



General Assembly

Substitute Bill No. 6847

January Session, 2015



**AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES
AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM
DISORDER.**

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 Section 38a-514b of the general statutes is repealed and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, 2016*):

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"] "Autism spectrum disorder services
11 provider" means any person, entity or group that provides treatment
12 for autism spectrum disorder pursuant to this section.

13 (3) "Autism spectrum disorder" means [a pervasive developmental
14 disorder] "autism spectrum disorder" as set forth in the most recent
15 edition of the American Psychiatric Association's "Diagnostic and
16 Statistical Manual of Mental Disorders". [, including, but not limited to,
17 Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder,
18 Asperger's Disorder and Pervasive Developmental Disorder Not

19 Otherwise Specified.]

20 (4) "Behavioral therapy" means any interactive behavioral therapies
21 derived from evidence-based research and consistent with the services
22 and interventions designated by the Commissioner of Developmental
23 Services pursuant to subsection (l) of section 17a-215c, as amended by
24 this act, including, but not limited to, applied behavior analysis,
25 cognitive behavioral therapy, or other therapies supported by
26 empirical evidence of the effective treatment of individuals diagnosed
27 with [an] autism spectrum disorder, that are: (A) Provided to children
28 less than [fifteen] twenty-one years of age; and (B) provided or
29 supervised by (i) a behavior analyst who is certified by the Behavior
30 Analyst Certification Board, (ii) a licensed physician, or (iii) a licensed
31 psychologist. For the purposes of this subdivision, behavioral therapy
32 is "supervised by" such behavior analyst, licensed physician or licensed
33 psychologist when such supervision entails at least one hour of face-to-
34 face supervision of the autism spectrum disorder services provider by
35 such behavior analyst, licensed physician or licensed psychologist for
36 each ten hours of behavioral therapy provided by the supervised
37 provider.

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

42 (b) Each group health insurance policy providing coverage of the
43 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
44 469 that is delivered, issued for delivery, renewed, amended or
45 continued in this state shall provide coverage for the diagnosis and
46 treatment of autism spectrum disorder. [, except that coverage for an
47 insured under such policy who has been diagnosed with autism
48 spectrum disorder prior to the release of the fifth edition of the
49 American Psychiatric Association's "Diagnostic and Statistical Manual
50 of Mental Disorders" shall be provided in accordance with subsection
51 (i) of this section.] For the purposes of this section and section 38a-513c,

52 [an] autism spectrum disorder shall be considered an illness.

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

61 (A) Behavioral therapy;

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

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

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

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

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

74 (G) Occupational therapy provided by a licensed occupational
75 therapist.

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

80 thousand dollars for a child who is at least thirteen years of age and
81 less than fifteen years of age.]

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

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

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

104 [(g)] (f) Coverage required under this section may be subject to the
105 other general exclusions and limitations of the group health insurance
106 policy, including, but not limited to, coordination of benefits,
107 participating provider requirements, restrictions on services provided
108 by family or household members and case management provisions,
109 except that any utilization review shall be performed in accordance
110 with subsection [(f)] (e) of this section.

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

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

123 [(i) Each such group health insurance policy shall maintain, for any
124 insured diagnosed with autism spectrum disorder prior to the release
125 of the fifth edition of the American Psychiatric Association's
126 "Diagnostic and Statistical Manual of Mental Disorders", coverage as
127 set forth in this section for the treatment of said disorder at the benefit
128 levels, at a minimum, provided immediately preceding the release of
129 the fifth edition of the American Psychiatric Association's "Diagnostic
130 and Statistical Manual of Mental Disorders".]

131 Sec. 2. Section 38a-488b of the general statutes is repealed and the
132 following is substituted in lieu thereof (*Effective January 1, 2016*):

133 (a) As used in this section:

134 (1) "Applied behavior analysis" means the design, implementation
135 and evaluation of environmental modifications, using behavioral
136 stimuli and consequences, including the use of direct observation,
137 measurement and functional analysis of the relationship between
138 environment and behavior, to produce socially significant
139 improvement in human behavior.

