

LEGISLATIVE ACTION

Senate

House

Senators Ring and Gardiner moved the following:

Senate Amendment (with title amendment)

Between lines 1835 and 1836

4 insert:

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Section 37. Section 381.986, Florida Statutes, is created to read:

381.986 Screening for autism spectrum disorder.-

(1) If the parent or legal guardian of a minor believes

9 that the minor exhibits symptoms of autism spectrum disorder as

10 defined in ss. 627.6686 and 641.31098, the parent or legal

11 guardian may report his or her observation to a physician

12 licensed in this state. The physician shall perform screening in

13 accordance with American Academy of Pediatrics' guidelines. If

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14	the physician determines that referral to a specialist is
15	medically necessary, he or she shall refer the minor to an
16	appropriate specialist to determine whether the minor meets
17	diagnostic criteria for autism spectrum disorder as defined in
18	ss. 627.6686 and 641.31098. If the physician determines that
19	referral to a specialist is not medically necessary, the
20	physician shall inform the parent or legal guardian that they
21	can self-refer to the Early Steps intervention program or other
22	specialist in autism. This section does not apply to a physician
23	providing care under s. 395.1041.
24	(2) As used in this section, the term "appropriate
25	specialist" means a qualified professional who is experienced in
26	the evaluation of autism spectrum disorder as defined in ss.
27	627.6686 and 641.31098, is licensed in this state, and has
28	training in validated diagnostic tools. The term includes, but
29	is not limited to:
30	(a) A psychologist;
31	(b) A psychiatrist;
32	(c) A neurologist;
33	(d) A developmental or behavioral pediatrician; or
34	(e) A professional whose licensure, by rule, is deemed
35	appropriate by the Children's Medical Services Early Steps
36	Program within the Department of Health.
37	Section 38. Section 627.6686, Florida Statutes, is amended
38	to read:
39	627.6686 Coverage for individuals with <u>developmental</u>
40	disabilities autism spectrum disorder required; exception
41	(1) This section and s. 641.31098 may be cited as the
42	"Steven A. Geller Autism Coverage Act."

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43 (2) As used in this section, the term: (a) "Applied behavior analysis" means the design, 44 45 implementation, and evaluation of environmental modifications, 46 using behavioral stimuli and consequences, to produce socially 47 significant improvement in human behavior, including, but not 48 limited to, the use of direct observation, measurement, and 49 functional analysis of the relations between environment and 50 behavior. 51 (b) "Autism spectrum disorder" means any of the following disorders as defined in the most recent edition of the 52 53 Diagnostic and Statistical Manual of Mental Disorders of the 54 American Psychiatric Association: 55 1. Autistic disorder. 56 2. Asperger's syndrome. 57 3. Pervasive developmental disorder not otherwise specified. 58 (c) "Developmental disability" means a disorder or syndrome 59 attributable to cerebral palsy or Down syndrome, which manifests 60 before the age of 18 years and constitutes a substantial 61 62 handicap that can reasonably be expected to continue 63 indefinitely. As used in this section: 1. "Cerebral palsy" has the same meaning as in s. 393.063. 64 65 2. "Down syndrome" means a disorder caused by the presence 66 of an extra chromosome 21. 67 (d) "Direct patient access" means the ability of an insured 68 to obtain services from an in-network provider without a 69 referral or other authorization before receiving services. 70 (e) (c) "Eligible individual" means an individual under 18 71 years of age or an individual 18 years of age or older who is in



72 high school <u>and</u> who has been diagnosed as having a developmental 73 disability at 8 years of age or younger.

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

81 <u>(g) (e)</u> "Insurer" means an insurer providing health 82 insurance coverage, which is licensed to engage in the business 83 of insurance in this state and is subject to insurance 84 regulation.

(3) A health insurance plan <u>must</u> issued or renewed on or after April 1, 2009, shall provide coverage to an eligible individual for:

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

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

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

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

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101 subject to the following requirements: 102 (a) Coverage shall be limited to treatment that is 103 prescribed by the insured's treating physician in accordance 104 with a treatment plan. 105 (b) Coverage for the services described in subsection (3) 106 shall be limited to \$36,000 annually and may not exceed \$200,000

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107 in total lifetime benefits.

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

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

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

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

(7) The treatment plan required pursuant to subsection (4)shall include all elements necessary for the health insurance



plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, the proposed treatment by type, the frequency and duration of treatment, the anticipated outcomes stated as goals, the frequency with which the treatment plan will be updated, and the signature of the treating physician.

