The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL:	CS/ SB 214
INTRODUCER:	Health Regulation Committee; and Senator Ring
SUBJECT:	Autism Spectrum Disorder
DATE:	March 10, 2010 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bell	Wilson	HR	**Fav/CS**
2.			BI	
3.			WPSC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	X	Statement of Substantial Changes
B. AMENDMENTS.....		Technical amendments were recommended
		Amendments were recommended
		Significant amendments were recommended

I. Summary:

The Committee Substitute (CS) for SB 214 requires a physician to screen a minor for autism spectrum disorder (ASD) in accordance with the American Academy of Pediatrics' guidelines, when the parent or legal guardian of that minor believes the minor exhibits symptoms of ASD and notifies the physician. Based on a determination of medical necessity, the physician must refer the minor for additional ASD screening or inform the patient of other available ASD screening options.

The CS requires health insurers and health maintenance organizations (HMOs) to provide direct access to an appropriate specialist for the diagnosis of ASD or other developmental disability. The CS mandates health insurance policies and HMO contracts to provide at least three visits per policy year for the screening for, evaluation of, or diagnosis of ASD or other specified developmental disabilities. The CS expands the current autism coverage mandate to include treatment for cerebral palsy and Down syndrome.

The CS creates s. 381.986, F.S., and amends ss. 627.6686 and 641.31098, F.S.

II. Present Situation:

What is Autism?

Autism is a term used to describe a group of complex developmental disabilities that many researchers believe are the result of a neurological disorder that affects the functioning of the brain. Individuals with autism often have problems communicating with others through spoken language and non-verbal communication. The early signs of autism usually appear in the form of developmental delays before a child turns 3 years old.[1]

Section 393.063(3), F.S., defines autism to mean: ". . . a pervasive, neurologically based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. Individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and nonverbal communication and imaginative ability, and a markedly restricted repertoire of activities and interests."

The various forms of autism are referred to as the autism spectrum disorders (ASD), meaning that autism can be manifested in a wide variety of combinations, from mild to severe. Thus, many different behaviors can indicate that a person should be diagnosed as autistic. According to the National Institute of Mental Health (NIMH),[2] the pervasive developmental disorders, or ASDs, range from a severe form, called autistic disorder, to a milder form, Asperger's syndrome.[3] If a child has symptoms of either of these disorders, but does not meet the specific criteria for either, the diagnosis is called pervasive developmental disorder not otherwise specified (PDD-NOS). Other rare, severe disorders that are included in the autism spectrum are Rett syndrome[4] and childhood disintegrative disorder.[5] The NIMH states that all children with an ASD demonstrate deficits in:

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[1] Centers for Disease Control and Prevention website, Found at: <http://www.cdc.gov/ncbddd/autism/signs.html> (Last visited on March 5, 2010).

[2] Department of Health and Human Services, National Institute of Mental Health. *Autism Spectrum Disorders: Pervasive Developmental Disorders.* Printed 2004 Reprinted 2008. Found at: <http://www.nimh.nih.gov/health/publications/autism/nimhautismspectrum.pdf> (Last visited on March 5, 2010).

[3] The NIMH states that children with Asperger's syndrome are similar to high-functioning children with autism in that their language and intelligence remain intact. Like autistic children, persons with Asperger's syndrome have repetitive behaviors, severe social problems, and clumsy movements. The symptoms of Asperger's syndrome usually appear later in childhood than those of autism.

[4] The NIMH provides the following explanation of Rett syndrome: Rett syndrome is relatively rare, affecting almost exclusively females, one out of 10,000 to 15,000. After a period of normal development, sometime between 6 and 18 months, autism-like symptoms begin to appear. The little girl's mental and social development regresses—she no longer responds to her parents and pulls away from any social contact. If she has been talking, she stops; she cannot control her feet; she wrings her hands. Some of the problems associated with Rett syndrome can be treated. Physical, occupational, and speech therapy can help with problems of coordination, movement, and speech.

