

HOUSE BILL 783

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CF SB 759

By: **Delegates Reznik, Anderson, Barkley, Beidle, Bobo, Boteler, Bromwell, Carr, Clagett, Cullison, DeBoy, Donoghue, Dumais, Feldman, Frick, Frush, Gilchrist, Gutierrez, Guzzone, Healey, Howard, Hubbard, Huckler, Kaiser, A. Kelly, Kramer, Lafferty, Lee, Luedtke, A. Miller, Mizeur, Nathan-Pulliam, Oaks, Pena-Melnyk, B. Robinson, S. Robinson, Rosenberg, Rudolph, Simmons, Sophocleus, Stein, Stocksdale, F. Turner, V. Turner, Valderrama, and Waldstreicher**

Introduced and read first time: February 10, 2011

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage for Autism Spectrum Disorders**

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, and
4 health maintenance organizations to provide coverage for the diagnosis of
5 autism spectrum disorders and certain treatment of autism spectrum disorders;
6 authorizing certain treatment for autism spectrum disorders to be provided by
7 certain individuals; clarifying that certain provisions of this Act may not be
8 construed as limiting certain benefits otherwise available to an individual;
9 prohibiting certain limits on visits to an autism services provider; clarifying
10 that certain provisions of this Act may not be construed to prohibit certain
11 utilization review; requiring a certain notice; authorizing certain insurers,
12 nonprofit health service plans, and health maintenance organizations to request
13 an updated treatment plan at certain intervals; requiring certain insurers,
14 nonprofit health service plans, and health maintenance organizations to pay the
15 cost of the updated treatment plan; providing that a certain determination
16 constitutes an adverse decision under certain provisions of law; providing that
17 certain insurers, nonprofit health service plans, and health maintenance
18 organizations are not required to provide reimbursement for certain services;
19 making the provisions of this Act applicable to health maintenance
20 organizations; defining certain terms; providing for the application of this Act;
21 providing for a delayed effective date; and generally relating to health insurance
22 coverage for autism spectrum disorders.

23 BY adding to

24 Article – Insurance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 15–845
2 Annotated Code of Maryland
3 (2006 Replacement Volume and 2010 Supplement)

4 BY adding to
5 Article – Health – General
6 Section 19–706(kkkk)
7 Annotated Code of Maryland
8 (2009 Replacement Volume and 2010 Supplement)

9 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
10 MARYLAND, That the Laws of Maryland read as follows:

11 **Article – Insurance**

12 **15–845.**

13 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE
14 MEANINGS INDICATED.

15 (2) “AUTISM SPECTRUM DISORDERS” MEANS ANY OF THE
16 PERVASIVE DEVELOPMENTAL DISORDERS, AS DESCRIBED IN THE CURRENT
17 VERSION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL
18 DISORDERS.

19 (3) “DIAGNOSIS OF AUTISM SPECTRUM DISORDERS” MEANS
20 MEDICALLY NECESSARY ASSESSMENTS, EVALUATIONS, OR TESTS TO DIAGNOSE
21 WHETHER AN INDIVIDUAL HAS AN AUTISM SPECTRUM DISORDER.

22 (4) “HABILITATIVE OR REHABILITATIVE CARE” MEANS
23 PROFESSIONAL, COUNSELING, AND GUIDANCE SERVICES AND TREATMENT
24 PROGRAMS, INCLUDING BEHAVIORAL HEALTH TREATMENTS SUCH AS APPLIED
25 BEHAVIOR ANALYSIS, AND DEVICES THAT ARE NECESSARY TO DEVELOP,
26 MAINTAIN, OR RESTORE, TO THE MAXIMUM EXTENT PRACTICABLE, THE
27 FUNCTIONING OF AN INDIVIDUAL.

28 (5) “TREATMENT OF AUTISM SPECTRUM DISORDERS” MEANS
29 HABILITATIVE OR REHABILITATIVE CARE PRESCRIBED TO AN INDIVIDUAL
30 DIAGNOSED WITH AN AUTISM SPECTRUM DISORDER AS PART OF A TREATMENT
31 PLAN THAT INCLUDES THERAPEUTIC GOALS AND OUTCOME MEASURES.

