

FIRST REGULAR SESSION

HOUSE BILL NO. 357

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES SCHARNHORST (Sponsor), SCHOEMEHL, NIEVES, BIVINS,
VIEBROCK, DOUGHERTY, PRATT, JONES (89), SANDER AND SMITH (14) (Co-sponsors).

1030L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for the diagnosis and treatment of autism spectrum disorders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be
2 known as section 376.1224, to read as follows:

376.1224. 1. For purposes of this section, the following terms shall mean:

- 2 **(1) "Applied behavior analysis", the design, implementation, and evaluation of**
3 **environmental modifications, using behavioral stimuli and consequences, to produce**
4 **socially significant improvement in human behavior, including the use of direct**
5 **observation, measurement, and functional analysis of the relationships between**
6 **environment and behavior;**
- 7 **(2) "Autism service provider":**
- 8 **(a) Any person, entity, or group that provides diagnostic or treatment services for**
9 **autism spectrum disorders who is licensed or certified by the state of Missouri;**
- 10 **(b) Any person who is certified as a board certified behavior analyst by the**
11 **behavior analyst certification board;**
- 12 **(c) Any person, if not licensed or certified, who shall provide, if requested,**
13 **documented evidence of equivalent education, professional training, and supervised**
14 **experience in applied behavior analysis when the treatment provided by the autism service**
15 **provider is applied behavior analysis; or**
- 16 **(d) A direct implementer;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 (3) "Autism spectrum disorders", a neurobiological disorder, an illness of the
18 nervous system, which includes Autistic Disorder, Asperger's Disorder, Pervasive
19 Developmental Disorder Not Otherwise Specified, Rett's Disorder, and Childhood
20 Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and
21 Statistical Manual of Mental Disorders of the American Psychiatric Association;

22 (4) "Diagnosis of autism spectrum disorders", medically necessary assessments,
23 evaluations, or tests in order to diagnose whether an individual has an autism spectrum
24 disorder;

25 (5) "Direct implementer", any person who provides diagnostic or treatment
26 services for autism spectrum disorders who is not licensed or certified, as described in
27 paragraphs (a) and (b) of subdivision (2) of this subsection, and is supervised by a person
28 who is certified as a Board Certified Behavior Analyst by the Behavior Analyst
29 Certification Board, whether such Board Certified Behavior Analyst supervises as an
30 individual or as an employee of or in association with an entity or group;

31 (6) "Habilitative or rehabilitative care", professional, counseling, and guidance
32 services and treatment programs, including applied behavior analysis, that are necessary
33 to develop, maintain, and restore the functioning of an individual;

34 (7) "Health benefit plan", shall have the same meaning ascribed to it as in section
35 376.1350;

36 (8) "Health carrier", shall have the same meaning ascribed to it as in section
37 376.1350;

38 (9) "Medically necessary", any care, treatment, intervention, service or item that
39 is prescribed, provided, or ordered by a licensed physician or a licensed psychologist,
40 pursuant to the powers granted under such licensed physician's or licensed psychologist's
41 license, that will, or is reasonably expected to, do any of the following:

42 (a) Prevent the onset of an illness, condition, injury, or disability;

43 (b) Reduce or ameliorate the physical, mental, or developmental effects of an
44 illness, condition, injury, or disability; or

45 (c) Assist to achieve or maintain functional capacity in performing daily activities,
46 taking into account both the functional capacity of the individual and the functional
47 capacities that are appropriate for individuals of the same age;

48 (10) "Pharmacy care", medications or nutritional supplements used to address
49 symptoms of an autism spectrum disorder prescribed by a licensed physician, and any
50 health-related services deemed medically necessary to determine the need or effectiveness
51 of the medications or nutritional supplements;

52 (11) "Psychiatric care", direct or consultative services provided by a psychiatrist
53 licensed in the state in which the psychiatrist practices;

54 (12) "Psychological care", direct or consultative services provided by a psychologist
55 licensed in the state in which the psychologist practices;

56 (13) "Therapeutic care", services provided by licensed speech therapists,
57 occupational therapists, or physical therapists;

58 (14) "Treatment for autism spectrum disorders", care prescribed, provided, or
59 ordered for an individual diagnosed with an autism spectrum disorder by a licensed
60 physician or licensed psychologist, pursuant to the powers granted under such licensed
61 physician's or licensed psychologist's license, if the care is determined to be medically
62 necessary, including, but not limited to:

63 (a) Psychiatric care;

64 (b) Psychological care;

65 (c) Habilitative or rehabilitative care, including applied behavior analysis therapy;

66 (d) Therapeutic care;

67 (e) Pharmacy care.

