

1                                   A bill to be entitled  
 2           An act relating to autism; creating s. 381.986, F.S.;  
 3           requiring that a physician refer a minor to an  
 4           appropriate specialist for screening for autism  
 5           spectrum disorder under certain circumstances;  
 6           defining the term "appropriate specialist"; amending  
 7           ss. 627.6686 and 641.31098, F.S.; defining the term  
 8           "direct patient access"; requiring that certain  
 9           insurers and health maintenance organizations provide  
 10          direct patient access to an appropriate specialist for  
 11          screening for or evaluation or diagnosis of autism  
 12          spectrum disorder; requiring coverage for a minimum  
 13          number of visits per year; providing an effective  
 14          date.

15  
 16 Be It Enacted by the Legislature of the State of Florida:

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 18           Section 1.   Section 381.986, Florida Statutes, is created  
 19           to read:

20           381.986 Screening for autism spectrum disorder.-

21           (1) If the parent or legal guardian of a minor believes  
 22           that the minor exhibits symptoms of autism spectrum disorder,  
 23           the parent or legal guardian may report his or her observation  
 24           to a physician licensed under chapter 458 or chapter 459. The  
 25           physician shall perform screening in accordance with the  
 26           guidelines of the American Academy of Pediatrics. If the  
 27           physician determines that referral to a specialist is medically  
 28           necessary, the physician shall refer the minor to an appropriate

29 specialist to determine whether the minor meets diagnostic  
 30 criteria for autism spectrum disorder. If the physician  
 31 determines that referral to a specialist is not medically  
 32 necessary, the physician shall inform the parent or legal  
 33 guardian of the option for the parent or guardian to refer the  
 34 child to the Early Steps Program or other specialist in autism.  
 35 This section does not apply to a physician providing care under  
 36 s. 395.1041.

37 (2) As used in this section, the term "appropriate  
 38 specialist" means a qualified professional licensed in this  
 39 state who is experienced in the evaluation of autism spectrum  
 40 disorder and has training in validated diagnostic tools. The  
 41 term includes, but is not limited to:

- 42 (a) A psychologist.
- 43 (b) A psychiatrist.
- 44 (c) A neurologist.
- 45 (d) A developmental or behavioral pediatrician.

46 Section 2. Section 627.6686, Florida Statutes, is amended  
 47 to read:

48 627.6686 Coverage for individuals with autism spectrum  
 49 disorder required; exception.—

50 (1) This section and s. 641.31098 may be cited as the  
 51 "Steven A. Geller Autism Coverage Act."

52 (2) As used in this section, the term:

- 53 (a) "Applied behavior analysis" means the design,  
 54 implementation, and evaluation of environmental modifications,  
 55 using behavioral stimuli and consequences, to produce socially  
 56 significant improvement in human behavior, including, but not

57 | limited to, the use of direct observation, measurement, and  
58 | functional analysis of the relations between environment and  
59 | behavior.

60 | (b) "Autism spectrum disorder" means any of the following  
61 | disorders as defined in the most recent edition of the  
62 | Diagnostic and Statistical Manual of Mental Disorders of the  
63 | American Psychiatric Association:

- 64 | 1. Autistic disorder.
- 65 | 2. Asperger's syndrome.
- 66 | 3. Pervasive developmental disorder not otherwise  
67 | specified.

68 | (c) "Direct patient access" means the ability of an  
69 | insured to obtain services from a contracted provider without a  
70 | referral or other authorization before receiving services.

71 | (d)~~(e)~~ "Eligible individual" means an individual under 18  
72 | years of age or an individual 18 years of age or older who is in  
73 | high school who has been diagnosed as having a developmental  
74 | disability at 8 years of age or younger.

75 | (e)~~(d)~~ "Health insurance plan" means a group health  
76 | insurance policy or group health benefit plan offered by an  
77 | insurer which includes the state group insurance program  
78 | provided under s. 110.123. The term does not include any health  
79 | insurance plan offered in the individual market, any health  
80 | insurance plan that is individually underwritten, or any health  
81 | insurance plan provided to a small employer.

