CHAMBER ACTION

Senate	House

.

1 Representative Coley offered the following:

2

3 **Amendment to Amendment (940817) (with title amendment)**

4 Remove lines 268-762 and insert:

5 Section 7. Subsections (6) through (26) of section
6 409.811, Florida Statutes, are renumbered as subsections (7)
7 through (27), respectively, and a new subsection (6) is added to
8 that section, to read:

9 409.811 Definitions relating to Florida Kidcare Act.--As
10 used in ss. 409.810-409.820, the term:

11 (6) "Autism spectrum disorder" means any of the following
12 disorders as defined with most recent edition of the Diagnostic
13 and Statistical Manual of Mental Disorders of the American
14 Psychiatric Association:

15 1. Autistic disorder;

16 2. Asperger syndrome; or

17 3. Pervasive developmental disorder not otherwise
18 specified.
19 Section 8. Paragraphs (r) through (v) of subsection (2) of
20 section 409.815, Florida Statutes, are redesignated as
21 paragraphs (s) through (w), respectively, present paragraphs
22 (o), (r), and (u) are amended, and a new paragraph (r) is added
23 to that subsection, to read:
24 409.815 Health benefits coverage; limitations.--
25 (2) BENCHMARK BENEFITS.--In order for health benefits
26 coverage to qualify for premium assistance payments for an
27 eligible child under ss. 409.810-409.820, the health benefits
28 coverage, except for coverage under Medicaid and Medikids, must
29 include the following minimum benefits, as medically necessary.
30 (o) Therapy services.--Covered services include
31 habilitative and rehabilitative services, including
32 occupational, physical, respiratory, and speech therapies, with
33 the following limitations:
34 1. Rehabilitative services are limited to:
35 a.~~1.~~ ~~Services must be for~~ Short-term rehabilitation when
36 ~~where~~ significant improvement in the enrollee's condition will
37 result; and
38 b.~~2.~~ ~~Services shall be limited to~~ Not more than 24
39 treatment sessions within a 60-day period per episode or injury,
40 with the 60-day period beginning with the first treatment.
41 2. Effective October 1, 2009, habilitative services shall
42 be offered and are limited to:

43 a. Habilitation when improvements in and maintenance of
44 human behavior, skill acquisition, and communication will
45 result; and
46 b. Enrollees that are diagnosed with a developmental
47 disability as defined in s. 393.063 or autism spectrum disorder
48 as defined in paragraph (r)1.
49 (r) Behavior analysis services.--Effective October 1,
50 2009, behavior analysis and behavior assistant services shall be
51 covered for enrollees that are diagnosed with a developmental
52 disability as defined in s. 393.063 or autism spectrum disorder.
53 For purposes of this paragraph:
54 1. "Autism spectrum disorder" means any of the following
55 disorders as defined with most recent edition of the Diagnostic
56 and Statistical Manual of Mental Disorders of the American
57 Psychiatric Association:
58 a. Autistic disorder;
59 b. Asperger syndrome; or
60 c. Pervasive developmental disorder not otherwise
61 specified.
62 2. "Behavior analysis" means the design, implementation,
63 and evaluation of instructional and environmental modifications
64 to produce socially significant improvements in human behavior
65 through skill acquisition and the reduction of problematic
66 behavior. Behavior analysis shall be provided by an individual
67 certified pursuant to s. 393.17 or an individual licensed under
68 chapter 490 or chapter 491.

69 3. "Behavior assistant services" means services provided
70 by an individual with specific training to assist in carrying
71 out plans designed by a behavior analyst.
72 (s) ~~(r)~~ Lifetime maximum and limitations.--Health benefits
73 coverage obtained under ss. 409.810-409.820 shall pay an
74 enrollee's covered expenses at a lifetime maximum of $1 million
75 per covered child. However, coverage for the combination of
76 behavior analysis services and habilitative therapy services for
77 recipients diagnosed with a developmental disability as defined
78 in s. 393.063 or autism spectrum disorder as defined in
79 paragraph (r)1. shall be limited to $36,000 annually and may not
80 exceed $108,000 in total lifetime benefits. Without prior
81 authorization by the Florida Healthy Kids plan, not more than 12
82 percent of the annual maximum amount for combined habilitative
83 therapy and behavior analysis services may be used on a monthly
84 basis.
85 (v) ~~(u)~~ Enhancements to minimum requirements.--
86 1. This section sets the minimum benefits that must be
87 included in any health benefits coverage, other than Medicaid or
88 Medikids coverage, offered under ss. 409.810-409.820. Health
89 benefits coverage may include additional benefits not included
90 under this subsection, but may not include benefits excluded
91 under paragraph (t) ~~(s)~~.
92 2. Health benefits coverage may extend any limitations
93 beyond the minimum benefits described in this section.
94
95 Except for the Children's Medical Services Network, the agency
96 may not increase the premium assistance payment for either

