

HB 1431

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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 appropriate
4 specialist for screening for autism spectrum disorder
5 under certain circumstances; defining the term
6 "appropriate specialist"; amending ss. 627.6686 and
7 641.31098, F.S.; defining the term "direct patient
8 access"; requiring that certain insurers and health
9 maintenance organizations provide direct patient access to
10 an appropriate specialist for screening for or evaluation
11 or diagnosis of autism spectrum disorder; requiring
12 certain insurance policies and health maintenance
13 organization contracts to provide a minimum number of
14 visits per year for screening for or evaluation or
15 diagnosis of autism spectrum disorder; providing an
16 effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

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

22 381.986 Screening for autism spectrum disorder.—

23 (1) If the parent or legal guardian of a minor believes
24 that the minor exhibits symptoms of autism spectrum disorder,
25 the parent or legal guardian may report his or her observation
26 to a physician licensed in this state. The physician shall
27 perform screening in accordance with American Academy of
28 Pediatrics' guidelines. If the physician determines that

29 referral to a specialist is medically necessary, the physician
 30 shall refer the minor to an appropriate specialist to determine
 31 whether the minor meets diagnostic criteria for autism spectrum
 32 disorder. If the physician determines that referral to a
 33 specialist is not medically necessary, the physician shall
 34 inform the parent or legal guardian of the option for the parent
 35 or guardian to refer the child to the Early Steps Program or
 36 other specialist in autism. This section does not apply to a
 37 physician providing care under s. 395.1041.

38 (2) As used in this section, the term "appropriate
 39 specialist" means a qualified professional licensed in this
 40 state who is experienced in the evaluation of autism spectrum
 41 disorder and has training in validated diagnostic tools. The
 42 term includes, but is not limited to:

- 43 (a) A psychologist;
- 44 (b) A psychiatrist;
- 45 (c) A neurologist;
- 46 (d) A developmental or behavioral pediatrician; or
- 47 (e) A professional whose licensure is deemed appropriate
 48 by the Children's Medical Services Early Steps Program within
 49 the Department of Health.

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

52 627.6686 Coverage for individuals with autism spectrum
 53 disorder required; exception.—

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

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

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

64 (b) "Autism spectrum disorder" means any of the following
 65 disorders as defined in the most recent edition of the
 66 Diagnostic and Statistical Manual of Mental Disorders of the
 67 American Psychiatric Association:

- 68 1. Autistic disorder.
- 69 2. Asperger's syndrome.
- 70 3. Pervasive developmental disorder not otherwise
 71 specified.

72 (c) "Direct patient access" means the ability of an
 73 insured to obtain services from an in-network provider without a
 74 referral or other authorization before receiving services.

75 (d)-(e) "Eligible individual" means an individual under 18
 76 years of age or an individual 18 years of age or older who is in
 77 high school and who has been diagnosed as having a developmental
 78 disability at 8 years of age or younger.

79 (e)-(d) "Health insurance plan" means a group health
 80 insurance policy or group health benefit plan offered by an
 81 insurer which includes the state group insurance program
 82 provided under s. 110.123. The term does not include a any
 83 health insurance plan offered in the individual market, a any
 84 health insurance plan that is individually underwritten, or a

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85 ~~any~~ health insurance plan provided to a small employer.

86 (f)~~(e)~~ "Insurer" means an insurer providing health
87 insurance coverage, which is licensed to engage in the business
88 of insurance in this state and is subject to insurance
89 regulation.

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

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

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

99 (c)~~(b)~~ Treatment of autism spectrum disorder through
100 speech therapy, occupational therapy, physical therapy, and
101 applied behavior analysis. Applied behavior analysis services
102 shall be provided by an individual certified pursuant to s.
103 393.17 or an individual licensed under chapter 490 or chapter
104 491.

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

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

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

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

115 (d) Coverage may be subject to other general exclusions
116 and limitations of the insurer's policy or plan, including, but
117 not limited to, coordination of benefits, participating provider
118 requirements, restrictions on services provided by family or
119 household members, and utilization review of health care
120 services, including the review of medical necessity, case
121 management, and other managed care provisions.

122 (5) The coverage required pursuant to subsection (3) may
123 not be subject to dollar limits, deductibles, or coinsurance
124 provisions that are less favorable to an insured than the dollar
125 limits, deductibles, or coinsurance provisions that apply to
126 physical illnesses that are generally covered under the health
127 insurance plan, except as otherwise provided in subsection (4).

128 (6) An insurer may not deny or refuse to issue coverage
129 for medically necessary services, refuse to contract with, or
130 refuse to renew or reissue or otherwise terminate or restrict
131 coverage for an individual because the individual is diagnosed
132 as having a developmental disability.