[5] The NIMH provides the following explanation of childhood disintegrative disorder: Very few children who have an ASD diagnosis meet the criteria for childhood disintegrative disorder (CDD). An estimate based on four surveys of ASD found fewer than two children per 100,000 with an ASD could be classified as having CDD. This suggests that CDD is a very rare form of ASD. It has a strong male preponderance. Symptoms may appear by age 2, but the average age of onset is between 3 and 4 years. Until this time, the child has age-appropriate skills in communication and social relationships. The long period of normal development before regression helps differentiate CDD from Rett syndrome. The loss of such skills as vocabulary is more dramatic in CDD than they are in classical autism. The diagnosis requires extensive and pronounced losses involving motor, language, and social skills. CDD is also accompanied by loss of bowel and bladder control and oftentimes seizures and a very low IQ.

- *Social Interaction* – Most children with an ASD have difficulty learning to engage in everyday human interaction. Children with an ASD are also slower in understanding subtle social cues (non-verbal communication) and thus struggle to interpret what others are thinking and feeling. This causes them to often find social interaction confusing and frustrating. It is also common for people with an ASD to have difficulty controlling their emotions. Examples include episodes of disruptive behavior such as crying or verbal outbursts at inappropriate times or physical aggression. Autistics often can lose self control when exposed to a strange or overwhelming environment, or when angry or frustrated.
- *Verbal and nonverbal communication* – Autistics have difficulty developing standard communication skills. Some children with an ASD remain mute, while others do not develop language until ages 5 to 9. Others use language in unusual ways or utilize sign language or pictures to communicate. The body language of autistics can be difficult to understand because it is not always consistent with the words they are saying. As they grow older, persons with an ASD often become more aware of their difficulties in communication, which can lead to anxiety or depression.
- *Repetitive behaviors or interests* – Children with an ASD often perform odd repetitive motions that set them apart from their peers. For example, some children and adults repeatedly flap their arms or walk on their toes while others freeze in position. Children with an ASD exhibit the need for consistency in their environment. Changes in daily routines—such as mealtimes, dressing, bathing, going to school at a certain time and by the same route—can cause autistics to become extremely disturbed. As children, they might spend hours lining up their toys in a certain way and if the toys are moved become upset. Additionally, autistics often form intense, obsessive preoccupations with certain objects or topics on which they focus much of their energy.

Another common difficulty is that children with an ASD often have unusual responses to sensory experiences, such as certain sounds or the way objects look.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, is the primary system used to classify and diagnose mental disorders. The 4th edition of the DSM was released in 1994. On February 10, 2010, the American Psychiatric Association released its draft criteria for the fifth edition of the DSM on its website, which is available for public comment until April 20, 2010.[6] The draft DSM-5 includes collapsing all autism related diagnoses into one single category, "autism spectrum disorder" that would incorporate autistic disorder, Asperger's syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified. The final DSM-5 is not scheduled for release until May 2013.

Sections 627.6686(2)(b) and 641.31098(2)(b), F.S., define the term "autism spectrum disorder" as any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic disorder.
- Asperger's syndrome.
- Pervasive developmental disorder not otherwise specified.

[6] Proposed Draft Revisions to DSM Disorders and Criteria. Found at: <http://www.dsm5.org/Pages/Default.aspx> (Last visited on March 5, 2010).

The law requires certain insurance coverage for diagnostic screening, intervention, and treatment of autism spectrum disorder for eligible individuals. The act defines an eligible individual as:

> . . .an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.[7]

Diagnosing Autism Spectrum Disorders

There is no medical test for ASDs. Instead, doctors look at behavioral symptoms to make a diagnosis. These symptoms may show up within the first few months of life or may appear at any time before the age of 3.[8]

According to the Centers for Disease Control and Prevention (CDC), research shows that the diagnosis of autism at age 2 can be reliable, valid, and stable. However, many children do not receive final diagnosis until they are much older. This delay in diagnosis may result in lost opportunities for specialized early intervention.[9]

The diagnosis of an ASD is a two-stage process. The first stage involves developmental screening during "well child" check-ups. These screening tests are used solely for identifying children with developmental disabilities. Additional screening may be needed if a child is at high risk[10] for an ASD or if the symptoms warrant it.[11]

The second stage of diagnosis is a comprehensive evaluation. If the initial screening tests indicate the possibility of an ASD, then further comprehensive testing is performed. Comprehensive testing is done by health care practitioners from multiple disciplines (psychologists, psychiatrists, neurologists, speech therapists, and other professions with experience in diagnosing children with an ASD) who evaluate the child in depth and determine if there is a developmental disorder, and if so, render a diagnosis. This may include:[12]

- Clinical observations;
- Parent interviews;
- Developmental histories;
- Psychological testing;
- Speech and language assessments;
- The possibility of the use of one or more autism diagnostic scales; and
- The possibility of physical, neurological, and genetic testing.

