



General Assembly

January Session, 2011

Raised Bill No. 974

LCO No. 3037

03037_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

**AN ACT CONCERNING GROUP HEALTH INSURANCE COVERAGE
FOR AN ALTERNATIVE THERAPY IN THE TREATMENT OF 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 Section 38a-514b of the general statutes is repealed and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, 2012*):

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 pursuant to this
12 section.

13 (3) "Autism spectrum disorders" means the pervasive

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

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

34 (5) "Developmental/relationship-based therapy" means a therapy
35 for individuals diagnosed with an autism spectrum disorder, that: (A)
36 Is provided to children less than fifteen years of age; (B) uses the
37 parent-child or caregiver-child relationship as the means to remediate
38 core deficits of autism spectrum disorders, including, but not limited
39 to, lack of (i) interpersonal focal attention, (ii) social communication,
40 (iii) empathy, (iv) emotional regulation, (v) self-awareness, (vi) flexible
41 thinking, and (vii) adaptability to change; (C) uses persons (i) certified
42 as consultants in such therapy, or (ii) training to be certified as
43 consultants in such therapy, provided such persons are supervised by
44 a certified consultant set forth in subparagraph (C)(i) of this
45 subdivision, to systematically train parents or caregivers to plan
46 interactions, interact and communicate with such children; and (D)

47 includes a curriculum of developmentally staged objectives that target
48 core deficit areas of autism spectrum disorders. For the purposes of
49 this subdivision, developmental/relationship-based therapy is
50 supervised by a certified consultant when such supervision entails at
51 least one hour of face-to-face supervision of a person training to be
52 certified as a consultant by such certified consultant for each ten hours
53 of developmental/relationship-based therapy provided by such
54 person.

55 [(5)] (6) "Diagnosis" means the medically necessary assessment,
56 evaluation or testing performed by a licensed physician, licensed
57 psychologist or licensed clinical social worker to determine if an
58 individual has an autism spectrum disorder.

59 (b) Each group health insurance policy providing coverage of the
60 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
61 469 that is delivered, issued for delivery, renewed, amended or
62 continued in this state shall provide coverage for the diagnosis and
63 treatment of autism spectrum disorders. For the purposes of this
64 section and section 38a-513c, an autism spectrum disorder shall be
65 considered an illness.

66 (c) (1) Such policy shall provide coverage for the [following]
67 treatments [, provided such treatments are (1) medically necessary,
68 and (2) identified and ordered by a licensed physician, licensed
69 psychologist or licensed clinical social worker for an insured who is
70 diagnosed with an autism spectrum disorder, in accordance with a
71 treatment plan developed by a licensed physician, licensed
72 psychologist or licensed clinical social worker pursuant to a
73 comprehensive evaluation or reevaluation of the insured:] set forth in
74 subsection (d) of this section as one option for covered benefits and the
75 treatments set forth in subsection (e) of this section as an alternative
76 option for covered benefits.

77 (2) Prior to commencing a treatment plan, the insured, in
78 consultation with a licensed physician, licensed psychologist or

79 licensed clinical social worker, shall elect (A) the option for covered
80 benefits set forth in subsection (d) of this section, (B) the option for
81 covered benefits set forth in subsection (e) of this section, or (C) both
82 options for the first year and one option for subsequent years in
83 accordance with subsection (f) of this section. The total coverage for
84 both therapy treatments in the first year shall not exceed the applicable
85 limit set forth in subdivision (2) of subsection (d) of this section.

86 (d) (1) The following treatments shall be medically necessary, and
87 identified and ordered by a licensed physician, licensed psychologist
88 or licensed clinical social worker for an insured who is diagnosed with
89 an autism spectrum disorder, in accordance with a treatment plan
90 developed by a licensed physician, licensed psychologist or licensed
91 clinical social worker pursuant to a comprehensive evaluation or
92 reevaluation of the insured:

93 (A) Behavioral therapy;

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

99 (C) Direct psychiatric or consultative services provided by a
100 licensed psychiatrist;

101 (D) Direct psychological or consultative services provided by a
102 licensed psychologist;

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

104 (F) Speech and language pathology services provided by a licensed
105 speech and language pathologist; and

106 (G) Occupational therapy provided by a licensed occupational
107 therapist.

