

1 S.223

2 Introduced by Senators Pollina, Baruth, Lyons, McCormack and Westman

3 Referred to Committee on

4 Date:

5 Subject: Health; health insurance; autism spectrum disorders

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

9 An act relating to extending 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 years of age or enters the first grade, whichever occurs first.

1 (2) A health insurance plan shall provide coverage for the diagnosis and
2 treatment of autism spectrum disorders in individuals six years of age and
3 above.

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
21 and Statistical Manual of Mental Disorders, including autistic disorder ~~and~~,

1 Asperger's disorder, and pervasive developmental disorder—not otherwise
2 specified (PDD-NOS).

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 disorders” means medically
9 necessary assessments; evaluations, including neuropsychological evaluations;
10 genetic testing; or other testing to determine whether an individual has ~~one or~~
11 ~~more~~ autism spectrum disorders.

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 V.S.A. chapter 23~~ or by a psychologist
7 licensed pursuant to ~~chapter 55 of Title 26 V.S.A. chapter 55~~ if such treatment
8 is consistent with the most recent relevant report or recommendations of the
9 American Academy of Pediatrics, the American Academy of Child and
10 Adolescent Psychiatry, or another professional group of similar standing.

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

14 ~~(8)~~(10) “Therapeutic care” means services provided by licensed or
15 certified speech language pathologists, occupational therapists, physical
16 therapists, or social workers.

17 ~~(9)~~(11) “Treatment of autism spectrum disorders” means the following
18 care, including equipment medically necessary for such care, that is prescribed,
19 provided, or ordered for an individual diagnosed with ~~one or more~~ autism
20 spectrum disorders by a physician licensed pursuant to ~~chapter 23 of Title~~
21 26 V.S.A. chapter 23 or a psychologist licensed pursuant to ~~chapter 55 of Title~~

1 26 V.S.A. chapter 55 if such physician or psychologist determines the care to
2 be medically necessary:

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

4 (B) pharmacy care;

5 (C) psychiatric care;

6 (D) psychological care; and

7 (E) therapeutic care.

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

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

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

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

1 Sec. 2. EFFECTIVE DATE

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