1	STATE OF OKLAHOMA
2	2nd Session of the 55th Legislature (2016)
3	SENATE BILL 1364 By: Bice
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6	AS INTRODUCED
7	An Act relating to autism insurance coverage;
8	creating the Autism Spectrum Disorder Coverage Act; defining terms; requiring certain coverage;
9	specifying coverage terms; requiring treatment providers to furnish certain documentation upon
LO	request of insurer; prohibiting certain acts; specifying certain diagnosis procedures; providing
L1	codification; and providing an effective date.
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L3	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
L 4	SECTION 1. NEW LAW A new section of law to be codified
L5	in the Oklahoma Statutes as Section 6060.4b of Title 36, unless
L 6	there is created a duplication in numbering, reads as follows:
L7	A. This act shall be known and may be cited as the "Autism
L8	Spectrum Disorder Coverage Act".
L 9	B. As used in this section:
20	1. "Autism spectrum disorders" means pervasive developmental
21	disorders as defined in the most recent edition of the Diagnostic
22	and Statistical Manual of Mental Disorders, including autism,
23	Asperger's disorder and pervasive developmental disorders not

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otherwise specified;

2. "Diagnosis of autism spectrum disorders" means one or more tests, evaluations or assessments to diagnose whether an individual has an autism spectrum disorder that is prescribed, performed or ordered by a physician licensed to practice medicine in all its branches or a licensed clinical psychologist with expertise in diagnosing autism spectrum disorders;

- 3. "Medically necessary" means any care, treatment, intervention, service or item which will or is reasonably expected to do any of the following:
 - a. prevent the onset of an illness, condition, injury, disease or disability,
 - b. reduce or ameliorate the physical, emotional or development effects of an illness, condition, injury, disease or disability, or
 - c. assist to achieve or maintain maximum functional activity in performing daily activities.
- 4. "Treatment for autism spectrum disorders" shall include the following care prescribed, provided or ordered for an individual diagnosed with an autism spectrum disorder by a physician licensed to practice medicine in all its branches or a certified, registered or licensed health care professional with expertise in treating effects of autism spectrum disorders when the care is determined to be medically necessary and ordered by a physician licensed to practice medicine in all its branches:

- a. psychiatric care, meaning direct, consultative or diagnostic services provided by a licensed psychiatrist,
- b. psychological care, meaning direct or consultative services provided by a licensed psychologist,
- c. habilitative or rehabilitative care, meaning professional, counseling, and guidance services and treatment programs, including applied behavioral analysis, that are intended to develop, maintain and restore the functioning of an individual. As used in this subsection, "applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- d. therapeutic care, including behavioral, speech, occupational and physical therapies that provide treatment in the following areas:
 - (1) self-care and feeding,
 - (2) pragmatic, receptive and expressive language,
 - (3) cognitive functioning,

1 (4) applied behavior analysis, intervention and modification,

(5) motor planning, and

- (6) sensory processing.
- C. A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued or renewed after the effective date of this act must provide individuals under eighteen (18) years of age coverage for the diagnosis to the extent that the diagnosis and treatment of autism spectrum disorders are not already covered by the policy of accident and health insurance or managed care plan.
- D. Coverage provided under this section shall be subject to a maximum benefit of Thirty-six Thousand Dollars (\$36,000.00) per year, but shall not be subject to any limits on the number of visits to a service provider. Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, service or item, the provision of which was for the treatment of a health condition not diagnosed as an autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection.
- E. Coverage under this section shall be subject to copayment, deductible and coinsurance provisions of a policy of accident and health insurance or managed care plan to the extent that other

medical services covered by the policy of accident and health insurance or managed care plan are subject to these provisions.

- F. This section shall not be construed as limiting benefits that are otherwise available to an individual under a policy of accident and health insurance or managed care plan and benefits provided under this section may not be subject to dollar limits, deductibles, copayments or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles or coinsurance provisions that apply to physical illness generally.
- G. An insurer may not deny or refuse to provide otherwise covered services, or refuse to renew, refuse to reissue or otherwise terminate or restrict coverage under an individual contract to provide services to an individual because the individual or the individual's dependent is diagnosed with an autism spectrum disorder or due to the individual utilizing benefits in this section.
- H. Upon request of the reimbursing insurer, a provider of treatment for autism spectrum disorders shall furnish medical records, clinical notes or other necessary data that substantiate that initial or continued medical treatment is medically necessary and is resulting in improved clinical status. When treatment is anticipated to require continued services to achieve demonstrable progress, the insurer may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated

duration of treatment, the anticipated outcomes stated as goals and the frequency by which the treatment plan will be updated.

- I. When making a determination of medical necessity for a treatment modality for autism spectrum disorders, an insurer shall make the determination in a manner that is consistent with the manner used to make that determination with respect to other diseases or illnesses covered under the policy, including an appeals process. During the appeals process, any challenge to medical necessity must be viewed as reasonable only if the review includes a physician with expertise in the current and effective treatment modalities for autism spectrum disorders.
- J. Coverage for medically necessary early intervention services must be delivered by certified early intervention specialists.

SECTION 2. This act shall become effective November 1, 2016.

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