108 [(d)] (2) Such policy may limit the coverage for behavioral therapy
109 to a yearly benefit of fifty thousand dollars for a child who is less than
110 nine years of age, thirty-five thousand dollars for a child who is at least
111 nine years of age and less than thirteen years of age and twenty-five
112 thousand dollars for a child who is at least thirteen years of age and
113 less than fifteen years of age.

114 (e) As an alternative option to the treatments set forth in subsection
115 (d) of this section for covered benefits, an insured may elect the
116 treatments set forth in this subsection.

117 (1) The following treatments shall be medically necessary, and
118 identified and ordered by a licensed physician, licensed psychologist
119 or licensed clinical social worker for an insured who is diagnosed with
120 an autism spectrum disorder, in accordance with a treatment plan
121 developed by a licensed physician, licensed psychologist or licensed
122 clinical social worker pursuant to a comprehensive evaluation or
123 reevaluation of the insured:

124 (A) Developmental/relationship-based therapy;

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

130 (C) Direct psychiatric or consultative services provided by a
131 licensed psychiatrist;

132 (D) Direct psychological or consultative services provided by a
133 licensed psychologist;

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

135 (F) Speech and language pathology services provided by a licensed
136 speech and language pathologist; and

137 (G) Occupational therapy provided by a licensed occupational
138 therapist.

139 (2) Coverage for developmental/relationship-based therapy shall
140 not exceed five years' duration. Such policy may limit the coverage for
141 developmental/relationship-based therapy to a yearly benefit of ten
142 thousand dollars for the first year, eight thousand dollars for the
143 second year, six thousand dollars for the third year, four thousand
144 dollars for the fourth year and four thousand dollars for the fifth year.

145 (f) If an insured elects the option for covered benefits set forth in
146 subparagraph (C) of subdivision (2) of subsection (c) of this section,
147 such insured shall, prior to commencing the second year of the
148 treatment plan and in consultation with a licensed physician, licensed
149 psychologist or licensed clinical social worker, elect either the option
150 for covered benefits set forth in (1) subsection (d) of this section, or (2)
151 subsection (e) of this section. The insured shall make such election only
152 once and in accordance with this subsection.

153 [(e) Such] (g) No policy providing coverage as set forth in
154 subsection (b) of this section shall [not] impose (1) any limits on the
155 number of visits an insured may make to an autism services provider
156 pursuant to a treatment plan on any basis other than a lack of medical
157 necessity, or (2) a coinsurance, copayment, deductible or other out-of-
158 pocket expense for such coverage that places a greater financial burden
159 on an insured for access to the diagnosis and treatment of an autism
160 spectrum disorder than for the diagnosis and treatment of any other
161 medical, surgical or physical health condition under such policy.

162 [(f)] (h) (1) Except for treatments and services received by an
163 insured in an inpatient setting, an insurer, health care center, hospital
164 service corporation, medical service corporation or fraternal benefit
165 society may review a treatment plan developed as set forth in
166 subdivision (1) of subsection [(c)] (d) of this section or subdivision (1)
167 of subsection (e) of this section for such insured, in accordance with its
168 utilization review requirements, not more than once every six months

169 unless such insured's licensed physician, licensed psychologist or
170 licensed clinical social worker agrees that a more frequent review is
171 necessary or changes such insured's treatment plan.

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

177 [(g)] (i) Coverage required under this section may be subject to the
178 other general exclusions and limitations of the group health insurance
179 policy, including, but not limited to, coordination of benefits,
180 participating provider requirements, restrictions on services provided
181 by family or household members and case management provisions,
182 except that any utilization review shall be performed in accordance
183 with subsection [(f)] (h) of this section.

184 [(h)] (j) (1) Nothing in this section shall be construed to limit or
185 affect (A) any other covered benefits available to an insured under (i)
186 such group health insurance policy, (ii) section 38a-514, or (iii) section
187 38a-516a, (B) any obligation to provide services to an individual under
188 an individualized education program pursuant to section 10-76d, or
189 (C) any obligation imposed on a public school by the Individual With
190 Disabilities Education Act, 20 USC 1400 et seq., as amended from time
191 to time.

192 (2) Nothing in this section shall be construed to require such group
193 health insurance policy to provide reimbursement for special
194 education and related services provided to an insured pursuant to
195 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, 2012	38a-514b

Statement of Purpose:

To provide group health insurance coverage for an alternative therapy for the treatment of autism spectrum disorders.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]