- 1 HB284
- 2 186943-4
- 3 By Representative Patterson
- 4 RFD: Insurance
- 5 First Read: 21-FEB-17

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2	<u>ENROLLED</u> , An Act,				
3	Relating to health benefit plans; to amend Sections				
4	10A-20-6.16, 27-21A-23, and 27-54A-2, Code of Alabama 1975, to				
5	require health benefit plans to cover the treatment of Autism				
6	Spectrum Disorder under certain health insurance plans and				
7	contracts.				
8	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:				
9	Section 1. Sections 10A-20-6.16, 27-21A-23, and				
10	27-54A-2, Code of Alabama 1975, are amended to read as				
11	follows:				
12	"§10A-20-6.16.				
13	"(a) No statute of this state applying to insurance				
14	companies shall be applicable to any corporation organized				
15	under this article and amendments thereto or to any contract				
16	made by the corporation; except the corporation shall be				
17	subject to all of the following:				
18	"(1) The provisions regarding annual premium tax to				
19	be paid by insurers on insurance premiums.				
20	"(2) Chapter 55 of Title 27, regarding the				
21	prohibition of unfair discriminatory acts by insurers on the				
22	basis of an applicant's or insured's abuse status.				
23	"(3) The Medicare Supplement Minimum Standards set				
24	forth in Article 2 of Chapter 19 of Title 27, and Long-Term				

Care Insurance Policy Minimum Standards set forth in Article 3
 of Chapter 19 of Title 27.

3 "(4) Section 27-1-17, requiring insurers and health
4 plans to pay health care providers in a timely manner.

5 "(5) Chapter 56 of Title 27, regarding the Access to 6 Eye Care Act.

7 "(6) Rules promulgated by the Commissioner of
8 Insurance pursuant to Sections 27-7-43 and 27-7-44.

9

"(7) Chapter 54 of Title 27.

10 "(8) Chapter 57 of Title 27, requiring coverage to 11 be offered for the payment of colorectal cancer examinations 12 for covered persons who are 50 years of age or older, or for 13 covered persons who are less than 50 years of age and at high 14 risk for colorectal cancer according to current American 15 Cancer Society colorectal cancer screening guidelines.

16 "(9) Chapter 58 of Title 27, requiring that policies 17 and contracts including coverage for prostate cancer early 18 detection be offered, together with identification of 19 associated costs.

"(10) Chapter 59 of Title 27, requiring that
 policies and contracts including coverage for chiropractic be
 offered, together with identification of associated costs.

"(11) Chapter 54A of Title 27, requiring that
 policies and contracts to offer coverage for cover certain

1 treatment for Autism Spectrum Disorder under certain 2 conditions.

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"(12) Chapter 12A of Title 27.

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"(13) Chapter 2B of Title 27.

5 "(b) The provisions in subsection (a) that require 6 specific types of coverage to be offered or provided shall not 7 apply when the corporation is administering a self-funded 8 benefit plan or similar plan, fund, or program that it does 9 not insure.

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"§27-21A-23.

11 "(a) Except as otherwise provided in this chapter, 12 provisions of the insurance law and provisions of health care 13 service plan laws shall not be applicable to any health maintenance organization granted a certificate of authority 14 15 under this chapter. This provision shall not apply to an 16 insurer or health care service plan licensed and regulated 17 pursuant to the insurance law or the health care service plan 18 laws of this state except with respect to its health 19 maintenance organization activities authorized and regulated 20 pursuant to this chapter.

"(b) Solicitation of enrollees by a health maintenance organization granted a certificate of authority shall not be construed to violate any provision of law relating to solicitation or advertising by health professionals.