97 additional benefits provided beyond the minimum benefits
98 described in this section or the imposition of less restrictive
99 service limitations.
100 Section 9. Paragraph (b) of subsection (1) of section
101 409.818, Florida Statutes, is amended to read:
102 409.818 Administration.--In order to implement ss.
103 409.810-409.820, the following agencies shall have the following
104 duties:
105 (1) The Department of Children and Family Services shall:
106 (b) Establish and maintain the eligibility determination
107 process under the program except as specified in subsection (5).
108 The department shall directly, or through the services of a
109 contracted third-party administrator, establish and maintain a
110 process for determining eligibility of children for coverage
111 under the program. The eligibility determination process must be
112 used solely for determining eligibility of applicants for health
113 benefits coverage under the program. The eligibility
114 determination process must include an initial determination of
115 eligibility for any coverage offered under the program, as well
116 as a redetermination or reverification of eligibility each
117 subsequent 12 ~~6~~ months. Effective January 1, 1999, a child who
118 has not attained the age of 5 and who has been determined
119 eligible for the Medicaid program is eligible for coverage for
120 12 months without a redetermination or reverification of
121 eligibility. In conducting an eligibility determination, the
122 department shall determine if the child has special health care
123 needs. The department, in consultation with the Agency for
124 Health Care Administration and the Florida Healthy Kids

125 Corporation, shall develop procedures for redetermining
126 eligibility which enable a family to easily update any change in
127 circumstances which could affect eligibility. The department may
128 accept changes in a family's status as reported to the
129 department by the Florida Healthy Kids Corporation without
130 requiring a new application from the family. Redetermination of
131 a child's eligibility for Medicaid may not be linked to a
132 child's eligibility determination for other programs.
133 Section 10. Subsection (26) is added to section 409.906,
134 Florida Statutes, to read:
135 409.906 Optional Medicaid services.--Subject to specific
136 appropriations, the agency may make payments for services which
137 are optional to the state under Title XIX of the Social Security
138 Act and are furnished by Medicaid providers to recipients who
139 are determined to be eligible on the dates on which the services
140 were provided. Any optional service that is provided shall be
141 provided only when medically necessary and in accordance with
142 state and federal law. Optional services rendered by providers
143 in mobile units to Medicaid recipients may be restricted or
144 prohibited by the agency. Nothing in this section shall be
145 construed to prevent or limit the agency from adjusting fees,
146 reimbursement rates, lengths of stay, number of visits, or
147 number of services, or making any other adjustments necessary to
148 comply with the availability of moneys and any limitations or
149 directions provided for in the General Appropriations Act or
150 chapter 216. If necessary to safeguard the state's systems of
151 providing services to elderly and disabled persons and subject
152 to the notice and review provisions of s. 216.177, the Governor

153 may direct the Agency for Health Care Administration to amend
154 the Medicaid state plan to delete the optional Medicaid service
155 known as "Intermediate Care Facilities for the Developmentally
156 Disabled." Optional services may include:
157 (26) HOME AND COMMUNITY-BASED SERVICES FOR AUTISM SPECTRUM
158 DISORDER AND OTHER DEVELOPMENTAL DISABILITIES.--The agency is
159 authorized to seek federal approval through a Medicaid waiver or
160 a state plan amendment for the provision of occupational
161 therapy, speech therapy, physical therapy, behavior analysis,
162 and behavior assistant services to individuals who are 5 years
163 of age and under and have a diagnosed developmental disability
164 as defined in s. 393.063 or autism spectrum disorder as defined
165 in s. 391.026(2)(r)1. Coverage for such services shall be
166 limited to $36,000 annually and may not exceed $108,000 in total
167 lifetime benefits. The agency shall submit an annual report
168 beginning on January 1, 2009, to the President of the Senate,
169 the Speaker of the House of Representatives, and the relevant
170 committees of the Senate and the House of Representatives
171 regarding progress on obtaining federal approval and
172 recommendations for the implementation of these home and
173 community-based services. The agency may not implement this
174 subsection without prior legislative approval.
175 Section 11. Section 456.0291, Florida Statutes, is created
176 to read:
177 456.0291 Requirement for instruction on developmental
178 disabilities.--
179 (1)(a) The appropriate board shall require each person
180 licensed or certified under part I of chapter 464, chapter 490,

