House _____ **Amendment NO.**____

Offered By

_____ _____

AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 597, Page 36, Section 376.758, Line 10, by inserting after all of said section and line the following:

"376.1223. 1. No third-party payer for health care services including, but not limited to, health carriers, as such terms are defined in section 376.1350, shall limit coverage or deny reimbursement for treatment of symptoms and behaviors for individuals with physical or developmental disabilities, as defined in section 630.005, if, as determined by a licensed physician or psychologist, the symptoms or behaviors caused by the identified disability:

(1) Require the individual to receive care or assistance at any level or age from another person; and

(2) Directly interfere with or prevent independent participation in the everyday purposeful and functional activities typically practiced by a person of the same chronological age as the disabled individual.

2. Such coverage shall include, but not be limited to, therapeutic care, habilitative or rehabilitative care, or services by a licensed psychologist or applied behavior analyst, as such terms are defined in section 376.1224.

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

(1) "Applied behavior analysis", the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior;

(2) "Autism service provider":

(a) Any person, entity, or group that provides diagnostic or treatment services for autism spectrum disorders who is licensed or certified by the state of Missouri; or

(b) Any person who is licensed under chapter 337 as a board-certified behavior analyst by the behavior analyst certification board or licensed under chapter 337 as an assistant board-certified behavior analyst;

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

(4) "Developmental disability", severe, chronic disabilities that meet all of the following conditions:

(a) Attributable to cerebral palsy or epilepsy, or any other condition other than mental illness that results in impairment of general intellectual functioning or adaptive behavior and

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requires treatment or services;

(b) Manifests before the individual reaches age twenty-two;

(c) Likely to continue indefinitely; and

(d) Results in substantial functional limitations in three or more of the following areas of major life activities: self care, understanding and use of language, learning, mobility, self direction, capacity for independent living, plus a need for the level of care provided in an independent care facility;

(5) "Diagnosis of a developmental disability", medically necessary assessments, evaluations, or tests in order to diagnose a developmental disability;

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

(7) "Diagnosis of physical disability", medically necessary assessments, evaluations, or tests in order to diagnose a physical disability;

[~~(5)~~**]** (8) "Habilitative or rehabilitative care", professional, counseling, and guidance services and treatment programs, including applied behavior analysis, that are necessary to develop the functioning of an individual;

[~~(6)~~**]** (9) "Health benefit plan", shall have the same meaning ascribed to it as in section 376.1350;

[~~(7)~~**]** (10) "Health carrier", shall have the same meaning ascribed to it as in section 376.1350;

[~~(8)~~**]** (11) "Line therapist", an individual who provides supervision of an individual diagnosed with an autism diagnosis and other neurodevelopmental disorders pursuant to the prescribed treatment plan, and implements specific behavioral interventions as outlined in the behavior plan under the direct supervision of a licensed behavior analyst;

[~~(9)~~**]** (12) "Pharmacy care", medications used to address symptoms of an autism spectrum disorder prescribed by a licensed physician, and any health-related services deemed medically necessary to determine the need or effectiveness of the medications only to the extent that such medications are included in the insured's health benefit plan;

[~~(10)~~**]** (13) "Psychiatric care", direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

[~~(11)~~**]** (14) "Psychological care", direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

[~~(12)~~**]** (15) "Therapeutic care", services provided by licensed speech therapists, occupational therapists, or physical therapists;

[~~(13)~~**]** (16) "Treatment **[**~~for autism spectrum disorders~~**]**", care prescribed or ordered for an individual diagnosed with an autism spectrum disorder, developmental disabilities, or physical disabilities by a licensed physician or licensed psychologist, including equipment medically necessary for such care, pursuant to the powers granted under such licensed physician's or licensed psychologist's license, including, but not limited to:

(a) Psychiatric care;

(b) Psychological care;

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

(d) Therapeutic care;

(e) Pharmacy care.

2. All group health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2011, if written inside the state of Missouri, or written outside the state of Missouri but insuring Missouri residents, shall provide coverage for the diagnosis and treatment of autism spectrum disorders, developmental disabilities, or physical disabilities to the

extent that such diagnosis and treatment is not already covered by the health benefit plan.

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

4. (1) Coverage provided under this section is limited to medically necessary treatment **[**~~that~~**]** as determined by the health benefit plan, and is ordered by the insured's treating licensed physician or licensed psychologist, pursuant to the powers granted under such licensed physician's or licensed psychologist's license**[**~~, in accordance with~~**]**. For applied behavioral analysis, such provider may submit a treatment plan.

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

(3) Except for inpatient services, if an individual is receiving treatment for an autism spectrum disorder, developmental disabilities, or physical disabilities, a health carrier shall have the right to review the treatment plan not more than once every six months unless the health carrier and the individual's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall only apply to a particular individual **[**~~being treated for an autism spectrum disorder~~**]** and shall not apply to all individuals being treated for **[**~~autism spectrum disorders~~**]** that disorder by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the health benefit plan or health carrier, as applicable.

5. Coverage provided under this section for applied behavior analysis shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of applied behavior analysis services beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavior analysis, shall not be subject to the age and dollar limitations described in this subsection.

