

SENATE BILL 394

C3

9lr0958
CF HB 273

By: **Senators Klausmeier, Pugh, and Robey**

Introduced and read first time: February 2, 2009

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage of Autism Spectrum Disorders**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
4 health maintenance organizations to provide coverage for the diagnosis of
5 autism spectrum disorders and the treatment of autism spectrum disorders in
6 certain individuals; requiring certain treatment for autism spectrum disorders
7 to be provided by certain individuals; limiting coverage to a certain maximum
8 benefit; providing for the annual adjustment of the maximum benefit; clarifying
9 that certain benefits otherwise available to an individual are not limited by this
10 Act; prohibiting certain limits on visits to an autism services provider; requiring
11 a certain notice; providing that a certain determination constitutes an adverse
12 decision under certain provisions of law; authorizing certain insurers, nonprofit
13 health service plans, and health maintenance organizations to request an
14 updated treatment plan at certain intervals; requiring certain insurers,
15 nonprofit health service plans, and health maintenance organizations to pay the
16 cost of the updated treatment plan; providing that certain insurers, nonprofit
17 health service plans, and health maintenance organizations are not required to
18 provide reimbursement for certain services; making the provisions of this Act
19 applicable to health maintenance organizations; defining certain terms;
20 providing for the application of this Act; providing for a delayed effective date;
21 and generally relating to requiring health insurance coverage of autism
22 spectrum disorders.

23 BY adding to

24 Article – Health – General

25 Section 19–706(ttt)

26 Annotated Code of Maryland

27 (2005 Replacement Volume and 2008 Supplement)

28 BY adding to

29 Article – Insurance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Section 15–844
Annotated Code of Maryland
(2006 Replacement Volume and 2008 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

19–706.

(TTT) THE PROVISIONS OF § 15–844 OF THE INSURANCE ARTICLE APPLY
TO HEALTH MAINTENANCE ORGANIZATIONS.

Article – Insurance

15–844.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
MEANINGS INDICATED.

(2) (I) “APPLIED BEHAVIOR ANALYSIS” MEANS THE DESIGN,
IMPLEMENTATION, AND EVALUATION OF ENVIRONMENTAL MODIFICATIONS,
USING BEHAVIORAL STIMULI AND CONSEQUENCES, TO:

1. PRODUCE SOCIALLY SIGNIFICANT IMPROVEMENT
IN HUMAN BEHAVIOR; OR

2. PREVENT THE LOSS OF ATTAINED SKILL OR
FUNCTION.

(II) “APPLIED BEHAVIOR ANALYSIS” INCLUDES THE USE OF
DIRECT OBSERVATION, MEASUREMENT, AND FUNCTIONAL ANALYSIS OF THE
RELATIONSHIP BETWEEN ENVIRONMENT AND BEHAVIOR.

(3) “AUTISM SPECTRUM DISORDERS” MEANS ANY OF THE
PERVASIVE DEVELOPMENTAL DISORDERS, AS DESCRIBED IN THE CURRENT
VERSION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL
DISORDERS.

(4) “DIAGNOSIS OF AUTISM SPECTRUM DISORDERS” MEANS
MEDICALLY NECESSARY ASSESSMENTS, EVALUATIONS, OR TESTS TO DIAGNOSE
WHETHER AN INDIVIDUAL HAS AN AUTISM SPECTRUM DISORDER.

1 (5) “HABILITATIVE OR REHABILITATIVE CARE” MEANS
2 PROFESSIONAL, COUNSELING, AND GUIDANCE SERVICES AND TREATMENT
3 PROGRAMS, INCLUDING APPLIED BEHAVIOR ANALYSIS, THAT ARE NECESSARY
4 TO DEVELOP, MAINTAIN, AND RESTORE, TO THE MAXIMUM EXTENT
5 PRACTICABLE, THE FUNCTIONING OF AN INDIVIDUAL.

6 (6) “PHARMACY CARE” MEANS:

7 (I) MEDICATIONS PRESCRIBED BY A LICENSED PHYSICIAN;
8 AND

9 (II) ANY HEALTH-RELATED SERVICES NECESSARY TO
10 DETERMINE THE NEED OR EFFECTIVENESS OF THE MEDICATIONS.

11 (7) “PSYCHIATRIC CARE” MEANS DIRECT OR CONSULTATIVE
12 SERVICES PROVIDED BY A BOARD-CERTIFIED PSYCHIATRIST.

13 (8) “PSYCHOLOGICAL CARE” MEANS DIRECT OR CONSULTATIVE
14 SERVICES PROVIDED BY A LICENSED PSYCHOLOGIST.

