

1 A bill to be entitled
 2 An act relating to autism; creating s. 381.986, F.S.;
 3 requiring a physician, to whom a parent or legal
 4 guardian reports observing symptoms of autism
 5 exhibited by a minor child, to refer the minor to an
 6 appropriate specialist for screening for autism
 7 spectrum disorder under certain circumstances;
 8 defining the term "appropriate specialist"; amending
 9 ss. 627.6686 and 641.31098, F.S.; defining the term
 10 "direct patient access"; requiring that certain
 11 insurers and health maintenance organizations provide
 12 direct patient access to an appropriate specialist for
 13 screening for or evaluation or diagnosis of autism
 14 spectrum disorder; requiring that certain insurance
 15 policies and health maintenance organization contracts
 16 provide a minimum number of visits per year for
 17 screening for or evaluation or diagnosis of autism
 18 spectrum disorder; providing an effective date.

19
 20 Be It Enacted by the Legislature of the State of Florida:

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 22 Section 1. Section 381.986, Florida Statutes, is created
 23 to read:

24 381.986 Screening for autism spectrum disorder.-
 25 (1) If the parent or legal guardian of a minor believes
 26 that the minor exhibits symptoms of autism spectrum disorder and

27 reports his or her observation to a physician licensed under
28 chapter 458 or chapter 459, the physician shall perform
29 screening in accordance with the guidelines of the American
30 Academy of Pediatrics. If the physician determines that referral
31 to a specialist is medically necessary, the physician shall
32 refer the minor to an appropriate specialist to determine
33 whether the minor meets diagnostic criteria for autism spectrum
34 disorder. If the physician determines that referral to a
35 specialist is not medically necessary, the physician shall
36 inform the parent or legal guardian that he or she may directly
37 access screening for, or evaluation or diagnosis of, autism
38 spectrum disorder for the minor from the Early Steps program or
39 another appropriate specialist in autism without a referral for
40 at least three visits per policy year. This section does not
41 apply to a physician providing care under s. 395.1041.

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

- 47 (a) A psychologist;
48 (b) A psychiatrist;
49 (c) A neurologist; or
50 (d) A developmental or behavioral pediatrician.

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

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

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

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

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

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

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

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

76 (d) ~~(e)~~ "Eligible individual" means an individual under 18
77 years of age or an individual 18 years of age or older who is in
78 high school who has been diagnosed as having a developmental

79 disability at 8 years of age or younger.

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

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

91 (3) A health insurance plan issued or renewed on or after
 92 January 1, 2015, must ~~April 1, 2009, shall~~ provide coverage to
 93 an eligible individual for:

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

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

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

105 491.

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

108 (a) Except as provided in paragraph (3) (a), coverage must
 109 ~~shall~~ be limited to treatment that is prescribed by the
 110 insured's treating physician in accordance with a treatment
 111 plan.

112 (b) Coverage for the services described in subsection (3)
 113 must ~~shall~~ be limited to \$36,000 annually and may not exceed
 114 \$200,000 in total lifetime benefits.

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

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

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

130 (6) An insurer may not deny or refuse to issue coverage

131 for medically necessary services, refuse to contract with, or
 132 refuse to renew or reissue or otherwise terminate or restrict
 133 coverage for an individual because the individual is diagnosed
 134 as having a developmental disability.

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

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

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

152 Section 3. Section 641.31098, Florida Statutes, is amended
 153 to read:

154 641.31098 Coverage for individuals with developmental
 155 disabilities.—

156 (1) This section and s. 627.6686 may be cited as the

157 "Steven A. Geller Autism Coverage Act."

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

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

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

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

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

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

181 (e)-(d) "Health maintenance contract" means a group health
 182 maintenance contract offered by a health maintenance

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183 organization. This term does not include a health maintenance
184 contract offered in the individual market, a health maintenance
185 contract that is individually underwritten, or a health
186 maintenance contract provided to a small employer.

187 (3) A health maintenance contract issued or renewed on or
188 after January 1, 2015, ~~must April 1, 2009~~, shall provide
189 coverage to an eligible individual for:

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

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

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

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

204 (a) Except as provided in paragraph (3) (a), coverage must
205 ~~shall~~ be limited to treatment that is prescribed by the
206 subscriber's treating physician in accordance with a treatment
207 plan.

208 (b) Coverage for the services described in subsection (3)

209 must ~~shall~~ be limited to \$36,000 annually and may not exceed
 210 \$200,000 in total benefits.

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

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

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

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

232 (7) The treatment plan required pursuant to subsection (4)
 233 must ~~shall~~ include, but need ~~is~~ not be limited to, a diagnosis,
 234 the proposed treatment by type, the frequency and duration of

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235 treatment, the anticipated outcomes stated as goals, the
236 frequency with which the treatment plan will be updated, and the
237 signature of the treating physician.

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

244 Section 4. This act shall take effect July 1, 2014.