181 or chapter 491 to complete a 2-hour continuing education course,
182 approved by the board, on developmental disabilities, as defined
183 in s. 393.063, with the addition of autism spectrum disorder as
184 defined in paragraph (r)1., as part of every third biennial
185 relicensure or recertification. The course shall consist of
186 information on the diagnosis and treatment of developmental
187 disabilities and information on counseling and education of a
188 parent whose child is diagnosed with a developmental disability,
189 with an emphasis on autism spectrum disorder as defined in
190 paragraph (r)1.
191 (b) The Board of Medicine and the Board of Osteopathic
192 Medicine shall require each physician with a primary care
193 specialty of pediatrics to complete a 2-hour continuing
194 education course, approved by the appropriate board, on
195 developmental disabilities, as defined in s. 393.063, with the
196 addition of autism spectrum disorder as defined in s.
197 391.026(2)(r)1., as part of every third biennial relicensure.
198 The course shall consist of information on the diagnosis and
199 treatment of developmental disabilities and information on
200 counseling and education of a parent whose child is diagnosed
201 with a developmental disability, with an emphasis on autism
202 spectrum disorder as defined in s. 391.026(2)(r)1..
203 (c) Each such licensee or certificateholder shall submit
204 confirmation of having completed the course, on a form provided
205 by the board, when submitting fees for every third biennial
206 renewal.
207 (d) The board may approve additional equivalent courses
208 that may be used to satisfy the requirements of paragraph (a).

209 Each licensing board that requires a licensee to complete an
210 educational course pursuant to this subsection may include the
211 hours required for completion of the course in the total hours
212 of continuing education required by law for such profession
213 unless the continuing education requirements for such profession
214 consist of fewer than 30 hours biennially.
215 (e) Any person holding two or more licenses subject to the
216 provisions of this subsection shall be permitted to show proof
217 of having taken one board-approved course on developmental
218 disabilities for purposes of relicensure or recertification for
219 additional licenses.
220 (f) Failure to comply with the requirements of this
221 subsection shall constitute grounds for disciplinary action
222 under each respective practice act and under s. 456.072(1)(k).
223 In addition to discipline by the board, the licensee shall be
224 required to complete such course.
225 (2) Each board may adopt rules pursuant to ss. 120.536(1)
226 and 120.54 to carry out the provisions of this section.
227 (3) The department shall implement a plan to promote
228 awareness of developmental disabilities, with a focus on autism
229 spectrum disorder as defined in s. 391.026(2)(r)1., to
230 physicians licensed under chapter 458 or chapter 459 and
231 parents. The department shall develop the plan in consultation
232 with organizations representing allopathic and osteopathic
233 physicians, the Board of Medicine, the Board of Osteopathic
234 Medicine, and nationally recognized organizations that promote
235 awareness of developmental disabilities. The department's plan

236 shall include the distribution of educational materials for
237 parents, including a developmental assessment tool.
238 Section 12. Paragraph (b) of subsection (2) and paragraph
239 (b) of subsection (5) of section 624.91, Florida Statutes, are
240 amended to read:
241 624.91 The Florida Healthy Kids Corporation Act.--
242 (2) LEGISLATIVE INTENT.--
243 (b) It is the intent of the Legislature that the Florida
244 Healthy Kids Corporation serve as one of several providers of
245 services to children eligible for medical assistance under Title
246 XXI of the Social Security Act. Although the corporation may
247 serve other children, the Legislature intends the primary
248 recipients of services provided through the corporation be
249 ~~school-age~~ children with a family income below 200 percent of
250 the federal poverty level, who do not qualify for Medicaid. It
251 is also the intent of the Legislature that state and local
252 government Florida Healthy Kids funds be used to continue
253 coverage, subject to specific appropriations in the General
254 Appropriations Act, to children not eligible for federal
255 matching funds under Title XXI.
256 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--
257 (b) The Florida Healthy Kids Corporation shall:
258 1. Arrange for the collection of any family, local
259 contributions, or employer payment or premium, in an amount to
260 be determined by the board of directors, to provide for payment
261 of premiums for comprehensive insurance coverage and for the
262 actual or estimated administrative expenses.

