



232446

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/09/2010	.	
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The Committee on Health Regulation (Gardiner) recommended the following:

Senate Amendment (with title amendment)

Delete lines 42 - 80
and insert:

Section 2. Section 627.6686, Florida Statutes, is amended to read:

627.6686 Coverage for individuals with developmental disabilities ~~autism spectrum disorder required; exception.~~

(1) This section and s. 641.31098 may be cited as the "Steven A. Geller Autism Coverage Act."

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

(a) "Applied behavior analysis" means the design,



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13 implementation, and evaluation of environmental modifications,
14 using behavioral stimuli and consequences, to produce socially
15 significant improvement in human behavior, including, but not
16 limited to, the use of direct observation, measurement, and
17 functional analysis of the relations between environment and
18 behavior.

19 (b) "Autism spectrum disorder" means any of the following
20 disorders as defined in the most recent edition of the
21 Diagnostic and Statistical Manual of Mental Disorders of the
22 American Psychiatric Association:

- 23 1. Autistic disorder.
- 24 2. Asperger's syndrome.
- 25 3. Pervasive developmental disorder not otherwise
26 specified.

27 (c) "Developmental disability" means a disorder or syndrome
28 attributable to cerebral palsy or Down syndrome, which manifests
29 before the age of 18 years and constitutes a substantial
30 handicap that can reasonably be expected to continue
31 indefinitely. As used in this section:

- 32 1. "Cerebral palsy" has the same meaning as in s. 393.063.
- 33 2. "Down syndrome" means a disorder caused by the presence
34 of an extra chromosome 21.

35 (d) "Direct patient access" means the ability of an insured
36 to obtain services from an in-network provider without a
37 referral or other authorization before receiving services.

38 (e) ~~(e)~~ "Eligible individual" means an individual under 18
39 years of age or an individual 18 years of age or older who is in
40 high school and who has been diagnosed as having a developmental
41 disability at 8 years of age or younger.



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

49 (g) ~~(e)~~ "Insurer" means an insurer providing health
50 insurance coverage, which is licensed to engage in the business
51 of insurance in this state and is subject to insurance
52 regulation.

53 (3) A health insurance plan issued or renewed on or after
54 April 1, 2009, shall provide coverage to an eligible individual
55 for:

56 (a) Direct patient access to an appropriate specialist, as
57 defined in s. 381.986, for a minimum of three visits per policy
58 year for the screening for, evaluation of, or diagnosis of
59 autism spectrum disorder or other developmental disability.
60 ~~Well-baby and well-child screening for diagnosing the presence~~
61 ~~of autism spectrum disorder.~~

62 (b) Treatment of autism spectrum disorder or other
63 developmental disability through speech therapy, occupational
64 therapy, physical therapy, and applied behavior analysis.
65 Applied behavior analysis services shall be provided by an
66 individual certified pursuant to s. 393.17 or an individual
67 licensed under chapter 490 or chapter 491.

68 (4) The coverage required pursuant to subsection (3) is
69 subject to the following requirements:

70 (a) Coverage shall be limited to treatment that is



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71 prescribed by the insured's treating physician in accordance
72 with a treatment plan.

73 (b) Coverage for the services described in subsection (3)
74 shall be limited to \$36,000 annually and may not exceed \$200,000
75 in total lifetime benefits.

76 (c) Coverage may not be denied on the basis that provided
77 services are habilitative in nature.

78 (d) Coverage may be subject to other general exclusions and
79 limitations of the insurer's policy or plan, including, but not
80 limited to, coordination of benefits, participating provider
81 requirements, restrictions on services provided by family or
82 household members, and utilization review of health care
83 services, including the review of medical necessity, case
84 management, and other managed care provisions.

85 (5) The coverage required pursuant to subsection (3) may
86 not be subject to dollar limits, deductibles, or coinsurance
87 provisions that are less favorable to an insured than the dollar
88 limits, deductibles, or coinsurance provisions that apply to
89 physical illnesses that are generally covered under the health
90 insurance plan, except as otherwise provided in subsection (4).

91 (6) An insurer may not deny or refuse to issue coverage for
92 medically necessary services, refuse to contract with, or refuse
93 to renew or reissue or otherwise terminate or restrict coverage
94 for an individual because the individual is diagnosed as having
95 a developmental disability.

96 (7) The treatment plan required pursuant to subsection (4)
97 shall include all elements necessary for the health insurance
98 plan to appropriately pay claims. These elements include, but
99 are not limited to, a diagnosis, the proposed treatment by type,



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100 the frequency and duration of treatment, the anticipated
101 outcomes stated as goals, the frequency with which the treatment
102 plan will be updated, and the signature of the treating
103 physician.

