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HOUSE BILL 367

53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017

INTRODUCED BY

Elizabeth "Liz" Thomson

AN ACT

RELATING TO HEALTH COVERAGE; AMENDING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO REMOVE LIMITS ON COVERAGE FOR AUTISM SPECTRUM DISORDER TREATMENT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 13-7-16 NMSA 1978 (being Laws 2013, Chapter 185, Section 1) is amended to read:

"13-7-16. COVERAGE FOR AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT--PERMISSIBLE LIMITATIONS.--

A. Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall provide coverage ~~[for]~~ to an ~~[eligible individual who is nineteen years of age or younger,~~

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1 ~~or an eligible individual who is twenty-two years of age or~~
2 ~~younger and is enrolled in high school]~~ enrollee for:

3 (1) well-baby and well-child screening for
4 diagnosing the presence of autism spectrum disorder; and

5 (2) treatment of autism spectrum disorder
6 through speech therapy, occupational therapy, physical therapy
7 and applied behavioral analysis.

8 B. Coverage required pursuant to Subsection A of
9 this section:

10 (1) shall be limited to treatment that is
11 prescribed by the [~~insured's~~] enrollee's treating physician in
12 accordance with a treatment plan;

13 (2) shall not be denied on the basis that the
14 services are habilitative or rehabilitative services in nature;

15 (3) may be subject to other general exclusions
16 of the group health coverage, including coordination of
17 benefits, participating provider requirements, restrictions on
18 services provided by family or household members and
19 utilization review of health care services, including the
20 review of medical necessity, case management and other managed
21 care provisions; and

22 (4) may be limited to exclude coverage for
23 services received under the federal Individuals with
24 Disabilities Education Improvement Act of 2004 and related
25 state laws that place responsibility on state and local school

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1 boards for providing specialized education and related services
2 to children three to twenty-two years of age who have autism
3 spectrum disorder.

4 C. The coverage required pursuant to Subsection A
5 of this section shall not be subject to dollar limits or age
6 restrictions. The coverage required pursuant to Paragraph (1)
7 of Subsection A of this section shall not be subject to
8 deductibles or coinsurance. The coverage required pursuant to
9 Paragraph (2) of Subsection A of this section shall not be
10 subject to deductibles or coinsurance provisions that are less
11 favorable to ~~[a covered individual]~~ an enrollee than the
12 deductibles or coinsurance provisions that apply to physical
13 illnesses that are generally covered under the group health
14 coverage, except as otherwise provided in Subsection B of this
15 section.

16 D. A group health plan shall not deny or refuse
17 health coverage for medically necessary services or refuse to
18 contract with, renew, reissue or otherwise terminate or
19 restrict health coverage for an individual because the
20 individual is diagnosed as having autism spectrum disorder.

21 E. The treatment plan required pursuant to
22 Subsection B of this section shall include all elements
23 necessary for the group health coverage to pay claims
24 appropriately. These elements include ~~[but are not limited~~
25 ~~to]~~:

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- 1 (1) the diagnosis;
- 2 (2) the proposed treatment by types;
- 3 (3) the frequency and duration of treatment;
- 4 (4) the anticipated outcomes stated as goals;
- 5 (5) the frequency with which the treatment
- 6 plan will be updated; and
- 7 (6) the signature of the treating physician.

8 F. This section shall not be construed as limiting
9 benefits and coverage otherwise available to an insured under
10 group health coverage.

11 G. The provisions of this section shall not apply
12 to plans or policies intended to supplement major medical
13 group-type coverages such as medicare supplement, long-term
14 care, disability income, specified disease, accident-only,
15 hospital indemnity or other limited-benefit health insurance
16 policies.

17 H. As used in this section:

18 (1) "autism spectrum disorder" means a
19 condition that meets [~~the~~] diagnostic criteria for [~~the~~
20 ~~pervasive developmental disorders~~] autism spectrum disorder
21 published in any edition of the *Diagnostic and Statistical*
22 *Manual of Mental Disorders*, [~~current edition~~] published by the
23 American psychiatric association [~~including autistic disorder;~~
24 ~~Asperger's disorder; pervasive development disorder not~~
25 ~~otherwise specified; Rett's disorder; and childhood~~

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1 ~~disintegrative disorder~~; and

2 (2) "habilitative or rehabilitative services"
3 means treatment programs that are necessary to develop,
4 maintain [~~and~~] or restore to the maximum extent practicable the
5 functioning of an individual [~~and~~

6 ~~(3) "high school" means a school providing~~
7 ~~instruction for any of the grades nine through twelve]."~~

8 SECTION 2. Section 59A-22-49 NMSA 1978 (being Laws 2009,
9 Chapter 74, Section 1) is amended to read:

10 "59A-22-49. COVERAGE FOR AUTISM SPECTRUM DISORDER
11 DIAGNOSIS AND TREATMENT.--

12 A. An individual or group health insurance policy,
13 health care plan or certificate of health insurance that is
14 delivered, issued for delivery or renewed in this state shall
15 provide coverage to an [~~eligible individual who is nineteen~~
16 ~~years of age or younger, or an eligible individual who is~~
17 ~~twenty-two years of age or younger and is enrolled in high~~
18 ~~school~~] insured for:

19 (1) well-baby and well-child screening for
20 diagnosing the presence of autism spectrum disorder; and

21 (2) treatment of autism spectrum disorder
22 through speech therapy, occupational therapy, physical therapy
23 and applied behavioral analysis.

