By the Committees on Banking and Insurance; and Health Regulation; and Senators Ring, Gardiner, and Fasano

	597-03654-10 2010214c2
1	A bill to be entitled
2	An act relating to autism; creating s. 381.986, F.S.;
3	requiring that a physician refer a minor to an
4	appropriate specialist for screening for autism
5	spectrum disorder under certain circumstances;
6	defining the term "appropriate specialist"; amending
7	ss. 627.6686 and 641.31098, F.S.; defining the terms
8	"developmental disability" and "direct patient
9	access"; providing health insurance coverage for
10	individuals with certain developmental disabilities;
11	requiring certain insurers and health maintenance
12	organizations to provide direct patient access to an
13	appropriate specialist for the screening, evaluation,
14	or diagnosis of autism spectrum disorder or other
15	developmental disabilities; requiring the insurer's
16	policy or the health maintenance organization's
17	contract to provide a minimum number of visits per
18	year for the screening, evaluation, or diagnosis of
19	autism spectrum disorder or other developmental
20	disabilities; revising the effective dates of certain
21	enforcement provisions; providing a declaration of
22	important state interest; providing applicability;
23	providing an effective date.
24	
25	Be It Enacted by the Legislature of the State of Florida:
26	
27	Section 1. Section 381.986, Florida Statutes, is created to
28	read:
29	381.986 Screening for autism spectrum disorder

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30	(1) If the parent or legal guardian of a minor believes
31	that the minor exhibits symptoms of autism spectrum disorder as
32	defined in ss. 627.6686 and 641.31098, the parent or legal
33	guardian may report his or her observation to a physician
34	licensed in this state. The physician shall perform screening in
35	accordance with American Academy of Pediatrics' guidelines. If
36	the physician determines that referral to a specialist is
37	medically necessary, he or she shall refer the minor to an
38	appropriate specialist to determine whether the minor meets
39	diagnostic criteria for autism spectrum disorder as defined in
40	ss. 627.6686 and 641.31098. If the physician determines that
41	referral to a specialist is not medically necessary, the
42	physician shall inform the parent or legal guardian that they
43	can self-refer to the Early Steps intervention program or other
44	specialist in autism. This section does not apply to a physician
45	providing care under s. 395.1041.
46	(2) As used in this section, the term "appropriate
47	specialist" means a qualified professional who is experienced in
48	the evaluation of autism spectrum disorder as defined in ss.
49	627.6686 and 641.31098, is licensed in this state, and has
50	training in validated diagnostic tools. The term includes, but
51	is not limited to:
52	(a) A psychologist;
53	(b) A psychiatrist;
54	(c) A neurologist;
55	(d) A developmental or behavioral pediatrician; or
56	(e) A professional whose licensure is deemed appropriate by
57	the Children's Medical Services Early Steps Program within the
58	Department of Health.

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59	Section 2. Section 627.6686, Florida Statutes, is amended
60	to read:
61	627.6686 Coverage for individuals with <u>developmental</u>
62	disabilities autism spectrum disorder required; exception
63	(1) This section and s. 641.31098 may be cited as the
64	"Steven A. Geller Autism Coverage Act."
65	(2) As used in this section, the term:
66	(a) "Applied behavior analysis" means the design,
67	implementation, and evaluation of environmental modifications,
68	using behavioral stimuli and consequences, to produce socially
69	significant improvement in human behavior, including, but not
70	limited to, the use of direct observation, measurement, and
71	functional analysis of the relations between environment and
72	behavior.
73	(b) "Autism spectrum disorder" means any of the following
74	disorders as defined in the most recent edition of the
75	Diagnostic and Statistical Manual of Mental Disorders of the
76	American Psychiatric Association:
77	1. Autistic disorder.
78	2. Asperger's syndrome.
79	3. Pervasive developmental disorder not otherwise
80	specified.
81	(c) "Developmental disability" means a disorder or syndrome
82	attributable to cerebral palsy or Down syndrome, which manifests
83	before the age of 18 years and constitutes a substantial
84	handicap that can reasonably be expected to continue
85	indefinitely. As used in this section:
86	1. "Cerebral palsy" has the same meaning as in s. 393.063.
87	2. "Down syndrome" means a disorder caused by the presence

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88	of an extra chromosome 21.
89	(d) "Direct patient access" means the ability of an insured
90	to obtain services from an in-network provider without a
91	referral or other authorization before receiving services.
92	<u>(e)(c)</u> "Eligible individual" means an individual under 18
93	years of age or an individual 18 years of age or older who is in
94	high school <u>and</u> who has been diagnosed as having a developmental
95	disability at 8 years of age or younger.
96	<u>(f)</u> "Health insurance plan" means a group health
97	insurance policy or group health benefit plan offered by an
98	insurer which includes the state group insurance program
99	provided under s. 110.123. The term does not include <u>a</u> any
100	health insurance plan offered in the individual market, <u>a</u> any
101	health insurance plan that is individually underwritten, or <u>a</u>
102	any health insurance plan provided to a small employer.
103	<u>(g)</u> "Insurer" means an insurer providing health
104	insurance coverage, which is licensed to engage in the business
105	of insurance in this state and is subject to insurance
106	regulation.
107	(3) A health insurance plan <u>must</u> issued or renewed on or
108	after April 1, 2009, shall provide coverage to an eligible
109	individual for:
110	(a) Direct patient access to one appropriate specialist, as
111	defined in s. 381.986, for a minimum of three visits per policy
112	year for the screening for, evaluation of, or diagnosis of
113	autism spectrum disorder or other developmental disability.
114	<u>(b)</u> (a) Well-baby and well-child screening for diagnosing
115	the presence of autism spectrum disorder.
116	<u>(c)</u> (b) Treatment of autism spectrum disorder <u>or other</u>

