

## SENATE AMENDMENTS TO SENATE BILL 555

By COMMITTEE ON HEALTH CARE, HUMAN SERVICES AND RURAL HEALTH  
POLICY

May 5

1 On page 1 of the printed bill, line 5, delete “Section 2” and insert “Sections 2 and 3” and delete  
2 “is” and insert “are”.

3 In line 6, delete “ORS 743A.190” and insert “section 3 of this 2011 Act”.

4 In line 8, after “modifications” insert “for an individual who is 11 years of age or younger”.

5 In line 13, before “Diagnostic” insert “most recent edition of the”.

6 Delete page 2 and insert “cupational therapist, physical therapist, certified behavior analyst,  
7 clinical autism spectrum disorder specialist with an Autism Spectrum Disorder Specialist Continuing  
8 Teacher License from the Teacher Standards and Practices Commission or line therapists supervised  
9 by any of the above.

10 “(7) ‘Medical accommodations for usual care’ means medical accommodations and services that  
11 are medically necessary in order for an individual with an autism spectrum disorder to receive the  
12 same medical or dental care that an individual without an autism spectrum disorder would receive,  
13 including but not limited to sedation.

14 “(8) ‘Medically necessary’ means reasonably expected to do the following:

15 “(a) Prevent the onset of an illness, condition, injury or disability;

16 “(b) Reduce or ameliorate the physical, mental or developmental effects of an illness, condition,  
17 injury or disability; or

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

21 “(9) ‘Pharmacy care’ means medications prescribed by a licensed physician and any health-  
22 related services deemed medically necessary to determine the need or effectiveness of the  
23 medications.

24 “(10) ‘Psychiatric care’ means direct or consultative services provided by a psychiatrist licensed  
25 in the state where the psychiatrist practices.

26 “(11) ‘Psychological care’ means direct or consultative services provided by a psychologist li-  
27 censed in the state where the psychologist practices.

28 “(12) ‘Therapeutic care’ means services provided by licensed or certified speech-language  
29 pathologists, occupational therapists or physical therapists.

30 “(13) ‘Treatment for autism spectrum disorders’ includes, but is not limited to, the following care  
31 prescribed, provided or ordered for an individual diagnosed with one of the autism spectrum disor-  
32 ders by a licensed physician or licensed psychologist who determines the care to be medically nec-  
33 essary:

34 “(a) Habilitative or rehabilitative care;

35 “(b) Pharmacy care;

1 “(c) Psychiatric care;

2 “(d) Psychological care;

3 “(e) Therapeutic care;

4 “(f) Augmentative communication devices and other assistive technology devices;

5 “(g) Medical accommodations for usual care;

6 “(h) Coordination of care; and

7 “(i) Any other medically necessary care that meets a standard of best available evidence no  
8 more restrictive than the standard of evidence required for coverage of the prevailing medical or  
9 surgical treatments.

10 **“SECTION 3. (1) A health benefit plan, as defined in ORS 743.730, that provides coverage**  
11 **for hospital, surgical or medical care shall provide coverage for the screening for, diagnosis**  
12 **of and treatment for autism spectrum disorders. An insurer may not terminate coverage or**  
13 **refuse to issue or renew coverage for an individual solely because the individual is diagnosed**  
14 **with one of the autism spectrum disorders or has received treatment for an autism spectrum**  
15 **disorder.**

16 **“(2) Coverage under this section may not be subject to utilization controls regarding the**  
17 **number or frequency of visits or the duration of treatment except that applied behavioral**  
18 **analysis may be limited to 87 hours per month.**

19 **“(3) Except as provided in subsection (8) of this section, coverage under this section may**  
20 **not be subject to dollar limits, deductibles, copayments or coinsurance provisions that are**  
21 **less favorable to an insured than the dollar limits, deductibles, copayments or coinsurance**  
22 **provisions that apply to physical illness generally under the health benefit plan.**

23 **“(4) This section does not limit coverage that is otherwise available to an individual under**  
24 **a health benefit plan or reduce benefits required under ORS 743A.168.**

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

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

29 **“(7) Except for inpatient services, if an individual is receiving treatment for an autism**  
30 **spectrum disorder, an insurer may request a review of the treatment not more than once**  
31 **every six months by a review panel appointed by the insurer and at the expense of the**  
32 **insurer.**

33 **“(8) Subsections (1) to (7) of this section apply to health benefit plans and to self-**  
34 **insurance programs offered by the Public Employees’ Benefit Board and the Oregon Educa-**  
35 **tors Benefit Board. The coverage may be subject to:**

36 **“(a) A separate annual deductible of up to \$500.**

37 **“(b) A coinsurance requirement of up to 20 percent of the cost of the care.**

38 **“(c) No annual limits on the individual’s out-of-pocket expenses.**

39 **“(9) ORS 743A.001 does not apply to this section.**

40 **“(10) The Department of Consumer and Business Services, after notice, hearing and**  
41 **consultation with a panel of experts with expertise in diagnosing and treating autism spec-**  
42 **trum disorders, may adopt rules necessary to carry out the provisions of this section.**

43 **“SECTION 4. ORS 743A.190 is amended to read:**

44 **“743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled**  
45 **in the plan who is under 18 years of age and who has been diagnosed with a [pervasive] develop-**

1 mental disorder all medical services, including rehabilitation services, that are medically necessary  
2 and are otherwise covered under the plan.

3 “(2) The coverage required under subsection (1) of this section, including rehabilitation services,  
4 may be made subject to other provisions of the health benefit plan that apply to covered services,  
5 including but not limited to:

6 “(a) Deductibles, copayments or coinsurance;

7 “(b) Prior authorization or utilization review requirements; or

8 “(c) Treatment limitations regarding the number of visits or the duration of treatment.

9 “(3) As used in this section:

10 “(a) **‘Developmental disorder’ means a neurological condition that includes developmental**  
11 **delay, developmental disability or intellectual disability.**

12 “[a] (b) ‘Medically necessary’ means in accordance with the definition of medical necessity that  
13 is specified in the policy, certificate or contract for the health benefit plan and that applies uni-  
14 formly to all covered services under the health benefit plan.

15 “[b] *‘Pervasive developmental disorder’ means a neurological condition that includes Asperger’s*  
16 *syndrome, autism, developmental delay, developmental disability or mental retardation.*]

17 “(c) ‘Rehabilitation services’ means physical therapy, occupational therapy or speech therapy  
18 services to restore or improve function.

19 “(4) The provisions of ORS 743A.001 do not apply to this section.

20 “(5) The definition of [*pervasive*] developmental disorder’ is not intended to apply to coverage  
21 required under ORS 743A.168.”.

22 On page 3, delete lines 1 through 32.

23 In line 33, delete “4” and insert “5” and delete “Section 2” and insert “Sections 2 and 3”.

24 In line 34, delete “3” and insert “4”.