140 (2) "Autism spectrum disorder services provider" means any person,
141 entity or group that provides treatment for an autism spectrum

142 disorder pursuant to this section.

143 (3) "Autism spectrum disorder" means "autism spectrum disorder"
144 as set forth in the most recent edition of the American Psychiatric
145 Association's "Diagnostic and Statistical Manual of Mental Disorders".

146 (4) "Behavioral therapy" means any interactive behavioral therapies
147 derived from evidence-based research and consistent with the services
148 and interventions designated by the Commissioner of Developmental
149 Services pursuant to subsection (l) of section 17a-215c, as amended by
150 this act, including, but not limited to, applied behavior analysis,
151 cognitive behavioral therapy, or other therapies supported by
152 empirical evidence of the effective treatment of individuals diagnosed
153 with autism spectrum disorder, that are: (A) Provided to children less
154 than twenty-one years of age; and (B) provided or supervised by (i) a
155 behavior analyst who is certified by the Behavior Analyst Certification
156 Board, (ii) a licensed physician, or (iii) a licensed psychologist. For the
157 purposes of this subdivision, behavioral therapy is "supervised by"
158 such behavior analyst, licensed physician or licensed psychologist
159 when such supervision entails at least one hour of face-to-face
160 supervision of the autism spectrum disorder services provider by such
161 behavior analyst, licensed physician or licensed psychologist for each
162 ten hours of behavioral therapy provided by the supervised provider.

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

167 [(a)] (b) Each individual health insurance policy providing coverage
168 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
169 38a-469 that is delivered, issued for delivery, renewed, amended or
170 continued in this state shall provide coverage [for physical therapy,
171 speech therapy and occupational therapy services] for the diagnosis
172 and treatment of autism spectrum disorder. [, as set forth in the most
173 recent edition of the American Psychiatric Association's "Diagnostic

174 and Statistical Manual of Mental Disorders", to the extent such services
175 are a covered benefit for other diseases and conditions under such
176 policy, except that coverage for an insured under such policy who has
177 been diagnosed with autism spectrum disorder prior to the release of
178 the fifth edition of the American Psychiatric Association's "Diagnostic
179 and Statistical Manual of Mental Disorders" shall be provided in
180 accordance with subsection (b) of this section.] For the purposes of this
181 section and section 38a-482a, autism spectrum disorder shall be
182 considered an illness.

183 (c) Such policy shall provide coverage for the following treatments,
184 provided such treatments are (1) medically necessary, and (2)
185 identified and ordered by a licensed physician, licensed psychologist
186 or licensed clinical social worker for an insured who is diagnosed with
187 autism spectrum disorder, in accordance with a treatment plan
188 developed by a licensed physician, licensed psychologist or licensed
189 clinical social worker pursuant to a comprehensive evaluation or
190 reevaluation of the insured:

191 (A) Behavioral therapy;

192 (B) Prescription drugs, to the extent prescription drugs are a
193 covered benefit for other diseases and conditions under such policy,
194 prescribed by a licensed physician, licensed physician assistant or
195 advanced practice registered nurse for the treatment of symptoms and
196 comorbidities of autism spectrum disorder;

197 (C) Direct psychiatric or consultative services provided by a
198 licensed psychiatrist;

199 (D) Direct psychological or consultative services provided by a
200 licensed psychologist;

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

202 (F) Speech and language pathology services provided by a licensed
203 speech and language pathologist; and

204 (G) Occupational therapy provided by a licensed occupational
205 therapist.

206 (d) Such policy shall not impose (1) any limits on the number of
207 visits an insured may make to an autism spectrum disorder services
208 provider pursuant to a treatment plan on any basis other than a lack of
209 medical necessity, or (2) a coinsurance, copayment, deductible or other
210 out-of-pocket expense for such coverage that places a greater financial
211 burden on an insured for access to the diagnosis and treatment of
212 autism spectrum disorder than for the diagnosis and treatment of any
213 other medical, surgical or physical health condition under such policy.

