

**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.)

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Prepared By: The Professional Staff of the Committee on Banking and Insurance

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BILL: SB 756

INTRODUCER: Senator Burton

SUBJECT: Health Insurance Coverage for Individuals with Developmental Disabilities

DATE: March 7, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Johnson	Knudson	BI	<b>Pre-meeting</b>
2.			AHS	
3.			FP	

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**I. Summary:**

SB 756 revises eligibility provisions relating to coverage of autism spectrum disorder, thereby expanding coverage and access to coverage in the large group market (coverage through an employer with more than 50 employees). 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.<sup>1</sup>

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.<sup>2</sup>

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, rather than just individuals with ASD who are under 18 years of age and individuals with ASD in high school at age 18 or older who were diagnosed with a developmental disability before age 9.

The bill takes effect July 1, 2025.

The bill may have an indeterminate impact on the state group health insurance program.

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<sup>1</sup> 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).

<sup>2</sup> 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.<sup>3</sup> About 1 in 36 children have been identified with autism spectrum disorder (ASD).<sup>4</sup> ASD is nearly 4 times more common among boys than among girls.<sup>5</sup>

### Diagnosis of Autism Spectrum Disorder

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.<sup>6</sup>

Diagnosing autism spectrum disorder (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.<sup>7</sup>

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.<sup>8</sup> ASD now encompasses the previous DSM-IV autistic disorder (autism), Asperger’s disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.<sup>9</sup> 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 autism spectrum disorder (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):

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<sup>3</sup> 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).

<sup>4</sup> 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).

<sup>5</sup> *Id.*

<sup>6</sup> 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).

<sup>7</sup> 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).

<sup>8</sup> 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).

<sup>9</sup> *Id.*

- 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.
  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).<sup>10</sup>

### **Treatment and Intervention for ASD<sup>11</sup>**

Current treatments for autism spectrum disorder (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.

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<sup>10</sup> 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.

<sup>11</sup> 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).

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.
- Complementary and alternative.

### **Requirements Related to the Federal Mental Health Parity and Addiction Equity Act<sup>12</sup>**

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. The rules add new regulations implementing the nonquantitative treatment limitation (NQTL) comparative analyses requirements under MHPAEA, as amended by the Consolidated Appropriations Act, 2021.

Specifically, these final rules amend the existing 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 final rules require plans and issuers to collect and evaluate relevant data in a manner reasonably designed to assess the impact of NQTLs on relevant outcomes related to access to mental health and substance use disorder benefits and medical/surgical benefits and to take reasonable action, as necessary, to address material differences in access to mental health or substance use disorder benefits as compared to medical/surgical benefits.

### **State Regulation of Insurance**

The Office of Insurance Regulation (OIR),<sup>13</sup> 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.<sup>14</sup> To transact business in Florida, a health insurer or HMO must obtain a certificate of authority from the OIR.<sup>15</sup> The Agency for Health Administration (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.<sup>16</sup> As part of the certification process used by the Agency, an HMO

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<sup>12</sup> Centers for Medicare and Medicaid Services, <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity>

<sup>13</sup> 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.

<sup>14</sup> Section 20.121(3)(a), F.S.

<sup>15</sup> Sections 624.401 and 641.49, F.S.

<sup>16</sup> Section 641.495, F.S.

must provide information to demonstrate that the HMO has the ability to provide quality of care consistent with the prevailing standards of care.<sup>17</sup>

### **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, including the state group insurance plan for eligible individuals.<sup>18</sup> “autism spectrum disorder” 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.

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

- 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,<sup>19</sup> F.S., or an individual licensed under ch. 490<sup>20</sup> or ch. 491.<sup>21</sup>

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

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 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.

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<sup>17</sup> *Id.*

<sup>18</sup> Section 627.6685, F.S.

<sup>19</sup> Behavior analysts.

<sup>20</sup> Practice of psychology.

<sup>21</sup> The scope of this chapter includes the practice of clinical social work, practice of marriage and family therapy, practice of mental health counseling.

### **Coverage for Mental and Nervous Disorders**

Section 627.668, F.S., requires insurers of large 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 chapter 490, a mental health counselor licensed pursuant to chapter 491, a marriage and family therapist licensed pursuant to chapter 491, and a clinical social worker licensed pursuant to chapter 491. 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. Under current law, ASD is defined to mean any of the following disorders as defined by the DSM of the American Psychiatric Association:

- Autistic disorder.
- Asperger’s syndrome.
- Pervasive developmental disorder not otherwise specified.

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. Under current law, an eligible individual must be under 18 years of age or be an individual 18 years of age or older who is in high school who has been diagnosed with a developmental disability at 8 years of age or younger.

**Sections 3 and 4** reenact ss. 409.906(26) and 943.1727, F.S., to incorporate the bill’s amendments to s. 627.6686, F.S.

Section 409.906(26), F.S., authorizes the Agency for Health Care Administration to seek federal approval of a Medicaid waiver or state plan amendment for home and community-based services for autism spectrum disorder and other developmental disabilities.

Section 943.1727, F.S., requires the Department of Law Enforcement to establish a continued employment training component relating to autism spectrum disorder to enable law enforcement to recognize the symptoms and characteristics of ASD and to respond appropriately to such individuals.

**Section 5** provides the bill takes effect July 1, 2025.

#### **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 can continue coverage beyond age 18.

**C. Government Sector Impact:**

Indeterminate.

**VI. Technical Deficiencies:**

Many health insurance policies and health maintenance contracts offer calendar year plans, including the state group insurance program. As a result, insurers and HMOs must file any rate filings prior to the effective date of the plan on January 1. Changing the effective date of the bill to January 1, 2026, would avoid changes in benefits at midyear.

**VII. Related Issues:**

The heading or catchline for the two provisions amended in the bill are different. For s. 627.6696, F.S., the heading is "Coverage for individuals with autism spectrum disorder required; exceptions. However, the heading for s. 641.31098, F.S., is "Coverage for individuals with developmental disorders."

**VIII. Statutes Affected**

This bill substantially amends sections 627.6686, 641.31098, 409.906, and 943.1727 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.