CCS SCS HCS HB 1311 & 1341 -- HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

This bill establishes provisions regarding health insurance coverage for individuals diagnosed with autism spectrum disorders (ASD).

MANDATED INSURANCE COVERAGE

Beginning January 1, 2011, all group health benefit plans delivered, issued, continued, or renewed that are written inside the state or written outside the state but insuring a Missouri resident must provide coverage for the diagnosis and treatment of ASD. A health carrier cannot deny or refuse to issue coverage on, refuse to contract with, refuse to renew or reissue, or otherwise terminate or restrict coverage on an individual or his or her dependent because the individual is diagnosed with ASD. These provisions apply to any health care plan issued to employees and their dependents under the Missouri Consolidated Health Care Plan that is delivered, issued, continued, or renewed on or after January 1, 2011, and to plans that are established, extended, modified, or renewed on or after January 1, 2011, by self-insured governmental plans, self-insured group arrangements, multiple employer welfare arrangements, and self-insured school district health plans. The bill specifies that these provisions will not automatically apply to an individually underwritten health plan but must be offered as an option to any individual plan. Certain supplemental insurance policies and the MO HealthNet Program are exempt from providing this coverage.

LIMITS ON COVERAGE

A health carrier can limit coverage for ASD services to the medically necessary treatment ordered by the insured individual's licensed treating physician or psychologist in accordance with a treatment plan. An ASD treatment plan must include all elements necessary for a health benefit plan or carrier to pay the claim. Except for inpatient services, the carrier must have the right to review, at its expense, the treatment plan not more than once every six months unless the individual's treating physician or psychologist agrees that a more frequent review is necessary.

Health benefit plan coverage for ASD services cannot be subject to any greater deductible, co-insurance, or co-payment than other physical health care services provided by the health benefit plan. Coverage of services may be subject to general exclusions and limitations of the contract or health benefit plan including coordination of benefits, exclusion for services provided by family members, and utilization review of health care services but cannot be denied on the basis that it is educational or

habilitative in nature.

BEHAVIOR ANALYST ADVISORY BOARD AND APPLIED BEHAVIOR ANALYSIS SERVICES

The Behavior Analyst Advisory Board is established under the State Committee of Psychologists within the Department of Insurance, Financial Institutions and Professional Registration to establish licensure requirements for behavior analysts and assistant behavior analysts who provide applied behavior analysis (ABA) therapies to children with ASD. ABA services must be included in the coverage for ASD up to a maximum benefit of $40,000 per year for an individual younger than 19 years of age. However, the maximum limit may be exceeded upon prior approval by the health benefit plan if additional services are medically necessary. Beginning January 1, 2012, a health carrier must adjust the maximum cost benefit at least every three years based on the increase in the federal Consumer Price Index as calculated annually by the department. The payment for the treatment of a condition unrelated to ASD cannot be applied to the ABA maximum benefit. ABA services will not be subject to a limit on the number of visits an individual utilizes within the maximum benefit.

Payments and reimbursements for ABA services can only be made to the ASD service provider or the entity or group for whom the supervising, board-certified behavior analyst works or is associated. ABA services provided by a line therapist under the supervision of a state-licensed ASD provider must be reimbursed to the provider if the services are included in the treatment plan and are deemed medically necessary. A carrier will not be liable for the actions of a line therapist in the performance of his or her duties.

A carrier is not required to reimburse for ABA services provided by any Part C Early Intervention Program, commonly known as First Steps, or by any school district to an individual diagnosed with ASD.

WAIVERS

The department director must grant a small employer that offers a group health plan a waiver from offering health insurance coverage for ASD if the employer experiences at least a 2.5% increase in the health benefit plan premiums over a calendar year as a result of providing the ASD coverage to its employees.

REPORTING REQUIREMENTS

Beginning February 1, 2012, the department is required to submit

an annual report to the General Assembly regarding the implementation of the coverage and specified cost analysis data for ASD service claims from health insurers.