By the Committees on Health and Human Services Appropriations; Health Policy; Banking and Insurance; and Senators Geller, Ring, Bennett, Deutch, Villalobos, Rich, Fasano, Garcia, Wise, (Additional Introducers on Last Printed Page)

603-07353-08 20082654c3

A bill to be entitled

An act relating to autism spectrum disorder; providing a short title; creating s. 627.6686, F.S.; providing definitions; requiring health insurance plans to provide coverage for screening, diagnosis, intervention, and treatment of autism spectrum disorder in certain children; requiring a treatment plan; prohibiting an insurer from denying or refusing coverage or refusing to renew or reissue or terminate coverage based on a diagnosis of autism spectrum disorder; providing coverage limitations; providing treatment plan requirements; limiting the frequency of requests for updating a treatment plan; providing eligibility requirements; providing a maximum benefit limitation; providing for annual adjustments of the maximum benefit limitation; amending s. 1004.55, F.S.; relocating the regional autism center at Florida State University from the Department of Communication Disorders to the College of Medicine; providing for application of the act; providing an effective date.

2021

1 2

3

4

5

6

7

8

9

10

11

12

1314

15

1617

18

19

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

2223

24

2.5

26

27

28

29

- Section 1. This act may be cited as the "Window of Opportunity Act."
- Section 2. Section 627.6686, Florida Statutes, is created to read:
- 627.6686 Coverage for autism spectrum disorder required; exception.--
 - (1) As used in this section, the term:

603-07353-08 20082654c3

(a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including, but not limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

- (b) "Autism spectrum disorder" means 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:
 - 1. Autistic disorder.
 - 2. Asperger's syndrome.
- $\underline{\text{3. Pervasive developmental disorder not otherwise}}$ specified.
- (c) "Health insurance plan" means a group health insurance policy or group health benefit plan offered by an insurer which includes the state group insurance program provided under s.

 110.123. The term does not include any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer as defined in s. 627.6699(3).
- (d) "Insurer" means an insurer, health maintenance
 organization, or any other entity providing health insurance
 coverage which is licensed to engage in the business of insurance
 in this state and is subject to insurance regulation.
- (2) A health insurance plan shall provide coverage for well-baby and well-child screening for diagnosing the presence of autism spectrum disorder and the intervention and treatment of

60

61 62

63

64

65

66 67

68

69

70

71

72

73

74

75

76

77

78

79

80

8182

83

84

8586

603-07353-08 20082654c3

autism spectrum disorder through speech therapy, occupational therapy, physical therapy, applied behavior analysis, treatment by a psychiatrist, psychologist, or board certified behavioral analyst, and any other necessary medical care. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating medical physician in accordance with a treatment plan. With regards to a health insurance plan, an insurer may not deny or refuse to issue coverage for, refuse to contract with, or refuse to renew or reissue or otherwise terminate or restrict coverage for an individual because the individual is diagnosed as having autism spectrum disorder.

(3) The coverage required pursuant to subsection (2) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illnesses that are generally covered under the health insurance plan, except as otherwise provided for in subsection (5). The coverage required in subsection (2) may not be denied on the basis that provided services are habilitative in nature. The coverage may not be subject to any limits on the number of visits an insured may make to a service provider. However, the coverage required pursuant to subsection (2) may be subject to other general exclusions and limitations of the insurer's policy or plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, and utilization review of health care services, including the review of medical necessity, case management, and other managed care provisions.

603-07353-08 20082654c3

(4) The treatment plan required pursuant to subsection (2) must include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, the proposed treatment by type, the frequency and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating medical doctor's signature. A health insurance plan may request an updated treatment plan only once every 6 months from the treating medical doctor for purposes of reviewing medical necessity unless the health insurance plan and the treating medical doctor agree that a more frequent review is necessary due to emerging clinical circumstances.

- (5) To be eligible for benefits and coverage under this section, an individual must be diagnosed as having autistic spectrum disorder at 8 years of age or younger. The benefits and coverage provided pursuant to this section shall be provided to any eligible person younger than 18 years of age or to any eligible person 18 years of age or older who is in high school. Coverage for therapy, as defined in subsection (2), is subject to a maximum benefit of \$36,000 per year. Beginning January 1, 2010, this maximum benefit shall be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the medical component of the then current Consumer Price Index, All Urban Consumers, as published by the United States Department of Labor's Bureau of Labor Statistics.
- (6) This section may not be construed as limiting benefits and coverage otherwise available to an insured under a health insurance plan.
 - Section 3. Paragraph (a) of subsection (1) of section

603-07353-08 20082654c3

116 1004.55, Florida Statutes, is amended to read:

1004.55 Regional autism centers.--

- (1) Seven regional autism centers are established to provide nonresidential resource and training services for persons of all ages and of all levels of intellectual functioning who have autism, as defined in s. 393.063; who have a pervasive developmental disorder that is not otherwise specified; who have an autistic-like disability; who have a dual sensory impairment; or who have a sensory impairment with other handicapping conditions. Each center shall be operationally and fiscally independent and shall provide services within its geographical region of the state. Service delivery shall be consistent for all centers. Each center shall coordinate services within and between state and local agencies and school districts but may not duplicate services provided by those agencies or school districts. The respective locations and service areas of the centers are:
- (a) The <u>College of Medicine</u> Department of Communication Disorders at Florida State University, which serves Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties.

Section 4. This act shall take effect January 1, 2009, and applies to health insurance policies or plans issued, renewed, entered into, or delivered on or after that date.

ADDITIONAL INTRODUCERS

Atwater, Margolis, Crist, Joyner, Justice, Dockery, Dean, Dawson

	603-07353-08	20082654c3
145	and Saunders	