1 "(c) Any health maintenance organization authorized under this chapter shall not be deemed to be practicing 2 medicine and shall be exempt from the provisions of Section 3 4 34-24-310, et seq., relating to the practice of medicine. 5 "(d) No person participating in the arrangements of 6 a health maintenance organization other than the actual 7 provider of health care services or supplies directly to 8 enrollees and their families shall be liable for negligence, 9 misfeasance, nonfeasance, or malpractice in connection with 10 the furnishing of such services and supplies. 11 "(e) Nothing in this chapter shall be construed in 12 any way to repeal or conflict with any provision of the 13 certificate of need law. "(f) Notwithstanding the provisions of subsection 14 15 (a), a health maintenance organization shall be subject to all of the following: 16 "(1) Section 27-1-17. 17 "(2) Chapter 56, regarding the Access to Eye Care 18 19 Act. 20 "(3) Chapter 54, regarding mental illness coverage. 21 "(4) Chapter 57, requiring coverage to be offered 22 for the payment of colorectal cancer examinations for covered 23 persons who are 50 years of age or older, or for covered 24 persons who are less than 50 years of age and at high risk for

colorectal cancer according to current American Cancer Society
 colorectal cancer screening guidelines.

3 "(5) Chapter 58, requiring that policies and 4 contracts including coverage for prostate cancer early 5 detection be offered, together with identification of 6 associated costs.

7 "(6) Chapter 59, requiring that policies and
8 contracts including coverage for chiropractic be offered,
9 together with identification of associated costs.

"(7) Rules promulgated by the Commissioner of
Insurance pursuant to Sections 27-7-43 and 27-7-44.

12

"(8) Chapter 12A.

"(9) Chapter 54A, requiring policies and contracts
 to offer coverage for cover certain treatment for Autism
 Spectrum Disorder under certain conditions.

16 "(10) Chapter 2B, regarding risk-based capital. 17 "(11) Chapter 29, regarding insurance holding

18 company systems.

19 "§27-54A-2.

20 "(a) As used in this section, the following words21 have the following meanings:

"(1) APPLIED BEHAVIOR ANALYSIS. The design,
implementation, and evaluation of environmental modifications,
using behavioral stimuli and consequences, to produce socially
significant improvement in human behavior, including the use

of direct observation, measurement, and functional analysis of
 the relationship between environment and behavior.

"(2) AUTISM SPECTRUM DISORDER. Any of the pervasive
developmental disorders <u>or autism spectrum disorders</u> as
defined by the most recent edition of the Diagnostic and
Statistical Manual of Mental Disorders (DSM), <u>including</u>
Autistic Disorder, Asperger's Disorder, and Pervasive
<u>Developmental Disorder Not Otherwise Specified or the edition</u>
that was in effect at the time of diagnosis.

10 "(3) BEHAVIORAL HEALTH TREATMENT. Counseling and 11 treatment programs, including applied behavior analysis that 12 are both of the following:

"a. Necessary to develop, maintain, or restore, to
the maximum extent practicable, the functioning of an
individual.

16 "b. Provided or supervised, either in person or by 17 <u>telemedicine</u>, by a Board Certified Behavior Analyst, licensed 18 in the State of Alabama, or a psychologist, licensed in the 19 State of Alabama, so long as the services performed are 20 commensurate with the psychologist's formal university 21 training and supervised experience.

"c. Behavioral health treatment does not include
psychological testing, neuropsychology, psychotherapy,
intellectual assessment, cognitive therapy, sex therapy,

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1 psychoanalysis, hypotherapy, and long-term counseling as 2 treatment modalities.

3 "(4) DIAGNOSIS OF AUTISM SPECTRUM DISORDER.
4 Medically necessary assessment, evaluations, or tests to
5 diagnose whether an individual has an autism spectrum
6 disorder.

7 "(5) HEALTH BENEFIT PLAN. Any group insurance plan, 8 policy, or contract for health care services that covers 9 hospital, medical, or surgical expenses, health maintenance 10 organizations, preferred provider organizations, medical 11 service organizations, physician-hospital organizations, or 12 any other person, firm, corporation, joint venture, or other 13 similar business entity that pays for, purchases, or furnishes 14 group health care services to patients, insureds, or 15 beneficiaries in this state. For the purposes of this section, a health benefit plan located or domiciled outside of the 16 17 State of Alabama is deemed to be subject to this section if 18 the plan, policy, or contract is issued or delivered in the State of Alabama. The term includes, but is not limited to, 19 20 entities created pursuant to Article 6, Chapter 20, Title 10A. 21 On and after December 31, 2018, the term includes health 22 insurance plans administered or offered by the State Employees 23 Insurance Board and the Public Education Employees Health 24 Insurance Plan. The term does not include the Alabama Health 25 Insurance Plan or the Alabama Small Employer Allocation