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[7] ss. 627.6686(2)(c) and 641.31098(2)(c), F.S.
[8] Centers for Disease Control and Prevention website. Found at: <http://www.cdc.gov/ncbddd/autism/screening.html> (Last visited on March 5, 2010).
[9] Centers for Disease Control and Prevention website. Found at <http://www.cdc.gov/ncbddd/autism/screening.html> (Last visited on March 5, 2010).
[10] The CDC considers a child with a sibling or parent with an ASD to be at high risk.
[11] Centers for Disease Control and Prevention website, Found at <http://www.cdc.gov/ncbddd/autism/screening.html> (Last visited on March 5, 2010).
[12] Centers for Disease Control and Prevention website, Found at <http://www.cdc.gov/ncbddd/autism/screening.html> (Last visited on March 4, 2010).

According to the Agency for Health Care Administration (AHCA), it is currently at the physician's discretion to determine when a referral for an autism screening is appropriate.[13]

Treatment Approaches

Much of the scientific and clinical evidence indicates that early treatment of autism during preschool years (ages 3 to 5) often yields very positive results in mitigating the effects of ASDs. According to the National Institute of Neurological Disorders and Stroke (NINDS), therapies for autism are designed to remedy specific symptoms.[14] Educational and behavioral interventions are highly-structured and usually aimed at the development of skills such as language and social skills. Medication may be prescribed to reduce self-injurious behavior or other behavioral symptoms of autism. Early intervention is important for children because children learn most rapidly when they are very young. If begun early enough, such intervention has a chance of favorably influencing brain development. In a 2001 report, the Commission on Behavioral and Social Sciences and Education recommended that treatment "services begin as soon as a child is suspected of having an autistic spectrum disorder. Those services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, and developmentally appropriate educational activity toward identified objectives."[15]

The Center for Autism and Related Disabilities provided the following information concerning the application of speech-language therapy, occupational therapy, and physical therapy for individuals with autism:

- *Speech-Language Therapy:* People with autism usually have delays in communication. Speech therapists look for a system of communication that will work for an individual with autism and may consider alternatives to the spoken word such as signing, typing, or a picture board with words.
- *Occupational Therapy:* Commonly, this therapy focuses on improving fine motor skills, such as brushing teeth, feeding, and writing, or sensory motor skills that include balance, awareness of body position, and touch.
- *Physical Therapy:* This therapy specializes in developing strength, coordination, and movement.

According to the NIMH, a number of treatment approaches have evolved in the decades since autism was first identified. These approaches include developmental, behaviorist, and nonstandard. Developmental approaches provide consistency and structure along with appropriate levels of stimulation. Behaviorist training approaches are based on rewarding individuals for a certain type of behavior. Dr. Ivar Lovaas pioneered the use of behaviorist methods for children with autism more than 25 years ago. Lovaas therapy involves time-intensive, highly structured, repetitive sequences in which a child is given a command and rewarded each time he responds correctly. Using this approach for up to 40 hours a week, some children may be brought to the point of near-normal behavior. Others are much less responsive to

[13] Agency for Health Care Administration 2010 Bill Analysis & Economic Impact Statement, Senate Bill 214 (on file with the Senate Committee on Health Regulation).
[14] National Institutes of Health, National Institute of Neurological Disorders and Stroke, Autism Information Page. Found at: <http://www.ninds.nih.gov/disorders/autism/autism.htm#Is_there_any_treatment> (Last visited on March 5, 2010).
[15] Commission on Behavioral and Social Sciences and Education, *Educating Children with Autism* 6, 2001. Found at: <http://www.nap.edu/openbook.php?record_id=10017&page=66> (Last visited on March 5, 2010).

the treatment. However, some researchers and therapists believe that less intensive treatments, particularly those begun early in a child's life, may provide the same level of efficacy.

