

HB 2265 -- Health Insurance Coverage for Autism

Sponsor: Grisamore

This bill requires all health insurance carriers to provide coverage to their members for autism spectrum disorder treatments by January 1, 2009. Insurers are prohibited from denying coverage for individuals who are diagnosed with the disorder. Deductibles, co-insurance, and benefit limits for the disorder cannot exceed those assessed for a general physical illness under the health insurance plan.

Coverage for the disorder:

- (1) Can be subject to exclusions and limitations such as coordination of benefits, provider requirements, restrictions for services provided by family members, and reviews of necessity for services being utilized;
- (2) Will be limited to the treatment plan prescribed by the treating physician and insurers can request a copy of the updated treatment plan once every six months;
- (3) Will be provided for individuals who are diagnosed with the disorder prior to turning nine years of age and eligible individuals can receive plan benefits and coverage until they reach 16 years of age;
- (4) Will include behavioral therapies with a \$50,000 per year maximum benefit.

Certain supplemental insurance policies are exempt from the provisions of the bill including life care contracts and accident-only, specified disease, hospital with a fixed daily benefit, Medicare supplement, long-term care, short-term major medical of six months or less, or any other supplemental policies.