214 (e) (1) Except for treatments and services received by an insured in
215 an inpatient setting, an insurer, health care center, hospital service
216 corporation, medical service corporation or fraternal benefit society
217 may review a treatment plan developed as set forth in subsection (c) of
218 this section for such insured, in accordance with its utilization review
219 requirements, not more than once every six months unless such
220 insured's licensed physician, licensed psychologist or licensed clinical
221 social worker agrees that a more frequent review is necessary or
222 changes such insured's treatment plan.

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

228 (f) Coverage required under this section may be subject to the other
229 general exclusions and limitations of the individual health insurance
230 policy, including, but not limited to, coordination of benefits,
231 participating provider requirements, restrictions on services provided
232 by family or household members and case management provisions,
233 except that any utilization review shall be performed in accordance
234 with subsection (e) of this section.

235 (g) (1) Nothing in this section shall be construed to limit or affect (A)
236 any other covered benefits available to an insured under (i) such
237 individual health insurance policy, (ii) section 38a-488a, as amended
238 by this act, or (iii) section 38a-490a, as amended by this act, (B) any
239 obligation to provide services to an individual under an individualized
240 education program pursuant to section 10-76d, or (C) any obligation
241 imposed on a public school by the Individual With Disabilities
242 Education Act, 20 USC 1400 et seq., as amended from time to time.

243 (2) Nothing in this section shall be construed to require such
244 individual health insurance policy to provide reimbursement for
245 special education and related services provided to an insured pursuant
246 to section 10-76d, unless otherwise required by state or federal law.

247 [(b) Each such policy shall maintain, for any insured diagnosed with
248 autism spectrum disorder prior to the release of the fifth edition of the
249 American Psychiatric Association's "Diagnostic and Statistical Manual
250 of Mental Disorders", coverage for physical therapy, speech therapy
251 and occupational therapy services for the treatment of said disorder at
252 the benefit levels, at a minimum, provided immediately preceding the
253 release of the fifth edition of the American Psychiatric Association's
254 "Diagnostic and Statistical Manual of Mental Disorders".]

255 Sec. 3. Section 38a-516a of the general statutes is repealed and the
256 following is substituted in lieu thereof (*Effective January 1, 2016*):

257 (a) Each group health insurance policy providing coverage of the
258 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
259 469 delivered, issued for delivery, renewed, amended or continued in
260 this state shall provide coverage for medically necessary early
261 intervention services provided as part of an individualized family
262 service plan pursuant to section 17a-248e. Such policy shall [(1)]
263 provide coverage for such services provided by qualified personnel, as
264 defined in section 17a-248, for a child from birth until the child's third
265 birthday; [, and (2) maintain, for any insured diagnosed with autism
266 spectrum disorder prior to the release of the fifth edition of the

267 American Psychiatric Association's "Diagnostic and Statistical Manual
268 of Mental Disorders", coverage for such services for the treatment of
269 said disorder at the benefit levels, at a minimum, provided
270 immediately preceding the release of the fifth edition of the American
271 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
272 Disorders".]

273 (b) No such policy shall impose a coinsurance, copayment,
274 deductible or other out-of-pocket expense for such services, except that
275 a high deductible health plan, as that term is used in subsection (f) of
276 section 38a-520, shall not be subject to the deductible limits set forth in
277 this section.

