

By Senator Ring

29-00046-15

2015146__

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 authorizing the parent or legal guardian to have
9 direct access to screening for, or evaluation or
10 diagnosis of, autism spectrum disorder for the minor
11 child from the Early Steps program or another
12 appropriate specialist in autism under certain
13 circumstances; defining the term "appropriate
14 specialist"; amending ss. 627.6686 and 641.31098,
15 F.S.; defining the term "direct patient access";
16 requiring that certain insurers and health maintenance
17 organizations provide direct patient access for a
18 minimum number of visits to an appropriate specialist
19 for screening for, or evaluation or diagnosis of,
20 autism spectrum disorder; providing an effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Section 381.988, Florida Statutes, is created to
25 read:

26 381.988 Screening for autism spectrum disorder.-

27 (1) If the parent or legal guardian of a minor believes
28 that the minor exhibits symptoms of autism spectrum disorder and
29 reports his or her observation to a physician licensed under

29-00046-15

2015146__

30 chapter 458 or chapter 459, the physician shall screen in
31 accordance with the guidelines of the American Academy of
32 Pediatrics. If the physician determines that referral to a
33 specialist is medically necessary, the physician shall refer the
34 minor to an appropriate specialist to determine whether the
35 minor meets diagnostic criteria for autism spectrum disorder. If
36 the physician determines that referral to a specialist is not
37 medically necessary, the physician shall inform the parent or
38 legal guardian that the parent or legal guardian may have direct
39 access to screening for, or evaluation or diagnosis of, autism
40 spectrum disorder for the minor from the Early Steps program or
41 another appropriate specialist in autism without a referral for
42 at least three visits per policy year. This section does not
43 apply to a physician providing care under s. 395.1041.

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

- 49 (a) A psychologist;
50 (b) A psychiatrist;
51 (c) A neurologist; or
52 (d) A developmental or behavioral pediatrician.

53 Section 2. Section 627.6686, Florida Statutes, is amended
54 to read:

55 627.6686 Coverage for individuals with autism spectrum
56 disorder required; exception.—

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

29-00046-15

2015146__

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

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

67 (b) "Autism spectrum disorder" means any of the following
68 disorders as defined in the most recent edition of the
69 Diagnostic and Statistical Manual of Mental Disorders of the
70 American Psychiatric Association:

- 71 1. Autistic disorder.
- 72 2. Asperger's syndrome.
- 73 3. Pervasive developmental disorder not otherwise
74 specified.

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

78 (d)~~(e)~~ "Eligible individual" means an individual under 18
79 years of age or an individual 18 years of age or older who is in
80 high school who has been diagnosed as having a developmental
81 disability at 8 years of age or younger.

82 (e)~~(d)~~ "Health insurance plan" means a group health
83 insurance policy or group health benefit plan offered by an
84 insurer which includes the state group insurance program
85 provided under s. 110.123. The term does not include any health
86 insurance plan offered in the individual market, any health
87 insurance plan that is individually underwritten, or any health

29-00046-15

2015146__

88 insurance plan provided to a small employer.

89 (f)~~(e)~~ "Insurer" means an insurer providing health
90 insurance coverage, which is licensed to engage in the business
91 of insurance in this state and is subject to insurance
92 regulation.

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

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

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

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

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

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

113 (b) Coverage for the services described in subsection (3)
114 must ~~shall~~ be limited to \$36,000 annually and may not exceed
115 \$200,000 in total lifetime benefits.

116 (c) Coverage may not be denied on the basis that provided

29-00046-15

2015146__

117 services are habilitative in nature.

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

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

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

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

144 (8) The maximum benefit under paragraph (4) (b) shall be
145 adjusted annually on January 1 of each calendar year to reflect

29-00046-15

2015146__

146 any change from the previous year in the medical component of
147 the then current Consumer Price Index for All Urban Consumers,
148 published by the Bureau of Labor Statistics of the United States
149 Department of Labor.

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

153 Section 3. Section 641.31098, Florida Statutes, is amended
154 to read:

155 641.31098 Coverage for individuals with developmental
156 disabilities.—

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

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
168 disorders as defined in the most recent edition of the
169 Diagnostic and Statistical Manual of Mental Disorders of the
170 American Psychiatric Association:

- 171 1. Autistic disorder.
- 172 2. Asperger's syndrome.
- 173 3. Pervasive developmental disorder not otherwise
174 specified.

29-00046-15

2015146__

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

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

182 (e)~~(d)~~ "Health maintenance contract" means a group health
183 maintenance contract offered by a health maintenance
184 organization. This term does not include a health maintenance
185 contract offered in the individual market, a health maintenance
186 contract that is individually underwritten, or a health
187 maintenance contract provided to a small employer.

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

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

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

197 (c)~~(b)~~ Treatment of autism spectrum disorder through speech
198 therapy, occupational therapy, physical therapy, and applied
199 behavior analysis services. Applied behavior analysis services
200 must ~~shall~~ be provided by an individual certified pursuant to s.
201 393.17 or an individual licensed under chapter 490 or chapter
202 491.

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

29-00046-15

2015146__

204 subject to the following requirements:

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

209 (b) Coverage for the services described in subsection (3)
210 must ~~shall~~ be limited to \$36,000 annually and may not exceed
211 \$200,000 in total benefits.

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

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

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

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

29-00046-15

2015146__

233 (7) The treatment plan required pursuant to subsection (4)
234 must ~~shall~~ include, but need is not be limited to, a diagnosis,
235 the proposed treatment by type, the frequency and duration of
236 treatment, the anticipated outcomes stated as goals, the
237 frequency with which the treatment plan will be updated, and the
238 signature of the treating physician.

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

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