

SECOND REGULAR SESSION

SENATE BILL NO. 1122

94TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR RIDGEWAY.

Read 1st time February 12, 2008, and ordered printed.

TERRY L. SPIELER, Secretary.

5022S.011

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance coverage for autism spectrum disorder.

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 known as section 376.1221, to read as follows:

376.1221. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2009, shall include coverage for their members for the treatment of autism spectrum disorder.

2. (1) Coverage under this section is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan. With regards to a health benefit plan, an insurer 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 solely because the individual is diagnosed with autism spectrum disorder.

(2) The coverage required under subdivision (1) of this subsection shall not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health benefit plan, except as otherwise provided for in subdivision (4) of this subsection. However, the coverage required under subdivision (1) of this subsection may be subject to other general exclusions and limitations of the health benefit plan, including but not limited to coordination of benefits,

22 participating provider requirements, restrictions on services provided
23 by family or household members, utilization review of health care
24 services including review of medical necessity, case management, and
25 other managed care provisions.

26 (3) The treatment plan required under subdivision (1) of this
27 subsection shall include all elements necessary for the health benefit
28 plan to appropriately pay claims. Such elements include but are not
29 limited to a diagnosis, proposed treatment by type, frequency, and
30 duration of treatment, the anticipated outcomes stated as goals, the
31 frequency by which the treatment plan will be updated, and the
32 treating physician's signature. The health benefit plan may only
33 request an updated treatment plan once every six months from the
34 treating physician to review medical necessity, unless the health
35 benefit plan and the treating physician agree that a more frequent
36 review is necessary due to emerging clinical circumstances.

37 (4) To be eligible for benefits and coverage under this section, an
38 individual shall be diagnosed with autism spectrum disorder at age
39 eight or younger. The benefits and coverage provided under this
40 section shall be provided to any eligible person less than sixteen years
41 of age. Coverage for behavioral therapy is subject to a fifty thousand
42 dollar maximum benefit per year. Beginning one year after the
43 effective date of this section, such maximum benefit shall be adjusted
44 annually on January first of each calendar year to reflect any change
45 from the previous year in the current Consumer Price Index for All
46 Urban Consumers, as published by the United States Department of
47 Labor's Bureau of Labor Statistics.

48 3. For the purposes of this section, the following terms shall
49 mean:

50 (1) "Autism spectrum disorder", one of the following disorders as
51 defined in the most recent edition of the Diagnostic and Statistical
52 Manual of Mental Disorders of the American Psychiatric Association:

53 (a) Autistic disorder;

54 (b) Asperger's syndrome;

55 (c) Pervasive developmental disorder - not otherwise specified;

56 (2) "Health benefit plan", the same meaning as such term is
57 defined in section 376.1350;

58 (3) "Health carrier", the same meaning as such term is defined in

59 **section 376.1350.**

60 **4. The provisions of this section shall not apply to a**
61 **supplemental insurance policy, including a life care contract, accident-**
62 **only policy, specified disease policy, hospital policy providing a fixed**
63 **daily benefit only, Medicare supplement policy, long-term care policy,**
64 **short-term major medical policy of six months or less duration, or any**
65 **other supplemental policy.**

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