

By Senator Ring

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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  
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 term  
8           "direct patient access"; requiring that certain  
9           insurers and health maintenance organizations provide  
10          direct patient access to an appropriate specialist for  
11          screening for or evaluation or diagnosis of autism  
12          spectrum disorder; requiring certain insurance  
13          policies and health maintenance organization contracts  
14          to provide a minimum number of visits per year for  
15          screening for or evaluation or diagnosis of autism  
16          spectrum disorder; providing an effective date.

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

19  
20           Section 1. Section 381.986, Florida Statutes, is created to  
21 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 under chapter 458 or chapter 459. The  
27 physician shall perform screening in accordance with American  
28 Academy of Pediatrics' guidelines. If the physician determines  
29 that referral to a specialist is medically necessary, the

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30 physician shall refer the minor to an appropriate specialist to  
31 determine whether the minor meets diagnostic criteria for autism  
32 spectrum disorder. If the physician determines that referral to  
33 a 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; or

46 (d) A developmental or behavioral pediatrician.

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

49 627.6686 Coverage for individuals with autism spectrum  
50 disorder required; exception.—

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

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

54 (a) "Applied behavior analysis" means the design,  
55 implementation, and evaluation of environmental modifications,  
56 using behavioral stimuli and consequences, to produce socially  
57 significant improvement in human behavior, including, but not  
58 limited to, the use of direct observation, measurement, and

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59 functional analysis of the relations between environment and  
60 behavior.

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

- 65 1. Autistic disorder.
- 66 2. Asperger's syndrome.
- 67 3. Pervasive developmental disorder not otherwise  
68 specified.

69 (c) "Direct patient access" means the ability of an insured  
70 to obtain services from a contracted provider without a referral  
71 or other authorization before receiving services.

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

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

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

87 (3) A health insurance plan issued or renewed on or after

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88 April 1, 2009, shall provide coverage to an eligible individual  
89 for:

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

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

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

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

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

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

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

111 (d) Coverage may be subject to other general exclusions and  
112 limitations of the insurer's policy or plan, including, but not  
113 limited to, coordination of benefits, participating provider  
114 requirements, restrictions on services provided by family or  
115 household members, and utilization review of health care  
116 services, including the review of medical necessity, case

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117 management, and other managed care provisions.

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

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

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

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

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

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

154 Section 3. Section 641.31098, Florida Statutes, is amended  
155 to read:

156 641.31098 Coverage for individuals with developmental  
157 disabilities.—

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

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

161 (a) "Applied behavior analysis" means the design,  
162 implementation, and evaluation of environmental modifications,  
163 using behavioral stimuli and consequences, to produce socially  
164 significant improvement in human behavior, including, but not  
165 limited to, the use of direct observation, measurement, and  
166 functional analysis of the relations between environment and  
167 behavior.

168 (b) "Autism spectrum disorder" means any of the following  
169 disorders as defined in the most recent edition of the  
170 Diagnostic and Statistical Manual of Mental Disorders of the  
171 American Psychiatric Association:

- 172 1. Autistic disorder.
- 173 2. Asperger's syndrome.
- 174 3. Pervasive developmental disorder not otherwise

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175 specified.

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

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

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

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

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

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

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

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

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

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

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

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

220 (5) The coverage required pursuant to subsection (3) may  
221 not be subject to dollar limits, deductibles, or coinsurance  
222 provisions that are less favorable to a subscriber than the  
223 dollar limits, deductibles, or coinsurance provisions that apply  
224 to physical illnesses that are generally covered under the  
225 subscriber's contract, except as otherwise provided in  
226 subsection (3).

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



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

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

245 (9) The Office of Insurance Regulation may not enforce this  
246 section against a health maintenance organization that is a  
247 signatory no later than April 1, 2009, to the developmental  
248 disabilities compact established under s. 624.916. The Office of  
249 Insurance Regulation shall enforce this section against a health  
250 maintenance organization that is a signatory to the compact  
251 established under s. 624.916 if the health maintenance  
252 organization has not complied with the terms of the compact for  
253 all health maintenance contracts by April 1, 2010.

254 Section 4. This act shall take effect July 1, 2012.