133 (7) The treatment plan required pursuant to subsection (4)
134 shall include all elements necessary for the health insurance
135 plan to appropriately pay claims. These elements include, but
136 are not limited to, a diagnosis, the proposed treatment by type,
137 the frequency and duration of treatment, the anticipated
138 outcomes stated as goals, the frequency with which the treatment
139 plan will be updated, and the signature of the treating
140 physician.

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

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

150 (10) The Office of Insurance Regulation may not enforce
 151 this section against an insurer that is a signatory no later
 152 than April 1, 2009, to the developmental disabilities compact
 153 established under s. 624.916. The Office of Insurance Regulation
 154 shall enforce this section against an insurer that is a
 155 signatory to the compact established under s. 624.916 if the
 156 insurer has not complied with the terms of the compact for all
 157 health insurance plans by April 1, 2010.

158 Section 3. Section 641.31098, Florida Statutes, is amended
 159 to read:

160 641.31098 Coverage for individuals with developmental
 161 disabilities.—

162 (1) This section and s. 627.6686 may be cited as the
 163 "Steven A. Geller Autism Coverage Act."

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

165 (a) "Applied behavior analysis" means the design,
 166 implementation, and evaluation of environmental modifications,
 167 using behavioral stimuli and consequences, to produce socially
 168 significant improvement in human behavior, including, but not

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169 limited to, the use of direct observation, measurement, and
 170 functional analysis of the relations between environment and
 171 behavior.

172 (b) "Autism spectrum disorder" means any of the following
 173 disorders as defined in the most recent edition of the
 174 Diagnostic and Statistical Manual of Mental Disorders of the
 175 American Psychiatric Association:

- 176 1. Autistic disorder.
- 177 2. Asperger's syndrome.
- 178 3. Pervasive developmental disorder not otherwise
 179 specified.

180 (c) "Direct patient access" means the ability of an
 181 insured to obtain services from an in-network provider without a
 182 referral or other authorization before receiving services.

183 (d)~~(e)~~ "Eligible individual" means an individual under 18
 184 years of age or an individual 18 years of age or older who is in
 185 high school and who has been diagnosed as having a developmental
 186 disability at 8 years of age or younger.

187 (e)~~(d)~~ "Health maintenance contract" means a group health
 188 maintenance contract offered by a health maintenance
 189 organization. The ~~This~~ term does not include a health
 190 maintenance contract offered in the individual market, a health
 191 maintenance contract that is individually underwritten, or a
 192 health maintenance contract provided to a small employer.

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

196 (a) Direct patient access to an appropriate specialist, as

197 defined in s. 381.986, for a minimum of three visits per policy
 198 year for screening for or evaluation or diagnosis of autism
 199 spectrum disorder.

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

202 (c)~~(b)~~ Treatment of autism spectrum disorder through
 203 speech therapy, occupational therapy, physical therapy, and
 204 applied behavior analysis services. Applied behavior analysis
 205 services shall be provided by an individual certified pursuant
 206 to s. 393.17 or an individual licensed under chapter 490 or
 207 chapter 491.

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

210 (a) Coverage shall be limited to treatment that is
 211 prescribed by the subscriber's treating physician in accordance
 212 with a treatment plan.

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

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

218 (d) Coverage may be subject to general exclusions and
 219 limitations of the subscriber's contract, including, but not
 220 limited to, coordination of benefits, participating provider
 221 requirements, and utilization review of health care services,
 222 including the review of medical necessity, case management, and
 223 other managed care provisions.

224 (5) The coverage required pursuant to subsection (3) may

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225 not be subject to dollar limits, deductibles, or coinsurance
226 provisions that are less favorable to a subscriber than the
227 dollar limits, deductibles, or coinsurance provisions that apply
228 to physical illnesses that are generally covered under the
229 subscriber's contract, except as otherwise provided in
230 subsection (3).

231 (6) A health maintenance organization may not deny or
232 refuse to issue coverage for medically necessary services,
233 refuse to contract with, or refuse to renew or reissue or
234 otherwise terminate or restrict coverage for an individual
235 solely because the individual is diagnosed as having a
236 developmental disability.

237 (7) The treatment plan required pursuant to subsection (4)
238 shall include, but is not limited to, a diagnosis, the proposed
239 treatment by type, the frequency and duration of treatment, the
240 anticipated outcomes stated as goals, the frequency with which
241 the treatment plan will be updated, and the signature of the
242 treating physician.

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

249 (9) The Office of Insurance Regulation may not enforce
250 this section against a health maintenance organization that is a
251 signatory no later than April 1, 2009, to the developmental
252 disabilities compact established under s. 624.916. The Office of

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253 Insurance Regulation shall enforce this section against a health
254 maintenance organization that is a signatory to the compact
255 established under s. 624.916 if the health maintenance
256 organization has not complied with the terms of the compact for
257 all health maintenance contracts by April 1, 2010.

258 Section 4. This act shall take effect July 1, 2011.