrum disorders to individuals  
8 between six and 22 years of age.

9 An act relating to expanding health insurance coverage for autism spectrum  
10 disorders

11 It is hereby enacted by the General Assembly of the State of Vermont:

12 Sec. 1. 8 V.S.A. § 4088i is amended to read:

13 § 4088i. COVERAGE FOR DIAGNOSIS AND TREATMENT OF AUTISM  
14 SPECTRUM DISORDERS

15 (a)(1) A health insurance plan, Medicaid, the Vermont health access plan,  
16 and any other public health care assistance program shall provide coverage for  
17 the diagnosis and treatment of autism spectrum disorders, including applied  
18 behavior analysis supervised by a nationally board-certified behavior analyst,  
19 for children, beginning at 18 months of age and continuing until the child  
20 reaches age six or enters the first grade, whichever occurs first.

1           (2) A health insurance plan shall provide coverage for the screening,  
2           diagnosis, and treatment of autism spectrum disorders for individuals from six  
3           to 22 years of age.

4           (b) A health insurance plan shall not limit in any way the number of visits  
5           an individual eligible for coverage under subsection (a) of this section may  
6           have with an autism services provider.

7           (c) A health insurance plan shall not impose greater coinsurance,  
8           co-payment, deductible, or other cost-sharing requirements for coverage of the  
9           diagnosis or treatment of autism spectrum disorders than apply to the diagnosis  
10          and treatment of any other physical or mental health condition under the plan.

11          (d) As used in this section:

12           (1) “Applied behavior analysis” means the design, implementation, and  
13          evaluation of environmental modifications using behavioral stimuli and  
14          consequences to produce socially significant improvement in human behavior.  
15          The term includes the use of direct observation, measurement, and functional  
16          analysis of the relationship between environment and behavior.

17           (2) “Autism services provider” means any licensed or certified person  
18          providing treatment of autism spectrum disorders.

19           (3) “Autism spectrum disorders” means one or more pervasive  
20          developmental disorders as defined in the most recent edition of the Diagnostic

1 and Statistical Manual of Mental Disorders, including autistic disorder and  
2 Asperger's disorder.

3 (4) "Behavioral health treatment" means professional guidance services  
4 and treatment programs, including applied behavior analysis provided or  
5 supervised by a nationally board-certified behavior analyst, that are necessary  
6 to develop, maintain, and restore to the maximum possible extent an  
7 individual's functioning.

8 (5) "Diagnosis of autism spectrum disorder" means medically necessary  
9 assessments; evaluations, including neuropsychological evaluations; genetic  
10 testing; or other testing to determine whether an individual has ~~one or more an~~  
11 autism spectrum ~~disorders~~ disorder.

12 ~~(5)(6)~~ "Habilitative care" ~~or "rehabilitative care"~~ means professional  
13 counseling, guidance, services, and treatment programs, including applied  
14 behavior analysis and other behavioral health treatments, in which the covered  
15 individual makes clear, measurable progress, as determined by an autism  
16 services provider, toward attaining goals the provider has identified.

17 ~~(6)(7)~~ "Health insurance plan" means ~~Medicaid, the Vermont health~~  
18 ~~access plan, and any other public health care assistance program,~~ any  
19 individual or group health insurance policy, any hospital or medical service  
20 corporation or health maintenance organization subscriber contract, or any  
21 other health benefit plan offered, issued, or renewed for any person in this state

1 by a health insurer, as defined in 18 V.S.A. § 9402. The term does not include  
2 benefit plans providing coverage for specific diseases or other limited benefit  
3 coverage.

4 ~~(7)~~(8) “Medically necessary” means any care, treatment, intervention,  
5 service, or item that is prescribed, provided, or ordered by a physician licensed  
6 pursuant to chapter 23 of Title 26 or by a psychologist licensed pursuant to  
7 chapter 55 of Title 26 if such treatment is consistent with the most recent  
8 relevant report or recommendations of the American Academy of Pediatrics,  
9 the American Academy of Child and Adolescent Psychiatry, or another  
10 professional group of similar standing.

11 ~~(8)~~(9) “Therapeutic care” means services provided by licensed or  
12 certified speech language pathologists, occupational therapists, physical  
13 therapists, or social workers.

14 ~~(9)~~(10) “Treatment of autism spectrum disorders” means the following  
15 care, including equipment medically necessary for such care, that is prescribed,  
16 provided, or ordered for an individual diagnosed with one or more autism  
17 spectrum disorders by a physician licensed pursuant to chapter 23 of Title 26  
18 or a psychologist licensed pursuant to chapter 55 of Title 26 if such physician  
19 or psychologist determines the care to be medically necessary:

20 (A) ~~habilitative or rehabilitative care~~ behavioral health treatment;

21 (B) pharmacy care;

1 (C) psychiatric care;

2 (D) psychological care; and

3 (E) therapeutic care.

4 (e) Coverage under this section shall not be denied on the basis that the  
5 treatment is habilitative or nonrestorative in nature.

6 (f) Except for inpatient services, if an insured is receiving treatment for one  
7 or more autism spectrum disorders, the insurer may request a review of the  
8 insured's treatment not more than once every 12 months unless the insurer and  
9 the patient's treating physician or psychologist agree, on a case-by-case basis,  
10 that a more frequent review is necessary. The insurer shall bear the cost of  
11 obtaining a review requested pursuant to this subsection.

12 (g) Nothing in this section shall be construed to affect any obligation to  
13 provide services to an individual under an individualized family service plan,  
14 individualized education program, or individualized service plan.

15 (h) Nothing in this section shall be construed to limit benefits otherwise  
16 available to an insured under a health insurance plan.

17 Sec. 2. EFFECTIVE DATE

18 This act shall take effect on October 1, 2011 and shall apply to health  
19 insurance plans on and after October 1, 2011, on such date as a health insurer  
20 issues, offers, or renews the health insurance plan, but in no event later than  
21 July 1, 2012.