

**As Reported by the House Government Accountability and Oversight
Committee**

131st General Assembly

**Regular Session
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H. B. No. 350

Representatives Grossman, Terhar

**Cosponsors: Representatives Anielski, Antonio, Barnes, Blessing, Boose, Boyce,
Craig, Curtin, Driehaus, Green, Hackett, Henne, Hill, Landis, Leland, Manning,
Patmon, Ruhl, Scherer, Slaby, Ryan, O'Brien, S., Stinziano, Phillips, Huffman,
Pelanda, LaTourette, Young, Sprague**

A BILL

To amend section 1739.05 and to enact sections 1
1751.84 and 3923.84 of the Revised Code to 2
mandate coverage of autism treatment. 3

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 1739.05 be amended and sections 4
1751.84 and 3923.84 of the Revised Code be enacted to read as 5
follows: 6

Sec. 1739.05. (A) A multiple employer welfare arrangement 7
that is created pursuant to sections 1739.01 to 1739.22 of the 8
Revised Code and that operates a group self-insurance program 9
may be established only if any of the following applies: 10

(1) The arrangement has and maintains a minimum enrollment 11
of three hundred employees of two or more employers. 12

(2) The arrangement has and maintains a minimum enrollment 13
of three hundred self-employed individuals. 14

(3) The arrangement has and maintains a minimum enrollment 15
of three hundred employees or self-employed individuals in any 16
combination of divisions (A) (1) and (2) of this section. 17

(B) A multiple employer welfare arrangement that is 18
created pursuant to sections 1739.01 to 1739.22 of the Revised 19
Code and that operates a group self-insurance program shall 20
comply with all laws applicable to self-funded programs in this 21
state, including sections 3901.04, 3901.041, 3901.19 to 3901.26, 22
3901.38, 3901.381 to 3901.3814, 3901.40, 3901.45, 3901.46, 23
3901.491, 3902.01 to 3902.14, 3923.24, 3923.282, 3923.30, 24
3923.301, 3923.38, 3923.581, 3923.63, 3923.80, 3923.84, 3923.85, 25
3924.031, 3924.032, and 3924.27 of the Revised Code. 26

(C) A multiple employer welfare arrangement created 27
pursuant to sections 1739.01 to 1739.22 of the Revised Code 28
shall solicit enrollments only through agents or solicitors 29
licensed pursuant to Chapter 3905. of the Revised Code to sell 30
or solicit sickness and accident insurance. 31

(D) A multiple employer welfare arrangement created 32
pursuant to sections 1739.01 to 1739.22 of the Revised Code 33
shall provide benefits only to individuals who are members, 34
employees of members, or the dependents of members or employees, 35
or are eligible for continuation of coverage under section 36
1751.53 or 3923.38 of the Revised Code or under Title X of the 37
"Consolidated Omnibus Budget Reconciliation Act of 1985," 100 38
Stat. 227, 29 U.S.C.A. 1161, as amended. 39

(E) A multiple employer welfare arrangement created 40
pursuant to sections 1739.01 to 1739.22 of the Revised Code is 41
subject to, and shall comply with, sections 3903.81 to 3903.93 42
of the Revised Code in the same manner as other life or health 43
insurers, as defined in section 3903.81 of the Revised Code. 44

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Sec. 1751.84. (A) Notwithstanding section 3901.71 of the 46
Revised Code, each individual and group health insuring 47
corporation policy, contract, or agreement providing basic 48
health care services that is delivered, issued for delivery, or 49
renewed in this state shall provide coverage for the screening, 50
diagnosis, and treatment of autism spectrum disorder. A health 51
insuring corporation shall not terminate an individual's 52
coverage, or refuse to deliver, execute, issue, amend, adjust, 53
or renew coverage to an individual solely because the individual 54
is diagnosed with or has received treatment for an autism 55
spectrum disorder. Nothing in this section shall be applied to 56
nongrandfathered plans in the individual and small group markets 57
or to medicare supplement, accident-only, specified disease, 58
hospital indemnity, disability income, long-term care, or other 59
limited benefit hospital insurance policies. Except as otherwise 60
provided in division (B) of this section, coverage under this 61
section shall not be subject to dollar limits, deductibles, or 62
coinsurance provisions that are less favorable to an enrollee 63
than the dollar limits, deductibles, or coinsurance provisions 64
that apply to substantially all medical and surgical benefits 65
under the policy, contract, or agreement. 66

(B) Benefits provided under this section shall cover, at 67
minimum, all of the following: 68

(1) For speech and language therapy or occupational 69
therapy for an enrollee under the age of twenty-one that is 70
performed by a licensed therapist, twenty visits per year for 71
each service; 72

(2) For clinical therapeutic intervention for an enrollee 73
under the age of twenty-one that is provided by or under the 74

supervision of a professional who is licensed, certified, or 75
registered by an appropriate agency of this state to perform 76
such services in accordance with a health treatment plan, twenty 77
hours per week; 78

