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H.736

Introduced by Representatives Lorber of Burlington, Donovan of Burlington,
Kitzmiller of Montpelier, Lenés of Shelburne, Masland of
Thetford, Miller of Shaftsbury, Mook of Bennington, Moran of
Wardsboro, O'Brien of Richmond, Pearson of Burlington, Ram
of Burlington, Russell of Rutland City, Till of Jericho, Webb of
Shelburne, Wizowaty of Burlington and Zagar of Barnard

Referred to Committee on

Date:

Subject: Health; health insurance; autism spectrum disorders

Statement of purpose: This bill proposes to require health insurers to cover the
diagnosis and treatment of autism spectrum disorders in individuals six years
of age and above.

An act relating to extending health insurance coverage for autism spectrum
disorders

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

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

2 § 4088i. COVERAGE FOR DIAGNOSIS AND TREATMENT OF AUTISM
3 SPECTRUM DISORDERS

4 (a)(1) A health insurance plan shall provide coverage for the diagnosis and
5 treatment of autism spectrum disorders, including applied behavior analysis
6 supervised by a nationally board-certified behavior analyst, for children,
7 beginning at 18 months of age and continuing until the child reaches ~~age~~ six
8 years of age or enters the first grade, whichever occurs first.

9 (2) A health insurance plan, excluding Medicaid, the Vermont health
10 access plan, and any other public health care assistance program, shall provide
11 coverage for the diagnosis and treatment of autism spectrum disorders in
12 individuals six years of age and above.

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

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

20 (d) As used in this section:

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

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

8 (3) “Autism spectrum disorders” means one or more pervasive
9 developmental disorders as defined in the most recent edition of the Diagnostic
10 and Statistical Manual of Mental Disorders, including autistic disorder ~~and~~,
11 Asperger’s disorder, and pervasive developmental disorder—not otherwise
12 specified (PDD-NOS).

13 (4) “Behavioral health treatment” means professional guidance services
14 and treatment programs, including applied behavior analysis provided or
15 supervised by a nationally board-certified behavior analyst, that are necessary
16 to develop, maintain, and restore to the maximum possible extent an
17 individual’s functioning.

18 (5) “Diagnosis of autism spectrum disorders” means medically
19 necessary assessments; evaluations, including neuropsychological evaluations;
20 genetic testing; or other testing to determine whether an individual has ~~one or~~
21 ~~more~~ autism spectrum disorders.

1 ~~(5)(6)~~ “Habilitative care” or “rehabilitative care” means professional
2 counseling, guidance, services, and treatment programs, including applied
3 behavior analysis and other behavioral health treatments, in which the covered
4 individual makes clear, measurable progress, as determined by an autism
5 services provider, toward attaining goals the provider has identified.

6 ~~(6)(7)~~ “Health insurance plan” means ~~Medicaid, the Vermont health~~
7 ~~access plan, and any other public health care assistance program,~~ any
8 individual or group health insurance policy, any hospital or medical service
9 corporation or health maintenance organization subscriber contract, or any
10 other health benefit plan offered, issued, or renewed for any person in this state
11 by a health insurer, as defined in 18 V.S.A. § 9402. The term does not include
12 benefit plans providing coverage for specific diseases or other limited benefit
13 coverage.

14 ~~(7)(8)~~ “Medically necessary” means any care, treatment, intervention,
15 service, or item that is prescribed, provided, or ordered by a physician licensed
16 pursuant to ~~chapter 23 of Title 26 V.S.A. chapter 23~~ or by a psychologist
17 licensed pursuant to ~~chapter 55 of Title 26 V.S.A. chapter 55~~ if such treatment
18 is consistent with the most recent relevant report or recommendations of the
19 American Academy of Pediatrics, the American Academy of Child and
20 Adolescent Psychiatry, or another professional group of similar standing.

1 (9) “Nonrestorative care” means any speech, occupational,
2 psychological, or physical therapy, treatment, or service that is not intended to
3 restore a patient’s previously possessed function, skill, or ability.

4 ~~(8)~~(10) “Therapeutic care” means services provided by licensed or
5 certified speech language pathologists, occupational therapists, physical
6 therapists, or social workers.

7 ~~(9)~~(11) “Treatment of autism spectrum disorders” means the following
8 care, including equipment medically necessary for such care, that is prescribed,
9 provided, or ordered for an individual diagnosed with ~~one or more~~ autism
10 spectrum disorders by a physician licensed pursuant to ~~chapter 23 of Title~~
11 26 V.S.A. chapter 23 or a psychologist licensed pursuant to ~~chapter 55 of Title~~
12 26 V.S.A. chapter 55 if such physician or psychologist determines the care to
13 be medically necessary:

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

15 (B) pharmacy care;

16 (C) psychiatric care;

17 (D) psychological care; and

18 (E) therapeutic care.

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

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

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

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

12 Sec. 2. EFFECTIVE DATE

13 This act shall take effect on October 1, 2012 and shall apply to health
14 insurance plans on and after October 1, 2012, on such date as a health insurer
15 issues, offers, or renews the health insurance plan, but in no event later than
16 July 1, 2013.