278 [(c) Such policy shall provide a maximum benefit of six thousand
279 four hundred dollars per child per year and an aggregate benefit of
280 nineteen thousand two hundred dollars per child over the total three-
281 year period, except that for a child with autism spectrum disorder, as
282 defined in section 38a-514b, who is receiving early intervention
283 services as defined in section 17a-248, the maximum benefit available
284 through early intervention providers shall be fifty thousand dollars per
285 child per year and an aggregate benefit of one hundred fifty thousand
286 dollars per child over the total three-year period as provided for in
287 section 38a-514b. Nothing in this section shall be construed to increase
288 the amount of coverage required for autism spectrum disorder for any
289 child beyond the amounts set forth in section 38a-514b. Any coverage
290 provided for autism spectrum disorder through an individualized
291 family service plan pursuant to section 17a-248e shall be credited
292 toward the coverage amounts required under section 38a-514b.]

293 [(d)] (c) No payment made under this section shall (1) [be applied
294 by the insurer, health care center or plan administrator against or
295 result in a loss of benefits due to any maximum lifetime or annual
296 limits specified in the policy, (2)] adversely affect the availability of
297 health insurance to the child, the child's parent or the child's family
298 members insured under any such policy, or [(3)] (2) be a reason for the
299 insurer, health care center or plan administrator to rescind or cancel

300 such policy. Payments made under this section shall not be treated
301 differently than other claim experience for purposes of premium
302 rating.

303 Sec. 4. Section 38a-490a of the general statutes is repealed and the
304 following is substituted in lieu thereof (*Effective January 1, 2016*):

305 (a) Each individual health insurance policy providing coverage of
306 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
307 38a-469 delivered, issued for delivery, renewed, amended or continued
308 in this state shall provide coverage for medically necessary early
309 intervention services provided as part of an individualized family
310 service plan pursuant to section 17a-248e. Such policy shall [(1)]
311 provide coverage for such services provided by qualified personnel, as
312 defined in section 17a-248, for a child from birth until the child's third
313 birthday. [, and (2) maintain, for any insured diagnosed with autism
314 spectrum disorder prior to the release of the fifth edition of the
315 American Psychiatric Association's "Diagnostic and Statistical Manual
316 of Mental Disorders", coverage for such services for the treatment of
317 said disorder at the benefit levels, at a minimum, provided
318 immediately preceding the release of the fifth edition of the American
319 Psychiatric Association's "Diagnostic and Statistical Manual of Mental
320 Disorders".]

321 (b) No such policy shall impose a coinsurance, copayment,
322 deductible or other out-of-pocket expense for such services, except that
323 a high deductible health plan, as that term is used in subsection (f) of
324 section 38a-493, shall not be subject to the deductible limits set forth in
325 this section.

326 [(c) Such policy shall provide a maximum benefit of six thousand
327 four hundred dollars per child per year and an aggregate benefit of
328 nineteen thousand two hundred dollars per child over the total three-
329 year period.]

330 [(d)] (c) No payment made under this section shall (1) [be applied

331 by the insurer, health care center or plan administrator against or
332 result in a loss of benefits due to any maximum lifetime or annual
333 limits specified in the policy, (2)] adversely affect the availability of
334 health insurance to the child, the child's parent or the child's family
335 members insured under any such policy, or [(3)] (2) be a reason for the
336 insurer, health care center or plan administrator to rescind or cancel
337 such policy. Payments made under this section shall not be treated
338 differently than other claim experience for purposes of premium
339 rating.

340 Sec. 5. Section 17a-215c of the general statutes is amended by adding
341 subsection (l) as follows (*Effective from passage*):

342 (NEW) (l) The Commissioner of Developmental Services, in
343 consultation with the Autism Spectrum Disorder Advisory Council,
344 shall designate services and interventions that demonstrate empirical
345 effectiveness for the treatment of autism spectrum disorder. The
346 commissioner shall update such designations periodically and
347 whenever the commissioner deems it necessary to conform to changes
348 generally recognized by the relevant medical community in evidence-
349 based practices or research.

