1	A bill to be entitled
2	An act relating to autism spectrum disorder; providing a
3	short title; creating s. 627.6686, F.S.; providing
4	definitions; requiring health insurance plans to provide
5	coverage for screening, diagnosis, intervention, and
6	treatment of autism spectrum disorder in certain children;
7	requiring a treatment plan; prohibiting an insurer from
8	denying or refusing coverage or refusing to renew or
9	reissue or terminate coverage based on a diagnosis of
10	autism spectrum disorder; providing coverage limitations;
11	providing treatment plan requirements; limiting the
12	frequency of requests for updating a treatment plan;
13	providing eligibility requirements; providing a maximum
14	benefit limitation; providing for annual adjustments of
15	the maximum benefit limitation; amending s. 1004.55, F.S.;
16	relocating the regional autism center at Florida State
17	University from the Department of Communication Disorders
18	to the College of Medicine; providing for application of
19	the act; providing an effective date.
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21	Be It Enacted by the Legislature of the State of Florida:
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23	Section 1. This act may be cited as the "Steven A.
24	Geller Autism Coverage Act."
25	Section 2. Section 627.6686, Florida Statutes, is created
26	to read:
27	627.6686 Coverage for autism spectrum disorder required;
28	exception
29	(1) As used in this section, the term:
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30	(a) "Applied behavior analysis" means the design,
31	implementation, and evaluation of environmental modifications,
32	using behavioral stimuli and consequences, to produce socially
33	significant improvement in human behavior, including, but not
34	limited to, the use of direct observation, measurement, and
35	functional analysis of the relations between environment and
36	behavior.
37	(b) "Autism spectrum disorder" means any of the following
38	disorders as defined in the most recent edition of the Diagnostic
39	and Statistical Manual of Mental Disorders of the American
40	Psychiatric Association:
41	1. Autistic disorder.
42	2. Asperger's syndrome.
43	3. Pervasive developmental disorder not otherwise
44	specified.
45	(c) "Health insurance plan" means a group health insurance
46	policy or group health benefit plan offered by an insurer which
47	includes the state group insurance program provided under s.
48	110.123. The term does not include any health insurance plan
49	offered in the individual market, any health insurance plan that
50	is individually underwritten, or any health insurance plan
51	provided to a small employer as defined in s. 627.6699(3).
52	(d) "Insurer" means an insurer, health maintenance
53	organization, or any other entity providing health insurance
54	coverage which is licensed to engage in the business of insurance
55	in this state and is subject to insurance regulation.
56	(2) A health insurance plan shall provide coverage for
57	well-baby and well-child screening for diagnosing the presence of
58	autism spectrum disorder and the intervention and treatment of

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59	autism spectrum disorder through speech therapy, occupational
60	therapy, physical therapy, applied behavior analysis, treatment
61	by a psychiatrist, psychologist, or board certified behavior
62	analyst, and any other necessary medical care. Coverage provided
63	under this section is limited to treatment that is prescribed by
64	the insured's treating medical physician in accordance with a
65	treatment plan. With regards to a health insurance plan, an
66	insurer may not deny or refuse to issue coverage for, refuse to
67	contract with, or refuse to renew or reissue or otherwise
68	terminate or restrict coverage for an individual because the
69	individual is diagnosed as having autism spectrum disorder.
70	(3) The coverage required pursuant to subsection (2) may
71	not be subject to dollar limits, deductibles, or coinsurance
72	provisions that are less favorable to an insured than the dollar
73	limits, deductibles, or coinsurance provisions that apply to
74	physical illnesses that are generally covered under the health
75	insurance plan, except as otherwise provided for in subsection
76	(5). The coverage required in subsection (2) may not be denied on
77	the basis that provided services are habilitative in nature. The
78	coverage may not be subject to any limits on the number of visits
79	an insured may make to a service provider. However, the coverage
80	required pursuant to subsection (2) may be subject to other
81	general exclusions and limitations of the insurer's policy or
82	plan, including, but not limited to, coordination of benefits,
83	participating provider requirements, restrictions on services
84	provided by family or household members, and utilization review
85	of health care services, including the review of medical
86	necessity, case management, and other managed care provisions.

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87	(4) The treatment plan required pursuant to subsection (2)
88	must include all elements necessary for the health insurance plan
89	to appropriately pay claims. These elements include, but are not
90	limited to, a diagnosis, the proposed treatment by type, the
91	frequency and duration of treatment, the anticipated outcomes
92	stated as goals, the frequency by which the treatment plan will
93	be updated, and the treating medical doctor's signature. A health
94	insurance plan may request an updated treatment plan only once
95	every 6 months from the treating medical doctor for purposes of
96	reviewing medical necessity unless the health insurance plan and
97	the treating medical doctor agree that a more frequent review is
98	necessary due to emerging clinical circumstances.
99	(5) To be eligible for benefits and coverage under this
100	section, an individual must be diagnosed as having autistic
101	spectrum disorder at 8 years of age or younger. The benefits and
102	coverage provided pursuant to this section shall be provided to
103	any eligible person younger than 18 years of age or to any
104	eligible person 18 years of age or older who is in high school.
105	Coverage for therapy, as defined in subsection (2), is subject to
106	a maximum benefit of \$36,000 per year. Beginning January 1, 2010,
107	this maximum benefit shall be adjusted annually on January 1 of
108	each calendar year to reflect any change from the previous year
109	in the medical component of the then current Consumer Price
110	Index, All Urban Consumers, as published by the United States
111	Department of Labor's Bureau of Labor Statistics.
112	(6) This section may not be construed as limiting benefits
113	and coverage otherwise available to an insured under a health
114	insurance plan.
115	Section 3. Paragraph (a) of subsection (1) of section
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1004.55, Florida Statutes, is amended to read: 1004.55 Regional autism centers.--

Seven regional autism centers are established to 118 (1) 119 provide nonresidential resource and training services for persons 120 of all ages and of all levels of intellectual functioning who have autism, as defined in s. 393.063; who have a pervasive 121 122 developmental disorder that is not otherwise specified; who have 123 an autistic-like disability; who have a dual sensory impairment; 124 or who have a sensory impairment with other handicapping conditions. Each center shall be operationally and fiscally 125 126 independent and shall provide services within its geographical 127 region of the state. Service delivery shall be consistent for all 128 centers. Each center shall coordinate services within and between 129 state and local agencies and school districts but may not 130 duplicate services provided by those agencies or school 131 districts. The respective locations and service areas of the 132 centers are:

(a) The <u>College of Medicine</u> Department of Communication
Disorders at Florida State University, which serves Bay, Calhoun,
Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson,
Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla,
Walton, and Washington Counties.

Section 4. This act shall take effect January 1, 2009, and applies to health insurance policies or plans issued, renewed, entered into, or delivered on or after that date.

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