263 2. Arrange for the collection of any voluntary
264 contributions to provide for payment of premiums for children
265 who are not eligible for medical assistance under Title XXI of
266 the Social Security Act.
267 3. Subject to the provisions of s. 409.8134, accept
268 voluntary supplemental local match contributions that comply
269 with the requirements of Title XXI of the Social Security Act
270 for the purpose of providing additional coverage in contributing
271 counties under Title XXI.
272 4. Establish the administrative and accounting procedures
273 for the operation of the corporation.
274 5. Establish, with consultation from appropriate
275 professional organizations, standards for preventive health
276 services and providers and comprehensive insurance benefits
277 appropriate to children, provided that such standards for rural
278 areas shall not limit primary care providers to board-certified
279 pediatricians.
280 6. Determine eligibility for children seeking to
281 participate in the Title XXI-funded components of the Florida
282 Kidcare program consistent with the requirements specified in s.
283 409.814, as well as the non-Title-XXI-eligible children as
284 provided in subsection (3).
285 7. Establish procedures under which providers of local
286 match to, applicants to and participants in the program may have
287 grievances reviewed by an impartial body and reported to the
288 board of directors of the corporation.
289 8. Establish participation criteria and, if appropriate,
290 contract with an authorized insurer, health maintenance

291 organization, or third-party administrator to provide
292 administrative services to the corporation.
293 9. Establish enrollment criteria which shall include
294 penalties or waiting periods of not fewer than 60 days for
295 reinstatement of coverage upon voluntary cancellation for
296 nonpayment of family premiums.
297 10. Contract with authorized insurers or any provider of
298 health care services, meeting standards established by the
299 corporation, for the provision of comprehensive insurance
300 coverage to participants. Such standards shall include criteria
301 under which the corporation may contract with more than one
302 provider of health care services in program sites. Health plans
303 shall be selected through a competitive bid process. The Florida
304 Healthy Kids Corporation shall purchase goods and services in
305 the most cost-effective manner consistent with the delivery of
306 quality medical care. The maximum administrative cost for a
307 Florida Healthy Kids Corporation contract shall be 15 percent.
308 For health care contracts, the minimum medical loss ratio for a
309 Florida Healthy Kids Corporation contract shall be 85 percent.
310 For dental contracts, the remaining compensation to be paid to
311 the authorized insurer or provider under a Florida Healthy Kids
312 Corporation contract shall be no less than an amount which is 85
313 percent of premium; to the extent any contract provision does
314 not provide for this minimum compensation, this section shall
315 prevail. The health plan selection criteria and scoring system,
316 and the scoring results, shall be available upon request for
317 inspection after the bids have been awarded.

318 11. Establish disenrollment criteria in the event local
319 matching funds are insufficient to cover enrollments.
320 12. Develop and implement a plan to publicize the Florida
321 Kidcare program ~~Healthy Kids Corporation~~, the eligibility
322 requirements of the program, and the procedures for enrollment
323 in the program and to maintain public awareness of the
324 corporation and the program. Health care and dental health plans
325 participating in the program may develop and distribute
326 marketing and other promotional materials and participate in
327 activities, such as health fairs and public events, as approved
328 by the corporation. Health care and dental health plans may also
329 contact their current and former enrollees to encourage
330 continued participation in the program and assist the enrollee
331 in transferring from a Title XIX-funded plan to a Title XXI-
332 funded plan.
333 13. Establish an assignment process for Florida Healthy
334 Kids program enrollees to ensure that family members are
335 assigned to the same managed care plan to the greatest extent
336 possible, including situations in which some family members are
337 enrolled in a Medicaid managed care plan and other family
338 members are enrolled in a Florida Healthy Kids plan. The Agency
339 for Health Care Administration shall consult with the
340 corporation to implement this subparagraph.
341 14.~~13.~~ Secure staff necessary to properly administer the
342 corporation. Staff costs shall be funded from state and local
343 matching funds and such other private or public funds as become
344 available. The board of directors shall determine the number of
345 staff members necessary to administer the corporation.

