

Senate File 2349 - Introduced

SENATE FILE 2349

BY COMMITTEE ON COMMERCE

(SUCCESSOR TO SF 1)

A BILL FOR

1 An Act requiring certain group health insurance established
2 for employees of the state to provide coverage for
3 autism spectrum disorders for certain persons, requiring
4 certification of behavior specialists, and providing an
5 applicability date.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. **514C.24 Autism spectrum disorders**
2 **coverage.**

3 1. Notwithstanding the uniformity of treatment requirements
4 of section 514C.6, a group plan established pursuant to chapter
5 509A for employees of the state providing for third-party
6 payment or prepayment of health, medical, and surgical coverage
7 benefits shall provide coverage benefits to covered individuals
8 under twenty-one years of age for the diagnostic assessment
9 of autism spectrum disorders and for the treatment of autism
10 spectrum disorders.

11 2. As used in this section, unless the context otherwise
12 requires:

13 a. *"Applied behavioral analysis"* means the design,
14 implementation, and evaluation of environmental modifications,
15 using behavioral stimuli and consequences, to produce socially
16 significant improvement in human behavior or to prevent loss
17 of attained skill or function, including the use of direct
18 observation, measurement, and functional analysis of the
19 relations between environment and behavior.

20 b. *"Autism service provider"* means a person, entity,
21 or group providing treatment of autism spectrum disorders,
22 pursuant to a treatment plan.

23 c. *"Autism spectrum disorders"* means any of the pervasive
24 developmental disorders including autistic disorder, Asperger's
25 disorder, and pervasive developmental disorders not otherwise
26 specified. The commissioner, by rule, shall define *"autism*
27 *spectrum disorders"* consistent with definitions provided in the
28 most recent edition of the American psychiatric association's
29 diagnostic and statistical manual of mental disorders, as such
30 definitions may be amended from time to time. The commissioner
31 may adopt the definitions provided in such manual by reference.

32 d. *"Behavior specialist"* means an individual, certified
33 by the commissioner, who designs, implements, or evaluates a
34 behavior modification intervention component of a treatment
35 plan, including those based on applied behavioral analysis, to

1 produce socially significant improvements in human behavior or
2 to prevent loss of attained skill or function, through skill
3 acquisition and the reduction of problematic behavior.

4 *e. "Diagnostic assessment of autism spectrum disorders"* means
5 medically necessary assessment, evaluations, or tests performed
6 by a licensed physician, licensed physician assistant, licensed
7 psychologist, or licensed registered nurse practitioner to
8 diagnose whether an individual has an autism spectrum disorder.

9 *f. "Pharmacy care"* means medications prescribed by a
10 licensed physician, licensed physician assistant, or licensed
11 registered nurse practitioner and any assessment, evaluation,
12 or test prescribed or ordered by a licensed physician, licensed
13 physician assistant, or licensed registered nurse practitioner
14 to determine the need for or effectiveness of such medications.

15 *g. "Psychiatric care"* means direct or consultative services
16 provided by a licensed physician who specializes in psychiatry.

17 *h. "Psychological care"* means direct or consultative
18 services provided by a licensed psychologist.

19 *i. "Rehabilitative care"* means professional services and
20 treatment programs, including applied behavioral analysis,
21 provided by an autism service provider to produce socially
22 significant improvement in human behavior or to prevent loss
23 of attained skill or function.

24 *j. "Therapeutic care"* means services provided by a licensed
25 speech pathologist, licensed occupational therapist, or
26 licensed physical therapist.

27 *k. "Treatment of autism spectrum disorders"* means treatment
28 that is identified in a treatment plan and includes medically
29 necessary pharmacy care, psychiatric care, psychological care,
30 rehabilitative care, and therapeutic care that is one of the
31 following:

32 (1) Prescribed, ordered, or provided by a licensed
33 physician, licensed physician assistant, licensed psychologist,
34 licensed social worker, or licensed registered nurse
35 practitioner.

1 (2) Provided by an autism service provider.

2 (3) Provided by a person, entity, or group that works under
3 the direction of an autism service provider.

4 1. "*Treatment plan*" means a plan for the treatment of
5 autism spectrum disorders developed by a licensed physician or
6 licensed psychologist pursuant to a comprehensive evaluation
7 or reevaluation performed in a manner consistent with the most
8 recent clinical report or recommendations of the American
9 academy of pediatrics, as determined by the commissioner by
10 rule.

11 3. Coverage is required pursuant to this section in a
12 maximum benefit amount of not less than thirty-six thousand
13 dollars per year but shall not be subject to any limits
14 on the number of visits to an autism service provider for
15 treatment of autism spectrum disorders. Beginning in 2013,
16 the commissioner shall, on or before April 1 of each calendar
17 year, publish an adjustment to the maximum benefit required
18 equal to the percentage change in the United States department
19 of labor consumer price index for all urban consumers in the
20 preceding year, and the published adjusted maximum benefit
21 shall be applicable to group policies, contracts, or plans
22 subject to this section that are issued or renewed on or after
23 January 1 of the following calendar year. Payments made under
24 a group plan subject to this section on behalf of a covered
25 individual for treatment of a health condition unrelated to or
26 distinguishable from the individual's autism spectrum disorder
27 shall not be applied toward any maximum benefit established
28 under this subsection.

