

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

INTERIM STUDY PROPOSAL 2009-155

State of Arkansas

As Engrossed: S3/25/09

87th General Assembly

A Bill

Regular Session, 2009

SENATE BILL 913

By: Senators Salmon, G. Jeffress, Madison, Faris, P. Malone, H. Wilkins

By: Representatives Lindsey, Reep

Filed with: Senate Interim Committee on Children and Youth
pursuant to A.C.A. §10-3-217.

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:

23-99-417. Autism spectrum disorders.

As used in this section:

(a) As used in this section:

(1) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications 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)(A) "Autism services provider" means a person, entity, or group that provides treatment of autism spectrum disorders.

(B) If the treatment provided by an autism services provider is applied behavior analysis, the autism services provider shall be certified as a behavior analyst by the Behavior Analyst

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

4 (A) Autistic disorder;

5 (B) Asperger's disorder; and

6 (C) Pervasive developmental disorder not otherwise specified;

7 (4) "Diagnosis" means medically necessary assessment, evaluations, or tests to
8 diagnose whether an individual has one (1) or more autism spectrum disorders;

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

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

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

15 (A) Prevent the onset of an illness, condition, injury, or disability;

16 (B) Reduce or ameliorate the physical, mental, or developmental effects of an
17 illness, condition, injury, or disability; or

18 (C) Assist to achieve or maintain maximum functional capacity in performing
19 daily activities, taking into account both the functional capacity of the individual and the functional
20 capacities that are appropriate for individuals of the same age;

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

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

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

28 (11) "Therapeutic care" means services provided by licensed or certified speech
29 therapists, occupational therapists, or physical therapists; and

30 (12) "Treatment" includes:

31 (A) The following care prescribed, provided, or ordered for an individual
32 diagnosed with one (1) or more autism spectrum disorders by a licensed physician or a licensed
33 psychologist who determines the care to be medically necessary:

34 (i) Applied behavior analysis;

35 (ii) Pharmacy care;

36 (iii) Psychiatric care;

1 (iv) Psychological care; and

2 (v) Therapeutic care; and

3 (B) Any care for individuals with autism spectrum

4 disorders that is determined by the Department of Health, based upon
5 the department's review of best practices or evidence-based research, to be
6 medically necessary.

7 *(b)(1) A health benefit plan shall provide coverage not to exceed a maximum annual benefit of*
8 *fifty thousand dollars (\$50,000) for the diagnosis and treatment of autism spectrum disorders.*

9 (2) To the extent that the diagnosis and treatment of autism spectrum disorders are not
10 already covered by a health benefit plan, coverage under this section shall be included in a health benefit
11 plan that is delivered, executed, issued, amended, adjusted, or renewed in this state, or outside the state
12 if insuring Arkansas residents, on or after October 1, 2009.

13 (3) An insurer shall not terminate coverage or refuse to deliver, execute, issue, amend,
14 adjust, or renew coverage to an individual solely because the individual is diagnosed with one (1) or more
15 autism spectrum disorders or has received treatment for one (1) or more autism spectrum disorders.

16 *(c) Unless the coverage required by this section will exceed the maximum annual benefit*
17 *provided by subdivision (b)(1) of this section, the coverage required by this section is not subject to:*

18 (1) Any limits on the number of visits an individual may make to an autism services
19 provider; or

20 (2) Dollar limits, deductibles, or coinsurance provisions that are less favorable to an
21 insured than the dollar limits, deductibles, or coinsurance provisions that apply to a physical illness
22 generally under a health benefit plan.

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

25 (e) Treatment under this section shall not be denied on the basis that the treatment is *habilitative*
26 in nature.

27 (f)(1) Except for inpatient services, if an individual is receiving treatment for one (1) or more
28 autism spectrum disorders an insurer may request a review of the treatment not more than one (1) time
29 every twelve (12) months unless the insurer and the individual's licensed physician or licensed
30 psychologist agrees that a more frequent review is necessary.

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

32 (g) This section does not affect any obligation to provide services to an individual under an
33 individualized family service plan, an individualized education program, or an individualized service plan.

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35 SECTION 2. Effective date.

36 This act takes effect October 1, 2009.

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/s/ Salmon

Filed Date: 04/09/2009 By: DLPVJF