



General Assembly

Amendment

January Session, 2009

LCO No. 7409

SB0030107409SD0

Offered by:

SEN. LOONEY, 11th Dist.
SEN. CRISCO, 17th Dist.
SEN. STILLMAN, 20th Dist.
SEN. FONFARA, 1st Dist.
SEN. HARRIS, 5th Dist.

SEN. COLEMAN, 2nd Dist.
SEN. PRAGUE, 19th Dist.
SEN. DOYLE, 9th Dist.
SEN. MCKINNEY, 28th Dist.
SEN. FASANO, 34th Dist.

To: Subst. Senate Bill No. 301

File No. 238

Cal. No. 224

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

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 Section 38a-514b of the general statutes is repealed and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

5 (a) As used in this section:

6 (1) "Applied behavior analysis" means the design, implementation
7 and evaluation of environmental modifications, using behavioral
8 stimuli and consequences, including the use of direct observation,
9 measurement and functional analysis of the relationship between
10 environment and behavior, to produce socially significant
11 improvement in human behavior.

12 (2) "Autism services provider" means any person, entity or group
13 that provides treatment for autism spectrum disorders pursuant to this
14 section.

15 (3) "Autism spectrum disorders" means the pervasive
16 developmental disorders set forth in the most recent edition of the
17 American Psychiatric Association's "Diagnostic and Statistical Manual
18 of Mental Disorders", including, but not limited to, Autistic Disorder,
19 Rett's Disorder, Childhood Disintegrative Disorder, Asperger's
20 Disorder and Pervasive Developmental Disorder Not Otherwise
21 Specified.

22 (4) "Behavioral therapy" means any interactive behavioral therapies
23 derived from evidence-based research, including, but not limited to,
24 applied behavior analysis, cognitive behavioral therapy, or other
25 therapies supported by empirical evidence of the effective treatment of
26 individuals diagnosed with an autism spectrum disorder, that are: (A)
27 Provided to children less than fifteen years of age, and (B) provided or
28 supervised by (i) a behavior analyst who is certified by the Behavior
29 Analyst Certification Board, (ii) a licensed physician, or (iii) a licensed
30 psychologist. For the purposes of this subdivision, behavioral therapy
31 is "supervised by" such behavior analyst, licensed physician or licensed
32 psychologist when such supervision entails at least one hour of face-to-
33 face supervision of the autism services provider by such behavior
34 analyst, licensed physician or licensed psychologist for each ten hours
35 of behavioral therapy provided by the supervised provider.

36 (5) "Diagnosis" means the medically necessary assessment,
37 evaluation or testing performed by a licensed physician, licensed
38 psychologist or licensed clinical social worker to determine if an
39 individual has an autism spectrum disorder.

40 (b) Each group health insurance policy providing coverage of the
41 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
42 469 that is delivered, issued for delivery, renewed, amended or
43 continued in this state [on or after January 1, 2009,] shall provide

44 coverage [for physical therapy, speech therapy and occupational
45 therapy services] for the diagnosis and treatment of autism spectrum
46 disorders. [, as set forth in the most recent edition of the American
47 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
48 Disorders", to the extent such services are a covered benefit for other
49 diseases and conditions under such policy.] For the purposes of this

50 section and section 38a-513c, an autism spectrum disorder shall be
51 considered an illness.

52 (c) Such policy shall provide coverage for the following treatments,
53 provided such treatments are (1) medically necessary, and (2)
54 identified and ordered by a licensed physician, licensed psychologist
55 or licensed clinical social worker for an insured who is diagnosed with
56 an autism spectrum disorder, in accordance with a treatment plan
57 developed by a licensed physician, licensed psychologist or licensed
58 clinical social worker pursuant to a comprehensive evaluation or
59 reevaluation of the insured:

60 (A) Behavioral therapy;

61 (B) Prescription drugs, to the extent prescription drugs are a
62 covered benefit for other diseases and conditions under such policy,
63 prescribed by a licensed physician, licensed physician assistant or
64 advanced practice registered nurse for the treatment of symptoms and
65 comorbidities of autism spectrum disorders;

66 (C) Direct psychiatric or consultative services provided by a
67 licensed psychiatrist;

68 (D) Direct psychological or consultative services provided by a
69 licensed psychologist;

70 (E) Physical therapy provided by a licensed physical therapist;

71 (F) Speech and language pathology services provided by a licensed
72 speech and language pathologist; and

73 (G) Occupational therapy provided by a licensed occupational

74 therapist.

75 (d) Such policy may limit the coverage for behavioral therapy to a
76 yearly benefit of fifty thousand dollars for a child who is less than nine
77 years of age, thirty-five thousand dollars for a child who is at least nine
78 years of age and less than thirteen years of age and twenty-five
79 thousand dollars for a child who is at least thirteen years of age and
80 less than fifteen years of age.

81 (e) Such policy shall not impose (1) any limits on the number of
82 visits an insured may make to an autism services provider pursuant to
83 a treatment plan on any basis other than a lack of medical necessity, or
84 (2) a coinsurance, copayment, deductible or other out-of-pocket
85 expense for such coverage that places a greater financial burden on an
86 insured for access to the diagnosis and treatment of an autism
87 spectrum disorder than for the diagnosis and treatment of any other
88 medical, surgical or physical health condition under such policy.

89 (f) (1) Except for treatments and services received by an insured in
90 an inpatient setting, an insurer, health care center, hospital service
91 corporation, medical service corporation or fraternal benefit society
92 may review a treatment plan developed as set forth in subsection (c) of
93 this section for such insured, in accordance with its utilization review
94 requirements, not more than once every six months unless such
95 insured's licensed physician, licensed psychologist or licensed clinical
96 social worker agrees that a more frequent review is necessary or
97 changes such insured's treatment plan.

98 (2) For the purposes of this section, the results of a diagnosis shall be
99 valid for a period of not less than twelve months, unless such insured's
100 licensed physician, licensed psychologist or licensed clinical social
101 worker determines a shorter period is appropriate or changes the
102 results of such insured's diagnosis.

103 (g) Coverage required under this section may be subject to the other
104 general exclusions and limitations of the group health insurance
105 policy, including, but not limited to, coordination of benefits,

106 participating provider requirements, restrictions on services provided
 107 by family or household members and case management provisions,
 108 except that any utilization review shall be performed in accordance
 109 with subsection (f) of this section.

110 (h) (1) Nothing in this section shall be construed to limit or affect (A)
 111 any other covered benefits available to an insured under (i) such group
 112 health insurance policy, (ii) section 38a-514, or (iii) section 38a-516a, (B)
 113 any obligation to provide services to an individual under an
 114 individualized education program pursuant to section 10-76d, or (C)
 115 any obligation imposed on a public school by the Individual With
 116 Disabilities Education Act, 20 USC 1400 et seq., as amended from time
 117 to time.

118 (2) Nothing in this section shall be construed to require such group
 119 health insurance policy to provide reimbursement for special
 120 education and related services provided to an insured pursuant to
 121 section 10-76d, unless otherwise required by state or federal law."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2010	38a-514b