

By Senator Geller

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1 A bill to be entitled

2 An act relating to autism spectrum disorder; providing a  
3 short title; creating s. 627.6686, F.S.; providing  
4 definitions; requiring health insurance plans to provide  
5 coverage for screening, diagnosis, intervention, and  
6 treatment of autism spectrum disorder in certain children;  
7 requiring a treatment plan; prohibiting an insurer from  
8 denying or refusing coverage or refusing to renew or  
9 reissue or terminate coverage based on a diagnosis of  
10 autism spectrum disorder; providing coverage limitations;  
11 providing treatment plan requirements; limiting the  
12 frequency of requests for updating a treatment plan;  
13 providing eligibility requirements; providing a maximum  
14 benefit that is adjusted annually; providing for  
15 application; providing an effective date.

16  
17 Be It Enacted by the Legislature of the State of Florida:

18  
19 Section 1. This act may be cited as the "Window of  
20 Opportunity Act."

21 Section 2. Section 627.6686, Florida Statutes, is created  
22 to read:

23 627.6686 Optional coverage for autism spectrum disorder  
24 required; exception.--

25 (1) As used in this section, the term:

26 (a) "Applied behavior analysis" means the design,  
27 implementation, and evaluation of environmental modifications,  
28 using behavioral stimuli and consequences, to produce socially  
29 significant improvement in human behavior, including, but not

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30 limited to, the use of direct observation, measurement, and  
31 functional analysis of the relations between environment and  
32 behavior.

33 (b) "Autism spectrum disorder" means any of the following  
34 disorders as defined in the most recent edition of the Diagnostic  
35 and Statistical Manual of Mental Disorders of the American  
36 Psychiatric Association:

37 1. Autistic disorder.

38 2. Asperger's syndrome.

39 3. Pervasive developmental disorder not otherwise  
40 specified.

41 (c) "Health insurance plan" means a group health insurance  
42 policy or group health benefit plan offered by an insurer which  
43 includes the state group insurance program provided under s.  
44 110.123. The term does not include any health insurance plan  
45 offered in the individual market, any health insurance plan that  
46 is individually underwritten, or any health insurance plan  
47 provided to a small employer.

48 (d) "Insurer" means an insurer, health maintenance  
49 organization, or any other entity providing health insurance  
50 coverage which is licensed to engage in the business of insurance  
51 in this state and is subject to insurance regulation.

52 (2) A health insurance plan shall provide coverage for  
53 well-baby and well-child screening for diagnosing the presence of  
54 autism spectrum disorder and the intervention and treatment of  
55 autism spectrum disorder. Coverage provided under this section is  
56 limited to treatment that is prescribed by the insured's treating  
57 medical physician in accordance with a treatment plan. With  
58 regard to a health insurance plan, an insurer may not deny or

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59 refuse to issue coverage for, refuse to contract with, or refuse  
60 to renew or reissue or otherwise terminate or restrict coverage  
61 for an individual because the individual is diagnosed as having  
62 autism spectrum disorder.

63 (3) The coverage required pursuant to subsection (2) may  
64 not be subject to dollar limits, deductibles, or coinsurance  
65 provisions that are less favorable to an insured than the dollar  
66 limits, deductibles, or coinsurance provisions that apply to  
67 physical illnesses that are generally covered under the health  
68 insurance plan, except as otherwise provided for in subsection  
69 (5). However, the coverage required pursuant to subsection (2)  
70 may be subject to other general exclusions and limitations of the  
71 insurer's policy or plan, including, but not limited to,  
72 coordination of benefits, participating provider requirements,  
73 restrictions on services provided by family or household members,  
74 and utilization review of health care services, including the  
75 review of medical necessity, case management, and other managed  
76 care provisions.

77 (4) The treatment plan required pursuant to subsection (2)  
78 must include all elements necessary for the health insurance plan  
79 to appropriately pay claims. These elements include, but are not  
80 limited to, a diagnosis, the proposed treatment by type, the  
81 frequency and duration of treatment, the anticipated outcomes  
82 stated as goals, the frequency by which the treatment plan will  
83 be updated, and the treating medical doctor's signature. A health  
84 insurance plan may request an updated treatment plan only once  
85 every 6 months from the treating medical doctor for purposes of  
86 reviewing medical necessity unless the health insurance plan and

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87 the treating medical doctor agree that a more frequent review is  
88 necessary due to emerging clinical circumstances.

89 (5) To be eligible for benefits and coverage under this  
90 section, an individual must be diagnosed as having autistic  
91 spectrum disorder at 8 years of age or younger. The benefits and  
92 coverage provided pursuant to this section shall be provided to  
93 any eligible person younger than 18 years of age or to any  
94 eligible person 18 years of age or older who is in high school.  
95 Coverage for behavioral therapy is subject to a maximum benefit  
96 of \$36,000 per year. Beginning January 1, 2010, this maximum  
97 benefit shall be adjusted annually on January 1 of each calendar  
98 year to reflect any change from the previous year in the medical  
99 component of the then-current Consumer Price Index, All Urban  
100 Consumers, as published by the United States Department of  
101 Labor's Bureau of Labor Statistics.

102 Section 3. This act shall take effect January 1, 2009, and  
103 applies to health insurance policies or plans issued, renewed,  
104 entered into, or delivered on or after that date.