(3) For mental or behavioral health outpatient services 79
for an enrollee under the age of twenty-one that are performed 80
by a licensed psychologist, psychiatrist, or physician providing 81
consultation, assessment, development, or oversight of treatment 82
plans, thirty visits per year. 83

(C) This section shall not be construed as limiting 84
benefits that are otherwise available to an individual under a 85
policy, contract, or agreement. 86

(D) (1) Except for inpatient services, if an enrollee is 87
receiving treatment for an autism spectrum disorder, a health 88
insuring corporation may review the treatment plan annually, 89
unless the health insuring corporation and the enrollee's 90
treating physician or psychologist agree that a more frequent 91
review is necessary. 92

(2) Any such agreement as described in division (D) (1) of 93
this section shall apply only to a particular enrollee being 94
treated for an autism spectrum disorder and shall not apply to 95
all individuals being treated for autism spectrum disorder by a 96
physician or psychologist. 97

(3) The health insuring corporation shall cover the cost 98
of obtaining any review or treatment plan. 99

(E) This section shall not be construed as affecting any 100
obligation to provide services to an enrollee under an 101
individualized family service plan, an individualized education 102
program, or an individualized service plan. 103

<u>(F) As used in this section:</u>	104
<u>(1) "Applied behavior analysis" means the design,</u>	105
<u>implementation, and evaluation of environmental modifications,</u>	106
<u>using behavioral stimuli and consequences, to produce socially</u>	107
<u>significant improvement in human behavior, including the use of</u>	108
<u>direct observation, measurement, and functional analysis of the</u>	109
<u>relationship between environment and behavior.</u>	110
<u>(2) "Autism spectrum disorder" means any of the pervasive</u>	111
<u>developmental disorders or autism spectrum disorder as defined</u>	112
<u>by the most recent edition of the diagnostic and statistical</u>	113
<u>manual of mental disorders published by the American psychiatric</u>	114
<u>association available at the time an individual is first</u>	115
<u>evaluated for suspected developmental delay.</u>	116
<u>(3) "Clinical therapeutic intervention" means therapies</u>	117
<u>supported by empirical evidence, which include, but are not</u>	118
<u>limited to, applied behavioral analysis, that satisfy both of</u>	119
<u>the following:</u>	120
<u>(a) Are necessary to develop, maintain, or restore, to the</u>	121
<u>maximum extent practicable, the function of an individual;</u>	122
<u>(b) Are provided by or under the supervision of any of the</u>	123
<u>following:</u>	124
<u>(i) A certified Ohio behavior analyst as defined in</u>	125
<u>section 4783.01 of the Revised Code;</u>	126
<u>(ii) An individual licensed under Chapter 4732. of the</u>	127
<u>Revised Code to practice psychology;</u>	128
<u>(iii) An individual licensed under Chapter 4757. of the</u>	129
<u>Revised Code to practice professional counseling, social work,</u>	130
<u>or marriage and family therapy.</u>	131

(4) "Diagnosis of autism spectrum disorder" means 132
medically necessary assessment, evaluations, or tests to 133
diagnose whether an individual has an autism spectrum disorder. 134

(5) "Pharmacy care" means medications prescribed by a 135
licensed physician and any health-related services considered 136
medically necessary to determine the need or effectiveness of 137
the medications. 138

(6) "Psychiatric care" means direct or consultative 139
services provided by a psychiatrist licensed in the state in 140
which the psychiatrist practices. 141

(7) "Psychological care" means direct or consultative 142
services provided by a psychologist licensed in the state in 143
which the psychologist practices. 144

(8) "Therapeutic care" means services provided by a speech 145
therapist, occupational therapist, or physical therapist 146
licensed or certified in the state in which the person 147
practices. 148

(9) "Treatment for autism spectrum disorder" means 149
evidence-based care and related equipment prescribed or ordered 150
for an individual diagnosed with an autism spectrum disorder by 151
a licensed physician or a licensed psychologist who determines 152
the care to be medically necessary, including any of the 153
following: 154

(a) Clinical therapeutic intervention; 155

(b) Pharmacy care; 156

(c) Psychiatric care; 157

(d) Psychological care; 158

<u>(e) Therapeutic care.</u>	159
<u>(G) If any provision of this section or the application thereof to any person or circumstances is for any reason held to be invalid, the remainder of the section and the application of such remainder to other persons or circumstances shall not be affected thereby.</u>	160 161 162 163 164
<u>Sec. 3923.84. (A) Notwithstanding section 3901.71 of the Revised Code, each individual and group sickness and accident insurance policy that is delivered, issued for delivery, or renewed in this state shall provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder. A sickness and accident insurer shall not terminate an individual's coverage, or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for an autism spectrum disorder. Nothing in this section shall be applied to nongrandfathered plans in the individual and small group markets or to medicare supplement, accident-only, specified disease, hospital indemnity, disability income, long-term care, or other limited benefit hospital insurance policies. Except as otherwise provided in division (B) of this section, coverage under this section shall not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to substantially all medical and surgical benefits under the policy.</u>	165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184
<u>(B) Benefits provided under this section shall cover, at minimum, all of the following:</u>	185 186
<u>(1) For speech and language therapy or occupational therapy for an insured under the age of twenty-one that is</u>	187 188

performed by a licensed therapist, twenty visits per year for 189
each service; 190

