

1 A bill to be entitled
 2 An act relating to autism; creating s. 381.988, F.S.;
 3 requiring a physician, to whom a parent or legal
 4 guardian reports observing symptoms of autism
 5 exhibited by a minor child, to refer the minor to an
 6 appropriate specialist for screening for autism
 7 spectrum disorder under certain circumstances;
 8 defining the term "appropriate specialist"; amending
 9 ss. 627.6686 and 641.31098, F.S.; defining the term
 10 "direct patient access"; requiring that certain
 11 insurance policies and health maintenance organization
 12 contracts provide direct patient access to an
 13 appropriate specialist for a minimum number of visits
 14 per year for screening for, or evaluation or diagnosis
 15 of, autism spectrum disorder; providing an effective
 16 date.

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 18 Be It Enacted by the Legislature of the State of Florida:

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 20 Section 1. Section 381.988, Florida Statutes, is created
 21 to read:

22 381.988 Screening for autism spectrum disorder.—
 23 (1) If the parent or legal guardian of a minor believes
 24 that the minor exhibits symptoms of autism spectrum disorder and
 25 reports his or her observation to a physician licensed under
 26 chapter 458 or chapter 459, the physician shall perform

27 screening in accordance with the guidelines of the American
 28 Academy of Pediatrics. If the physician determines that referral
 29 to a specialist is medically necessary, the physician shall
 30 refer the minor to an appropriate specialist to determine
 31 whether the minor meets diagnostic criteria for autism spectrum
 32 disorder. If the physician determines that referral to a
 33 specialist is not medically necessary, the physician shall
 34 inform the parent or legal guardian that he or she may directly
 35 access screening for, or evaluation or diagnosis of, autism
 36 spectrum disorder for the minor from the Early Steps program or
 37 another appropriate specialist in autism without a referral for
 38 at least three visits per policy year. This section does not
 39 apply to a physician providing care under s. 395.1041.

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

- 45 (a) A psychologist.
- 46 (b) A psychiatrist.
- 47 (c) A neurologist.
- 48 (d) A developmental or behavioral pediatrician.

49 Section 2. Section 627.6686, Florida Statutes, is amended
 50 to read:

51 627.6686 Coverage for individuals with autism spectrum
 52 disorder required; exception.—

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

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

56 (a) "Applied behavior analysis" means the design,
 57 implementation, and evaluation of environmental modifications,
 58 using behavioral stimuli and consequences, to produce socially
 59 significant improvement in human behavior, including, but not
 60 limited to, the use of direct observation, measurement, and
 61 functional analysis of the relations between environment and
 62 behavior.

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

- 67 1. Autistic disorder.
- 68 2. Asperger's syndrome.
- 69 3. Pervasive developmental disorder not otherwise
 70 specified.

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

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

78 (e)-(d) "Health insurance plan" means a group health

79 insurance policy or group health benefit plan offered by an
 80 insurer which includes the state group insurance program
 81 provided under s. 110.123. The term does not include any health
 82 insurance plan offered in the individual market, any health
 83 insurance plan that is individually underwritten, or any health
 84 insurance plan provided to a small employer.

85 (f)~~(e)~~ "Insurer" means an insurer providing health
 86 insurance coverage, which is licensed to engage in the business
 87 of insurance in this state and is subject to insurance
 88 regulation.

89 (3) A health insurance plan issued or renewed on or after
 90 January 1, 2016, ~~must April 1, 2009, shall~~ provide coverage to
 91 an eligible individual for:

92 (a) Direct patient access to an appropriate specialist, as
 93 defined in s. 381.988, for a minimum of three visits per policy
 94 year for screening for, or evaluation or diagnosis of, autism
 95 spectrum disorder.

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

98 (c)~~(b)~~ Treatment of autism spectrum disorder through
 99 speech therapy, occupational therapy, physical therapy, and
 100 applied behavior analysis. Applied behavior analysis services
 101 must ~~shall~~ be provided by an individual certified pursuant to s.
 102 393.17 or an individual licensed under chapter 490 or chapter
 103 491.

