

By Senator Stewart

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

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

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

27 381.988 Screening for autism spectrum disorder.-

28 (1) If the parent or legal guardian of a minor believes
29 that the minor exhibits symptoms of autism spectrum disorder and

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

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

51 (a) A psychologist;

52 (b) A psychiatrist;

53 (c) A neurologist; or

54 (d) A developmental or behavioral pediatrician.

55 Section 2. Effective January 1, 2018, section 627.6686,
56 Florida Statutes, is amended to read:

57 627.6686 Coverage for individuals with autism spectrum
58 disorder required; exception.—

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

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

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

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

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

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

80 (d)~~(e)~~ "Eligible individual" means an individual younger
81 than ~~under~~ 18 years of age or an individual 18 years of age or
82 older who is in high school who has been diagnosed as having a
83 developmental disability at 8 years of age or younger.

84 (e)~~(d)~~ "Health insurance plan" means a group health
85 insurance policy or group health benefit plan offered by an
86 insurer which includes the state group insurance program
87 provided under s. 110.123. The term does not include any health

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88 insurance plan offered in the individual market, any health
89 insurance plan that is individually underwritten, or any health
90 insurance plan provided to a small employer.

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

95 (3) A health insurance plan issued or renewed on or after
96 January 1, 2018, must ~~April 1, 2009, shall~~ provide coverage to
97 an eligible individual for:

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

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

104 (c)~~(b)~~ Treatment of autism spectrum disorder and Down
105 syndrome through speech therapy, occupational therapy, physical
106 therapy, and applied behavior analysis. Applied behavior
107 analysis services must ~~shall~~ be provided by an individual
108 certified pursuant to s. 393.17 or an individual licensed under
109 chapter 490 or chapter 491.

110 (4) The coverage required under ~~pursuant to~~ subsection (3)
111 is subject to the following requirements:

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

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

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117 ~~is shall be~~ limited to \$36,000 annually and may not exceed
118 \$200,000 in total lifetime benefits.

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

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

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

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

141 (7) The treatment plan required under ~~pursuant to~~
142 subsection (4) must ~~shall~~ include all elements necessary for the
143 health insurance plan to appropriately pay claims. These
144 elements include, but are not limited to, a diagnosis, the
145 proposed treatment by type, the frequency and duration of

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146 treatment, the anticipated outcomes stated as goals, the
147 frequency with which the treatment plan will be updated, and the
148 signature of the treating physician.

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

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

158 Section 3. Effective January 1, 2018, section 641.31098,
159 Florida Statutes, is amended 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
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

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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 insured
181 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 younger
184 than ~~under~~ 18 years of age or an individual 18 years of age or
185 older who is in high school who has been diagnosed as having a
186 developmental 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. This term does not include a health maintenance
190 contract offered in the individual market, a health maintenance
191 contract that is individually underwritten, or a health
192 maintenance contract provided to a small employer.

193 (3) A health maintenance contract issued or renewed on or
194 after January 1, 2018, ~~April 1, 2009,~~ shall provide coverage to
195 an eligible individual for:

196 (a) Direct patient access to an appropriate specialist, as
197 defined in s. 381.988, for a minimum of three visits per
198 contract year for screening for, or evaluation or diagnosis of,
199 autism 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 and Down
203 syndrome, through speech therapy, occupational therapy, physical

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204 therapy, and applied behavior analysis services. Applied
205 behavior analysis services shall be provided by an individual
206 certified under ~~pursuant to~~ s. 393.17 or an individual licensed
207 under chapter 490 or chapter 491.

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

210 (a) Except as provided in paragraph (3) (a), coverage is
211 ~~shall be~~ limited to treatment that is prescribed by the
212 subscriber's treating physician in accordance with a treatment
213 plan.

214 (b) Coverage for the services described in subsection (3)
215 is ~~shall be~~ limited to \$36,000 annually and may not exceed
216 \$200,000 in total benefits.

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

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

225 (5) The coverage required under ~~pursuant to~~ subsection (3)
226 may not be subject to dollar limits, deductibles, or coinsurance
227 provisions that are less favorable to a subscriber than the
228 dollar limits, deductibles, or coinsurance provisions that apply
229 to physical illnesses that are generally covered under the
230 subscriber's contract, except as otherwise provided in
231 subsection (4) ~~(3)~~.

232 (6) A health maintenance organization may not deny or

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233 refuse to issue coverage for medically necessary services for an
234 individual solely because the individual is diagnosed as having
235 a developmental disability, and may not refuse to contract with
236 such an individual, or refuse to renew or reissue or otherwise
237 terminate or restrict coverage for such an individual ~~solely~~
238 ~~because the individual is diagnosed as having a developmental~~
239 ~~disability.~~

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

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

252 Section 4. Except as otherwise expressly provided in this
253 act, this act shall take effect July 1, 2017.