15 (9) “TREATMENT FOR AUTISM SPECTRUM DISORDERS” MEANS
16 HABILITATIVE OR REHABILITATIVE CARE, PHARMACY CARE, PSYCHIATRIC
17 CARE, OR PSYCHOLOGICAL CARE PRESCRIBED BY A LICENSED PHYSICIAN OR A
18 LICENSED PSYCHOLOGIST TO AN INDIVIDUAL DIAGNOSED WITH AN AUTISM
19 SPECTRUM DISORDER AS PART OF A TREATMENT PLAN THAT INCLUDES
20 THERAPEUTIC GOALS AND OUTCOME MEASURES.

21 (B) THIS SECTION APPLIES TO:

22 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
23 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR
24 GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE
25 POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

26 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
27 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
28 UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

29 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
30 FOR THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS AND THE
31 EVIDENCE-BASED, MEDICALLY NECESSARY TREATMENT OF AUTISM SPECTRUM
32 DISORDERS IN INDIVIDUALS UNDER THE AGE OF 21 YEARS.

1 (D) APPLIED BEHAVIOR ANALYSIS COVERED UNDER THIS SECTION
2 SHALL BE PROVIDED BY AN INDIVIDUAL WHO IS:

3 (1) LICENSED UNDER TITLE 14 OR TITLE 18 OF THE HEALTH
4 OCCUPATIONS ARTICLE OR UNDER THE SUPERVISION OF AN INDIVIDUAL
5 LICENSED UNDER TITLE 14 OR TITLE 18 OF THE HEALTH OCCUPATIONS
6 ARTICLE; OR

7 (2) A BOARD CERTIFIED BEHAVIOR ANALYST OR A BOARD
8 CERTIFIED ASSOCIATE BEHAVIOR ANALYST CREDENTIALLED BY THE BEHAVIOR
9 ANALYST CERTIFICATION BOARD.

10 (E) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION,
11 COVERAGE UNDER THIS SECTION SHALL BE LIMITED TO A MAXIMUM BENEFIT
12 OF \$50,000 ANNUALLY.

13 (2) BEGINNING JANUARY 1, 2011, THE MAXIMUM BENEFIT SHALL
14 BE ADJUSTED ANNUALLY FOR INFLATION BY USING THE MEDICAL CARE
15 COMPONENT OF THE UNITED STATES DEPARTMENT OF LABOR CONSUMER
16 PRICE INDEX FOR ALL URBAN CONSUMERS (CPI-U).

17 (F) THIS SECTION MAY NOT BE CONSTRUED AS LIMITING BENEFITS
18 THAT OTHERWISE ARE AVAILABLE TO AN INDIVIDUAL UNDER A HEALTH
19 INSURANCE POLICY OR CONTRACT OR A HEALTH MAINTENANCE ORGANIZATION
20 CONTRACT.

21 (G) COVERAGE UNDER THIS SECTION IS NOT SUBJECT TO LIMITS ON
22 THE NUMBER OF VISITS AN INDIVIDUAL MAY MAKE TO AN AUTISM SERVICES
23 PROVIDER.

24 (H) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE
25 ANNUALLY TO ITS INSURED AND ENROLLEES ABOUT THE COVERAGE
26 REQUIRED UNDER THIS SECTION.

27 (I) (1) AN ENTITY SUBJECT TO THIS SECTION PERIODICALLY MAY
28 REQUEST AN UPDATED TREATMENT PLAN, BUT NOT MORE OFTEN THAN ONCE
29 EVERY 6 MONTHS, UNLESS THE LICENSED PHYSICIAN OR LICENSED
30 PSYCHOLOGIST WHO PRESCRIBES CARE FOR AN INDIVIDUAL AGREES THAT
31 MORE FREQUENT REVIEW OF THE INDIVIDUAL'S TREATMENT PLAN IS
32 NECESSARY.

33 (2) AN ENTITY SUBJECT TO THIS SECTION THAT REQUESTS AN
34 UPDATED TREATMENT PLAN SHALL BEAR THE COST OF OBTAINING THE PLAN.

1 **(J) A DETERMINATION BY AN ENTITY SUBJECT TO THIS SECTION TO**
2 **DENY COVERAGE FOR THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS OR**
3 **THE TREATMENT OF AUTISM SPECTRUM DISORDERS CONSTITUTES AN ADVERSE**
4 **DECISION UNDER SUBTITLE 15-10A OF THIS TITLE.**

5 **(K) AN ENTITY SUBJECT TO THIS SECTION IS NOT REQUIRED TO**
6 **PROVIDE REIMBURSEMENT FOR SERVICES DELIVERED THROUGH EARLY**
7 **INTERVENTION OR SCHOOL SERVICES.**

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
9 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
10 on or after January 1, 2010.

11 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
12 January 1, 2010.