

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.

1 State of Arkansas
2 87th General Assembly
3 Regular Session, 2009
4

As Engrossed: S3/25/09

A Bill

SENATE BILL 913

5 By: Senators Salmon, G. Jeffress, Madison, Faris, P. Malone, H. Wilkins
6 By: Representatives Lindsey, Reep
7
8

For An Act To Be Entitled

10 AN ACT TO PROVIDE HEALTH INSURANCE COVERAGE FOR
11 AUTISM SPECTRUM DISORDERS; AND FOR OTHER
12 PURPOSES.
13

Subtitle

15 TO PROVIDE HEALTH INSURANCE COVERAGE FOR
16 AUTISM SPECTRUM DISORDERS.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code Title 23, Chapter 99, Subchapter 4 is amended
22 to add an additional section to read as follows:

23 23-99-417. Autism spectrum disorders.

24 As used in this section:

25 (a) As used in this section:

26 (1) "Applied behavior analysis" means the design,
27 implementation, and evaluation of environmental modifications using
28 behavioral stimuli and consequences to produce socially significant
29 improvement in human behavior, including the use of direct observation,
30 measurement, and functional analysis of the relationship between environment
31 and behavior;

32 (2)(A) "Autism services provider" means a person, entity, or
33 group that provides treatment of autism spectrum disorders.

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



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

4 (A) Autistic disorder;

5 (B) Asperger's disorder; and

6 (C) Pervasive developmental disorder not otherwise
7 specified;

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

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

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

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

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

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

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

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

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

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

36 (11) "Therapeutic care" means services provided by licensed or

1 certified speech therapists, occupational therapists, or physical therapists;
2 and

3 (12) "Treatment" includes:

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

8 (i) Applied behavior analysis;

9 (ii) Pharmacy care;

10 (iii) Psychiatric care;

11 (iv) Psychological care; and

12 (v) Therapeutic care; and

13 (B) Any care for individuals with autism spectrum
14 disorders that is determined by the Department of Health, based upon
15 the department's review of best practices or evidence-based research, to be
16 medically necessary.

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

20 (2) To the extent that the diagnosis and treatment of autism
21 spectrum disorders are not already covered by a health benefit plan, coverage
22 under this section shall be included in a health benefit plan that is
23 delivered, executed, issued, amended, adjusted, or renewed in this state, or
24 outside the state if insuring Arkansas residents, on or after October 1,
25 2009.

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

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

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

36 (2) Dollar limits, deductibles, or coinsurance provisions that

1 are less favorable to an insured than the dollar limits, deductibles, or
2 coinsurance provisions that apply to a physical illness generally under a
3 health benefit plan.

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

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

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

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

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

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19 SECTION 2. Effective date.

20 This act takes effect October 1, 2009.

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22 /s/ Salmon
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