346 15.~~14.~~ Provide a report annually to the Governor, Chief
347 Financial Officer, Commissioner of Education, Senate President,
348 Speaker of the House of Representatives, and Minority Leaders of
349 the Senate and the House of Representatives.
350 16. Provide a report by October 31, 2008, to the Governor,
351 the Senate, and the House of Representatives, which includes an
352 actuarial analysis of the projected impact on premiums from the
353 addition of habilitative and behavior analysis services in
354 accordance with s. 409.815.
355 17. Provide information on a quarterly basis to the
356 Governor, the Senate, and the House of Representatives that
357 assesses the cost and utilization of services for the Florida
358 Healthy Kids health benefits plans provided through the Florida
359 Healthy Kids Corporation. The information must be specific to
360 each eligibility component of the plan and, at a minimum,
361 include:
362 a. The monthly enrollment and expenditures for enrollees.
363 b. The cost and utilization of specific services.
364 c. An analysis of the impact on premiums prior to and
365 following implementation of the Window of Opportunity Act.
366 d. An analysis of trends regarding transfer of enrollees
367 from the Florida Healthy Kids plans to the Children's Medical
368 Services Network plan.
369 e. Any recommendations resulting from the analysis
370 conducted under this subparagraph.
371 18.~~15.~~ Establish benefit packages which conform to the
372 provisions of the Florida Kidcare program, as created in ss.
373 409.810-409.820.

374 Section 13. Section 624.916, Florida Statutes, is created
375 to read:
376 624.916 Developmental disabilities compact.--
377 (1) The Office of Insurance Regulation shall convene a
378 workgroup by August 31, 2008, for the purpose of negotiating a
379 compact that includes a binding agreement among the participants
380 relating to insurance and access to services for persons with
381 developmental disabilities as defined in s. 393.063, with the
382 addition of autism spectrum disorder as defined in s.
383 391.026(2)(r)1. The workgroup shall consist of the following:
384 (a) Representatives of all health insurers licensed under
385 this chapter.
386 (b) Representatives of all health maintenance
387 organizations licensed under part I of chapter 641.
388 (c) Representatives of employers with self-insured health
389 benefit plans.
390 (d) Two designees of the Governor, one of whom must be a
391 consumer advocate.
392 (e) A designee of the President of the Senate.
393 (f) A designee of the Speaker of the House of
394 Representatives.
395 (2) The Office of Insurance Regulation shall convene a
396 consumer advisory workgroup for the purpose of providing a forum
397 for comment on the compact negotiated in subsection (1). The
398 office shall convene the workgroup prior to finalization of the
399 compact.
400 (3) The agreement shall include the following components:

401 (a) A requirement that each signatory to the agreement
402 increase coverage for behavior analysis and behavior assistant
403 services as defined in s. 409.815(2)(r) and speech therapy,
404 physical therapy, and occupational therapy when necessary due to
405 the presence of a developmental disability as defined in s.
406 393.063 or autism spectrum disorder as defined in s.
407 391.026(2)(r)1.
408 (b) Procedures for clear and specific notice to
409 policyholders identifying the amount, scope, and conditions
410 under which coverage is provided for behavior analysis and
411 behavior assistant services as defined in s. 409.815(2)(r) and
412 speech therapy, physical therapy, and occupational therapy when
413 necessary due to the presence of a developmental disability as
414 defined in s. 393.063 or autism spectrum disorder as defined in
415 s. 391.026(2)(r)1.
416 (c) Penalties for documented cases of denial of claims for
417 medically necessary services due to the presence of a
418 developmental disability as defined in s. 393.063 or autism
419 spectrum disorder as defined in s. 391.026(2)(r)1.
420 (d) Proposals for new product lines that may be offered in
421 conjunction with traditional health insurance and provide a more
422 appropriate means of spreading risk, financing costs, and
423 accessing favorable prices.
424 (4) Upon completion of the negotiations for the compact,
425 the office shall report the results to the Governor, the
426 President of the Senate, and the Speaker of the House of
427 Representatives.