350 Sec. 6. Subdivision (3) of subsection (a) of section 38a-591c of the
351 general statutes are repealed and the following is substituted in lieu
352 thereof (*Effective July 1, 2015*):

353 (3) (A) Notwithstanding subdivision (2) of this subsection, for any
354 utilization review for the treatment of a substance use disorder, as
355 described in section 17a-458, the clinical review criteria used shall be:
356 (i) The most recent edition of the American Society of Addiction
357 [Medicine's Patient Placement Criteria] Medicine Treatment Criteria
358 for Addictive, Substance-Related, and Co-Occurring Conditions; or (ii)
359 clinical review criteria that the health carrier demonstrates is consistent
360 with the most recent edition of the American Society of Addiction
361 [Medicine's Patient Placement Criteria] Medicine Treatment Criteria
362 for Addictive, Substance-Related, and Co-Occurring Conditions, in

363 accordance with subparagraph (B) of this subdivision.

364 (B) A health carrier that uses clinical review criteria as set forth in
365 subparagraph (A)(ii) of this subdivision shall create and maintain a
366 document in an easily accessible location on such health carrier's
367 Internet web site that (i) compares each aspect of such clinical review
368 criteria with the American Society of Addiction [Medicine's Patient
369 Placement Criteria] Medicine Treatment Criteria for Addictive,
370 Substance-Related, and Co-Occurring Conditions, and (ii) provides
371 citations to peer-reviewed medical literature generally recognized by
372 the relevant medical community or to professional society guidelines
373 that justify each deviation from the American Society of Addiction
374 [Medicine's Patient Placement Criteria] Medicine Treatment Criteria
375 for Addictive, Substance-Related, and Co-Occurring Conditions.

376 Sec. 7. (*Effective from passage*) (a) Not later than October 1, 2015, the
377 Insurance Commissioner shall convene a working group to develop
378 recommendations for behavioral health utilization and quality
379 measures data that should be collected uniformly from state agencies
380 that pay health care claims, group hospitalization and medical and
381 surgical insurance plans established pursuant to section 5-259 of the
382 general statutes, the state medical assistance program and health
383 insurance companies and health care centers that write health
384 insurance policies and health care contracts in this state. The purposes
385 of such recommendations include, but are not limited to, protecting
386 behavioral health parity for youths and other populations.

387 (b) The working group shall consist of the Insurance Commissioner,
388 the Healthcare Advocate, the Commissioners of Social Services, Public
389 Health, Mental Health and Addiction Services, Children and Families
390 and Developmental Services and the Comptroller, or their designees,
391 and may include representatives from health insurance companies or
392 health care centers or any other members the Insurance Commissioner
393 deems necessary and relevant to carry out the working group's duties
394 under this section.

395 (c) (1) The working group shall determine the data that should be
396 collected to inform analysis on (A) coverage for behavioral health
397 services, (B) the adequacy of coverage for behavioral health conditions,
398 including, but not limited to, autism spectrum disorders and substance
399 use disorders, (C) the alignment of medical necessity criteria and
400 utilization management procedures across such agencies, plans,
401 program, companies and centers, (D) the adequacy of health care
402 provider networks, (E) the overall availability of behavioral health care
403 providers in this state, (F) the percentage of behavioral health care
404 providers in this state that are participating providers under a group
405 hospitalization and medical and surgical insurance plan established
406 pursuant to section 5-259 of the general statutes, the state medical
407 assistance program, or a health insurance policy or health care contract
408 delivered, issued for delivery, renewed, amended or continued in this
409 state, and (G) the adequacy of services available for behavioral health
410 conditions, including, but not limited to, autism spectrum disorders
411 and substance use disorders.

412 (2) The recommendations developed by the working group may
413 include data such as (A) per member, per month claim expenses, (B)
414 the median length of a covered treatment for an entire course of
415 treatment by levels of care, (C) utilization review outcome data
416 grouped by levels of care, age categories and levels of review as set
417 forth in part VII of chapter 700c of the general statutes, (D) the number
418 of in-network and out-of-network health care providers by location
419 and provider type, (E) health care provider network management data
420 by location and provider type, and (F) health care provider network
421 fluctuations, the causes of such fluctuations and the decisions made by
422 health insurance companies, health care centers and state agencies
423 regarding the approval of health care providers to join a health care
424 provider network.

