

HB 49

2016

1 A bill to be entitled
2 An act relating to autism; creating s. 381.988, F.S.;
3 requiring a physician, to whom the parent or legal
4 guardian of a minor reports observing symptoms of
5 autism exhibited by the minor, to refer the minor to
6 an appropriate specialist for screening for autism
7 spectrum disorder under certain circumstances;
8 authorizing the parent or legal guardian to have
9 direct access to screening for, or evaluation or
10 diagnosis of, autism spectrum disorder for a minor
11 from the Early Steps program or another appropriate
12 specialist in autism under certain circumstances;
13 defining the term "appropriate specialist"; amending
14 ss. 627.6686 and 641.31098, F.S.; defining the term
15 "direct patient access"; requiring that certain
16 insurers and health maintenance organizations provide
17 direct patient access for a minimum number of visits
18 to an appropriate specialist for screening for, or
19 evaluation or diagnosis of, autism spectrum disorder;
20 providing effective dates.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Section 381.988, Florida Statutes, is created
25 to read:

26 381.988 Screening for autism spectrum disorder.—

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

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

49 (a) A psychologist;

50 (b) A psychiatrist;

51 (c) A neurologist; or

52 (d) A developmental or behavioral pediatrician.

53 Section 2. Effective January 1, 2017, section 627.6686,
 54 Florida Statutes, is amended to read:

55 627.6686 Coverage for individuals with autism spectrum
 56 disorder required; exception.—

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

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

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

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

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

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

78 (d) ~~(e)~~ "Eligible individual" means an individual younger

79 than ~~under~~ 18 years of age or an individual 18 years of age or
 80 older who is in high school who has been diagnosed as having a
 81 developmental disability at 8 years of age or younger.

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

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

93 (3) A health insurance plan issued or renewed on or after
 94 January 1, 2017, must ~~April 1, 2009, shall~~ provide coverage to
 95 an eligible individual for:

96 (a) Direct patient access to an appropriate specialist, as
 97 defined in s. 381.988, for a minimum of three visits per policy
 98 year for screening for, or evaluation or diagnosis of, autism
 99 spectrum disorder.

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

102 (c) ~~(b)~~ Treatment of autism spectrum disorder through
 103 speech therapy, occupational therapy, physical therapy, and
 104 applied behavior analysis. Applied behavior analysis services

105 must ~~shall~~ be provided by an individual certified pursuant to s.
 106 393.17 or an individual licensed under chapter 490 or chapter
 107 491.

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

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

114 (b) Coverage for the services described in subsection (3)
 115 is ~~shall be~~ limited to \$36,000 annually and may not exceed
 116 \$200,000 in total lifetime benefits.

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

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

126 (5) The coverage required under ~~pursuant to~~ subsection (3)
 127 may not be subject to dollar limits, deductibles, or coinsurance
 128 provisions that are less favorable to an insured than the dollar
 129 limits, deductibles, or coinsurance provisions that apply to
 130 physical illnesses that are generally covered under the health

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

132 (6) An insurer may not deny or refuse to issue coverage
133 for medically necessary services for an individual because the
134 individual is diagnosed as having a developmental disability,
135 and may not refuse to contract with such an individual, or
136 refuse to renew or reissue or otherwise terminate or restrict
137 coverage for such an individual ~~because the individual is~~
138 ~~diagnosed as having a developmental disability.~~

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

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

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

156 Section 3. Effective January 1, 2017, section 641.31098,

157 Florida Statutes, is amended to read:

158 641.31098 Coverage for individuals with developmental
159 disabilities.—

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

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

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

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

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

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

181 (d) ~~(e)~~ "Eligible individual" means an individual younger
182 than ~~under~~ 18 years of age or an individual 18 years of age or

183 | older who is in high school who has been diagnosed as having a
 184 | developmental disability at 8 years of age or younger.

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

191 | (3) A health maintenance contract issued or renewed on or
 192 | after January 1, 2017, ~~must April 1, 2009, shall~~ provide
 193 | coverage to an eligible individual for:

194 | (a) Direct patient access to an appropriate specialist, as
 195 | defined in s. 381.988, for a minimum of three visits per policy
 196 | year for screening for, or evaluation or diagnosis of, autism
 197 | spectrum disorder.

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

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

206 | (4) The coverage required pursuant to subsection (3) is
 207 | subject to the following requirements:

208 | (a) Except as provided in paragraph (3) (a), coverage is

209 ~~shall be~~ limited to treatment that is prescribed by the
210 subscriber's treating physician in accordance with a treatment
211 plan.

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

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

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

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

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

235 terminate or restrict coverage for such an individual ~~solely~~
236 ~~because the individual is diagnosed as having a developmental~~
237 ~~disability.~~

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

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

250 Section 4. Except as otherwise expressly provided in this
251 act, this act shall take effect July 1, 2016.