428 (5) Beginning February 15, 2009, and continuing annually
429 thereafter, the Office of Insurance Regulation shall provide a
430 report to the Governor, the President of the Senate, and the
431 Speaker of the House of Representatives regarding the
432 implementation of the agreement negotiated under this section.
433 The report shall include:
434 (a) The signatories to the agreement.
435 (b) An analysis of the coverage provided under the
436 agreement in comparison to the coverage required under ss.
437 627.6686 and 641.31098.
438 (c) An analysis of the compliance with the agreement by
439 the signatories, including documented cases of claims denied in
440 violation of the agreement.
441 (6) The Office of Insurance Regulation shall continue to
442 monitor participation, compliance, and effectiveness of the
443 agreement and report its findings at least annually.
444 Section 14. Section 627.6686, Florida Statutes, is created
445 to read:
446 627.6686 Coverage for individuals with developmental
447 disabilities required; exception.--
448 (1) As used in this section, the term:
449 (a) "Autism spectrum disorder" means any of the following
450 disorders as defined with most recent edition of the Diagnostic
451 and Statistical Manual of Mental Disorders of the American
452 Psychiatric Association:
453 1. Autistic disorder;
454 2. Asperger syndrome; or

455 3. Pervasive developmental disorder not otherwise
456 specified.
457 (b) "Developmental disability" has the same meaning as
458 provided in s. 393.063.
459 (c) "Eligible individual" means an individual under 18
460 years of age or an individual 18 years of age or older who is in
461 high school who has been diagnosed as having a developmental
462 disability at 8 years of age or younger.
463 (d) "Health insurance plan" means a group health insurance
464 policy or group health benefit plan offered by an insurer which
465 includes the state group insurance program provided under s.
466 110.123. The term does not include any health insurance plan
467 offered in the individual market, any health insurance plan that
468 is individually underwritten, or any health insurance plan
469 provided to a small employer.
470 (e) "Insurer" means an insurer providing health insurance
471 coverage, which is licensed to engage in the business of
472 insurance in this state and is subject to insurance regulation.
473 (2) A health insurance plan issued or renewed on or after
474 July 1, 2009, shall provide coverage to an eligible individual
475 for:
476 (a) Well-baby and well-child screening for diagnosing the
477 presence of a developmental disability.
478 (b) Treatment of a developmental disability through speech
479 therapy, occupational therapy, physical therapy, and behavior
480 analysis services. Behavior analysis services shall be provided
481 by an individual certified pursuant to s. 393.17 or an
482 individual licensed under chapter 490 or chapter 491.

483 (3) The coverage required pursuant to subsection (2) is
484 subject to the following requirements:
485 (a) Coverage shall be limited to treatment that is
486 prescribed by the insured's treating physician in accordance
487 with a treatment plan.
488 (b) Coverage for the services described in subsection (2)
489 shall be limited to $36,000 annually and may not exceed $108,000
490 in total lifetime benefits.
491 (c) Coverage may not be denied on the basis that provided
492 services are habilitative in nature.
493 (d) Coverage may be subject to other general exclusions
494 and limitations of the insurer's policy or plan, including, but
495 not limited to, coordination of benefits, participating provider
496 requirements, restrictions on services provided by family or
497 household members, and utilization review of health care
498 services, including the review of medical necessity, case
499 management, and other managed care provisions.
500 (4) The coverage required pursuant to subsection (2) may
501 not be subject to dollar limits, deductibles, or coinsurance
502 provisions that are less favorable to an insured than the dollar
503 limits, deductibles, or coinsurance provisions that apply to
504 physical illnesses that are generally covered under the health
505 insurance plan, except as otherwise provided in subsection (3).
506 (5) An insurer may not deny or refuse to issue coverage
507 for medically necessary services, refuse to contract with, or
508 refuse to renew or reissue or otherwise terminate or restrict
509 coverage for an individual because the individual is diagnosed
510 as having a developmental disability.

511 (6) The treatment plan required pursuant to subsection (3)
512 shall include all elements necessary for the health insurance
513 plan to appropriately pay claims. These elements include, but
514 are not limited to, a diagnosis, the proposed treatment by type,
515 the frequency and duration of treatment, the anticipated
516 outcomes stated as goals, the frequency with which the treatment
517 plan will be updated, and the signature of the treating
518 physician.
519 (7) Beginning January 1, 2011, the maximum benefit under
520 paragraph (3)(b) shall be adjusted annually on January 1 of each
521 calendar year to reflect any change from the previous year in
522 the medical component of the then current Consumer Price Index
523 for all urban consumers, published by the Bureau of Labor
524 Statistics of the United States Department of Labor.
525 (8) This section may not be construed as limiting benefits
526 and coverage otherwise available to an insured under a health
527 insurance plan.
528 (9) The Office of Insurance Regulation may not enforce
529 this section against an insurer that is a signatory to the
530 developmental disabilities compact established under s. 624.916.
531 Section 15. Section 641.31098, Florida Statutes, is
532 created to read:
533 641.31098 Coverage for individuals with developmental
534 disabilities.--
535 (1) As used in this section, the term:
536 (a) "Autism spectrum disorder" means any of the following
537 disorders as defined with most recent edition of the Diagnostic

