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A bill to be entitled

An act relating to developmental disabilities; creating s. 381.986, F.S.; requiring that a physician refer a minor to an appropriate specialist for screening for autism spectrum disorder or other developmental disability and inform the parent or legal guardian of the right to direct access to that specialist under certain circumstances; defining the term "appropriate specialist"; amending ss. 627.6686 and 641.31098, F.S.; defining the term "developmental disability" to include cerebral palsy and Down syndrome; providing health insurance coverage for individuals with developmental disabilities; requiring certain insurers and health maintenance organizations to provide direct patient access to an appropriate specialist for screening, evaluation of, or diagnosis for autism spectrum disorder or other developmental disabilities; defining the term "direct patient access"; requiring the insurer's policy or the health maintenance organization's contract to provide a minimum number of visits per year for the screening, evaluation, or diagnosis for autism spectrum disorder or other developmental disabilities; providing an effective date.

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

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Section 1. Section 381.986, Florida Statutes, is created to read:

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381.986 Screening for autism spectrum disorder and other developmental disabilities.—

- (1) If the parent or legal guardian of a minor believes that the minor exhibits symptoms of autism spectrum disorder or other developmental disability, the parent or legal guardian may report his or her observation to a primary care physician licensed in this state, other than an obstetrician or gynecologist. The physician shall immediately refer the minor to an appropriate specialist for further screening if, after examination and initial screening, the referral is clinically indicated. The physician shall also inform the parent or legal guardian of the right to direct access to an appropriate specialist for screening, evaluation, or diagnosis for autism spectrum disorder or other developmental disability. This section does not apply to a physician providing care under s. 395.1041.
- (2) As used in this section, the term "appropriate specialist" means a qualified professional who is licensed in this state and experienced in the evaluation of autism spectrum disorder or other developmental disabilities, who has training in validated diagnostic tools, and includes, but is not limited to:
 - (a) A psychologist.
 - (b) A psychiatrist.
 - (c) A neurologist.
- (d) A developmental or behavioral pediatrician who specializes in child neurology.
 - (e) A speech language pathologist.
 - (f) An occupational therapist.

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- (g) A mental health professional licensed under chapter 491.
- (h) A professional whose licensure is deemed appropriate by the Children's Medical Services Early Steps Program in the Department of Health.
- Section 2. Subsections (2) and (3) of section 627.6686, Florida Statutes, are amended, and subsection (11) is added to that section, to read:
- 627.6686 Coverage for individuals with autism spectrum disorder required; exception.—
 - (2) As used in this section, the term:
- (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.
- 3. Pervasive developmental disorder not otherwise specified.
- (c) "Developmental disability" means a disorder or syndrome attributable to cerebral palsy or Down syndrome, which manifests before the age of 18 years old and constitutes a substantial

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handicap that can reasonably be expected to continue indefinitely. As used in this section:

- 1. "Cerebral palsy" has the same meaning as in s. 393.063.
- 2. "Down syndrome" means a disorder caused by the presence of an extra chromosome 21.
- (d) (e) "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school and who has been diagnosed as having a developmental disability at 8 years of age or younger.
- <u>(e) (d)</u> "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 \underline{a} any health insurance plan offered in the individual market, \underline{a} any health insurance plan that is individually underwritten, or \underline{a} any health insurance plan provided to a small employer.
- $\underline{\text{(f)}}$ "Insurer" means an insurer providing health insurance coverage, which is licensed to engage in the business of insurance in this state and is subject to insurance regulation.
- (3) A health insurance plan issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:
- (a) Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder or other developmental disability.
- (b) Treatment of autism spectrum disorder <u>or other</u> <u>developmental disability</u> through speech therapy, occupational therapy, physical therapy, and applied behavior analysis.

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Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

(11) Notwithstanding any provision of this section, an insurer shall provide direct patient access for screening, evaluation of, or diagnosis for autism spectrum disorder or other developmental disability to an appropriate specialist, as defined in s. 381.986. As used in this subsection, the term "direct patient access" means the ability of a subscriber or insured to obtain services from an in-network provider without a referral or other authorization before receiving services.

Pursuant to this subsection, the insurer's policy must provide a minimum of three visits per policy year for the screening, evaluation, or diagnosis for autism spectrum disorder or other developmental disability.

Section 3. Subsections (2) and (3) of section 641.31098, Florida Statutes, are amended, and subsection (10) is added to that section, to read:

641.31098 Coverage for individuals with developmental disabilities.—

- (2) As used in this section, the term:
- (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

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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.
- 3. Pervasive developmental disorder not otherwise specified.
- (c) "Developmental disability" means a disorder or syndrome attributable to cerebral palsy or Down syndrome, which manifests before the age of 18 years old and constitutes a substantial handicap that can reasonably be expected to continue indefinitely. As used in this section:
 - 1. "Cerebral palsy" has the same meaning as in s. 393.063.
- 2. "Down syndrome" means a disorder caused by the presence of an extra chromosome 21.
- (d) (e) "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school and who has been diagnosed as having a developmental disability at 8 years of age or younger.
- <u>(e) (d)</u> "Health maintenance contract" means a group health maintenance contract offered by a health maintenance organization. The This term does not include a health maintenance contract offered in the individual market, a health maintenance contract that is individually underwritten, or a health maintenance contract provided to a small employer.
- (3) A health maintenance contract issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:
 - (a) Well-baby and well-child screening for diagnosing the

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presence of autism spectrum disorder <u>or other developmental</u> <u>disability</u>.

- (b) Treatment of autism spectrum disorder or other developmental disability through speech therapy, occupational therapy, physical therapy, and applied behavior analysis services. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.
- (10) Notwithstanding any provision of this section, a health maintenance organization shall provide direct patient access for screening, evaluation of, or diagnosis for autism spectrum disorder or other developmental disability to an appropriate specialist, as defined in s. 381.986. As used in this subsection, the term "direct patient access" means the ability of a subscriber or insured to obtain services from an in-network provider without a referral or other authorization before receiving services. Pursuant to this subsection, the health maintenance organization's contract must provide a minimum of three visits per policy year for the screening, evaluation, or diagnosis for autism spectrum disorder or other developmental disability.

Section 4. This act shall take effect July 1, 2009.