

SECOND REGULAR SESSION

HOUSE BILL NO. 1341

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES GRILL (Sponsor), LeVOTA, LAMPE, KANDER, STORCH,
ROORDA, KELLY, SCHOEMEHL, SCHUPP, FUNDERBURK, RUCKER, STILL, HOLSMAN,
SCAVUZZO, HODGES, CARTER, FALLERT, NORR, WEBB, SHIVELY, JONES (63), WALTON GRAY,
ENGLUND, HARRIS, McDONALD AND PACE (Co-sponsors).

3788L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for the diagnosis and treatment of autism spectrum disorders.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be
2 known as section 376.1224, to read as follows:

376.1224. 1. For purposes of this section, the following terms shall mean:

2 **(1) "Applied behavior analysis", the design, implementation, and evaluation of**
3 **environmental modifications, using behavioral stimuli and consequences, to produce**
4 **socially significant improvement in human behavior, including the use of direct**
5 **observation, measurement, and functional analysis of the relationships between**
6 **environment and behavior;**

7 **(2) "Autism service provider":**

8 **(a) Any person, entity, or group that provides diagnostic or treatment services for**
9 **autism spectrum disorders who is licensed or certified by the state of Missouri;**

10 **(b) Any person who is certified as a board certified behavior analyst by the**
11 **behavior analyst certification board; or**

12 **(c) Any person, if not licensed or certified, who is supervised by a person who is**
13 **certified as a board certified behavioral analyst by the behavioral analyst certification**
14 **board, whether such board certified behavioral analyst supervises as an individual or as**
15 **an employee of or in association with an entity or group; provided however, the definition**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

16 of autism service provider shall specifically exclude parents and siblings of autistic persons
17 to the extent such parents or siblings are providing diagnostic or treatment services to their
18 child or sibling;

19 (3) "Autism spectrum disorders", a neurobiological disorder, an illness of the
20 nervous system, which includes Autistic Disorder, Asperger's Disorder, Pervasive
21 Developmental Disorder Not Otherwise Specified, Rett's Disorder, and Childhood
22 Disintegrative Disorder, as defined in the most recent edition of the Diagnostic and
23 Statistical Manual of Mental Disorders of the American Psychiatric Association;

24 (4) "Diagnosis of autism spectrum disorders", medically necessary assessments,
25 evaluations, or tests in order to diagnose whether an individual has an autism spectrum
26 disorder;

27 (5) "Habilitative or rehabilitative care", professional, counseling, and guidance
28 services and treatment programs, including applied behavior analysis, that are necessary
29 to develop and restore the functioning of an individual;

30 (6) "Health benefit plan", shall have the same meaning ascribed to it as in section
31 376.1350;

32 (7) "Health carrier", shall have the same meaning ascribed to it as in section
33 376.1350;

34 (8) "Pharmacy care", medications used to address symptoms of an autism spectrum
35 disorder prescribed by a licensed physician, and any health-related services deemed
36 medically necessary to determine the need or effectiveness of the medications;

37 (9) "Psychiatric care", direct or consultative services provided by a psychiatrist
38 licensed in the state in which the psychiatrist practices;

39 (10) "Psychological care", direct or consultative services provided by a psychologist
40 licensed in the state in which the psychologist practices;

41 (11) "Therapeutic care", services provided by licensed speech therapists,
42 occupational therapists, or physical therapists;

43 (12) "Treatment for autism spectrum disorders", care prescribed and provided or
44 ordered and provided for an individual diagnosed with an autism spectrum disorder by
45 a licensed physician or licensed psychologist, pursuant to the powers granted under such
46 licensed physician's or licensed psychologist's license, including, but not limited to:

47 (a) Psychiatric care;

48 (b) Psychological care;

49 (c) Habilitative or rehabilitative care, including applied behavior analysis therapy;

50 (d) Therapeutic care;

51 (e) Pharmacy care.

52 **2. All health benefit plans that are delivered, issued for delivery, continued, or**
53 **renewed on or after January 1, 2011, shall provide individuals less than eighteen years of**
54 **age coverage for the diagnosis and treatment of autism spectrum disorders to the extent**
55 **that the diagnosis and treatment of autism spectrum disorders are not already covered by**
56 **the health benefit plan.**

57 **3. With regards to a health benefit plan, a health carrier shall not deny or refuse**
58 **to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or**
59 **otherwise terminate or restrict coverage on an individual or their dependent solely because**
60 **the individual is diagnosed with autism spectrum disorder.**

61 **4. (1) Coverage provided under this section is limited to treatment that is ordered**
62 **by the insured's treating licensed physician or licensed psychologist, pursuant to the**
63 **powers granted under such licensed physician's or licensed psychologist's license, in**
64 **accordance with a treatment plan;**

65 **(2) The treatment plan upon request by the health benefit plan or health carrier**
66 **shall include all elements necessary for the health benefit plan or health carrier to**
67 **appropriately pay claims. Such elements include, but are not limited to, a diagnosis,**
68 **proposed treatment by type, frequency, and duration of treatment and goals;**