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

105 subject to the following requirements:

106 (a) Except as provided in paragraph (3) (a), coverage must
 107 ~~shall~~ be limited to treatment that is prescribed by the
 108 insured's treating physician in accordance with a treatment
 109 plan.

110 (b) Coverage for the services described in subsection (3)
 111 must ~~shall~~ be limited to \$36,000 annually and may not exceed
 112 \$200,000 in total lifetime benefits.

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

115 (d) Coverage may be subject to other general exclusions
 116 and limitations of the insurer's policy or plan, including, but
 117 not limited to, coordination of benefits, participating provider
 118 requirements, restrictions on services provided by family or
 119 household members, and utilization review of health care
 120 services, including the review of medical necessity, case
 121 management, and other managed care provisions.

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

128 (6) An insurer may not deny or refuse to issue coverage
 129 for medically necessary services, refuse to contract with, or
 130 refuse to renew or reissue or otherwise terminate or restrict

131 coverage for an individual because the individual is diagnosed
 132 as having a developmental disability.

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

141 (8) The maximum benefit under paragraph (4) (b) shall be
 142 adjusted annually on January 1 of each calendar year to reflect
 143 any change from the previous year in the medical component of
 144 the then-current ~~then-current~~ Consumer Price Index for All Urban
 145 Consumers, published by the Bureau of Labor Statistics of the
 146 United States Department of Labor.

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

150 Section 3. Section 641.31098, Florida Statutes, is amended
 151 to read:

152 641.31098 Coverage for individuals with developmental
 153 disabilities.—

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

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

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

164 (b) "Autism spectrum disorder" means any of the following
165 disorders as defined in the most recent edition of the
166 Diagnostic and Statistical Manual of Mental Disorders of the
167 American Psychiatric Association:

- 168 1. Autistic disorder.
- 169 2. Asperger's syndrome.
- 170 3. Pervasive developmental disorder not otherwise
171 specified.

172 (c) "Direct patient access" means the ability of an
173 insured to obtain services from an in-network provider without a
174 referral or other authorization before receiving services.

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

179 (e)-(d) "Health maintenance contract" means a group health
180 maintenance contract offered by a health maintenance
181 organization. This term does not include a health maintenance
182 contract offered in the individual market, a health maintenance

183 contract that is individually underwritten, or a health
 184 maintenance contract provided to a small employer.

185 (3) A health maintenance contract issued or renewed on or
 186 after January 1, 2016, must ~~April 1, 2009, shall~~ provide
 187 coverage to an eligible individual for:

188 (a) Direct patient access to an appropriate specialist, as
 189 defined in s. 381.988, for a minimum of three visits per policy
 190 year for screening for, or evaluation or diagnosis of, autism
 191 spectrum disorder.

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

194 ~~(c)-(b)~~ Treatment of autism spectrum disorder through
 195 speech therapy, occupational therapy, physical therapy, and
 196 applied behavior analysis services. Applied behavior analysis
 197 services must ~~shall~~ be provided by an individual certified
 198 pursuant to s. 393.17 or an individual licensed under chapter
 199 490 or chapter 491.

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

202 (a) Except as provided in paragraph (3) (a), coverage must
 203 ~~shall~~ be limited to treatment that is prescribed by the
 204 subscriber's treating physician in accordance with a treatment
 205 plan.

206 (b) Coverage for the services described in subsection (3)
 207 must ~~shall~~ be limited to \$36,000 annually and may not exceed
 208 \$200,000 in total benefits.

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

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

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

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

230 (7) The treatment plan required pursuant to subsection (4)
231 must ~~shall~~ include, but need ~~is~~ not be limited to, a diagnosis,
232 the proposed treatment by type, the frequency and duration of
233 treatment, the anticipated outcomes stated as goals, the
234 frequency with which the treatment plan will be updated, and the

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235 signature of the treating physician.

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

242 Section 4. This act shall take effect July 1, 2015.