

HB 2184 -- Health Insurance Coverage for Habilitative Services

Sponsor: Lampe

This bill requires all health benefit plans that are delivered, continued, or renewed on or after January 1, 2011, to provide coverage for habilitative services for children younger than 19 years of age with a congenital, genetic, or early acquired disorder if a licensed physician has diagnosed the disorder, treatment is administered by a specified licensed practitioner, and the treatment is medically necessary and therapeutic and not considered experimental. The coverage will be subject to other general exclusions and limitations in the policy of the health benefit plan. Habilitative services that are solely educational are not eligible for reimbursement. The coverage cannot apply to any treatment of a mental or emotional disorder or illness that is considered a mental health diagnosis by law. Denial of coverage is subject to appeal and external independent review procedures. A health carrier or health benefit plan can request medical records to substantiate medical necessity for initial or continued treatment provided under the coverage and request a treatment plan from the treating provider. Certain supplemental insurance policies are exempt from the provisions of the bill.