(8) Beginning January 1, 2011, the maximum benefit under
paragraph (4) (b) shall be adjusted annually on January 1 of each
calendar year to reflect any change from the previous year in
the medical component of the then current Consumer Price Index
for all urban consumers, published by the Bureau of Labor
Statistics of the United States Department of Labor.

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

145 (10) The Office of Insurance Regulation may not enforce 146 this section against an insurer that becomes is a signatory no later than April 1, 2009, to the developmental disabilities 147 compact established under s. 624.916 by July 1, 2010. The Office 148 of Insurance Regulation shall enforce this section against an 149 150 insurer that is a signatory to the compact established under s. 151 624.916 if the insurer has not complied with the terms of the 152 compact for all health insurance plans by April 1, 2010. 153 However, any provisions of this section which are amended 154 effective July 1, 2010, may not be enforced retroactively.

Section 39. Subsections (2) and (3) of section 641.31098, Florida Statutes, are amended to read:

157 641.31098 Coverage for individuals with developmental158 disabilities.-

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159 (2) As used in this section, the term: 160 (a) "Applied behavior analysis" means the design, 161 implementation, and evaluation of environmental modifications, 162 using behavioral stimuli and consequences, to produce socially 163 significant improvement in human behavior, including, but not 164 limited to, the use of direct observation, measurement, and 165 functional analysis of the relations between environment and 166 behavior. 167 (b) "Autism spectrum disorder" means any of the following disorders as defined in the most recent edition of the 168 169 Diagnostic and Statistical Manual of Mental Disorders of the 170 American Psychiatric Association: 1. Autistic disorder. 171 172 2. Asperger's syndrome. 173 3. Pervasive developmental disorder not otherwise 174 specified. (c) "Developmental disability" means a disorder or syndrome 175 176 attributable to cerebral palsy or Down syndrome, which manifests 177 before the age of 18 years and constitutes a substantial 178 handicap that can reasonably be expected to continue 179 indefinitely. As used in this section: 180 1. "Cerebral palsy" has the same meaning as in s. 393.063. 181 2. "Down syndrome" means a disorder caused by the presence 182 of an extra chromosome 21. (d) "Direct patient access" means the ability of an insured 183 184 to obtain services from an in-network provider without a 185 referral or other authorization before receiving services. 186 (e) (c) "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in 187

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188 high school <u>and</u> who has been diagnosed as having a developmental 189 disability at 8 years of age or younger.

190 <u>(f)(d)</u> "Health maintenance contract" means a group health 191 maintenance contract offered by a health maintenance 192 organization. <u>The This term does not include a health</u> 193 maintenance contract offered in the individual market, a health 194 maintenance contract that is individually underwritten, or a 195 health maintenance contract provided to a small employer.

(3) A health maintenance contract <u>must</u> issued or renewed on
 or after April 1, 2009, shall provide coverage to an eligible
 individual for:

(a) Direct patient access to one appropriate specialist, as defined in s. 381.986, for a minimum of three visits per policy year for the screening for, evaluation of, or diagnosis of autism spectrum disorder or other developmental disability.

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

(c) (b) Treatment of autism spectrum disorder or other
 developmental disability through speech therapy, occupational
 therapy, physical therapy, and applied behavior analysis
 services. Applied behavior analysis services shall be provided
 by an individual certified pursuant to s. 393.17 or an
 individual licensed under chapter 490 or chapter 491.

211 Section 40. <u>The Legislature finds that the provision of</u> 212 <u>accessible and affordable quality health care permits all people</u> 213 <u>to lead productive and meaningful lives, and, to this end, it</u> 214 <u>further finds that this act fulfills an important state</u> 215 <u>interest.</u> 216

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218	And the title is amended as follows:
219	Delete line 228
220	and insert:
221	emergency; creating s. 381.986, F.S.; requiring that a
222	physician refer a minor to an appropriate specialist
223	for screening for autism spectrum disorder under
224	certain circumstances; defining the term "appropriate
225	specialist"; amending ss. 627.6686 and 641.31098,
226	F.S.; defining the terms "developmental disability"
227	and "direct patient access"; providing health
228	insurance coverage for individuals with certain
229	developmental disabilities; requiring certain insurers
230	and health maintenance organizations to provide direct
231	patient access to an appropriate specialist for the
232	screening, evaluation, or diagnosis of autism spectrum
233	disorder or other developmental disabilities;
234	requiring the insurer's policy or the health
235	maintenance organization's contract to provide a
236	minimum number of visits per year for the screening,
237	evaluation, or diagnosis of autism spectrum disorder
238	or other developmental disabilities; revising the
239	effective dates of certain enforcement provisions;
240	providing a declaration of important state interest;
241	providing applicability; providing an effective date.