538 and Statistical Manual of Mental Disorders of the American
539 Psychiatric Association:
540 1. Autistic disorder;
541 2. Asperger syndrome; or
542 3. Pervasive developmental disorder not otherwise
543 specified.
544 (b) "Developmental disability" has the same meaning as
545 provided in s. 393.063 .
546 (c) "Eligible individual" means an individual under 18
547 years of age or an individual 18 years of age or older who is in
548 high school who has been diagnosed as having a developmental
549 disability at 8 years of age or younger.
550 (d) "Health maintenance contract" means a group health
551 maintenance contract offered by a health maintenance
552 organization. This term does not include a health maintenance
553 contract offered in the individual market, a health maintenance
554 contract that is individually underwritten, or a health
555 maintenance contract provided to a small employer.
556 (2) A health maintenance contract issued or renewed on or
557 after July 1, 2009, shall provide coverage to an eligible
558 individual for:
559 (a) Well-baby and well-child screening for diagnosing the
560 presence of a developmental disability.
561 (b) Treatment of a developmental disability through speech
562 therapy, occupational therapy, physical therapy, and behavior
563 analysis services. Behavior analysis services shall be provided
564 by an individual certified pursuant to s. 393.17 or an
565 individual licensed under chapter 490 or chapter 491.

566 (3) The coverage required pursuant to subsection (2) is
567 subject to the following requirements:
568 (a) Coverage shall be limited to treatment that is
569 prescribed by the subscriber's treating physician in accordance
570 with a treatment plan.
571 (b) Coverage for the services described in subsection (2)
572 shall be limited to $36,000 annually and may not exceed $108,000
573 in total benefits.
574 (c) Coverage may not be denied on the basis that provided
575 services are habilitative in nature.
576 (d) Coverage may be subject to general exclusions and
577 limitations of the subscriber's contract, including, but not
578 limited to, coordination of benefits, participating provider
579 requirements, and utilization review of health care services,
580 including the review of medical necessity, case management, and
581 other managed care provisions.
582 (4) The coverage required pursuant to subsection (2) may
583 not be subject to dollar limits, deductibles, or coinsurance
584 provisions that are less favorable to a subscriber than the
585 dollar limits, deductibles, or coinsurance provisions that apply
586 to physical illnesses that are generally covered under the
587 subscriber's contract, except as otherwise provided in
588 subsection (3).
589 (5) A health maintenance organization may not deny or
590 refuse to issue coverage for medically necessary services,
591 refuse to contract with, or refuse to renew or reissue or
592 otherwise terminate or restrict coverage for an individual

593 solely because the individual is diagnosed as having a
594 developmental disability.
595 (6) The treatment plan required pursuant to subsection (3)
596 shall include, but is not limited to, a diagnosis, the proposed
597 treatment by type, the frequency and duration of treatment, the
598 anticipated outcomes stated as goals, the frequency with which
599 the treatment plan will be updated, and the signature of the
600 treating physician.
601 (7) Beginning January 1, 2011, the maximum benefit under
602 paragraph (3)(b) shall be adjusted annually on January 1 of each
603 calendar year to reflect any change from the previous year in
604 the medical component of the then current Consumer Price Index
605 for all urban consumers, published by the Bureau of Labor
606 Statistics of the United States Department of Labor.
607 (8) The Office of Insurance Regulation may not enforce
608 this section against a health maintenance organization that is a
609 signatory no later than July 1, 2009, to the developmental
610 disabilities compact established under s. 624.916. The Office of
611 Insurance Regulation shall enforce this section against a health
612 maintenance organization that is a signatory to the compact
613 established under s. 624.916 if the health maintenance
614 organization has not complied with the terms of the compact for
615 all health maintenance contracts by July 1, 2010.
616
617 ---
618 **T I T L E A M E N D M E N T**
619 Remove line 1541

620 premium; amending s. 409.811, F.S.; providing a definition of
621 the term "autism spectrum disorder"; amending s. 409.815, F.S.;
622 revising provisions