69 **(3) Except for inpatient services, if an individual is receiving treatment for an**
70 **autism spectrum disorder, a health carrier shall have the right to review the treatment plan**
71 **not more than once every six months unless the health carrier and the individual's treating**
72 **physician or psychologist agree that a more frequent review is necessary. The cost of**
73 **obtaining any review shall be borne by the health benefit plan or health carrier, as**
74 **applicable;**

75 **(4) The coverage for the diagnosis and treatment of autism spectrum disorders**
76 **under this section is limited to treatment and diagnosis provided within Missouri.**

77 **5. Coverage provided under this section for applied behavior analysis shall be**
78 **subject to a maximum benefit of fifty-five thousand dollars per year for individuals under**
79 **fifteen years of age. No coverage for applied behavior analysis shall be afforded to**
80 **individuals fifteen years of age or older. Notwithstanding the foregoing, the annual**
81 **maximum benefits for applied behavior analysis shall not be subject to any limits on the**
82 **numbers of visits by an individual to an autism service provider for applied behavior**
83 **analysis. Coverage provided under this section for services other than applied behavior**
84 **analysis shall not be subject to any limits on the number of visits an individual may make**
85 **to an autism service provider. After December 31, 2010, the director of the department of**
86 **insurance, financial institutions and professional registration shall, on an annual basis,**
87 **adjust the maximum benefit (for applied behavioral analysis) for inflation using the**

88 **Medical Care Component of the United States Department of Labor Consumer Price Index**
89 **for All Urban Consumers. Payments made by a health carrier on behalf of a covered**
90 **individual for any care, treatment, intervention, service or item, the provision of which was**
91 **for the treatment of a health condition unrelated to the covered individual's autism**
92 **spectrum disorder, shall not be applied toward any maximum benefit established under**
93 **this subsection.**

94 **6. This section shall not be construed as limiting benefits which are otherwise**
95 **available to an individual under a health benefit plan. The health care services required**
96 **by this section shall not be subject to any greater deductible, coinsurance, or co-payment**
97 **than other physical health care services provided by a health benefit plan. Coverage of**
98 **services may be subject to other general exclusions and limitations of the contract or**
99 **benefit plan, such as coordination of benefits, services provided by family or household**
100 **members, utilization review of health care services including review of medical necessity,**
101 **and care management; however, coverage for treatment under this section shall not be**
102 **defined on the basis that it is educational or habilitative in nature.**

103 **7. To the extent any payments or reimbursements are being made for applied**
104 **behavior analysis, such payments or reimbursements shall be made to either:**

105 **(1) Any autism provider;**

106 **(2) The person who is supervising an autism service provider, who is also certified**
107 **as a board certified behavior analyst by the behavior analyst certification board; or**

108 **(3) The entity or group for whom such supervising person, who is certified as a**
109 **board certified behavior analyst by the behavior analyst certification board, works or is**
110 **associated.**

111 **8. If a request for qualifications is made of a person who is not licensed as an**
112 **autism service provider by a health carrier, such person shall provide documented**
113 **evidence of education and professional training, if any, in applied behavioral analysis.**

114 **9. The provisions of this section shall apply to any health care plans issued to**
115 **employees and their dependents under the Missouri consolidated health care plan**
116 **established pursuant to chapter 103 that are delivered, issued for delivery, continued, or**
117 **renewed in this state on or after January 1, 2011. The terms "employees" and "health care**
118 **plans" shall have the same meaning ascribed to them in section 103.003.**

119 **10. The provisions of this section shall also apply to the following types of plans that**
120 **are established, extended, modified, or renewed on or after January 1, 2011:**

121 **(1) All self-insured governmental plans, as that term is defined in 29 U.S.C. Section**
122 **1002(32);**

123 **(2) All self-insured group arrangements, to the extent not preempted by federal**
124 **law;**

125 **(3) All plans provided through a multiple employer welfare arrangement, or plans**
126 **provided through another benefit arrangement, to the extent permitted by the Employee**
127 **Retirement Income Security Act of 1974, or any waiver or exception to that act provided**
128 **under federal law or regulation; and**

129 **(4) All self-insured school district health plans.**

130 **11. The provisions of this section shall not automatically apply to an individually**
131 **underwritten health benefit plan, but shall be offered as an option to any such plan.**

132 **12. The provisions of this section shall not apply to a supplemental insurance**
133 **policy, including a life care contract, accident-only policy, specified disease policy, hospital**
134 **policy providing a fixed daily benefit only, Medicare supplement policy, long-term care**
135 **policy, short-term major medical policy of six months or less duration, or any other**
136 **supplemental policy.**

137 **13. Any health carrier or other entity subject to the provisions of this section shall**
138 **not be required to provide reimbursement for the services delivered by an early**
139 **intervention or a school service.**

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