AN ACT

RELATING TO INSURANCE -- AUTISM SPECTRUM DISORDERS

Introduced By: Representatives Palumbo, Schadone, Menard, Petrarca, and McCauley

Date Introduced: February 08, 2011

Referred To: House Corporations

It is enacted by the General Assembly as follows:

SECTION 1. Title 27 of the General Laws entitled "INSURANCE" is hereby amended by adding thereto the following chapter:

CHAPTER 20.11

AUTISM SPECTRUM DISORDERS

27-20.11-1. Mandatory coverage for Autism spectrum disorders. – (a) Every group health insurance contract, or every group hospital or medical expense insurance policy, plan, or group policy delivered, issued for delivery, or renewed in this state, by any health insurance carrier, on or after January 1, 2012, shall provide coverage for autism spectrum disorders; provided, however, the provisions of this chapter shall not apply to contracts, plans or group policies subject to the Small Employer Health Insurance Availability Act, chapter 50 of this title, or subject to the Individual Health Insurance Coverage Act, chapter 18.5 of this title.

27-20.11-2. Definitions. – As used in this chapter:

(1) “Applied behavior analysis” means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvements in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

(2) “Autism spectrum disorders” means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association.
(3) "Health insurance carrier" or "carrier" means any entity subject to the insurance laws and regulations of this state, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including, without limitation, an insurance company offering accident and sickness insurance, a health maintenance organization, a nonprofit hospital medical service corporation, or any other entity subject to chapter 18, 19, 20 or 41 of this title, providing a plan of health insurance, health benefits, or health services.

27-20.11-3. Scope of coverage. – (a) Benefits under this section shall include coverage for applied behavior analysis, physical therapy, speech therapy and occupational therapy services for the treatment of Autism spectrum disorders, as defined in the most recent edition of the DSM. Provided, however: (1) Coverage for physical therapy, speech therapy and occupational therapy services shall be to the extent such services are a covered benefit for other diseases and conditions under such policy; and (2) Applied behavior analysis shall be limited to thirty-two thousand dollars ($32,000) per person per year.

(b) Benefits under this section shall continue until the covered individual reaches age fifteen (15).

(c) The health care benefits outlined in this chapter apply only to services delivered within the State of Rhode Island; provided, that all health insurance carriers shall be required to provide coverage for those benefits mandated by this chapter outside of the State of Rhode Island where it can be established through a pre-authorization process that the required services are not available in the State of Rhode Island from a provider in the health insurance carrier’s network.

27-20.11-4. Medical necessity and appropriateness of treatment. – (a) Upon request of the reimbursing health insurance carrier, all providers shall furnish medical records or other necessary data which substantiates that initial or continued treatment is at all times medically necessary and appropriate.

(b) Medical necessity criteria may be based in part on evidence of continued improvement as a result of treatment. When the provider cannot establish the medical necessity and/or appropriateness of the treatment modality being provided, neither the health insurer nor the patient shall be obligated to reimburse for that period or type of care that was not established. The exception to the preceding can only be made if the patient has been informed of the provisions of this subsection and has agreed in writing to continue to receive treatment at his or her own expense.

(c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter may appeal a denial in accordance with the rules and regulations promulgated by the department of health pursuant to chapter 17.12 of title 23.
(d) A health insurance carrier may require submission of a treatment plan, including the
frequency and duration of treatment, signed by a child psychiatrist, a behavioral developmental
pediatrician, a child neurologist or a licensed psychologist with training in child psychology, that
the treatment is medically necessary for the patient and is consistent with nationally recognized
treatment standards for the condition such as those set forth by the American Academy of
Pediatrics. An insurer may require an updated treatment plan no more frequently than on a
quarterly basis.

27-20.11-5. Limits on cost sharing. – Benefits for services under this chapter shall be
reimbursed in accordance with the respective principles and mechanisms of reimbursement for
each health insurance carrier. Except as otherwise provided in this section, any policy, contract or
certificate that provides coverage for services under this section may contain provisions for
maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the
extent that these provisions are no more extensive than coverage provided for other conditions or
illnesses. Coverage for autism spectrum disorders is otherwise subject to the same terms and
conditions of the policy as any other condition or illness.

27-20.11-6. Educational and other services provided to children diagnosed with
Autism spectrum disorders. – Nothing in this section shall be construed to alter any obligation
of a school district or the State of Rhode Island to provide services to an individual under an
individualized family service plan or an individualized education program, as required under the
federal Individuals with Disabilities Education Act, or the provision of services to an individual
under any other federal or state law. A health insurance carrier assessed for services provided
under section 42-12-29, children’s health account, shall not be required to provide duplicative
coverage for the same beneficiary for the same or similar services mandated under this section.

27-20.11-7. Credentialing and contracting practices. – (a) Any individual providing
applied behavior analysis treatment under this section shall be:

(1) Individually licensed by the department of health as a healthcare provider/clinician
pursuant to chapter 42-35 or 42-35-1 et al, and nationally certified as a Board Certified Behavior
Analyst (BCBA); and credentialed by the insurer; or

(2) Individually nationally certified as a Board Certified Assistant Behavior Analyst
(BCaBA) supervised by a Board Certified Behavior Analyst who is licensed by the department of
health as a psychologist, social worker or therapist; and credentialed by the insurer.

(b) Nothing in this chapter shall be construed to require a change in the credentialing or
contracting practices of health insurers for mental health or substance abuse providers.
27-20.11-8. Exclusions. -- This chapter shall not apply to insurance coverage providing

benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4) Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease indemnity; (8) Sickness or bodily injury or death by accident or both; and (9) Other limited benefit policies.

SECTION 2. This act shall take effect upon passage.
This act would require that most every group health insurance contract, or every group hospital or medical expense insurance policies, plans, or group policies effective on or after January 1, 2012, provide coverage for autism spectrum disorders. This act would not apply to contracts, plans or group policies subject to the Small Employer Health Insurance Availability Act and those subject to the Individual Health Insurance Coverage Act.

This act would take effect upon passage.