Health Insurance Coverage for Autism Spectrum Disorders in Florida
During the 2008 legislative session, the Legislature passed CS/CS/SB 2654 that included the *Steven A. Geller Autism Coverage Act* and the *Window of Opportunity Act*.[16]

The Window of Opportunity Act required the Office of Insurance Regulation to convene a workgroup of stakeholders by August 31, 2008, to negotiate a compact for a binding agreement among the participants relating to insurance coverage and access to services for persons with developmental disabilities. The law required the compact to include coverage for behavioral analysis and behavior assistant services, speech therapy, physical therapy, and occupational therapy when medically necessary; policies and procedures for notifying policy holders of the amount, scope, and developmental disability conditions covered; penalties for documented cases of denial of claims for medically necessary services due to the presence of a developmental disability; and proposals for new product lines that may be offered in conjunction with traditional health insurance to provide a more appropriate means of spreading risk, financing costs, and accessing favorable prices.

In September 2008, the Office of Insurance Regulation convened the Developmental Disabilities Compact Workgroup to develop the compact required in law. A compact was developed by the workgroup and adopted on December 17, 2008.[17] Insurers and HMOs that sign onto the compact agreement must provide coverage for developmental disabilities as specified in the compact for all plans issued or renewed after January 1, 2010. The Office of Insurance Regulation reports that Total Health Choices, Inc., is the only health insurer that has signed onto the autism compact.[18]

All insurers and HMOs that did not sign the Developmental Disabilities Compact Workgroup by April 1, 2009, are subject to the requirements of the Steven A. Gellar Autism Act. The Act requires insurers, including the state group insurance plan, to provide coverage for well-baby and child screening for diagnosing the presence of autism and to cover the treatment of autism through applied behavioral analysis and assistant services, physical therapy, speech therapy, and occupational therapy.[19] The autism disorders covered in the law are: autistic disorder, Asperger's syndrome, and pervasive developmental disorder not otherwise specified. The insurance coverage is limited to $36,000 annually with a $200,000 total lifetime benefit. Beginning January 1, 2011, the coverage maximum will increase with inflation.

Down Syndrome
Down syndrome is a set of mental and physical symptoms that result from having an extra copy of chromosome 21 or "trisomy 21." Down syndrome is the most frequent genetic cause of mild to moderate mental retardation and occurs in one out of 800 live births, in all races and economic

[16] Chapter 2008-30, Laws of Florida.
[17] Developmental Disabilities Compact. Found at: <http://www.floir.com/pdf/DDCProposal-A.pdf> (Last visited on March 5, 2010).
[18] Office of Insurance Regulation email correspondence, March 4, 2010.
[19] ss. 627.6686 and 641.31098, F.S.

groups.[20] In Florida, the number of children born with Down syndrome in 2005 was 309, 298 in 2004, 175 in 2003, 272 in 2002, and 262 in 2001.[21]

A newborn baby with Down syndrome often has physical features that the attending physician usually will recognize in the delivery room. Common features include: a flat facial profile, an upward slant to the eye, a short neck, abnormally shaped ears, white spots on the iris of the eye, and a single, deep transverse crease on the palm of the hand. However, a child with Down syndrome may not possess all of these features. Down syndrome diagnosis is confirmed by a chromosomal karyotype blood test.[22]

Hearing loss, congenital heart disease, hypothyroidism, and vision disorders are more prevalent among those with Down syndrome.[23] Children with Down syndrome may be developmentally delayed. A child with Down syndrome is often slow to turn over, sit, stand, and respond. Development of speech and language abilities may also take longer. There is limited information available about the effectiveness of early intervention programs for children with Down syndrome.[24]

Cerebral Palsy

Cerebral palsy is a term used to refer to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination that does not worsen overtime. Cerebral palsy is caused by abnormalities in parts of the brain that control movements. Approximately 1 in 278 children are diagnosed with cerebral palsy.[25] The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 of age.[26]

Children with cerebral palsy exhibit a wide variety of symptoms, including:[27]

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[20] National Institutes of Health, National Institute of Child Health and Human Development, Down Syndrome, Last Update: 08/15/2008. Found at: <http://www.nichd.nih.gov/publications/pubs/downsyndrome.cfm#DownSyndrome> (Last visited on March 10, 2010).

