

Senate Bill 555

Sponsored by Senator EDWARDS, Representative BUCKLEY; Senator BONAMICI (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Adds new definitions and requirements for health insurance coverage of autism spectrum disorders.

A BILL FOR AN ACT

1
2 Relating to health insurance coverage for individuals with disabilities; creating new provisions; and
3 amending ORS 743A.190.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. Section 2 of this 2011 Act is added to and made a part of the Insurance Code.**

6 **SECTION 2. As used in this section and ORS 743A.190:**

7 (1) **"Applied behavior analysis" means the design, implementation and evaluation of en-**
8 **vironmental modifications, using behavioral stimuli and consequences, to produce socially**
9 **significant improvement in human behavior, including the use of direct observation, meas-**
10 **urement, and functional analysis of the relationship between environment and behavior.**

11 (2) **"Autism spectrum disorder" means a neurobiological condition that includes autistic**
12 **disorder, Asperger's disorder or pervasive developmental disorder not otherwise specified as**
13 **defined in the Diagnostic and Statistical Manual of Mental Disorders published by the**
14 **American Psychiatric Association.**

15 (3) **"Certified behavior analyst" means an individual certified by the Behavior Analyst**
16 **Certification Board as a "Board Certified Behavior Analyst," or "Board Certified Associate**
17 **Behavior Analyst" or certified by another nationally recognized organization.**

18 (4) **"Coordination of care" means a service that:**

19 (a) **Facilitates linking patients with appropriate services and resources in a coordinated**
20 **effort to ensure that patient needs are met and services are not duplicated by organizations**
21 **involved in providing care;**

22 (b) **Assists patients and families to more effectively navigate and use the health care**
23 **system; or**

24 (c) **Maximizes the value of services delivered to patients by facilitating beneficial, effi-**
25 **cient, safe and high-quality patient experiences and improved health care outcomes.**

26 (5) **"Diagnosis" means medically necessary assessment, evaluations or tests.**

27 (6) **"Habilitative or rehabilitative care" means professional counseling, guidance, services**
28 **and treatment programs, including applied behavior analysis, developmental approaches and**
29 **other behavioral health treatments, that are necessary to develop, improve, maintain and**
30 **restore to the maximum possible extent an individual's functioning and that are provided by**
31 **a licensed or certified physician, psychologist, psychiatrist, speech-language pathologist, oc-**

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 **cupational therapist, physical therapist or certified behavior analyst or the line therapists**
 2 **that they supervise, or a clinical autism spectrum disorder specialist certified by the Teacher**
 3 **Standards and Practices Commission.**

4 (7) **“Medically necessary” means reasonably expected to do the following:**

5 (a) **Prevent the onset of an illness, condition, injury or disability;**

6 (b) **Reduce or ameliorate the physical, mental or developmental effects of an illness,**
 7 **condition, injury or disability; or**

8 (c) **Assist an individual in achieving or maintaining maximum functional capacity to**
 9 **perform daily activities, taking into account both the functional capacity of the individual**
 10 **and the functional capacities that are appropriate for individuals of the same age.**

11 (8) **“Pharmacy care” means medications prescribed by a licensed physician and any**
 12 **health-related services deemed medically necessary to determine the need or effectiveness**
 13 **of the medications.**

14 (9) **“Psychiatric care” means direct or consultative services provided by a psychiatrist**
 15 **licensed in the state where the psychiatrist practices.**

16 (10) **“Psychological care” means direct or consultative services provided by a psychologist**
 17 **licensed in the state where the psychologist practices.**

18 (11) **“Therapeutic care” means services provided by licensed or certified speech-language**
 19 **pathologists, occupational therapists or physical therapists.**

20 (12) **“Treatment for autism spectrum disorders” includes, but is not limited to, the fol-**
 21 **lowing care prescribed, provided or ordered for an individual diagnosed with one of the**
 22 **autism spectrum disorders by licensed physician or licensed psychologist who determines the**
 23 **care to be medically necessary:**