425 (d) Not later than January 1, 2016, the Insurance Commissioner shall
426 submit a report of the recommendations of the working group as set
427 forth in subsection (a) of this section, in accordance with the provisions

428 of section 11-4a of the general statutes, to the Governor and the joint
429 standing committees of the General Assembly having cognizance of
430 matters relating to insurance, human services, public health and
431 children.

432 Sec. 8. Subsection (a) of section 38a-514 of the general statutes is
433 repealed and the following is substituted in lieu thereof (*Effective*
434 *January 1, 2016*):

435 (a) Except as provided in subsection (j) of this section, each group
436 health insurance policy, providing coverage of the type specified in
437 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, delivered,
438 issued for delivery, renewed, amended or continued in this state shall
439 provide benefits for the diagnosis and treatment of mental or nervous
440 conditions. For the purposes of this section, "mental or nervous
441 conditions" means mental disorders, as defined in the most recent
442 edition of the American Psychiatric Association's "Diagnostic and
443 Statistical Manual of Mental Disorders". "Mental or nervous
444 conditions" does not include (1) intellectual disabilities, (2) specific
445 learning disorders, (3) motor disorders, (4) communication disorders,
446 (5) caffeine-related disorders, (6) relational problems, and (7) other
447 conditions that may be a focus of clinical attention, that are not
448 otherwise defined as mental disorders in the most recent edition of the
449 American Psychiatric Association's "Diagnostic and Statistical Manual
450 of Mental Disorders". [, except that coverage for an insured under such
451 policy who has been diagnosed with autism spectrum disorder prior to
452 the release of the fifth edition of the American Psychiatric Association's
453 "Diagnostic and Statistical Manual of Mental Disorders" shall be
454 provided in accordance with subsection (i) of section 38a-514b.]

455 Sec. 9. Subsection (a) of section 38a-488a of the general statutes is
456 repealed and the following is substituted in lieu thereof (*Effective*
457 *January 1, 2016*):

458 (a) Each individual health insurance policy providing coverage of
459 the type specified in subdivisions (1), (2), (4), (11) and (12) of section

460 38a-469 delivered, issued for delivery, renewed, amended or continued
 461 in this state shall provide benefits for the diagnosis and treatment of
 462 mental or nervous conditions. For the purposes of this section, "mental
 463 or nervous conditions" means mental disorders, as defined in the most
 464 recent edition of the American Psychiatric Association's "Diagnostic
 465 and Statistical Manual of Mental Disorders". "Mental or nervous
 466 conditions" does not include (1) intellectual disabilities, (2) specific
 467 learning disorders, (3) motor disorders, (4) communication disorders,
 468 (5) caffeine-related disorders, (6) relational problems, and (7) other
 469 conditions that may be a focus of clinical attention, that are not
 470 otherwise defined as mental disorders in the most recent edition of the
 471 American Psychiatric Association's "Diagnostic and Statistical Manual
 472 of Mental Disorders". [, except that coverage for an insured under such
 473 policy who has been diagnosed with autism spectrum disorder prior to
 474 the release of the fifth edition of the American Psychiatric Association's
 475 "Diagnostic and Statistical Manual of Mental Disorders" shall be
 476 provided in accordance with subsection (b) of section 38a-488b.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2016</i>	38a-514b
Sec. 2	<i>January 1, 2016</i>	38a-488b
Sec. 3	<i>January 1, 2016</i>	38a-516a
Sec. 4	<i>January 1, 2016</i>	38a-490a
Sec. 5	<i>from passage</i>	17a-215c
Sec. 6	<i>July 1, 2015</i>	38a-591c(a)(3)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>January 1, 2016</i>	38a-514(a)
Sec. 9	<i>January 1, 2016</i>	38a-488a(a)

INS *Joint Favorable Subst.*