[21] Florida Department of Health, Environmental Public Health Tracking, Birth Defect, Trisomy 21. Found at: <http://www.floridatracking.com/HealthTrackFL/report.aspx?IndNumber=1280&mes=11111> (Last visited on March 10, 2010).

[22] National Institutes of Health, National Institute of Child Health and Human Development, A Diagnosis of Down Syndrome, Last Update: 08/15/2008. Found at: <http://www.nichd.nih.gov/publications/pubs/downsyndrome.cfm#ADiagnosis> (Last visited on March 10, 2010).

[23] National Institutes of Health, National Institute of Child Health and Human Development, Down Syndrome and Associated Medical Disorders, Last Update: 08/15/2008. Found at: <http://www.nichd.nih.gov/publications/pubs/downsyndrome.cfm#DownSyndromeAssociated> (Last visited on March 10, 2010).

[24] National Institutes of Health, National Institute of Child Health and Human Development, Early Intervention and Education, Last Update: 08/15/2008. Found at: <http://www.nichd.nih.gov/publications/pubs/downsyndrome.cfm#EarlyIntervention> (Last visited on March 10, 2010).

[25] Centers for Disease Control and Prevention, Data Show 1 in 278 Children Have Cerebral Palsy. Found at: <http://www.cdc.gov/Features/CerebralPalsy/> (Last visited on March 10, 2010).

[26] National Institutes of Health, National Institute of Neurological Disorders and Stroke, What is Cerebral Palsy. Found at: <http://www.ninds.nih.gov/disorders/cerebral_palsy/cerebral_palsy.htm#What_is> (Last visited on March 10, 2010).

[27] National Institutes of Health, National Institute of Neurological Disorders and Stroke, Cerebral Palsy: Hope Through Research. Found at: <http://www.ninds.nih.gov/disorders/cerebral_palsy/detail_cerebral_palsy.htm> (Last visited on March 10, 2010).

- Lack of muscle coordination when performing voluntary movements;
- Stiff or tight muscles and exaggerated reflexes;
- Walking with one foot or leg dragging;
- Walking on the toes, a crouched gait, or a "scissored" gait;
- Variations in muscle tone, either too stiff or too floppy;
- Excessive drooling or difficulties swallowing or speaking;
- Shaking or random involuntary movements; and
- Difficulty with precise motions, such as writing or buttoning a shirt.

Cerebral palsy cannot be cured, but treatment can improve a child's abilities. The earlier treatment begins the better chance children have of overcoming development disabilities. Treatment for cerebral palsy may include: physical or occupational therapy; speech therapy; drugs to control seizures, relax muscle spasms, and alleviate pain; surgery to correct anatomical abnormalities; and wheelchairs or rolling walkers. Cerebral palsy does not always cause profound disabilities. While one child with severe cerebral palsy might be unable to walk and need extensive, lifelong care, another with mild cerebral palsy might be only slightly awkward and require no special assistance.[28]

III. Effect of Proposed Changes:

The CS creates s. 381.986, F.S., to require a physician to screen a minor for ASD in accordance with the American Academy of Pediatrics' guidelines, when the parent or legal guardian of that minor believes the minor exhibits symptoms of ASD and notifies the physician. If the physician determines that a referral to a specialist is medically necessary, he or she must refer the minor to an *appropriate specialist* to determine whether the minor meets diagnostic criteria for ASD. If the physician determines that a referral to a specialist is not medically necessary, the physician must inform the parent or guardian that he or she can self-refer to the Early Steps Program or other autism specialist. The CS exempts physicians providing care in a hospital emergency department from this requirement.

An *appropriate specialist* is defined in the CS as a qualified professional who is experienced in the evaluation of autism spectrum disorder, is licensed in this state, and has training in validated diagnostic tools. The term includes, but is not limited to:

- A psychologist;
- A psychiatrist;
- A neurologist;
- A developmental or behavioral pediatrician; or
- A professional whose licensure is deemed appropriate by the Children's Medical Services Early Steps Program within the Department of Health.