6. Coverage provided under this section for therapeutic care shall be subject to a maximum benefit of forty thousand dollars per calendar year for individuals through eighteen years of age. Such maximum benefit limit may be exceeded, upon prior approval by the health benefit plan, if the provision of therapeutic care beyond the maximum limit is medically necessary for such individual. Payments made by a health carrier on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition unrelated to the covered individual's developmental disabilities or physical disabilities, shall not be applied toward any maximum benefit established under this subsection. Any coverage required under this section, other than the coverage for applied behavioral analysis or therapeutic care, shall not be subject to the age and dollar limitations described in this subsection.

[~~6.~~**]** 7. The maximum benefit limitation for applied behavior analysis described in subsection 5 of this section or therapeutic care as described in subsection 6 of this section shall be adjusted by the health carrier at least triennially for inflation to reflect the aggregate increase in the general price level as measured by the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as defined and officially published by the United States

Department of Labor, or its successor agency. Beginning January 1, 2012, and annually thereafter, the current value of the maximum benefit limitation for applied behavior analysis coverage adjusted for inflation in accordance with this subsection shall be calculated by the director of the department of insurance, financial institutions and professional registration. The director shall furnish the calculated value to the secretary of state, who shall publish such value in the Missouri Register as soon after each January first as practicable, but it shall otherwise be exempt from the provisions of section 536.021.

[~~7.~~**]** 8. Subject to the provisions set forth in subdivision (3) of subsection 4 of this section, coverage provided under this section shall not be subject to any limits on the number of visits an individual may make to an autism service provider or therapeutic care provider, except that the maximum total benefit for applied behavior analysis set forth in subsection 5 or therapeutic care as set forth in subsection 6 of this section shall apply to this subsection.

[~~8.~~**]** 9. This section shall not be construed as limiting benefits which are otherwise available to an individual under a health benefit plan. The health care coverage required by this section shall not be subject to any greater deductible, coinsurance, or co-payment than other physical health care services provided by a health benefit plan. Coverage of services may be subject to other general exclusions and limitations of the contract or benefit plan, not in conflict with the provisions of this section, such as coordination of benefits, exclusions for services provided by family or household members, and utilization review of health care services, including review of medical necessity and care management; however, coverage for treatment under this section shall not be denied on the basis that it is educational or habilitative in nature.

[~~9.~~**]** 10. To the extent any payments or reimbursements are being made for applied behavior analysis, such payments or reimbursements shall be made to either:

(1) The autism service provider, as defined in this section; or

(2) The entity or group for whom such supervising person, who is certified as a board-certified behavior analyst by the Behavior Analyst Certification Board, works or is associated.

Such payments or reimbursements under this subsection to an autism service provider or a board-certified behavior analyst shall include payments or reimbursements for services provided by a line therapist under the supervision of such provider or behavior analyst if such services provided by the line therapist are included in the treatment plan and are deemed medically necessary.

[~~10.~~**]** 11. Notwithstanding any other provision of law to the contrary, health carriers shall not be held liable for the actions of line therapists in the performance of their duties.

[~~11.~~**]** 12. The provisions of this section shall apply to any health care plans issued to employees and their dependents under the Missouri consolidated health care plan established pursuant to chapter 103 that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2011. The terms "employees" and "health care plans" shall have the same meaning ascribed to them in section 103.003.

[~~12.~~**]** 13. The provisions of this section shall also apply to the following types of plans that are established, extended, modified, or renewed on or after January 1, 2011:

(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section 1002(32);

(2) All self-insured group arrangements, to the extent not preempted by federal law;

(3) All plans provided through a multiple employer welfare arrangement, or plans provided through another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, or any waiver or exception to that act provided under federal law or regulation; and

(4) All self-insured school district health plans.

[~~13.~~] 14. The provisions of this section shall not automatically apply to an individually underwritten health benefit plan, but shall be offered as an option to any such plan.

[~~14.~~] 15. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policy of six months or less duration, or any other supplemental policy.

[~~15.~~] 16. Any health carrier or other entity subject to the provisions of this section shall not be required to provide reimbursement for the applied behavior analysis or therapy delivered to a person insured by such health carrier or other entity to the extent such health carrier or other entity is billed for such services by any Part C early intervention program or any school district for applied behavior analysis rendered to the person covered by such health carrier or other entity. This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education plan, or an individualized service plan. This section shall not be construed as affecting any obligation to provide reimbursement pursuant to section 376.1218.

[~~16.~~] 17. The provisions of sections 376.383, 376.384, and 376.1350 to 376.1399 shall apply to this section.

[~~17.~~] 18. The director of the department of insurance, financial institutions and professional registration shall grant a small employer with a group health plan, as that term is defined in section 379.930, a waiver from the provisions of this section if the small employer demonstrates to the director by actual claims experience over any consecutive twelve-month period that compliance with this section has increased the cost of the health insurance policy by an amount of two and a half percent or greater over the period of a calendar year in premium costs to the small employer.

[~~18.~~] 19. The provisions of this section shall not apply to the Mo HealthNet program as described in chapter 208.

[~~19.~~] 20. (1) By February 1, 2012, and every February first thereafter, the department of insurance, financial institutions and professional registration shall submit a report to the general assembly regarding the implementation of the coverage required under this section. The report shall include, but shall not be limited to, the following:

(a) The total number of insureds diagnosed with autism spectrum disorder;

(b) The total cost of all claims paid out in the immediately preceding calendar year for coverage required by this section;

(c) The cost of such coverage per insured per month; and

(d) The average cost per insured for coverage of applied behavior analysis;

(2) All health carriers and health benefit plans subject to the provisions of this section shall provide the department with the data requested by the department for inclusion in the annual report."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.