For An Act To Be Entitled
AN ACT TO PROVIDE HEALTH INSURANCE COVERAGE FOR
AUTISM SPECTRUM DISORDERS; AND FOR OTHER PURPOSES.

Subtitle
TO PROVIDE HEALTH INSURANCE COVERAGE FOR
AUTISM SPECTRUM DISORDERS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4 is amended to add an additional section to read as follows:

23-99-418. Coverage for autism spectrum disorders required --
Definitions.
(a) As used in this section:
(1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications by a board-certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior;
(2) "Autism services provider" means a person, entity, or group that provides diagnostic evaluations and treatment of autism spectrum
disorders, including licensed physicians, licensed psychiatrists, licensed
speech therapists, licensed occupational therapists, licensed physical
therapists, licensed psychologists, and board-certified behavior analysts;

(3) "Autism spectrum disorder" means any of the pervasive
developmental disorders as defined by the most recent edition of the
"Diagnostic and Statistical Manual of Mental Disorders", including:

(A) Autistic disorder;
(B) Asperger's disorder; and
(C) Pervasive developmental disorder not otherwise

specified;

(4) "Board-certified behavior analyst" means an individual
certified by the nationally accredited Behavior Analyst Certification Board,
a nationally accredited nongovernmental agency that certifies individuals who
have completed academic, examination, training, and supervision requirements
in applied behavior analysis;

(5)(A) "Diagnosis" means medically necessary assessment,
evaluations, or tests to diagnose whether or not an individual has an autism
spectrum disorder.

(B) Diagnostic evaluations do not need to be completed
concurrently to diagnosis autism spectrum disorder;

(6) "Evidence-based treatment" means treatment subject to
research that applies rigorous, systematic, and objective procedures to
obtain valid knowledge relevant to autism spectrum disorders;

(7)(A) "Health benefit plan" means any group or blanket plan,
policy, or contract for health care services issued or delivered in this
state by health care insurers, including indemnity and managed care plans and
the plans providing health benefits to state and public school employees
under § 21-5-401 et seq., but excluding individual major medical plans, and
plans providing health care services under Arkansas Constitution, Article 5,
§ 32, the Workers’ Compensation Law, § 11-9-101 et seq., and the Public
Employee Workers’ Compensation Act, § 21-5-601 et seq.

(B) "Health benefit plan" does not include an accident
only, specified disease, hospital indemnity, Medicare supplement, long-term
care, disability income, or other limited benefit health insurance policy;

(8) "Health care insurer" means any insurance company, hospital
and medical service corporation, or health maintenance organization issuing
or delivering health benefit plans in this state and subject to any of the following laws:

(A) The insurance laws of this state;
(B) Section 23-75-101 et seq., pertaining to hospital and medical service corporations; and
(C) Section 23-76-101 et seq., pertaining to health maintenance organizations;

(9) "Medically necessary" means reasonably expected to do the following:

(A) Prevent the onset of an illness, condition, injury, or disability;
(B) Reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability; or
(C) Assist to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and the functional capacities that are appropriate for individuals of the same age;

(10) "Pharmacy care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications;

(11) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;

(12) "Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices;

(13) "Therapeutic care" means services provided by licensed speech therapists, occupational therapists, or physical therapists; and

(14) "Treatment" includes:

(A) The following care prescribed, provided, or ordered for a specific individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary and evidence-based including without limitation:

(i) Applied behavior analysis when provided by or supervised by a Board Certified Behavior Analyst;
(ii) Pharmacy care;
(iii) Psychiatric care;
(iv) Psychological care;
(v) Therapeutic care; and
(vi) Equipment determined necessary to provide evidence-based treatment; and

(B) Any care for an individual with autism spectrum disorder that is determined by a licensed physician to be:
   (i) Medically necessary; and
   (ii) Evidence-based.

(b) To the extent that the diagnosis and treatment of autism spectrum disorders are not already covered by a health benefit plan, coverage under this section shall be included in a health benefit plan that is delivered, executed, issued, amended, adjusted, or renewed in this state on or after October 1, 2011.

(c) Applied behavior analysis services shall:
   (1) Have an annual limitation of fifty thousand dollars ($50,000); and
   (2) Be limited to children under eighteen (18) years of age.

(d)(1) The coverage required by this section is not subject to:
   (A) Any limits on the number of visits an individual may make to an autism services provider; or
   (B) Dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to a physical illness generally under a health benefit plan.

   (2) The coverage may be subject to other general exclusions and limitations of the health insurance plan, including without limitation coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, and utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

(e) This section does not limit benefits that are otherwise available to an individual under a health benefit plan.

(f) Coverage for treatment under this section shall not be denied on the basis that the treatment is habilitative in nature.

(g)(1) If an individual is receiving treatment for an autism spectrum
disorder, an insurer shall not request a review of the medical necessity of
the treatment for autism spectrum disorder to a greater extent than it does
for other illnesses covered in the policy.

(2) The cost of obtaining the review shall be borne by the
insurer.

(h)(1) This section shall not be construed as affecting any obligation
to provide services to an individual under an individualized family service
plan, an individualized education program under the Individuals with
Disabilities Education Act, or an individualized service plan.

(2) In accordance with the Individuals with Disabilities Education Act,
nothing in this section relieves an insurer from an otherwise valid
obligation to provide or to pay for services provided to an individual with a
disability.

(i) On and after January 1, 2014:

(1) To the extent that this section requires benefits that
exceed the essential health benefits specified under section 1302(b) of the
Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended,
the specific benefits that exceed the specified essential health benefits
shall not be required of a health benefit plan when the plan is offered by a
health care insurer in this state through the state medical exchange; and

(2) This section continues to apply to plans offered outside the
state medical exchange.

SECTION 2. Effective date.

This act is effective on and after October 1, 2011.

/s/Lindsey

APPROVED: 03/04/2011