

HB 1311 -- Health Insurance Coverage for Autism Spectrum Disorders

Sponsor: Scharnhorst

This bill requires all health benefit plans that are delivered, issued, continued, or renewed on or after August 28, 2010, to provide coverage for the diagnosis and treatment of autism spectrum disorders (ASD). Carriers cannot deny or refuse to issue insurance coverage on; refuse to contract with; or refuse to renew or reissue, terminate, or restrict coverage on an individual or his or her dependent solely because of being diagnosed with ASD or because he or she receives coverage. The coverage provided by an insurance carrier for ASD is limited to the treatment ordered by the insured individual's licensed treating physician or psychologist in accordance with a treatment plan. Service exclusions contained in an insurance policy or health maintenance organization contract that are inconsistent with an ASD treatment plan will be considered invalid as to ASD. An ASD treatment plan must include all elements necessary for a health carrier to review the plan when requested. Except for inpatient services, the health benefit plan or carrier can request, at its expense, a review of the treatment plan not more than once every six months unless the individual's treating physician or psychologist agrees that a more frequent review is necessary.

Coverage for individuals younger than 21 years of age for the applied behavior analysis (ABA) services will have a maximum benefit of \$72,000 per year with no limit on the number of visits to an autism service provider. Coverage cannot be denied on the basis that it is educational or habilitative in nature.

Payments and reimbursements for ABA services can only be made to the ASD service provider, the certified supervisor of the provider, or the entity or group for whom the supervisor works or is associated. ASD services cannot be subject to any greater deductible, co-insurance, co-payment, or utilization review than other physical health care services provided by the health benefit plan. Health carriers and benefit plans are not required to reimburse a school district for ASD services that it provided.

Health benefit plans established, extended, modified, or renewed on or after August 28, 2010, under the Missouri Consolidated Health Care Plan, self-insured governmental plans, self-insured group arrangements, multiple employer welfare arrangements, and self-insured school district health plans must offer individual ASD coverage. Individually sold health benefit plans must offer ASD coverage as an option to any plan. Certain supplemental insurance policies are exempt from the provisions of the bill.

The Director of the Department of Insurance, Financial Institutions and Professional Registration must grant a small employer that offers a group health plan a waiver from offering ASD coverage to the group health plan if the employer demonstrates by actual experience over any consecutive 24-month period that the cost of providing the ASD coverage has resulted in a 5% increase in the health plan premiums over a calendar year.

The provisions of the bill do not apply to the MO HealthNet Program or any program administered or sponsored by the MO HealthNet Division within the Department of Social Services.