82 | (f)~~(e)~~ "Insurer" means an insurer providing health  
83 | insurance coverage, which insurer is licensed to engage in the  
84 | business of insurance in this state and is subject to insurance

85 regulation.

86 (3) A health insurance plan issued or renewed on or after  
87 January 1, 2014 ~~April 1, 2009~~, shall provide coverage to an  
88 eligible individual for:

89 (a) Direct patient access to an appropriate specialist, as  
90 defined in s. 381.986, for a minimum of three visits per policy  
91 year for screening for or evaluation or diagnosis of autism  
92 spectrum disorder.

93 (b) ~~(a)~~ Well-baby and well-child screening for diagnosing  
94 the presence of autism spectrum disorder.

95 (c) ~~(b)~~ Treatment of autism spectrum disorder through  
96 speech therapy, occupational therapy, physical therapy, and  
97 applied behavior analysis. Applied behavior analysis services  
98 shall be provided by an individual certified pursuant to s.  
99 393.17 or an individual licensed under chapter 490 or chapter  
100 491.

101 (4) The coverage required pursuant to subsection (3) is  
102 subject to the following requirements:

103 (a) Coverage shall be limited to treatment that is  
104 prescribed by the insured's treating physician in accordance  
105 with a treatment plan.

106 (b) Coverage for the services described in subsection (3)  
107 shall be limited to \$36,000 annually and may not exceed \$200,000  
108 in total lifetime benefits.

109 (c) Coverage may not be denied on the basis that provided  
110 services are habilitative in nature.

111 (d) Coverage may be subject to other general exclusions  
112 and limitations of the insurer's policy or plan, including, but

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113 not limited to, coordination of benefits, participating provider  
114 requirements, restrictions on services provided by family or  
115 household members, and utilization review of health care  
116 services, including the review of medical necessity, case  
117 management, and other managed care provisions.

118 (5) The coverage required pursuant to subsection (3) may  
119 not be subject to dollar limits, deductibles, or coinsurance  
120 provisions that are less favorable to an insured than the dollar  
121 limits, deductibles, or coinsurance provisions that apply to  
122 physical illnesses that are generally covered under the health  
123 insurance plan, except as otherwise provided in subsection (4).

124 (6) An insurer may not deny or refuse to issue coverage  
125 for medically necessary services for, refuse to contract with,  
126 or refuse to renew or reissue or otherwise terminate or restrict  
127 coverage for an individual because the individual is diagnosed  
128 as having a developmental disability.

129 (7) The treatment plan required pursuant to subsection (4)  
130 must ~~shall~~ include all elements necessary for the health  
131 insurance plan to appropriately pay claims. These elements  
132 include, but are not limited to, a diagnosis, the proposed  
133 treatment by type, the frequency and duration of treatment, the  
134 anticipated outcomes stated as goals, the frequency with which  
135 the treatment plan will be updated, and the signature of the  
136 treating physician.

137 (8) ~~Beginning January 1, 2011,~~ The maximum benefit under  
138 paragraph (4) (b) shall be adjusted annually on January 1 of each  
139 calendar year to reflect any change from the previous year in  
140 the medical component of the then-current ~~then-current~~ Consumer

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141 Price Index for All Urban Consumers, published by the Bureau of  
142 Labor Statistics of the United States Department of Labor.

143 (9) This section does ~~may~~ not limit ~~be construed as~~  
144 ~~limiting~~ benefits and coverage otherwise available to an insured  
145 under a health insurance plan.

146 Section 3. Section 641.31098, Florida Statutes, is amended  
147 to read:

148 641.31098 Coverage for individuals with developmental  
149 disabilities.—

150 (1) This section and s. 627.6686 may be cited as the  
151 "Steven A. Geller Autism Coverage Act."

152 (2) As used in this section, the term:

153 (a) "Applied behavior analysis" means the design,  
154 implementation, and evaluation of environmental modifications,  
155 using behavioral stimuli and consequences, to produce socially  
156 significant improvement in human behavior, including, but not  
157 limited to, the use of direct observation, measurement, and  
158 functional analysis of the relations between environment and  
159 behavior.

