

SB0055S04 compared with SB0055S01

~~{deleted text}~~ shows text that was in SB0055S01 but was deleted in SB0055S04.

inserted text shows text that was not in SB0055S01 but was inserted into SB0055S04.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Brian E. Shiozawa proposes the following substitute bill:

~~{INSURANCE}~~ COVERAGE FOR AUTISM SPECTRUM

DISORDER

2013 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Brian E. Shiozawa

House Sponsor: _____

LONG TITLE

General Description:

This bill amends the ~~{Insurance Code to provide health benefit plan coverage}~~ pilot program for ~~{the treatment of}~~ autism spectrum ~~{disorder}~~ disorders services in the Medicaid program.

Highlighted Provisions:

This bill:

▶ ~~{defines terms};~~

→ ~~requires a health benefit plan to provide coverage for the treatment of autism spectrum disorder;~~

→ ~~grants rulemaking authority to the insurance commissioner;~~

SB0055S04 compared with SB0055S01

- describes minimum coverage amounts and limits for the insurance coverage;
- provides for the annual adjustment of the coverage amounts based on the Consumer Price Index; and
- provides an exemption for small employers if premium costs increase by more than a certain percentage; amends the age of the children who may participate in the Medicaid autism treatment pilot program.

Money Appropriated in this Bill:

~~{None}~~ This bill appropriates for fiscal year 2013-14:

▶ to Department of Health - Medicaid Optional Services

- from General Fund, One-time \$1,500,000 to fund autism treatment.

Other Special Clauses:

None

Utah Code Sections Affected:

~~{ENACTS}~~ AMENDS:

~~{31A-22-641}~~ 26-18-407, as enacted by Laws of Utah ~~{Code Annotated 1953}~~ 2012,
Chapter 402

Be it enacted by the Legislature of the state of Utah:

Section 1. Section 26-18-407 is amended to read:

26-18-407. Medicaid waiver for autism spectrum disorder.

(1) For purposes of this section "autism spectrum disorder" means a pervasive developmental disorder as defined by the most recent edition of the Diagnostic and Statistical Manual on Mental Disorders, including:

- (a) autistic disorder;
- (b) asperger's disorder; and
- (c) pervasive developmental disorder not otherwise specified.

(2) The department shall, by July 1, 2012, apply for a Medicaid waiver with the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services to implement an autism spectrum disorders program within the state Medicaid program.

(3) The autism spectrum disorders waiver program shall:

SB0055S04 compared with SB0055S01

- (a) provide services to children ~~[between the ages of two years and six years]~~ who are at least two years old and less than seven years old with autism spectrum disorders;
- (b) accept applications for the program during periods of open enrollment;
- (c) initially provide services for up to 500 children, as funding permits;
- (d) convene a public process with the Department of Human Services to develop the benefits and services to include in the autism waiver program, including:
 - (i) demonstrated effective treatments;
 - (ii) methods to engage family members in the treatment process; and
 - (iii) outreach to children in rural and underserved areas of the state; and
- (e) include a mechanism to evaluate the cost, effectiveness, and outcomes of the different services provided as part of the autism waiver program.

(4) The department shall report to the Legislature's Health and Human Services Interim Committee by November 30, 2013, and prior to each November 30 thereafter while the waiver is in effect regarding:

- (a) the number of children diagnosed with autism spectrum disorder and the number of children served under the waiver;
- (b) success involving families in supporting treatment plans for autistic children;
- (c) the cost of the autism waiver program; and
- (d) the outcomes and effectiveness of the services offered by the autism waiver program.

Section ~~{1. Section 31A-22-641 is enacted to read:~~

~~———— 31A-22-641. Insurance coverage for autism spectrum disorders.~~

~~———— (1) As used in this section:~~

~~———— (a) "Applied behavior analysis" means 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.~~

~~———— (b) "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).~~

~~———— (c) "Behavioral health treatment" means counseling and treatment programs, including~~

SB0055S04 compared with SB0055S01

~~applied behavior analysis, that are:~~

~~—— (i) necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and~~

~~—— (ii) provided or supervised by a:~~

~~—— (A) person licensed under Title 58, Division of Occupational and Professional Licensing, whose scope of practice includes mental health services; or~~

~~—— (B) Board Certified Behavior Analyst;~~

~~—— (d) "Diagnosis of autism spectrum disorder" means medically necessary assessment, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder;~~

~~—— (e) "Pharmacy care" means medications prescribed by a licensed physician and any health-related services deemed medically necessary to determine the need or effectiveness of the medications;~~

~~—— (f) "Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices;~~

~~—— (g) "Psychological care" means direct or consultative services provided by a person licensed in the state to provide mental health services;~~

~~—— (h) "Therapeutic care" means services provided by licensed or certified speech therapists, occupational therapists, or physical therapists;~~

~~—— (i) "Treatment for autism spectrum disorder":~~

~~—— (i) means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary; and~~

~~—— (ii) includes:~~

~~—— (A) behavioral health treatment, provided or supervised by a person described in Subsection (1)(c)(ii);~~

~~—— (B) pharmacy care;~~

~~—— (C) psychiatric care;~~

~~—— (D) psychological care; and~~

~~—— (E) therapeutic care;~~

~~—— (2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan entered into or renewed on or after July 1, 2013, shall provide coverage for the treatment for~~

SB0055S04 compared with SB0055S01

~~autism spectrum disorder in accordance with the requirements of this section and the rules made by the commissioner under this section.~~

~~—— (3) The commissioner may adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to set the minimum standards of coverage for the treatment for autism spectrum disorder.~~

~~—— (4) Subject to Subsection (5), the rules described in Subsection (3) shall establish durational limits, amount limits, deductibles, copayments, and coinsurance for the treatment for autism spectrum disorder that are similar to, or identical to, the coverage provided for other illnesses or diseases.~~

~~—— (5) Subject to Subsection (6), coverage for behavioral health treatment for a person with an autism spectrum disorder is subject to a maximum benefit of:~~

~~—— (a) \$50,000 annually for a child who is younger than nine years old; and~~

~~—— (b) \$25,000 annually for a child who is at least nine years old, but younger than 18 years old.~~

~~—— (6) Beginning on July 1, 2015, the commissioner has authority to annually adjust the amounts described in Subsection (5) by a percentage equal to the percentage difference between the Consumer Price Index for the current calendar year and the Consumer Price Index for the preceding calendar year.~~

~~—— (7) The commissioner shall grant a small employer with a group health benefit plan a waiver from the provisions of this section if the small employer demonstrates to the commissioner by actual claims experience over any consecutive 12-month period that compliance with this section has increased the cost of the health benefit plan by an amount of 2-1/2% or greater over the period of a calendar year in premium costs to the small employer.~~

~~†2. Appropriation.~~

~~Under the terms and conditions of Title 63J, Chapter 1, Budgetary Procedures Act, for the fiscal year beginning July 1, 2013, and ending June 30, 2014, the following sums of money are appropriated from resources not otherwise appropriated, or reduced from amounts previously appropriated, out of the funds or accounts indicated. These sums of money are in addition to any amounts previously appropriated for fiscal year 2014.~~

~~To Department of Health - Medicaid Optional Services~~

~~From General Fund, One-time~~

~~\$1,500,000~~

SB0055S04 compared with SB0055S01

Schedule of Programs:

<u>Other Optional Services</u>	<u>\$1,500,000</u>
--------------------------------	--------------------