



Autism Speaks Analysis of Florida Senate Bill Number 2654 – Passed on May 2, 2008

OVERVIEW

1. Authorizes the Agency for Health Care Administration to seek federal approval for Medicaid coverage of applied behavior analysis and other therapies for children with autism and other developmental disabilities.
2. Requires the Office of Insurance Regulation to convene a workgroup that will negotiate a developmental disabilities compact binding health insurers and health maintenance organizations to insure persons with autism and other developmental disabilities.
3. Mandates coverage for individuals with autism by health insurers and health maintenance organizations that do not sign the compact.

DETAILED ANALYSIS

Medicaid Provision

1. Authorizes the Agency for Health Care Administration to seek federal approval through a Medicaid waiver¹ or a state plan amendment² of coverage for certain services for children with autism and other developmental disabilities. Covered services are as follows:

- Occupational therapy;

¹ A Medicaid waiver is a Medicaid program that provides special services to people with disabilities. Medicaid waivers serve individuals whose incomes would ordinarily make them ineligible for Medicaid. People served by Medicaid waivers have basic Medicaid program services plus waiver services.

² A state plan amendment is a change in the basic Medicaid program.

- Speech therapy;
- Physical therapy;
- Behavior analysis; and
- Behavior assistant services.

2. Limits the new Medicaid coverage to \$36,000 annually and \$108,000 in total lifetime benefits.

3. Eligible individuals are 5 years of age and under.

Developmental Disabilities Compact

1. Requires the Office of Insurance Regulation to convene a workgroup by August 31, 2008, that will negotiate a developmental disabilities compact binding participants to provide insurance and access to services for persons with autism and other disabilities.

2. The workgroup will consist of representatives of all health insurers and health maintenance organizations, representatives of employers with self-insured health benefit plans³, two designees of the Governor, one designee of the President of the Senate, and one designee of the Speaker of the House.

3. The Office of Insurance Regulation will also convene a consumer advisory workgroup to comment on the developmental disabilities compact prior to its finalization.

4. The compact will include the following components:

- A requirement that each signatory to the agreement increase coverage for behavior analysis and behavior assistant services, speech therapy, physical therapy, and occupational therapy;

³ These plans are subject to federal rather than state law.

- Procedures for clear notice to policyholders identifying the amount, scope, and conditions under which the services described in the preceding bullet point are provided;
- Penalties for documented cases of denial of claims for medically necessary services for a developmental disability; and
- Proposals for new product lines that may be offered in conjunction with traditional health insurance and that provide a more appropriate means of spreading risk, financing costs, and accessing favorable prices.

5. Beginning February 15, 2009, and continuing annually thereafter, the Office of Insurance Regulation will report on the implementation of the compact.

6. The Office of Insurance Regulation will monitor participation in, compliance with, and the effectiveness of the compact and will report its findings at least annually.

Autism Mandate

1. Requires health insurance plans and health maintenance contracts issued or renewed on or after April 1, 2009, to cover the following:

- Well-baby and well-child screening for diagnosing the presence of autism; and
- Treatment of autism through speech therapy, occupational therapy, physical therapy, and applied behavior analysis provided by certified behavior analysts, psychologists, clinical social workers, and others.

2. Covers the following autism spectrum disorders:

- Autistic disorder;
- Asperger's syndrome; and

- Pervasive developmental disorder not otherwise specified

3. Benefits children under 18 years of age or in high school who have been diagnosed as having a developmental disability at 8 years of age or younger.

4. Limits coverage as follows:

- Coverage is limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan.
- Coverage is limited to \$36,000 annually and may not exceed \$200,000 in total lifetime benefits. Beginning January 1, 2011, these maximum benefits will be adjusted for inflation.
- Coverage may be subject to other general exclusions and limitations, including coordination of benefits, participating provider requirements, restrictions on services provided by family members, and utilization review, including the review of medical necessity, case management, and other managed care provisions. Coverage, however, may not be denied on the basis that services are habilitative in nature.

5. Coverage 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, except as provided in #4 above.

6. Prohibits insurers from denying or refusing to issue coverage for medically necessary services or for refusing to contract with, renew, or reissue coverage, or for terminating or restricting coverage for an individual because the individual is developmentally disabled.

7. The autism mandate does not limit benefits and coverage otherwise available to an insured under a health insurance plan.

8. The autism mandate applies to the state group insurance program and other group health policies, health benefit plans, and health maintenance

contracts. It does not apply to individual market contracts or individually underwritten contracts, or to contracts provided to small employers (having 50 or fewer employees).

9. The Office of Insurance Regulation may not enforce the autism mandate against an insurer or health maintenance organization that signs the developmental disabilities compact by April 1, 2009. The Office of Insurance Regulation must, however, enforce the mandate against an insurer that signs the developmental disabilities compact but does not by April 1, 2010, comply with the terms of the compact for all health insurance plans or health maintenance contracts.