1 Program provided in Chapter 52 of this title. The term also includes the terms health insurance policy and health 2 insurance plan. The term does not include non-grandfathered 3 4 plans in the individual and small group markets that were required to provide essential health benefits under the 5 6 Patient Protection and Affordable Care Act as of January 1, 7 2017, or accident-only, specified disease, individual hospital 8 indemnity, credit, dental-only, Medicare-supplement, long-term 9 care, or disability income insurance, other limited benefit 10 health insurance policies, coverage issued as a supplemental 11 to liability insurance, workers' compensation or similar 12 insurance, or automobile medical-payment insurance.

13 "(6) PHARMACY CARE. Medications prescribed by a 14 licensed physician and any health related services deemed 15 medically necessary to determine the need or effectiveness of 16 the medications.

17 "(7) PSYCHIATRIC CARE. Direct or consultative
18 services provided by a psychiatrist licensed in the State of
19 Alabama.

"(8) PSYCHOLOGICAL CARE. Direct or consultative
 services provided by a psychologist licensed in the State of
 Alabama.

"(9) THERAPEUTIC CARE. Services provided by licensed
 and certified speech therapists, occupational therapists, or
 physical therapists.

1	"(10) TREATMENT FOR AUTISM SPECTRUM DISORDER.			
2	Evidence-based care prescribed or ordered for an individual			
3	diagnosed with an autism spectrum disorder by a licensed			
4	physician or a licensed psychologist who determines the care			
5	to be medically necessary, including, but not limited to, all			
6	of the following:			
7	"a. Behavioral health treatment.			
8	"b. Pharmacy care.			
9	"c. Psychiatric care.			
10	"d. Psychological care.			
11	"e. Therapeutic care.			
12	"(b)(1) A health benefit plan shall offer coverage			
13	for cover the screening, diagnosis, and treatment of Autism			
14	Spectrum Disorder for an insured nine years of age or under			
15	nine 18 years of age or under in policies and contracts issued			
16	or delivered in the State of Alabama to employers with at			
17	least 51 employees for at least 50 percent of its working days			
18	during the preceding calendar year. Coverage provided under			
19	this section is limited to treatment that is prescribed by the			
20	insured's treating licensed physician or licensed psychologist			
21	in accordance with a treatment plan.			
22	"(2) To the extent that the screening, diagnosis,			

and treatment of autism spectrum disorder are not already
 covered by a health insurance policy, <u>a health benefit plan</u>
 <u>shall include</u> coverage under this section shall be offered for

inclusion in health insurance in policies and contracts that are delivered, executed, issued, amended, adjusted, or renewed in the State of Alabama at the date of the annual renewal for coverage on or after October 1, 2017.

5 "(3) A health benefit plan may not deny or refuse to
6 issue coverage on, refuse to contract with, or refuse to renew
7 or refuse to reissue or otherwise terminate or restrict
8 coverage on an individual solely because the individual is
9 diagnosed with Autism Spectrum Disorder.

"(c)(1) The Except as provided in subsection (g), 10 11 the coverage required pursuant to this section may shall not 12 be subject to dollar limits, deductibles, or coinsurance 13 provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that 14 15 apply to physical illness generally substantially all medical 16 and surgical benefits under the health insurance plan, except 17 as otherwise provided for in subsection (e).

18 "(2) The coverage required pursuant to subsection 19 (b) may be subject to other general exclusions and limitations 20 of the health benefit plan, including, but not limited to, 21 coordination of benefits, participating provider requirements, restrictions on services provided by family or household 22 members, utilization review of health care services including 23 24 review of medical necessity, case management, and other 25 managed care provisions.

