PROPOSED AMENDMENT

HB 1587 # 7

DIGEST

ABA therapy. Beginning January 1, 2026, requires Medicaid reimbursement for applied behavior analysis therapy services. Allows the office of the secretary to require prior authorization and peer review for certain services. Sets forth requirements, beginning January 1, 2027, that a provider must meet in order to receive reimbursement.

1	Page 2, between lines 28 and 29, begin a new paragraph and insert:
2	"SECTION 2. IC 12-7-2-20.9 IS ADDED TO THE INDIANA
3	CODE AS A NEW SECTION TO READ AS FOLLOWS
4	[EFFECTIVE JULY 1, 2025]: Sec. 20.9. "Behavior technician", for
5	purposes of IC 12-15-41.5, has the meaning set forth in
6	IC 12-15-41.5-1.
7	SECTION 3. IC 12-7-2-69.8 IS ADDED TO THE INDIANA CODE
8	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
9	1, 2025]: Sec. 69.8. "DSM", for purposes of IC 12-15-41.5, has the
10	meaning set forth in IC 12-15-41.5-2.
11	SECTION 4. IC 12-7-2-143.3 IS ADDED TO THE INDIANA
12	CODE AS A NEW SECTION TO READ AS FOLLOWS
13	[EFFECTIVE JULY 1, 2025]: Sec. 143.3. "Practice guidelines", for
14	purposes of IC 12-15-41.5, has the meaning set forth in
15	IC 12-15-41.5-5.".
16	Page 3, between lines 24 and 25, begin a new paragraph and insert:
17	"SECTION 6. IC 12-15-41.5 IS ADDED TO THE INDIANA CODE
18	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
19	JULY 1, 2025]:
20	Chapter 41.5. Applied Behavior Analysis Therapy
21	Sec. 1. As used in this chapter, "behavior technician" means an
22	individual who is a registered behavior technician by a certifying
23	entity.
24	Sec. 2. As used in this chapter, "DSM" refers to the most
25	current version of the American Psychiatric Association's
26	Diagnostic and Statistical Manual of Mental Disorders.

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1	Sec. 3. For purposes of this chapter, "Medicaid" includes the
2	state Medicaid plan and a Medicaid waiver that offers applied
3	behavior analysis therapy services.
4	Sec. 4. For purposes of this chapter, "office" includes the
5	following:
6	(1) The office of the secretary of family and social services.
7	(2) A managed care organization that has contracted with the
8	office under this article.
9	(3) A person that has contracted with a managed care
10	organization described in subdivision (2) to provide Medicaid
11	services described in this chapter.
12	Sec. 5. As used in this chapter, "practice guidelines" refers to
13	the current version of the Council of Autism Service Providers
14	applied behavior analysis practice guidelines for the treatment of
15	autism spectrum disorder.
16	Sec. 6. (a) Beginning January 1, 2026, the office shall reimburse
17	for applied behavior analysis therapy services as prescribed by a
18	health care provider for a Medicaid recipient as follows:
19	(1) For a Medicaid recipient diagnosed with autism spectrum
20	disorder Level 1 as set forth in the DSM either:
21	(A) not more than twenty (20) hours; or
22	(B) the number of hours prescribed by the recipient's
23	health care provider, based on the appropriate standard of
24	care and practice guidelines;
25	per week of direct applied behavior analysis therapy services
26	provided by a behavior technician.
27	(2) For a Medicaid recipient diagnosed with autism spectrum
28	disorder Level 2 as set forth in the DSM either:
29	(A) not more than thirty two (32) hours; or
30	(B) the number of hours prescribed by the recipient's
31	health care provider, based on the appropriate standard of
32	care and practice guidelines;
33	per week of direct applied behavior analysis therapy services
34	provided by a behavior technician.
35	(3) For a Medicaid recipient diagnosed with autism spectrum
36	disorder Level 3 as set forth in the DSM either:
37	(A) not more than thirty eight (38) hours; or
38	(B) the number of hours prescribed by the recipient's
39	health care provider, based on the appropriate standard of
40	care and practice guidelines;

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1	per week of applied behavior analysis therapy services
2	provided by a behavior technician.
3	(b) The office of the secretary may require prior authorization
4	for the services described in subsection (a)(1)(B), (a)(2)(B), and
5	(a)(3)(B).
6	(c) The office of the secretary may require prior authorization
7	and peer review for a Medicaid recipient who requires the services
8	described in subsection (a) for at least two (2) years.
9	Sec. 7. Beginning January 1, 2027, in order to receive
10	reimbursement under this chapter, a provider must meet the
11	following:
12	(1) Be accredited by an applied behavior analysis accrediting
13	entity approved by the office of the secretary.
14	(2) Allow for an audit by the office of the secretary.
15	(3) Pass an audit conducted by the office of the secretary with
16	a score of at least eighty percent (80%).".
17	Renumber all SECTIONS consecutively.
	(Reference is to HB 1587 as printed February 4, 2025.)

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