160 (b) "Autism spectrum disorder" means any of the following  
161 disorders as defined in the most recent edition of the  
162 Diagnostic and Statistical Manual of Mental Disorders of the  
163 American Psychiatric Association:

- 164 1. Autistic disorder.
- 165 2. Asperger's syndrome.
- 166 3. Pervasive developmental disorder not otherwise  
167 specified.

168 (c) "Direct patient access" means the ability of an

169 insured to obtain services from an in-network provider without a  
170 referral or other authorization before receiving services.

171 (d)-(e) "Eligible individual" means an individual under 18  
172 years of age or an individual 18 years of age or older who is in  
173 high school who has been diagnosed as having a developmental  
174 disability at 8 years of age or younger.

175 (e)-(d) "Health maintenance contract" means a group health  
176 maintenance contract offered by a health maintenance  
177 organization. This term does not include a health maintenance  
178 contract offered in the individual market, a health maintenance  
179 contract that is individually underwritten, or a health  
180 maintenance contract provided to a small employer.

181 (3) A health maintenance contract issued or renewed on or  
182 after January 1, 2014 ~~April 1, 2009~~, shall provide coverage to  
183 an eligible individual for:

184 (a) Direct patient access to an appropriate specialist, as  
185 defined in s. 381.986, for a minimum of three visits per policy  
186 year for screening for or evaluation or diagnosis of autism  
187 spectrum disorder.

188 (b)-(a) Well-baby and well-child screening for diagnosing  
189 the presence of autism spectrum disorder.

190 (c)-(b) Treatment of autism spectrum disorder through  
191 speech therapy, occupational therapy, physical therapy, and  
192 applied behavior analysis services. Applied behavior analysis  
193 services shall be provided by an individual certified pursuant  
194 to s. 393.17 or an individual licensed under chapter 490 or  
195 chapter 491.

196 (4) The coverage required pursuant to subsection (3) is

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197 subject to the following requirements:

198 (a) Coverage shall be limited to treatment that is  
199 prescribed by the subscriber's treating physician in accordance  
200 with a treatment plan.

201 (b) Coverage for the services described in subsection (3)  
202 shall be limited to \$36,000 annually and may not exceed \$200,000  
203 in total benefits.

204 (c) Coverage may not be denied on the basis that provided  
205 services are habilitative in nature.

206 (d) Coverage may be subject to general exclusions and  
207 limitations of the subscriber's contract, including, but not  
208 limited to, coordination of benefits, participating provider  
209 requirements, and utilization review of health care services,  
210 including the review of medical necessity, case management, and  
211 other managed care provisions.

212 (5) The coverage required pursuant to subsection (3) may  
213 not be subject to dollar limits, deductibles, or coinsurance  
214 provisions that are less favorable to a subscriber than the  
215 dollar limits, deductibles, or coinsurance provisions that apply  
216 to physical illnesses that are generally covered under the  
217 subscriber's contract, except as otherwise provided in  
218 subsection (3).

219 (6) A health maintenance organization may not deny or  
220 refuse to issue coverage for medically necessary services for,  
221 refuse to contract with, or refuse to renew or reissue or  
222 otherwise terminate or restrict coverage for an individual  
223 solely because the individual is diagnosed as having a  
224 developmental disability.

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225 (7) The treatment plan required pursuant to subsection (4)  
226 must ~~shall~~ include, but need ~~is~~ not be limited to, a diagnosis,  
227 the proposed treatment by type, the frequency and duration of  
228 treatment, the anticipated outcomes stated as goals, the  
229 frequency with which the treatment plan will be updated, and the  
230 signature of the treating physician.

231 (8) ~~Beginning January 1, 2011,~~ The maximum benefit under  
232 paragraph (4) (b) shall be adjusted annually on January 1 of each  
233 calendar year to reflect any change from the previous year in  
234 the medical component of the then-current ~~then-current~~ Consumer  
235 Price Index for All Urban Consumers, published by the Bureau of  
236 Labor Statistics of the United States Department of Labor.

237 Section 4. This act shall take effect July 1, 2013.