(2) For clinical therapeutic intervention for an insured 191
under the age of twenty-one that is provided by or under the 192
supervision of a professional who is licensed, certified, or 193
registered by an appropriate agency of this state to perform 194
such services in accordance with a health treatment plan, twenty 195
hours per week; 196

(3) For mental or behavioral health outpatient services 197
for an insured under the age of twenty-one that are performed by 198
a licensed psychologist, psychiatrist, or physician providing 199
consultation, assessment, development, or oversight of treatment 200
plans, thirty visits per year. 201

(C) This section shall not be construed as limiting 202
benefits that are otherwise available to an insured under a 203
policy. 204

(D) (1) Except for inpatient services, if an insured is 205
receiving treatment for an autism spectrum disorder, a sickness 206
and accident insurer may review the treatment plan annually, 207
unless the insurer and the insured's treating physician or 208
psychologist agree that a more frequent review is necessary. 209

(2) Any such agreement as described in division (D) (1) of 210
this section shall apply only to a particular insured being 211
treated for an autism spectrum disorder and shall not apply to 212
all individuals being treated for autism spectrum disorder by a 213
physician or psychologist. 214

(3) The insurer shall cover the cost of obtaining any 215
review or treatment plan. 216

(E) This section shall not be construed as affecting any 217

obligation to provide services to an insured under an 218
individualized family service plan, an individualized education 219
program, or an individualized service plan. 220

(F) As used in this section: 221

(1) "Applied behavior analysis" means the design, 222
implementation, and evaluation of environmental modifications, 223
using behavioral stimuli and consequences, to produce socially 224
significant improvement in human behavior, including the use of 225
direct observation, measurement, and functional analysis of the 226
relationship between environment and behavior. 227

(2) "Autism spectrum disorder" means any of the pervasive 228
developmental disorders or autism spectrum disorder as defined 229
by the most recent edition of the diagnostic and statistical 230
manual of mental disorders published by the American psychiatric 231
association available at the time an individual is first 232
evaluated for suspected developmental delay. 233

(3) "Clinical therapeutic intervention" means therapies 234
supported by empirical evidence, which include, but are not 235
limited to, applied behavioral analysis, that satisfy both of 236
the following: 237

(a) Are necessary to develop, maintain, or restore, to the 238
maximum extent practicable, the function of an individual; 239

(b) Are provided by or under the supervision of any of the 240
following: 241

(i) A certified Ohio behavior analyst as defined in 242
section 4783.01 of the Revised Code; 243

(ii) An individual licensed under Chapter 4732. of the 244
Revised Code to practice psychology; 245

<u>(iii) An individual licensed under Chapter 4757. of the</u>	246
<u>Revised Code to practice professional counseling, social work,</u>	247
<u>or marriage and family therapy.</u>	248
<u>(4) "Diagnosis of autism spectrum disorder" means</u>	249
<u>medically necessary assessment, evaluations, or tests to</u>	250
<u>diagnose whether an individual has an autism spectrum disorder.</u>	251
<u>(5) "Pharmacy care" means medications prescribed by a</u>	252
<u>licensed physician and any health-related services considered</u>	253
<u>medically necessary to determine the need or effectiveness of</u>	254
<u>the medications.</u>	255
<u>(6) "Psychiatric care" means direct or consultative</u>	256
<u>services provided by a psychiatrist licensed in the state in</u>	257
<u>which the psychiatrist practices.</u>	258
<u>(7) "Psychological care" means direct or consultative</u>	259
<u>services provided by a psychologist licensed in the state in</u>	260
<u>which the psychologist practices.</u>	261
<u>(8) "Therapeutic care" means services provided by a speech</u>	262
<u>therapist, occupational therapist, or physical therapist</u>	263
<u>licensed or certified in the state in which the person</u>	264
<u>practices.</u>	265
<u>(9) "Treatment for autism spectrum disorder" means</u>	266
<u>evidence-based care and related equipment prescribed or ordered</u>	267
<u>for an individual diagnosed with an autism spectrum disorder by</u>	268
<u>a licensed physician or a licensed psychologist who determines</u>	269
<u>the care to be medically necessary, including any of the</u>	270
<u>following:</u>	271
<u>(a) Clinical therapeutic intervention;</u>	272
<u>(b) Pharmacy care;</u>	273

<u>(c) Psychiatric care;</u>	274
<u>(d) Psychological care;</u>	275
<u>(e) Therapeutic care.</u>	276
<u>(G) If any provision of this section or the application</u>	277
<u>thereof to any person or circumstances is for any reason held to</u>	278
<u>be invalid, the remainder of the section and the application of</u>	279
<u>such remainder to other persons or circumstances shall not be</u>	280
<u>affected thereby.</u>	281
Section 2. That existing section 1739.05 of the Revised	282
Code is hereby repealed.	283