32 (B) THIS SECTION APPLIES TO:

33 (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT
34 PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR

1 GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE
2 POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

3 (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
4 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
5 UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

6 (C) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE
7 FOR:

8 (1) THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS; AND

9 (2) THE EVIDENCE-BASED, MEDICALLY NECESSARY TREATMENT
10 OF AUTISM SPECTRUM DISORDERS, PRESCRIBED BY:

11 (I) A LICENSED PHYSICIAN;

12 (II) A LICENSED PSYCHOLOGIST;

13 (III) A LICENSED SPEECH-LANGUAGE PATHOLOGIST; OR

14 (IV) A BOARD CERTIFIED BEHAVIOR ANALYST
15 CREDENTIALLED BY THE BEHAVIOR ANALYST CERTIFICATION BOARD.

16 (D) TREATMENT OF AUTISM SPECTRUM DISORDERS COVERED UNDER
17 THIS SECTION MAY BE PROVIDED BY AN INDIVIDUAL WHO IS UNDER THE
18 SUPERVISION OF:

19 (1) A LICENSED PSYCHOLOGIST; OR

20 (2) A BOARD CERTIFIED BEHAVIOR ANALYST CREDENTIALLED BY
21 THE BEHAVIOR ANALYST CERTIFICATION BOARD.

22 (E) THIS SECTION MAY NOT BE CONSTRUED AS LIMITING BENEFITS
23 THAT OTHERWISE ARE AVAILABLE TO AN INDIVIDUAL UNDER:

24 (1) § 15-802 OR § 15-835 OF THIS SUBTITLE;

25 (2) § 19-703.1 OR § 19-706(NN) OF THE HEALTH - GENERAL
26 ARTICLE; OR

27 (3) ANY OTHER COVERAGE PROVIDED UNDER A HEALTH
28 INSURANCE POLICY OR A HEALTH MAINTENANCE ORGANIZATION CONTRACT.

1 **(F) (1) COVERAGE UNDER THIS SECTION IS NOT SUBJECT TO PRESET**
2 **LIMITS ON THE NUMBER OF VISITS AN INDIVIDUAL MAY MAKE TO AN AUTISM**
3 **SERVICES PROVIDER.**

4 **(2) PARAGRAPH (1) OF THIS SUBSECTION MAY NOT BE**
5 **CONSTRUED TO PROHIBIT AN ENTITY SUBJECT TO THIS SECTION FROM**
6 **CONDUCTING UTILIZATION REVIEW FOR THE PURPOSE OF DETERMINING THE**
7 **DURATION AND INTENSITY OF TREATMENT COVERED UNDER THIS SECTION.**

8 **(G) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE**
9 **ANNUALLY TO ITS INSURED AND ENROLLEES ABOUT THE COVERAGE**
10 **REQUIRED UNDER THIS SECTION.**

11 **(H) (1) AN ENTITY SUBJECT TO THIS SECTION PERIODICALLY MAY**
12 **REQUEST AN UPDATED TREATMENT PLAN, BUT NOT MORE OFTEN THAN ONCE**
13 **EVERY 12 MONTHS, UNLESS THE LICENSED PHYSICIAN, LICENSED**
14 **PSYCHOLOGIST, LICENSED SPEECH-LANGUAGE PATHOLOGIST, OR BOARD**
15 **CERTIFIED BEHAVIOR ANALYST WHO PRESCRIBES CARE FOR AN INDIVIDUAL**
16 **AGREES THAT MORE FREQUENT REVIEW OF THE INDIVIDUAL'S TREATMENT**
17 **PLAN IS NECESSARY.**

18 **(2) AN ENTITY SUBJECT TO THIS SECTION THAT REQUESTS AN**
19 **UPDATED TREATMENT PLAN SHALL BEAR THE COST OF OBTAINING THE PLAN.**

20 **(I) A DETERMINATION BY AN ENTITY SUBJECT TO THIS SECTION TO**
21 **DENY COVERAGE FOR THE BENEFITS PROVIDED UNDER THIS SECTION**
22 **CONSTITUTES AN ADVERSE DECISION UNDER SUBTITLE 10A OF THIS TITLE.**

23 **(J) AN ENTITY SUBJECT TO THIS SECTION IS NOT REQUIRED TO**
24 **PROVIDE REIMBURSEMENT FOR SERVICES DELIVERED THROUGH EARLY**
25 **INTERVENTION OR OTHER SCHOOL SERVICES.**

26 **Article – Health – General**

27 19–706.

28 **(KKKK) THE PROVISIONS OF § 15–845 OF THE INSURANCE ARTICLE**
29 **APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

30 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
31 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
32 on or after January 1, 2012.

33 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
34 January 1, 2012.