

HOUSE BILL 2105

By Shepard

AN ACT to amend Tennessee Code Annotated, Title 56,  
Chapter 7, relative to autism spectrum disorders.

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

SECTION 1. Tennessee Code Annotated, Section 56-7-2367, is amended by deleting the section in its entirety and by substituting instead the following:

(a) As used in this section,

(1) "Autism spectrum disorders" means one (1) of the three (3) following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

(A) Autistic disorder;

(B) Asperger's syndrome; and

(C) Pervasive developmental disorder—not otherwise specified;

and

(2) "Behavioral therapy" means interactive therapies derived from evidence-based research, including applied behavior analysis, which includes discrete trial training, pivotal response training, intensive intervention programs and early intensive behavioral intervention.

(b)

(1) A contract or policy of an insurer, whether under an individual or group health insurance policy providing coverage on an expense-incurred basis, an individual or group service contract issued by a health maintenance organization, a self-insured group arrangement to the extent not preempted by federal law or a managed health care delivery entity of any type or description

shall provide benefits and coverage for treatment of autism spectrum disorders that are at least as comprehensive as those provided for other neurological disorders. These benefits and coverage for treatment shall be provided to any person less than sixteen (16) years of age.

(2) The benefits and coverage required by subdivision (1) shall not exclude or deny coverage for a treatment or impose dollar limits, deductibles and coinsurance provisions based solely on the diagnosis of autism spectrum disorder. For the purposes of this subdivision, "treatment" includes diagnosis, assessment and services.

(3) The benefits and coverage required by subdivision (1) shall not exclude or deny coverage for medically necessary behavioral therapy services. To be eligible for coverage, behavioral therapy services shall be provided or supervised by a licensed or certified provider.

(c) Subject to subsection (g), benefits provided for treatment of autism spectrum disorders shall be subject to deductible and copayment requirements and benefit limits that are no more stringent than those established for the treatment of other neurological disorders.

(d) An insurer shall not refuse to renew policies, reissue policies, or otherwise terminate or restrict services to a person solely because the person is diagnosed with an autism spectrum disorder.

(e) This section shall be effective upon any contract, policy, or plan that is delivered, issued for delivery, amended or renewed on or after January 1, 2010.

(f) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit hospital insurance policies.

(g) Coverage for behavioral therapy is subject to:

(1) A fifty thousand dollar (\$50,000) maximum benefit per year for an eligible person up to the age of nine (9); and

(2) A twenty-five thousand dollar (\$25,000) maximum benefit per year for an eligible person between the age of nine and sixteen (16).

(h) This section does not require coverage for services provided outside of this state.

SECTION 2. This act shall take effect July 1, 2010, the public welfare requiring it. This act shall apply to policies and contracts entered into or renewed on and after July 1, 2010.