



General Assembly

January Session, 2009

Substitute Bill No. 301

* SB00301APP__041609__ *

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
AUTISM SPECTRUM DISORDERS.**

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 Section 38a-514b of the general statutes is repealed and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) "Applied behavior analysis" means the design, implementation
5 and evaluation of environmental modifications, using behavioral
6 stimuli and consequences, including the use of direct observation,
7 measurement and functional analysis of the relationship between
8 environment and behavior, to produce socially significant
9 improvement in human behavior.

10 (2) "Autism services provider" means any person, entity or group
11 that provides treatment for autism spectrum disorders.

12 (3) "Behavioral therapy" means interactive therapies derived from
13 evidence-based research that are provided to children less than
14 thirteen years of age, including, but not limited to, applied behavior
15 analysis that is provided or supervised by a behavior analyst who is
16 certified by the Behavior Analyst Certification Board.

17 (4) "Diagnosis" means the medically necessary assessment,
18 evaluation or testing performed by a licensed physician, licensed

19 psychologist or licensed clinical social worker to determine if an
20 individual has an autism spectrum disorder.

21 (b) Each group health insurance policy providing coverage of the
22 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
23 469 that is delivered, issued for delivery, renewed, amended or
24 continued in this state [on or after January 1, 2009,] shall provide
25 coverage for [physical therapy, speech therapy and occupational
26 therapy services for] the diagnosis and treatment of autism spectrum
27 disorders, as set forth in the most recent edition of the American
28 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
29 Disorders". [to the extent such services are a covered benefit for other
30 diseases and conditions under such policy.]

31 (c) Such policy shall provide coverage for the following treatments,
32 provided such treatments are: Medically necessary; and prescribed or
33 ordered by a licensed physician, licensed psychologist or licensed
34 clinical social worker for an insured who is diagnosed with an autism
35 spectrum disorder, in accordance with a treatment plan developed by
36 a licensed physician, licensed psychologist or licensed clinical social
37 worker in a manner consistent with the most recent report or
38 recommendations of the American Academy of Pediatrics, the
39 American Academy of Child and Adolescent Psychiatry or the
40 American Psychological Association:

41 (1) Behavioral therapy;

42 (2) Medically necessary medications prescribed by a licensed
43 physician;

44 (3) Direct psychiatric or consultative services provided by a
45 psychiatrist licensed in the state in which such psychiatrist practices;

46 (4) Direct psychological or consultative services provided by a
47 psychologist licensed in the state in which such psychologist practices;
48 and

49 (5) Physical therapy, speech therapy and occupational therapy
50 services provided by a medical professional licensed or certified to
51 provide such services.

52 (d) Such policy may limit the coverage for behavioral therapy to a
53 yearly benefit of fifty thousand dollars for a child who is less than nine
54 years of age and thirty-five thousand dollars for a child who is at least
55 nine years of age and less than thirteen years of age.

56 (e) Such policy shall not:

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

61 (2) Impose (A) any limits on the number of medically necessary
62 visits an insured may make to an autism services provider pursuant to
63 a treatment plan, or (B) a coinsurance, copayment, deductible or other
64 out-of-pocket expense for such coverage that is more restrictive than
65 that imposed on substantially all other benefits provided under such
66 policy, except that a high deductible health plan, as that term is used in
67 subsection (f) of section 38a-520, shall not be subject to the deductible
68 limit set forth in this subdivision.

69 (f) (1) Except for treatments and services received by an insured in
70 an inpatient setting, an insurer, health care center, hospital service
71 corporation, medical service corporation or fraternal benefit society
72 may review a treatment plan developed as set forth in subsection (c) of
73 this section for such insured, in accordance with its utilization review
74 requirements, not more than once every six months unless such
75 insured's licensed physician, licensed psychologist or licensed clinical
76 social worker agrees that a more frequent review is necessary. The cost
77 of such review shall be borne by the entity requesting such review.

78 (2) For the purposes of this section, the results of a diagnosis shall be
79 valid for a period of not less than twelve months, unless a licensed

80 physician, licensed psychologist or licensed clinical social worker
81 determines a shorter period is appropriate.

82 (g) Nothing in this section shall be construed to limit or affect (1)
83 any other covered benefits available to an insured under (A) such
84 group health insurance policy, (B) section 38a-514, or (C) section 38a-
85 516a, or (2) any obligation to provide services to an individual under
86 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

INS *Joint Favorable Subst.-LCO*

APP *Joint Favorable*