68 2. A health benefit plan shall provide individuals less than twenty-one years of age
69 coverage for the diagnosis of autism spectrum disorders and for the treatment of autism
70 spectrum disorders. To the extent that the diagnosis of autism spectrum disorders and the
71 treatment of autism spectrum disorders are not already covered by a health benefit plan,
72 the coverage required under this section shall be included in health benefit plans that are
73 delivered, executed, issued, amended, adjusted, or renewed on or after August 28, 2009.

74 3. With regards to a health benefit plan, a health carrier shall not deny or refuse
75 to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or
76 otherwise terminate or restrict coverage on an individual or their dependent solely because
77 the individual is diagnosed with autism spectrum disorder.

78 4. (1) Coverage provided under this section is limited to treatment that is ordered
79 by the insured's treating licensed physician or licensed psychologist, pursuant to the
80 powers granted under such licensed physician's or licensed psychologist's license, in
81 accordance with a treatment plan.

82 (2) The treatment plan upon request by the health benefit plan or health carrier
83 shall include all elements necessary for the health benefit plan or health carrier to
84 appropriately pay claims. Such elements include, but are not limited to, a diagnosis,
85 proposed treatment by type, frequency and duration of treatment and goals.

86 (3) Except for inpatient services, if an individual is receiving treatment for an
87 autism spectrum disorder, a health benefit plan or health carrier shall have the right to

88 request a review of that treatment not more than once every six months unless the health
89 benefit plan or health carrier and the individual's treating physician or psychologist agrees
90 that a more frequent review is necessary. The cost of obtaining any review will be borne
91 by the health benefit plan or health carrier, as applicable.

92 **5. Coverage provided under this section for applied behavior analysis shall be**
93 **subject to a maximum benefit of seventy-two thousand dollars per year, but shall not be**
94 **subject to any limits on the number of visits by an individual to an autism service provider**
95 **for applied behavior analysis. Coverage provided under this section for services other than**
96 **applied behavior analysis shall not be subject to any limits on the number of visits an**
97 **individual may make to an autism service provider. After December 31, 2010, the director**
98 **of the department of insurance, financial and professional registration shall, on an annual**
99 **basis, adjust the maximum benefit (for applied behavioral analysis) for inflation using the**
100 **Medical Care Component of the United States Department of Labor Consumer Price Index**
101 **for All Urban Consumers. Payments made by a health carrier on behalf of a covered**
102 **individual for any care, treatment, intervention, service or item, the provision of which was**
103 **for the treatment of a health condition unrelated to the covered individual's autism**
104 **spectrum disorder, shall not be applied toward any maximum benefit established under**
105 **this subsection.**

106 **6. This section shall not be construed as limiting benefits which are otherwise**
107 **available to an individual under a health benefit plan. The health care services required**
108 **by this section shall not be subject to any greater deductible, coinsurance or co-payment**
109 **than other physical health care services provided by a health benefit plan.**

110 **7. To the extent any payments or reimbursements are being made for services**
111 **rendered by a direct implementer for applied behavior analysis, such payments or**
112 **reimbursements shall be made to either:**

113 **(1) The person who is supervising the direct implementer, who is certified as a**
114 **board certified behavior analyst by the Behavior Analyst Certification Board; or**

115 **(2) The entity or group for whom such supervising person works or is associated.**

116 **8. This section shall not apply to health benefit plans offered solely to an individual.**

117 **9. The provisions of this section shall not apply to a supplemental insurance policy,**
118 **including a life care contract, accident-only policy, specified disease policy, hospital policy**
119 **providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,**
120 **short-term major medical policy of six months or less duration, or any other supplemental**
121 **policy.**

✓