24 (a) **Habilitative or rehabilitative care;**

25 (b) **Pharmacy care;**

26 (c) **Psychiatric care;**

27 (d) **Psychological care;**

28 (e) **Therapeutic care;**

29 (f) **Augmentative communication devices and other assistive technology devices;**

30 (g) **Coordination of care; and**

31 (h) **Any other medically necessary care that meets the same standard of evidence re-**
 32 **quired for coverage of the prevailing medical or surgical treatments.**

33 **SECTION 3.** ORS 743A.190 is amended to read:

34 *743A.190. [(1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled in*
 35 *the plan who is under 18 years of age and who has been diagnosed with a pervasive developmental*
 36 *disorder all medical services, including rehabilitation services, that are medically necessary and are*
 37 *otherwise covered under the plan.]*

38 *[(2) The coverage required under subsection (1) of this section, including rehabilitation services,*
 39 *may be made subject to other provisions of the health benefit plan that apply to covered services, in-*
 40 *cluding but not limited to:]*

41 *[(a) Deductibles, copayments or coinsurance;]*

42 *[(b) Prior authorization or utilization review requirements; or]*

43 *[(c) Treatment limitations regarding the number of visits or the duration of treatment.]*

44 *[(3) As used in this section:]*

45 *[(a) “Medically necessary” means in accordance with the definition of medical necessity that is*

1 *specified in the policy, certificate or contract for the health benefit plan and that applies uniformly to*
 2 *all covered services under the health benefit plan.]*

3 *[(b) "Pervasive developmental disorder" means a neurological condition that includes Asperger's*
 4 *syndrome, autism, developmental delay, developmental disability or mental retardation.]*

5 *[(c) "Rehabilitation services" means physical therapy, occupational therapy or speech therapy ser-*
 6 *vices to restore or improve function.]*

7 *[(4) The provisions of ORS 743A.001 do not apply to this section.]*

8 *[(5) The definition of "pervasive developmental disorder" is not intended to apply to coverage re-*
 9 *quired under ORS 743A.168.]*

10 **(1) A health insurance policy that provides coverage for hospital, surgical or medical care**
 11 **shall provide coverage for the screening for, diagnosis of and treatment for autism spectrum**
 12 **disorders. An insurer may not terminate coverage or refuse to issue or renew coverage to**
 13 **an individual solely because the individual is diagnosed with one of the autism spectrum**
 14 **disorders or has received treatment for an autism spectrum disorder.**

15 **(2) Coverage under this section may not be subject to utilization controls regarding the**
 16 **number or frequency of visits or the duration of treatment.**

17 **(3) The coverage under this section may not be subject to dollar limits, deductibles,**
 18 **copayments or coinsurance provisions that are less favorable to an insured than the dollar**
 19 **limits, deductibles, copayments or coinsurance provisions that apply to physical illness gen-**
 20 **erally under the health insurance policy.**

21 **(4) This section does not limit coverage that is otherwise available to an individual under**
 22 **a health insurance policy or reduce benefits required under ORS 743A.168.**

23 **(5) A claim for services described in this section may not be denied on the basis that the**
 24 **service is habilitative or rehabilitative and does not fully restore function.**

25 **(6) Coverage required by this section includes medically necessary treatment provided in**
 26 **the home and in the community.**

27 **(7) Except for inpatient services, if an individual is receiving treatment for autism spec-**
 28 **trum disorders, an insurer has the right to request a review of the treatment not more than**
 29 **once every 12 months unless the insurer and the individual's licensed physician or licensed**
 30 **psychologist agrees that a more frequent review is necessary. The cost of obtaining any re-**
 31 **view will be borne by the insurer.**

32 **(8) ORS 743A.001 does not apply to this section.**

33 **SECTION 4. Section 2 of this 2011 Act and the amendments to ORS 743A.190 by section**
 34 **3 of this 2011 Act apply to policies or certificates issued or renewed on or after the effective**
 35 **date of this 2011 Act.**

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