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LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/24/2010	.	
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The Committee on Banking and Insurance (Ring) recommended the following:

Senate Amendment (with title amendment)

Delete lines 102 - 226
and insert:

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

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

(b) ~~(a)~~ Well-baby and well-child screening for diagnosing



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13 the presence of autism spectrum disorder.

14 (c) ~~(b)~~ Treatment of autism spectrum disorder or other
15 developmental disability through speech therapy, occupational
16 therapy, physical therapy, and applied behavior analysis.
17 Applied behavior analysis services shall be provided by an
18 individual certified pursuant to s. 393.17 or an individual
19 licensed under chapter 490 or chapter 491.

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

22 (a) Coverage shall be limited to treatment that is
23 prescribed by the insured's treating physician in accordance
24 with a treatment plan.

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

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

30 (d) Coverage may be subject to other general exclusions and
31 limitations of the insurer's policy or plan, including, but not
32 limited to, coordination of benefits, participating provider
33 requirements, restrictions on services provided by family or
34 household members, and utilization review of health care
35 services, including the review of medical necessity, case
36 management, and other managed care provisions.

37 (5) The coverage required pursuant to subsection (3) may
38 not be subject to dollar limits, deductibles, or coinsurance
39 provisions that are less favorable to an insured than the dollar
40 limits, deductibles, or coinsurance provisions that apply to
41 physical illnesses that are generally covered under the health



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42 insurance plan, except as otherwise provided in subsection (4).

43 (6) An insurer may not deny or refuse to issue coverage for
44 medically necessary services, refuse to contract with, or refuse
45 to renew or reissue or otherwise terminate or restrict coverage
46 for an individual because the individual is diagnosed as having
47 a developmental disability.

48 (7) The treatment plan required pursuant to subsection (4)
49 shall include all elements necessary for the health insurance
50 plan to appropriately pay claims. These elements include, but
51 are not limited to, a diagnosis, the proposed treatment by type,
52 the frequency and duration of treatment, the anticipated
53 outcomes stated as goals, the frequency with which the treatment
54 plan will be updated, and the signature of the treating
55 physician.

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

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

65 (10) The Office of Insurance Regulation may not enforce
66 this section against an insurer that becomes ~~is~~ a signatory ~~no~~
67 ~~later than April 1, 2009,~~ to the developmental disabilities
68 compact established under s. 624.916 by July 1, 2010. The Office
69 of Insurance Regulation shall enforce this section against an
70 insurer that is a signatory to the compact established under s.



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71 624.916 if the insurer has not complied with the terms of the
72 compact for all health insurance plans by April 1, 2010.
73 However, any provisions of this section which are amended
74 effective July 1, 2010, may not be enforced retroactively.

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

77 641.31098 Coverage for individuals with developmental
78 disabilities.—

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

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

87 (b) "Autism spectrum disorder" means any of the following
88 disorders as defined in the most recent edition of the
89 Diagnostic and Statistical Manual of Mental Disorders of the
90 American Psychiatric Association:

- 91 1. Autistic disorder.
- 92 2. Asperger's syndrome.
- 93 3. Pervasive developmental disorder not otherwise
94 specified.

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



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100 1. "Cerebral palsy" has the same meaning as in s. 393.063.

101 2. "Down syndrome" means a disorder caused by the presence
102 of an extra chromosome 21.

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

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

110 (f)-(d) "Health maintenance contract" means a group health
111 maintenance contract offered by a health maintenance
112 organization. The ~~This~~ term does not include a health
113 maintenance contract offered in the individual market, a health
114 maintenance contract that is individually underwritten, or a
115 health maintenance contract provided to a small employer.

116 (3) A health maintenance contract ~~issued or renewed on or~~
117 ~~after April 1, 2009,~~ shall provide coverage to an eligible
118 individual for:

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

123 (b)-(a) Well-baby and well-child screening for diagnosing
124 the presence of autism spectrum disorder.

125 (c)-(b) Treatment of autism spectrum disorder or other
126 developmental disability through speech therapy, occupational
127 therapy, physical therapy, and applied behavior analysis
128 services. Applied behavior analysis services shall be provided



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129 by an individual certified pursuant to s. 393.17 or an
130 individual licensed under chapter 490 or chapter 491.

131 Section 4. This act shall take effect July 1, 2010, and
132 applies to policies issued or renewed on or after that date.

133

134 ===== T I T L E A M E N D M E N T =====

135 And the title is amended as follows:

136 Delete line 20

137 and insert:

138 disabilities; revising the effective dates of certain
139 enforcement provisions; prohibiting the retroactive
140 reinforcement of certain provisions; providing an
141 effective date.