

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	9 - 0 - 0
Yeas:	Bonamici, Bruun, Cannon, Flores, Gelser, Kotek, Maurer, Richardson, Greenlick
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	3/14 (Access sub), 4/25 (Access sub), 4/30 (Full)

WHAT THE MEASURE DOES: Specifies that health benefit plans may not deny benefits to an individual who is covered under the plan due to the diagnosis of pervasive developmental disorder. Specifies that the treatment of a pervasive developmental disorder is subject to the same requirements of the plan that applies to physical illness, including copayments, coinsurance or deductibles. Defines pervasive developmental disorder. Directs the Health Resources Commission to review medical and behavioral health evidence on the treatment of pervasive developmental disorders. Directs the Health Resources Commission to report to the Seventy-fifth Legislative Assembly. Exempts these provisions from the automatic repeal provisions.

ISSUES DISCUSSED:

- Overview of autism spectrum disorder and current treatments
- Two routes that the diagnosis may follow: medical and educational
- Impact of education service district diagnosis does not become part of the child's medical record, allowing for insurance coverage of therapeutic services, medical diagnosis leaves a child ineligible for insurance reimbursement
- Current autism rates in Oregon
- The diagnosis of autism is not included in mental health parity
- Reimbursement issues arise under the terms "medically necessary and proven treatment"
- Mental health parity versus physical health parity

EFFECT OF COMMITTEE AMENDMENT: Clarifies that health benefit plans may not deny benefits to an individual who covered under the plan due to the diagnosis of pervasive developmental disorder. Directs the Health Resources Commission to review medical and behavioral health evidence on the treatment of pervasive developmental disorders. Directs the Health Resources Commission to report to the Seventy-fifth Legislative Assembly.

BACKGROUND: The diagnosis of Pervasive Developmental Disorder (PDD) was first used in the 1980s to describe a class of disorders characterized by impairments in social interaction, imaginative activity, verbal and nonverbal communication skills, and a limited number of interests and activities that tend to be repetitive. All types of PDD are neurological disorders that are usually evident by age three. Generally, children with a type of PDD have difficulty in talking, playing with other children, and relating to others, including their family. The five types of PDD are: 1) autistic disorder; 2) Rett's disorder; 3) childhood disintegrative disorder; 4) Asperger's disorder; and 5) pervasive developmental disorder not otherwise specified.

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This summary has not been adopted or officially endorsed by action of the committee.