The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	CS/SB 756
INTRODUCER:	Banking and Insurance Committee and Senator Burton
SUBJECT:	Health Insurance Coverage for Individuals with Developmental Disabilities
DATE:	March 17, 2025 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Johnson	Knudson	BI	**Fav/CS**
2.	Barr	McKnight	AHS	**Favorable**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 756 revises eligibility provisions relating to coverage of autism spectrum disorder (ASD), thereby expanding coverage and access to coverage in the large group market (coverage through an employer with more than 50 employees).

The bill revises the definition of the term, "autism spectrum disorder," to conform with the definition provided in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.[1]

The bill also eliminates the age eligibility limitations on providing large group insurance coverage for ASD, thereby expanding eligibility for coverage to all individuals with ASD.

The bill may have an indeterminate impact on the state group health insurance program. **See Section V. Fiscal Impact Statement.**

The bill takes effect January 1, 2026.

[1] American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders DSM-5-TR (Mar. 2022). The DSM is standard classification of mental disorders used by mental health professionals in the United States to diagnose mental disorders.

II. Present Situation:

Autism spectrum disorder (ASD) is a neurological and developmental disorder that affects how individuals interact with others, communicate, learn, and behave. Although ASD can be diagnosed at any age, it is described as a "developmental disorder" because symptoms generally appear in the first two years of life.[2] About 1 in 36 children have been identified with ASD.[3] ASD is nearly 4 times more common among boys than among girls.[4]

Diagnosis of Autism Spectrum Disorder

Diagnosing ASD usually relies on parents' or caregivers' descriptions of their child's development and a licensed professional's observation of the child's behavior. The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5-TR), provides standardized criteria to help diagnose ASD.[5]

The term, "autism spectrum disorder", reflects a scientific consensus that four previously separate disorders are a single condition with different levels of symptom severity in two core domains.[6] ASD now encompasses the previous DSM-IV autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.[7] ASD is characterized by (1) deficits in social communication and social interaction and (2) restricted repetitive behaviors, interests, and activities (RRBs). Because both components are required for diagnosis of ASD, social communication disorder is diagnosed if no RRBs are present.

To meet diagnostic criteria for ASD pursuant to DSM-5-TR, a child must have persistent deficits in each of three areas of social communication and interaction (see A.1. through A.3. below) plus at least two of four types of restricted, repetitive behaviors (see B.1. through B.4. below):

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all the following, currently or by history (examples are illustrative, not exhaustive):
    1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

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[2] National Institute of Health, Autism Spectrum Disorder (Dec. 2024), https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd (last visited Mar. 1, 2025).
[3] Centers for Disease Control, Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020 | MMWR (Mar. 24, 2023), (last visited Feb. 28, 2025).
[4] *Id.*
[5] American Psychiatric Association, Frequently Asked Questions, https://www.psychiatry.org/psychiatrists/practice/dsm/frequently-asked-questions#:~:text=What%20is%20DSM%20and%20why,the%20diagnosis%20of%20mental%20disorders (last visited Feb. 28, 2025).
[6] American Psychiatric Association, Highlights of Changes from DSM-IV-TR to DSM-5 (2022) APA_DSM_Changes_from_DSM-IV-TR_-to_DSM-5.pdf. (last visited Mar. 1, 2025).
[7] *Id.*

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day). Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyperreactivity or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).[8]

Treatment and Intervention for ASD[9]

Current treatments for ASD seek to reduce symptoms that interfere with daily functioning and quality of life. Treatments can be given in education, health, community, or home settings, or a combination of settings. As individuals with ASD leave high school and grow into adulthood, additional services can help improve health and daily functioning and facilitate social and community engagement.

There are many types of treatments available. These treatments generally can be broken down into the following categories, although some treatments involve more than one approach:
- Behavioral
- Educational.
- Social-relational.
- Pharmacological.
- Psychological.

[8] See Centers for Disease Control, Autism Spectrum Disorder, Clinical Testing and Diagnosis for Autism Spectrum Disorder, Clinical Testing and Diagnosis for Autism Spectrum Disorder | Autism Spectrum Disorder (ASD) | CDC (last visited Feb. 28, 2025). Additional diagnostic criteria for ASD is described.
[9] Centers for Disease Control, Treatment and Intervention for Autism Spectrum Disorder (May 16, 2024), Treatment and Intervention for Autism Spectrum Disorder | Autism Spectrum Disorder (ASD) | CDC (last visited Mar. 1, 2025).

- Complementary and alternative.