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597-03654-10 2010214c2 117 developmental disability through speech therapy, occupational 118 therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services shall be provided by an 119 120 individual certified pursuant to s. 393.17 or an individual 121 licensed under chapter 490 or chapter 491. 122 (4) The coverage required pursuant to subsection (3) is 123 subject to the following requirements: 124 (a) Coverage shall be limited to treatment that is 125 prescribed by the insured's treating physician in accordance 126 with a treatment plan. 127 (b) Coverage for the services described in subsection (3) 128 shall be limited to \$36,000 annually and may not exceed \$200,000 129 in total lifetime benefits. 130 (c) Coverage may not be denied on the basis that provided 131 services are habilitative in nature. 132 (d) Coverage may be subject to other general exclusions and 133 limitations of the insurer's policy or plan, including, but not 134 limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or 135 136 household members, and utilization review of health care 137 services, including the review of medical necessity, case 138 management, and other managed care provisions. 139 (5) The coverage required pursuant to subsection (3) may not be subject to dollar limits, deductibles, or coinsurance 140 141 provisions that are less favorable to an insured than the dollar 142 limits, deductibles, or coinsurance provisions that apply to 143 physical illnesses that are generally covered under the health 144 insurance plan, except as otherwise provided in subsection (4). 145 (6) An insurer may not deny or refuse to issue coverage for

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597-03654-10 2010214c2 146 medically necessary services, refuse to contract with, or refuse 147 to renew or reissue or otherwise terminate or restrict coverage 148 for an individual because the individual is diagnosed as having 149 a developmental disability.

150 (7) The treatment plan required pursuant to subsection (4) 151 shall include all elements necessary for the health insurance 152 plan to appropriately pay claims. These elements include, but 153 are not limited to, a diagnosis, the proposed treatment by type, 154 the frequency and duration of treatment, the anticipated 155 outcomes stated as goals, the frequency with which the treatment 156 plan will be updated, and the signature of the treating 157 physician.

(8) Beginning January 1, 2011, the maximum benefit under
paragraph (4) (b) 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
for all urban consumers, published by the Bureau of Labor
Statistics of the United States Department of Labor.

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

167 (10) The Office of Insurance Regulation may not enforce 168 this section against an insurer that becomes is a signatory no later than April 1, 2009, to the developmental disabilities 169 170 compact established under s. 624.916 by July 1, 2010. The Office 171 of Insurance Regulation shall enforce this section against an insurer that is a signatory to the compact established under s. 172 173 624.916 if the insurer has not complied with the terms of the 174 compact for all health insurance plans by April 1, 2010.

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175	However, any provisions of this section which are amended
176	effective July 1, 2010, may not be enforced retroactively.
177	Section 3. Subsections (2) and (3) of section 641.31098,
178	Florida Statutes, are amended to read:
179	641.31098 Coverage for individuals with developmental
180	disabilities
181	(2) As used in this section, the term:
182	(a) "Applied behavior analysis" means the design,
183	implementation, and evaluation of environmental modifications,
184	using behavioral stimuli and consequences, to produce socially
185	significant improvement in human behavior, including, but not
186	limited to, the use of direct observation, measurement, and
187	functional analysis of the relations between environment and
188	behavior.
189	(b) "Autism spectrum disorder" means any of the following
190	disorders as defined in the most recent edition of the
191	Diagnostic and Statistical Manual of Mental Disorders of the
192	American Psychiatric Association:
193	1. Autistic disorder.
194	2. Asperger's syndrome.
195	3. Pervasive developmental disorder not otherwise
196	specified.
197	(c) "Developmental disability" means a disorder or syndrome
198	attributable to cerebral palsy or Down syndrome, which manifests
199	before the age of 18 years and constitutes a substantial
200	handicap that can reasonably be expected to continue
201	indefinitely. As used in this section:
202	1. "Cerebral palsy" has the same meaning as in s. 393.063.
203	2. "Down syndrome" means a disorder caused by the presence

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204	<u>of an extra chromosome 21.</u>
205	(d) "Direct patient access" means the ability of an insured
206	to obtain services from an in-network provider without a
207	referral or other authorization before receiving services.
208	<u>(e)</u> "Eligible individual" means an individual under 18
209	years of age or an individual 18 years of age or older who is in
210	high school <u>and</u> who has been diagnosed as having a developmental
211	disability at 8 years of age or younger.
212	<u>(f)</u> "Health maintenance contract" means a group health
213	maintenance contract offered by a health maintenance
214	organization. The This term does not include a health
215	maintenance contract offered in the individual market, a health
216	maintenance contract that is individually underwritten, or a
217	health maintenance contract provided to a small employer.
218	(3) A health maintenance contract <u>must</u> issued or renewed on
219	or after April 1, 2009, shall provide coverage to an eligible
220	individual for:
221	(a) Direct patient access to one appropriate specialist, as
222	defined in s. 381.986, for a minimum of three visits per policy
223	year for the screening for, evaluation of, or diagnosis of
224	autism spectrum disorder or other developmental disability.
225	<u>(b)</u> Well-baby and well-child screening for diagnosing
226	the presence of autism spectrum disorder.
227	<u>(c)(b)</u> Treatment of autism spectrum disorder <u>or other</u>
228	developmental disability through speech therapy, occupational
229	therapy, physical therapy, and applied behavior analysis
230	services. Applied behavior analysis services shall be provided
231	by an individual certified pursuant to s. 393.17 or an
232	individual licensed under chapter 490 or chapter 491.

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233	Section 4. The Legislature finds that this act fulfils an
234	important state interest.
235	Section 5. This act shall take effect July 1, 2010, and
236	applies to policies issued or renewed on or after that date.

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