

HOUSE BILL 1434

C3
HB 783/11 – HGO

2lr2171
CF 2lr3414

By: **Delegate Reznik**

Introduced and read first time: March 2, 2012

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage for 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 certain treatment of autism spectrum disorders;
6 authorizing certain limits on the required coverage; authorizing certain
7 treatment for autism spectrum disorders to be provided by certain individuals;
8 clarifying that certain provisions of this Act may not be construed as limiting
9 certain benefits otherwise available to an individual; prohibiting certain limits
10 on visits to an autism services provider; clarifying that certain provisions of this
11 Act may not be construed to prohibit certain utilization review; requiring a
12 certain notice; authorizing certain insurers, nonprofit health service plans, and
13 health maintenance organizations to request an updated treatment plan at
14 certain intervals; requiring certain insurers, nonprofit health service plans, and
15 health maintenance organizations to pay the cost of the updated treatment
16 plan; providing that a certain determination constitutes an adverse decision
17 under certain provisions of law; providing that certain insurers, nonprofit
18 health service plans, and health maintenance organizations are not required to
19 provide reimbursement for certain services; making the provisions of this Act
20 applicable to health maintenance organizations; defining certain terms;
21 providing for the application of this Act; providing for a delayed effective date;
22 and generally relating to health insurance coverage for autism spectrum
23 disorders.

24 BY adding to
25 Article – Insurance
26 Section 15–846
27 Annotated Code of Maryland
28 (2011 Replacement Volume)

29 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Health – General
2 Section 19–706(l)lll)
3 Annotated Code of Maryland
4 (2009 Replacement Volume and 2011 Supplement)

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

7 **Article – Insurance**

8 **15–846.**

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

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

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

18 (4) “HABILITATIVE OR REHABILITATIVE CARE” MEANS
19 PROFESSIONAL, COUNSELING, AND GUIDANCE SERVICES AND TREATMENT
20 PROGRAMS, INCLUDING BEHAVIORAL HEALTH TREATMENTS SUCH AS APPLIED
21 BEHAVIOR ANALYSIS, AND DEVICES THAT ARE NECESSARY TO DEVELOP,
22 MAINTAIN, OR RESTORE, TO THE MAXIMUM EXTENT PRACTICABLE, THE
23 FUNCTIONING OF AN INDIVIDUAL.

24 (5) “TREATMENT OF AUTISM SPECTRUM DISORDERS” MEANS
25 HABILITATIVE OR REHABILITATIVE CARE PRESCRIBED TO AN INDIVIDUAL
26 DIAGNOSED WITH AN AUTISM SPECTRUM DISORDER AS PART OF A TREATMENT
27 PLAN THAT INCLUDES THERAPEUTIC GOALS AND OUTCOME MEASURES.

28 (B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, THIS
29 SECTION APPLIES TO:

30 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS
31 THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS
32 OR GROUPS ON AN EXPENSE–INCURRED BASIS UNDER HEALTH INSURANCE
33 POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

1 **(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE**
2 **HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS**
3 **UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.**

4 **(2) THIS SECTION APPLIES ONLY TO A POLICY OR CONTRACT**
5 **ISSUED OR DELIVERED BY AN ENTITY SUBJECT TO THIS SECTION FOR WHICH**
6 **THE STATE IS NOT REQUIRED, UNDER § 1311(D)(3)B OF THE FEDERAL PATIENT**
7 **PROTECTION AND AFFORDABLE CARE ACT, TO DEFRAY THE COSTS OF STATE-**
8 **MANDATED BENEFITS THAT ARE IN EXCESS OF THE ESSENTIAL HEALTH**
9 **BENEFITS.**