Requirements Related to the Federal Mental Health Parity and Addiction Equity Act[10]

On December 23, 2024, final rules for amending regulations implementing the Paul Wellstone and Pete Domenici Mental Parity and Addiction Equity Act of 2008 (MHPAEA) were released.[11] These final rules aim to further MHPAEA's fundamental purpose to ensure that individuals with group health plans or group or individual health insurance coverage who seek treatment for covered mental health (MH) conditions or substance use disorders (SUDs) do not face greater burdens on access to benefits for those conditions or disorders than they would face when seeking coverage for the treatment of a medical condition or a surgical procedure. Specifically, these final rules amend the existing non-quantitative treatment limitations (NQTL) standard to prohibit group health plans and health insurance issuers offering group or individual health insurance coverage from using NQTLs that place greater restrictions on access to mental health and substance use disorder benefits as compared to medical/surgical benefits.

The Employee Benefits Security Administration and the Centers for Medicare and Medicaid are responsible for enforcing MHPAEA, together with states that have the authority to enforce MHPAEA.[12] Florida has not enacted legislation that authorizes the Office of Insurance Regulation to enforce the provisions of MHPAEA. Although the law requires a general equivalence in the way MH/SUD and medical/surgical benefits are treated with respect to annual and lifetime dollar limits, financial requirements and treatment limitations, MHPAEA does not require group health plans or health insurers to cover MH/SUD benefits. However, the Patient Protection and Affordable Care Act[13] builds on MHPAEA and requires coverage of mental health and substance use disorder services as one of ten essential health benefits categories in non-grandfathered individual and small group plans.

Regulation of Insurance in Florida

The Office of Insurance Regulation (OIR),[14] is responsible for all activities concerning health maintenance organizations (HMOs), health insurers and other risk-bearing entities, including licensing, rates, policy forms, market conduct, claims, issuance of certificates of authority, solvency, viatical settlements, premium financing, and administrative supervision, as provided under the Florida Insurance Code. [15] To transact business in Florida, a health insurer or HMO must obtain a certificate of authority from the OIR.[16] The Agency for Health Administration

[10] Centers for Medicare and Medicaid Services, https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity (last visited Mar. 7, 2025).
[11] See Public Law 116-260 and 45 C.F.R. Parts 146 and 147.
[12] U.S. Department of Labor, FY 2022 MHPAEA Enforcement Fact Sheet, https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-parity/mhpaea-enforcement-2022#:~:text=These%20protections%20are%20vital%20for,MHPAEA%2C%20together%20with%20the%20states. (last visited Mar. 7, 2025).
[13] P.L. 111-148, 124 Stat. 119-1945 (2010). PPACA was amended by P.L. 111-152, the Health Care and Education Reconciliation Act of 2010.
[14] The OIR is a unit under the Financial Services Commission, which is composed of the Governor, the Attorney General, the Chief Financial Officer, and the Commissioner of Agriculture. Commission members serve as the agency head for purposes of rulemaking under ch. 120, F.S. See s. 20.121(3), F.S.
[15] Section 20.121(3)(a), F.S.
[16] Sections 624.401 and 641.49, F.S.

(Agency) regulates the quality of care provided by HMOs under part III of ch. 641, F.S. Prior to receiving a certificate of authority from the OIR, an HMO must receive a Health Care Provider Certificate from the Agency.[17] As part of the certification process used by the Agency, an HMO must provide information to demonstrate that the HMO has the ability to provide quality of care consistent with the prevailing standards of care.[18]

Coverage for Autism Spectrum Disorder in Florida

The Florida Insurance Code provides coverage for autism spectrum disorder for the insureds or members in the large group market,[19] including the state group insurance plan,[20] for eligible individuals.[21] Under current statute, "autism spectrum disorder"[22] is any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic disorder;
- Asperger's syndrome; and
- Pervasive developmental disorder not otherwise specified.

"An eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.[23]

Such coverage must include, at a minimum, the following benefits:[24]

- Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder.
- Treatment of autism spectrum disorder and Down syndrome through speech therapy, occupational therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17,[25] F.S., or an individual licensed under ch. 490[26] or ch. 491.[27]

The coverage mandated under this section is subject to the following requirements:[28]

- Coverage shall be limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan.
- Such coverage is limited to $36,000 annually and may not exceed $200,000 in total lifetime benefits. The maximum benefits must be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the medical component of the then

[17] Section 641.495, F.S.
[18] *Id.*
[19] A large group plan provides coverage for an employer with more than 50 employees.
[20] Section 110.123, F.S.
[21] Section 627.6686, F.S. applies to insurers and s. 641.31098, F.S., applies to health maintenance organizations.
[22] Sections 627.6686(2)(b), F.S., and 641.31098(2)(b), F.S.
[23] Sections 627.6686(2)(c), and 641.31098(2)(c), F.S.
[24] Sections 627.6686(3) and 641.31098(3), F.S.
[25] Behavior analysts.
[26] Practice of psychology.
[27] The scope of this chapter includes the practice of clinical social work, practice of marriage and family therapy, practice of mental health counseling.
[28] Sections 627.6686(4) and 641.31098(4), F.S.

current Consumer Price Index for All Urban Consumers, published by the Bureau of Labor Statistics of the United States Department of Labor

- Coverage may not be denied on the basis that provided services are habilitative in nature.
- Coverage may be subject to other general exclusions and limitations of the insurer's policy or plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, and utilization review of health care services, including the review of medical necessity, case management, and other managed care provisions.