The CS amends ss. 627.6686 and 641.31098, F.S., to mandate health insurers and HMOs to provide *direct patient access* to an appropriate specialist, defined in the CS in s. 381.986, F.S, for the screening for, evaluation of, or diagnosis of ASD or other *developmental disability*.

[28] National Institutes of Health, National Institute of Neurological Disorders and Stroke, What is Cerebral Palsy. Found at: <http://www.ninds.nih.gov/disorders/cerebral_palsy/cerebral_palsy.htm#Is_there_any_treatment> (Last visited on March 10, 2010).

- *Direct patient access* is defined as the ability of a subscriber or insured to obtain services from an in-network provider without a referral or other authorization before receiving services.
- *Developmental disability* is defined as a disorder or syndrome attributable to cerebral palsy or Down syndrome.
    - *Cerebral palsy* is defined as a group of disabling symptoms of extended duration which results from damage to the developing brain that may occur before, during, or after birth and that results in the loss or impairment of control over voluntary muscles.
    - *Down syndrome* means a disorder caused by the presence of an extra chromosome 21.

The CS provides that all health insurance policies and HMO contracts under ss. 627.6686 and 641.31098, F.S., must provide plan enrollees a minimum of three visits per policy year for the screening for, evaluation of, or diagnosis of ASD or developmental disability. In addition, the CS requires health insurance policies and HMO contracts to cover the treatment of developmental disability (cerebral palsy and Down syndrome) through speech and occupational therapy and applied behavior analysis. The coverage is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan; limited to $36,000 annually, not to exceed a $200,000 lifetime max, and cannot be denied on the basis that provided services are habilitative in nature.

The effective date of the CS is July 1, 2010.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this CS have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this CS have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this CS have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Early identification and treatment for ASDs often produce very positive results in mitigating the effects of the disorder.

The CS may increase the costs of large group health insurance and large group HMO coverage due to the possible increased utilization of the evaluation services, speech therapy, occupation therapy, and applied behavioral analysis. To the extent that private sector entities provide health insurance to their employees as part of a large group, the bill may cause health insurance costs to rise.

The CS may increase the number of claims for specialist's evaluations in private insurance because more minors may be referred for ASD screening. The private insurers would be responsible for paying any additional claims.

C. Government Sector Impact:

In 2008, the Legislature expanded the benefits under the State Group Insurance Plan to include therapies for autism with a $36,000 annual limit and a $200,000 lifetime limit. The estimated costs of this expansion of benefits are $3.7 million in FY 2009-2010, $8.0 million in FY 2010-2011, and $8.7 million in FY 2011-2012. The CS expands benefit coverage for cerebral palsy and Down syndrome. It is unclear to what extent this expansion of benefits will increase claims to the State Group Insurance Plan.

The Department of Health, the Children's Medical Services program, and Early Steps program may see an increase in the number of referrals for screening that would result in additional program costs. The additional screening could result in an inability for the Early Steps program to meet federally-mandated timelines for evaluation and service provision for children who have autism spectrum disorders, other developmental services, or delay.[29]

VI. Technical Deficiencies:

On line 31 of the CS, the word "the" should be inserted between the words "with" and "American."

On line 38 of the CS, the use of the word "they" is grammatically incorrect.

VII. Related Issues:

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal mandating health coverage to submit to the Agency and the appropriate legislative committees having jurisdiction a report assessing the social and financial impacts of the proposed coverage. The statute contains 12 assessments that the report is to include, if

[29] Department of Health 2010 Bill Analysis & Economic Impact Statement, Senate Bill 214 (on file with the Senate Committee on Health Regulation).

information is available. The Senate Committee on Health Regulation has not received a report analyzing the insurance mandate created in the CS.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on March 9, 2010:
Requires physicians to perform screening for ASD in accordance with the American Academy of Pediatrics' guidelines;

- Requires physicians to inform the parent or legal guardian of a minor about the Early Steps intervention program or other autism specialist in certain situations;
- Expands the health insurance and HMO coverage requirements for ASD to include coverage for cerebral palsy and Down syndrome; and
- Removes conflicting language that referenced "eligible individuals."

B. Amendments:

None.