



General Assembly

**Substitute Bill No. 6240**

January Session, 2009

\*          HB06240INS          031309          \*

***AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PERSONS WITH AUTISM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-514b of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2010*):

3 (a) As used in this section:

4 (1) "Autism services provider" means any person, entity or group  
5 that provides treatment for autism spectrum disorders.

6 (2) "Diagnosis" means the assessment, evaluation or testing  
7 performed by a licensed physician, licensed psychologist or licensed  
8 clinical social worker to determine if an individual has an autism  
9 spectrum disorder.

10 (b) Each group health insurance policy providing coverage of the  
11 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
12 469 that is delivered, issued for delivery, renewed, amended or  
13 continued in this state [on or after January 1, 2009,] shall provide  
14 coverage for [physical therapy, speech therapy and occupational  
15 therapy services for] the diagnosis and treatment of autism spectrum  
16 disorders, as set forth in the most recent edition of the American  
17 Psychiatric Association's "Diagnostic and Statistical Manual of Mental

18 Disorders": [, to the extent such services are a covered benefit for other  
19 diseases and conditions under such policy.] For the purposes of this  
20 section and section 38a-513c, an autism spectrum disorder shall be  
21 considered an illness.

22 (c) Such policy shall provide coverage for the following treatments,  
23 provided such treatments are: Medically necessary; and prescribed or  
24 ordered by a licensed physician, licensed psychologist or licensed  
25 clinical social worker for an insured who is diagnosed with an autism  
26 spectrum disorder, in accordance with a treatment plan developed by  
27 a licensed physician, licensed psychologist or licensed clinical social  
28 worker in a manner consistent with the most recent report or  
29 recommendations of the American Academy of Pediatrics, the  
30 American Academy of Child and Adolescent Psychiatry or the  
31 American Psychological Association:

32 (1) Prescription drugs ordered by a licensed health care provider  
33 with prescriptive authority; and

34 (2) Physical therapy, speech therapy and occupational therapy  
35 services, to the extent such services are a covered benefit for other  
36 diseases and conditions under such policy.

37 (d) Such policy shall not:

38 (1) Be cancelled or refused to be (A) delivered, (B) issued for  
39 delivery, (C) renewed, (D) amended, or (E) continued to an individual  
40 solely because such individual has been diagnosed with or has  
41 received treatment for an autism spectrum disorder; or

42 (2) Impose (A) any limits on the number of medically necessary  
43 visits an insured may make to an autism services provider pursuant to  
44 a treatment plan, or (B) a coinsurance, copayment, deductible or other  
45 out-of-pocket expense for such coverage that is more restrictive than  
46 that imposed on substantially all other benefits provided under such  
47 policy, except that a high deductible health plan, as that term is used in  
48 subsection (f) of section 38a-520, shall not be subject to the deductible

49 limit set forth in this subdivision.

50 (e) (1) Except for treatments and services received by an insured in  
51 an inpatient setting, an insurer, health care center, hospital service  
52 corporation, medical service corporation or fraternal benefit society  
53 may review a treatment plan developed as set forth in subsection (c) of  
54 this section for such insured, in accordance with its utilization review  
55 requirements, not more than once every six months unless such  
56 insured's licensed physician, licensed psychologist or licensed clinical  
57 social worker agrees that a more frequent review is necessary. The cost  
58 of such review shall be borne by the entity requesting such review.

59 (2) For the purposes of this section, the results of a diagnosis shall be  
60 valid for a period of not less than twelve months, unless a licensed  
61 physician, licensed psychologist or licensed clinical social worker  
62 determines a shorter period is appropriate.

63 (f) Coverage required under this section may be subject to the other  
64 general exclusions and limitations of the group health insurance  
65 policy, including, but not limited to, coordination of benefits,  
66 participating provider requirements, restrictions on services provided  
67 by family or household members, case management and other policy  
68 care provisions, except that any utilization review shall be performed  
69 in accordance with subsection (e) of this section.

70 (g) Nothing in this section shall be construed to limit or affect (1)  
71 any other covered benefits available to an insured under (A) such  
72 group health insurance policy, (B) section 38a-514, or (C) section 38a-  
73 516a, or (2) any obligation to provide services to an individual under  
74 an individualized education program pursuant to section 10-76d.

This act shall take effect as follows and shall amend the following sections:

Section 1	January 1, 2010	38a-514b
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***Statement of Legislative Commissioners:***

In subsections (g)(1)(B) and (g)(1)(C), "pursuant to" was deleted for consistency with the drafting conventions of the general statutes.

***INS***      *Joint Favorable Subst.*