1	"(d) Coverage under this section shall not be			
2	subject to any limits on the number of visits an individual			
3	may make for treatment of autism spectrum disorder.			
4	"(e) This section may not be construed as limiting			
5	benefits that are otherwise available to an individual under a			
6	health insurance policy.			
7	"(f) Coverage for applied behavior analysis shall			
8	include the services of the personnel who work under the			
9	supervision of the board certified behavior analyst or the			
10	licensed psychologist overseeing the program.			
11	"(g)(1) Except as provided in subdivision (2),			
12	coverage provided under this section for applied behavior			
13	analysis shall be subject to a maximum benefit as follows:			
14	"a. Forty thousand dollars (\$40,000) per year for an			
15	insured individual between zero and nine years of age.			
16	"b. Thirty thousand dollars (\$30,000) per year for			
17	an insured individual between 10 and 13 years of age.			
18	"c. Twenty thousand dollars (\$20,000) per year for			
19	an insured individual between 14 and 18 years of age.			
20	"d. Ten thousand dollars (\$10,000) per year for an			
21	insured individual 19 years of age or older.			
22	"(2) The maximum benefit limit may be exceeded, upon			
23	prior approval by the insurer administering a health benefit			
24	plan, if the provision of applied behavior analysis services			
25	beyond the maximum limit is medically necessary for the			

1	insured individual. Payments made by a health benefit plan on			
2	behalf of an individual for any care, treatment, intervention,			
3	service, or item, the provision of which was for the treatment			
4	of a health condition unrelated to the individual's autism			
5	spectrum disorder, shall not be applied toward any maximum			
6	benefit established under this subsection. Any coverage			
7	required under this section, other than the coverage for			
8	applied behavior analysis, shall not be subject to the dollar			
9	limitations described in this subsection.			
10	" (g) <u>(h) This section may not be construed as</u>			
11	affecting any obligation to provide services to an individual			
12	under an individualized family service plan, an individualized			
13	education program, or an individualized service plan.			
14	" (d) <u>(i)</u> The treatment plan required pursuant to			
15	subsection (b) shall include all elements necessary for the			
16	health insurance plan to appropriately pay claims. These			
17	elements include, but are not limited to, a diagnosis,			
18	proposed treatment by type, frequency, and duration of			
19	treatment, the anticipated outcomes stated as goals, the			
20	frequency by which the treatment plan will be updated, and the			
21	treating licensed physician's or licensed psychologist's			
22	signature. The health insurance plan may only request an			
23	updated treatment plan <u>only</u> once every six months from the			
24	treating licensed physician or licensed psychologist to review			
25	medical necessity, unless the health insurance plan and the			

1	treating licensed physician or licensed psychologist agree			
2	that a more frequent review is necessary for a particular			
3	patient. Any agreement regarding the right to review a			
4	treatment plan more frequently applies only to a particular			
5	insured being treated for an autism spectrum disorder and does			
6	not apply to all individuals being treated for autism spectrum			
7	disorder by a physician or psychologist. The cost of obtaining			
8	any review or treatment plan shall be borne by the insurer.			
9	" (e)<u>(j)</u> The benefits and coverage provided pursuant			
10	to this section shall be provided to any eligible person nine			
11	years of age or under. Coverage for behavioral therapy is			
12	subject to a thirty-six thousand dollars (\$36,000) maximum			
13	benefit per year. Beginning October 1, 2013, this maximum			
14	benefit shall be adjusted annually on January 1 of each			
15	calendar year to reflect any change from the previous year in			
16	the current Consumer Price Index, All Urban Consumers, as			
17	published by the United States Department of Labor's Bureau of			
18	Labor Statistics."			

19 Section 2. In the administration of and provision of 20 benefits for the Alabama Medicaid program and the Children's 21 Health Insurance Plan (ALL Kids), the Alabama Medicaid Agency 22 and the Alabama Department of Public Health, on and after 23 December 31, 2018, shall provide coverage and reimbursement 24 for the treatment of Autism Spectrum Disorder in the same 25 manner and same levels as health benefit plans. Section 3. This act shall become effective October
 1, 2017.

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4	Speaker of the House of Representatives						
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6		President and Presiding Office	er of the Senate				
7	House of Representatives						
8 9 10		I hereby certify that the within Act originated in and was passed by the House 20-APR-17, as amended.					
11 12 13	Jeff Woodard Clerk						
14							
15	Senate	16-MAY-17	Amended and Passed				
16	House	18-MAY-17	Concurred in Sen- ate Amendment				
17			_				