

FIRST REGULAR SESSION
[P E R F E C T E D]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 167
95TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR RUPP.

Offered March 24, 2009.

Senate Substitute adopted, March 24, 2009.

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TERRY L. SPIELER, Secretary.

0845S.10P

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
2 section, to be known as section 376.1224, to read as follows:

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

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

9 (2) "Autism service provider":

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

13 (b) Any person who is certified as a board certified behavior
14 analyst by the behavior analyst certification board; or

15 (c) Any person, if not licensed or certified, who is supervised by
16 a person who is certified as a board certified behavioral analyst by the
17 Behavioral Analyst Certification Board, whether such board certified
18 behavioral analyst supervises as an individual or as an employee of or

19 in association with an entity or group; provided however, the definition
20 of autism service provider shall specifically exclude parents and
21 siblings of autistic persons to the extent such parents or siblings are
22 providing diagnostic or treatment services to their child or sibling;

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

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

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

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

38 (7) "Health carrier", shall have the same meaning ascribed to it
39 as in section 376.1350;

40 (8) "Pharmacy care", medications used to address symptoms of an
41 autism spectrum disorder prescribed by a licensed physician, and any
42 health-related services deemed medically necessary to determine the
43 need or effectiveness of the medications;

44 (9) "Psychiatric care", direct or consultative services provided by
45 a psychiatrist licensed in the state in which the psychiatrist practices;

46 (10) "Psychological care", direct or consultative services
47 provided by a psychologist licensed in the state in which the
48 psychologist practices;

49 (11) "Therapeutic care", services provided by licensed speech
50 therapists, occupational therapists, or physical therapists;

51 (12) "Treatment for autism spectrum disorders", care prescribed
52 and provided or ordered and provided for an individual diagnosed with
53 an autism spectrum disorder by a licensed physician or licensed
54 psychologist, pursuant to the powers granted under such licensed
55 physician's or licensed psychologist's license, including, but not limited

56 to:

57 (a) Psychiatric care;

58 (b) Psychological care;

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

61 (d) Therapeutic care;

62 (e) Pharmacy care.

63 2. All health benefit plans that are delivered, issued for delivery,
64 continued, or renewed on or after January 1, 2010, shall provide
65 individuals less than eighteen years of age coverage for the diagnosis
66 and treatment of autism spectrum disorders to the extent that the
67 diagnosis and treatment of autism spectrum disorders are not already
68 covered by the health benefit plan.

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

74 4. (1) Coverage provided under this section is limited to
75 treatment that is ordered by the insured's treating licensed physician
76 or licensed psychologist, pursuant to the powers granted under such
77 licensed physician's or licensed psychologist's license, in accordance
78 with a treatment plan;

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

84 (3) Except for inpatient services, if an individual is receiving
85 treatment for an autism spectrum disorder, a health carrier shall have
86 the right to review the treatment plan not more than once every six
87 months unless the health carrier and the individual's treating physician
88 or psychologist agree that a more frequent review is necessary. The
89 cost of obtaining any review shall be borne by the health benefit plan
90 or health carrier, as applicable;

91 (4) The coverage for the diagnosis and treatment of autism
92 spectrum disorders under this section is limited to treatment and

93 diagnosis provided within Missouri.

94 5. Coverage provided under this section for applied behavior
95 analysis shall be subject to a maximum benefit of fifty-five thousand
96 dollars per year for individuals under fifteen years of age. No coverage
97 for applied behavior analysis shall be afforded to individuals fifteen
98 years of age or older. Notwithstanding the foregoing, the annual
99 maximum benefits for applied behavior analysis shall not be subject to
100 any limits on the numbers of visits by an individual to an autism
101 service provider for applied behavior analysis. Coverage provided
102 under this section for services other than applied behavior analysis
103 shall not be subject to any limits on the number of visits an individual
104 may make to an autism service provider. After December 31, 2010, the
105 director of the department of insurance, financial and professional
106 registration shall, on an annual basis, adjust the maximum benefit (for
107 applied behavioral analysis) for inflation using the Medical Care
108 Component of the United States Department of Labor Consumer Price
109 Index for All Urban Consumers. Payments made by a health carrier on
110 behalf of a covered individual for any care, treatment, intervention,
111 service or item, the provision of which was for the treatment of a
112 health condition unrelated to the covered individual's autism spectrum
113 disorder, shall not be applied toward any maximum benefit established
114 under this subsection.

115 6. This section shall not be construed as limiting benefits which
116 are otherwise available to an individual under a health benefit
117 plan. The health care services required by this section shall not be
118 subject to any greater deductible, coinsurance, or co-payment than
119 other physical health care services provided by a health benefit
120 plan. Coverage of services may be subject to other general exclusions
121 and limitations of the contract or benefit plan, such as coordination of
122 benefits, services provided by family or household members, utilization
123 review of health care services including review of medical necessity,
124 and care management; however, coverage for treatment under this
125 section shall not be defined on the basis that it is educational or
126 habilitative in nature.

127 7. To the extent any payments or reimbursements are being made
128 for applied behavior analysis, such payments or reimbursements shall
129 be made to either:

130 (1) Any autism provider;

131 (2) The person who is supervising an autism service provider,
132 who is also certified as a board certified behavior analyst by the
133 Behavior Analyst Certification Board; or

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

137 8. If a request for qualifications is made of a person who is not
138 licensed as an autism service provider by a health carrier, such person
139 shall provide documented evidence of education and professional
140 training, if any, in applied behavioral analysis.

141 9. The provisions of this section shall apply to any health care
142 plans issued to employees and their dependents under the Missouri
143 consolidated health care plan established pursuant to chapter 103,
144 RSMo, that are delivered, issued for delivery, continued, or renewed in
145 this state on or after January 1, 2010. The terms "employees" and
146 "health care plans" shall have the same meaning ascribed to them in
147 section 103.003, RSMo.

148 10. The provisions of this section shall also apply to the following
149 types of plans that are established, extended, modified, or renewed on
150 or after January 1, 2010:

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

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

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

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

161 11. The provisions of this section shall not automatically apply
162 to an individually underwritten health benefit plan, but shall be offered
163 as an option to any such plan.

164 12. The provisions of this section shall not apply to a
165 supplemental insurance policy, including a life care contract, accident-
166 only policy, specified disease policy, hospital policy providing a fixed

167 **daily benefit only, Medicare supplement policy, long-term care policy,**
168 **short-term major medical policy of six months or less duration, or any**
169 **other supplemental policy.**

170 **13. Any health carrier or other entity subject to the provisions**
171 **of this section shall not be required to provide reimbursement for the**
172 **services delivered by an early intervention or a school service.**

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