29 4. Coverage required pursuant to this section shall be
30 subject to copayment, deductible, and coinsurance provisions,
31 and any other general exclusions or limitations of a group
32 plan to the same extent as other medical or surgical services
33 covered by the group plan.

34 5. Coverage required by this section shall be provided
35 in coordination with coverage required for the treatment of

1 autistic disorders pursuant to section 514C.22.

2 6. This section shall not be construed to limit benefits
3 which are otherwise available to an individual under a group
4 plan.

5 7. This section shall not be construed to require coverage
6 by a group plan of any service solely based on inclusion of the
7 service in an individualized education program. Consistent
8 with federal or state law and upon consent of the parent or
9 guardian of a covered individual, the treatment of autism
10 spectrum disorders may be coordinated with any services
11 included in an individualized education program. However,
12 coverage for the treatment of autism spectrum disorders
13 shall not be contingent upon coordination of services with an
14 individualized education program.

15 8. This section shall not apply to accident-only,
16 specified disease, short-term hospital or medical, hospital
17 confinement indemnity, credit, dental, vision, Medicare
18 supplement, long-term care, basic hospital and medical-surgical
19 expense coverage as defined by the commissioner, disability
20 income insurance coverage, coverage issued as a supplement
21 to liability insurance, workers' compensation or similar
22 insurance, or automobile medical payment insurance, or
23 individual accident and sickness policies issued to individuals
24 or to individual members of a member association.

25 9. A plan established pursuant to chapter 509A for employees
26 of the state may manage the benefits provided through common
27 methods including but not limited to providing payment of
28 benefits or providing care and treatment under a capitated
29 payment system, prospective reimbursement rate system,
30 utilization control system, incentive system for the use of
31 least restrictive and costly levels of care, a preferred
32 provider contract limiting choice of specific providers, or
33 any other system, method, or organization designed to assure
34 services are medically necessary and clinically appropriate.

35 10. An insurer may review a treatment plan for treatment

1 of autism spectrum disorders once every six months, subject to
2 its utilization review requirements, including case management,
3 concurrent review, and other managed care provisions. A more
4 or less frequent review may be agreed upon by the insured and
5 the licensed physician or licensed psychologist developing the
6 treatment plan.

7 11. For the purposes of this section, the results of a
8 diagnostic assessment of autism spectrum disorder shall be
9 valid for a period of not less than twelve months, unless a
10 licensed physician or licensed psychologist determines that a
11 more frequent assessment is necessary.

12 12. The commissioner, in consultation with the board of
13 medicine, shall adopt rules providing for the certification of
14 behavior specialists.

15 a. An applicant for a certificate as a behavior specialist
16 shall submit a written application on forms provided by the
17 commissioner evidencing and insuring that the applicant meets
18 all of the following requirements:

19 (1) Is of good moral character.

20 (2) Has received a master's or higher degree from a
21 board-approved, accredited college or university, including
22 a major course of study in school, clinical, or counseling
23 psychology, special education, social work, speech therapy,
24 occupational therapy, or another related field.

25 (3) Has at least one year of experience involving
26 functional behavior assessments, including the development and
27 implementation of behavioral supports or treatment plans.

28 (4) Has completed at least one thousand hours in direct
29 clinical experience with individuals with behavioral challenges
30 or at least one thousand hours experience in a related field
31 with individuals with autism spectrum disorders.

32 (5) Has completed relevant training programs, including
33 professional ethics, autism-specific training, assessments
34 training, instructional strategies and best practices,
35 crisis intervention, comorbidity and medications, family

1 diagnostic and statistical manual of mental disorders.

2 Required coverage for the diagnosis and treatment of autism
3 spectrum disorders must be not less than \$36,000 per year and
4 without limits on the number of visits to an autism service
5 provider. Beginning in 2013, the commissioner is required to
6 make annual adjustments to the maximum benefit required equal
7 to the change in the United States department of labor consumer
8 price index. Payments made on behalf of a covered individual
9 that are unrelated to or distinguishable from the individual's
10 autism spectrum disorder cannot be applied toward this maximum
11 benefit.

12 Coverage of autism spectrum disorders under the new Code
13 section is to be provided in coordination with coverage
14 required for the treatment of autistic disorders pursuant to
15 Code section 514C.22. The section shall not be construed to
16 limit benefits otherwise available to an individual under a
17 group plan.

18 The commissioner, in consultation with the board of
19 medicine, is required to adopt rules for the certification
20 of behavior specialists who design, implement, or evaluate
21 behavior modification intervention components of treatment
22 plans for autism spectrum disorders that are developed by a
23 licensed physician or licensed psychologist.

24 The new Code section applies to plans established pursuant
25 to Code chapter 509A for employees of the state that are
26 delivered, issued for delivery, continued, or renewed in this
27 state on or after January 1, 2010.