10 **(C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE**
11 **FOR INDIVIDUALS UNDER THE AGE OF 13 YEARS FOR:**

12 **(1) THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS; AND**

13 **(2) THE EVIDENCE-BASED, MEDICALLY NECESSARY TREATMENT**
14 **OF AUTISM SPECTRUM DISORDERS, PRESCRIBED BY:**

15 **(I) A LICENSED PHYSICIAN;**

16 **(II) A LICENSED PSYCHOLOGIST;**

17 **(III) A LICENSED SPEECH-LANGUAGE PATHOLOGIST;**

18 **(IV) A BOARD CERTIFIED BEHAVIOR ANALYST**
19 **CREDENTIALLED BY THE BEHAVIOR ANALYST CERTIFICATION BOARD; OR**

20 **(V) A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL.**

21 **(D) AN ENTITY SUBJECT TO THIS SECTION MAY LIMIT THE COVERAGE**
22 **REQUIRED UNDER SUBSECTION (C) OF THIS SECTION:**

23 **(1) FOR INDIVIDUALS UNDER THE AGE OF 8 YEARS, TO \$36,000 IN**
24 **EACH BENEFIT YEAR; AND**

25 **(2) FOR INDIVIDUALS AGES 8 THROUGH 12 YEARS, TO \$25,000 IN**
26 **EACH BENEFIT YEAR.**

27 **(E) TREATMENT OF AUTISM SPECTRUM DISORDERS COVERED UNDER**
28 **THIS SECTION MAY BE PROVIDED BY AN INDIVIDUAL WHO IS UNDER THE**
29 **SUPERVISION OF:**

1 **(1) A LICENSED PSYCHOLOGIST;**

2 **(2) A BOARD-CERTIFIED BEHAVIOR ANALYST CREDENTIALLED BY**
3 **THE BEHAVIOR ANALYST CERTIFICATION BOARD; OR**

4 **(3) A LICENSED CERTIFIED SOCIAL WORKER-CLINICAL.**

5 **(F) THIS SECTION MAY NOT BE CONSTRUED AS LIMITING BENEFITS**
6 **THAT OTHERWISE ARE AVAILABLE TO AN INDIVIDUAL UNDER:**

7 **(1) § 15-802 OR § 15-835 OF THIS SUBTITLE;**

8 **(2) § 19-703.1 OR § 19-706(NN) OF THE HEALTH - GENERAL**
9 **ARTICLE; OR**

10 **(3) ANY OTHER COVERAGE PROVIDED UNDER A HEALTH**
11 **INSURANCE POLICY OR A HEALTH MAINTENANCE ORGANIZATION CONTRACT.**

12 **(G) (1) COVERAGE UNDER THIS SECTION IS NOT SUBJECT TO PRESET**
13 **LIMITS ON THE NUMBER OF VISITS AN INDIVIDUAL MAY MAKE TO AN AUTISM**
14 **SERVICES PROVIDER.**

15 **(2) PARAGRAPH (1) OF THIS SUBSECTION MAY NOT BE**
16 **CONSTRUED TO PROHIBIT AN ENTITY SUBJECT TO THIS SECTION FROM**
17 **CONDUCTING UTILIZATION REVIEW FOR THE PURPOSE OF DETERMINING THE**
18 **DURATION AND INTENSITY OF TREATMENT COVERED UNDER THIS SECTION.**

19 **(H) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE**
20 **ANNUALLY TO ITS INSURED AND ENROLLEES ABOUT THE COVERAGE**
21 **REQUIRED UNDER THIS SECTION.**

22 **(I) (1) AN ENTITY SUBJECT TO THIS SECTION PERIODICALLY MAY**
23 **REQUEST AN UPDATED TREATMENT PLAN, BUT NOT MORE OFTEN THAN ONCE**
24 **EVERY 12 MONTHS, UNLESS THE LICENSED PHYSICIAN, LICENSED**
25 **PSYCHOLOGIST, LICENSED SPEECH-LANGUAGE PATHOLOGIST, OR**
26 **BOARD-CERTIFIED BEHAVIOR ANALYST WHO PRESCRIBES CARE FOR AN**
27 **INDIVIDUAL AGREES THAT MORE FREQUENT REVIEW OF THE INDIVIDUAL'S**
28 **TREATMENT PLAN IS NECESSARY.**

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