Coverage for Mental and Nervous Disorders

Section 627.668, F.S., requires insurers and health maintenance organization group health plans to make available to the policyholder (i.e. employer) as part of the application, for an appropriate additional premium, under a hospital and medical expense-incurred insurance policy, under a prepaid health care contract, and under a hospital and medical service plan contract, coverage for mental and nervous disorders. Under group policies or contracts, inpatient hospital benefits, partial hospitalization benefits, and outpatient benefits consisting of durational limits, dollar amounts, deductibles, and coinsurance factors shall not be less favorable than for physical illness generally, except that:

- Inpatient benefits may be limited to not less than 30 days per benefit year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 days per benefit year, the durational limits, dollar amounts, and coinsurance factors thereto need not be the same as applicable to physical illness generally.
- Outpatient benefits may be limited to $1,000 for consultations with a licensed physician, a psychologist licensed pursuant to ch. 490, F.S., a mental health counselor licensed pursuant to ch. 491, F.S., a marriage and family therapist licensed pursuant to ch 491, F.S., and a clinical social worker licensed pursuant to ch 491, F.S. If benefits are provided beyond the $1,000 per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as applicable to physical illness generally.
- Partial hospitalization benefits shall be provided under the direction of a licensed physician. For purposes of this part, the term "partial hospitalization services" is defined as those services offered by a program that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state. Alcohol rehabilitation programs accredited by an accrediting organization whose standards incorporate comparable regulations required by this state or approved by the state and licensed drug abuse rehabilitation programs shall also be qualified providers under this section. In a given benefit year, if partial hospitalization services or a combination of inpatient and partial hospitalization are used, the total benefits paid for all such services may not exceed the cost of 30 days after inpatient hospitalization for psychiatric services, including physician fees, which prevail in the community in which the partial hospitalization services are rendered. If partial hospitalization services benefits are provided beyond the limits set forth in this paragraph, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as those applicable to physical illness generally.

III. Effect of Proposed Changes:

Sections 1 and 2 amend ss. 627.6696 and 641.31098, F.S., relating to health insurance and health maintenance organization coverage of autism spectrum disorders (ASD) in the large group market, respectively.

The sections revise the definition of ASD to mean as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association and removes from statute the enumerate disorders that have been incorporated into the new DSM definition.

The term "eligible individual," as it applies to ASD coverage, is revised to eliminate the general age cap of age 18 for coverage and the associated age cap for diagnosis.

Section 3 reenacts s. 409.906(26), F.S., relating to optional Medicaid Services, to incorporate the new definition of ASD in s. 627.6686, F.S., into the Florida Medicaid waiver for home and community-based services for ASD and other developmental disabilities.

Section 4 reenacts s. 943.1727, F.S., relating to continued employment training, to incorporate the new definition of ASD in s. 627.6686, F.S., into the law enforcement continued employment training relating to recognizing the symptoms and characteristics of ASD and responding appropriately to such individuals.

Section 5 provides the bill takes effect July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Since the bill removes the current age limit and diagnosis restriction by age 8 for coverage of an individual in the large group market who has been diagnosed with a developmental disorder, additional individuals diagnosed with autism spectrum disorder will be eligible for coverage, and existing insureds or members can continue coverage beyond age 18.

C. Government Sector Impact:

Both the Office of Insurance Regulation and the Agency for Health Care Administration report no immediate impacts to state revenues or expenditures.[29,30] However, increased utilization of services due to changes in eligibility criteria for autism spectrum disorder could have an indeterminate impact on future capitation rates under the Florida Medicaid Program. The Department of Management Services estimates that the fiscal impact of the bill as it relates to the State Group Insurance Program is less than $650,000 across all plans.[31]

VI. Technical Deficiencies:

None.

VII. Related Issues:

The heading or catchline for s. 627.6696, F.S., is "Coverage for individuals with autism spectrum disorder required; exceptions." However, the section relates to coverage for a broader group of individuals. Therefore, the catchline could be amended to "Coverage for individuals with developmental disorders; exceptions."

VIII. Statutes Affected

This bill substantially amends the following sections of statute: 627.6686 and 641.31098.

This bill reenacts the following sections of statute: 409.906 and 943.1727.

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[29] Office of Insurance Regulation, *Senate Bill 756 Analysis* (Feb. 24, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).
[30] Agency for Health Care Administration, *Senate Bill 756 Analysis* (Feb. 25, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).
[31] Department of Management Services, *Senate Bill 756 Agency Analysis* (Mar. 10, 2025) (on file with the Senate Appropriations Committee on Health and Human Services).

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Banking and Insurance on March 7, 2026:
The CS changes the effective date of the bill from July 1, 2025, to January 1, 2026.

B. Amendments:

None.