104 (8) Beginning January 1, 2011, the maximum benefit under
105 paragraph (4) (b) shall be adjusted annually on January 1 of each
106 calendar year to reflect any change from the previous year in
107 the medical component of the then current Consumer Price Index
108 for all urban consumers, published by the Bureau of Labor
109 Statistics of the United States Department of Labor.

110 (9) This section may not be construed as limiting benefits
111 and coverage otherwise available to an insured under a health
112 insurance plan.

113 (10) The Office of Insurance Regulation may not enforce
114 this section against an insurer that is a signatory no later
115 than April 1, 2009, to the developmental disabilities compact
116 established under s. 624.916. The Office of Insurance Regulation
117 shall enforce this section against an insurer that is a
118 signatory to the compact established under s. 624.916 if the
119 insurer has not complied with the terms of the compact for all
120 health insurance plans by April 1, 2010.

121 Section 3. Subsections (2) and (3) of section 641.31098,
122 Florida Statutes, are amended to read:

123 641.31098 Coverage for individuals with developmental
124 disabilities.—

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

126 (a) "Applied behavior analysis" means the design,
127 implementation, and evaluation of environmental modifications,
128 using behavioral stimuli and consequences, to produce socially



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129 significant improvement in human behavior, including, but not
130 limited to, the use of direct observation, measurement, and
131 functional analysis of the relations between environment and
132 behavior.

133 (b) "Autism spectrum disorder" means any of the following
134 disorders as defined in the most recent edition of the
135 Diagnostic and Statistical Manual of Mental Disorders of the
136 American Psychiatric Association:

- 137 1. Autistic disorder.
- 138 2. Asperger's syndrome.
- 139 3. Pervasive developmental disorder not otherwise
140 specified.

141 (c) "Developmental disability" means a disorder or syndrome
142 attributable to cerebral palsy or Down syndrome, which manifests
143 before the age of 18 years and constitutes a substantial
144 handicap that can reasonably be expected to continue
145 indefinitely. As used in this section:

- 146 1. "Cerebral palsy" has the same meaning as in s. 393.063.
- 147 2. "Down syndrome" means a disorder caused by the presence
148 of an extra chromosome 21.

149 (d) "Direct patient access" means the ability of an insured
150 to obtain services from an in-network provider without a
151 referral or other authorization before receiving services.

152 (e)-(e) "Eligible individual" means an individual under 18
153 years of age or an individual 18 years of age or older who is in
154 high school and who has been diagnosed as having a developmental
155 disability at 8 years of age or younger.

156 (f)-(d) "Health maintenance contract" means a group health
157 maintenance contract offered by a health maintenance



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158 organization. ~~The This~~ term does not include a health
159 maintenance contract offered in the individual market, a health
160 maintenance contract that is individually underwritten, or a
161 health maintenance contract provided to a small employer.

162 (3) A health maintenance contract issued or renewed on or
163 after April 1, 2009, shall provide coverage to an eligible
164 individual for:

165 (a) Direct patient access to an appropriate specialist, as
166 defined in s. 381.986, for a minimum of three visits per policy
167 year for the screening for, evaluation of, or diagnosis of
168 autism spectrum disorder or other developmental disability.

169 ~~Well-baby and well-child screening for diagnosing the presence~~
170 ~~of autism spectrum disorder.~~

171 (b) Treatment of autism spectrum disorder or other
172 developmental disability through speech therapy, occupational
173 therapy, physical therapy, and applied behavior analysis
174 services. Applied behavior analysis services shall be provided
175 by an individual certified pursuant to s. 393.17 or an
176 individual licensed under chapter 490 or chapter 491.

177
178 ===== T I T L E A M E N D M E N T =====

179 And the title is amended as follows:

180 Delete lines 7 - 12

181 and insert:

182 ss. 627.6686 and 641.31098, F.S.; defining the terms
183 "developmental disability" and "direct patient
184 access"; providing health insurance coverage for
185 individuals with certain developmental disabilities;
186 requiring certain insurers and health maintenance



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187 organizations to provide direct patient access to an
188 appropriate specialist for screening, evaluation of,
189 or diagnosis for autism spectrum disorder or other
190 developmental disabilities; requiring the insurer's
191 policy or the health maintenance organization's
192 contract to provide a minimum number of visits per
193 year for the screening, evaluation, or diagnosis for
194 autism spectrum disorder or other developmental
195 disabilities;