24 B. Coverage required pursuant to Subsection A of
25 this section:

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1 (1) shall be limited to treatment that is
2 prescribed by the insured's treating physician in accordance
3 with a treatment plan;

4 [~~(2)~~] shall be limited to thirty-six thousand
5 dollars (\$36,000) annually and shall not exceed two hundred
6 thousand dollars (\$200,000) in total lifetime benefits.

7 Beginning January 1, 2011, the maximum benefit shall be
8 adjusted annually on January 1 to reflect any change from the
9 previous year in the medical component of the then-current
10 consumer price index for all urban consumers published by the
11 bureau of labor statistics of the United States department of
12 labor;

13 ~~(3)~~] (2) shall not be denied on the basis that
14 the services are habilitative or rehabilitative services in
15 nature;

16 [~~(4)~~] (3) may be subject to other general
17 exclusions and limitations of the [~~insurer's~~] health insurance
18 policy, [~~or~~] health care plan or certificate of health
19 insurance, including [~~but not limited to~~] coordination of
20 benefits, participating provider requirements, restrictions on
21 services provided by family or household members and
22 utilization review of health care services, including the
23 review of medical necessity, case management and other managed
24 care provisions; and

25 [~~(5)~~] (4) may be limited to exclude coverage

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1 for services received under the federal Individuals with
2 Disabilities Education Improvement Act of 2004 and related
3 state laws that place responsibility on state and local school
4 boards for providing specialized education and related services
5 to children three to twenty-two years of age who have autism
6 spectrum disorder.

7 C. The coverage required pursuant to Subsection A
8 of this section shall not be subject to dollar limits or age
9 restrictions. The coverage required pursuant to Paragraph (1)
10 of Subsection A of this section shall not be subject to [~~dollar~~
11 limits] deductibles or coinsurance. The coverage required
12 pursuant to Paragraph (2) of Subsection A of this section shall
13 not be subject to deductibles or coinsurance provisions that
14 are less favorable to an insured than the [~~dollar limits~~]
15 deductibles or coinsurance provisions that apply to physical
16 illnesses that are generally covered under the individual or
17 group health insurance policy, health care plan or certificate
18 of health insurance, except as otherwise provided in Subsection
19 B of this section.

20 D. An insurer shall not deny or refuse to issue
21 health insurance coverage for medically necessary services or
22 refuse to contract with, renew, reissue or otherwise terminate
23 or restrict health insurance coverage for an individual because
24 the individual is diagnosed as having autism spectrum disorder.

25 E. The treatment plan required pursuant to

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1 Subsection B of this section shall include all elements
2 necessary for the health insurance plan to pay claims
3 appropriately. These elements include [~~but are not limited~~
4 ~~to~~]:

- 5 (1) the diagnosis;
- 6 (2) the proposed treatment by types;
- 7 (3) the frequency and duration of treatment;
- 8 (4) the anticipated outcomes stated as goals;
- 9 (5) the frequency with which the treatment
10 plan will be updated; and
- 11 (6) the signature of the treating physician.

12 F. This section shall not be construed as limiting
13 benefits and coverage otherwise available to an insured under a
14 health insurance policy, health care plan or certificate of
15 health insurance.

16 G. The provisions of this section shall not apply
17 to policies intended to supplement major medical group-type
18 coverages such as medicare supplement, long-term care,
19 disability income, specified disease, accident only, hospital
20 indemnity or other limited-benefit health insurance policies.

21 H. As used in this section:

22 (1) "autism spectrum disorder" means a
23 condition that meets [~~the~~] diagnostic criteria for [~~the~~
24 ~~pervasive developmental disorders~~] autism spectrum disorder
25 published in any edition of the *Diagnostic and Statistical*

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1 *Manual of Mental Disorders*, [~~fourth edition, text revision,~~
2 ~~also known as DSM-IV-TR~~] published by the American psychiatric
3 association [~~including autistic disorder; Asperger's disorder;~~
4 ~~pervasive development disorder not otherwise specified; Rett's~~
5 ~~disorder; and childhood disintegrative disorder~~]; and

6 (2) "habilitative or rehabilitative services"
7 means treatment programs that are necessary to develop,
8 maintain [~~and~~] or restore to the maximum extent practicable the
9 functioning of an individual [~~and~~

10 ~~(3) "high school" means a school providing~~
11 ~~instruction for any of the grades nine through twelve]."~~

12 SECTION 3. Section 59A-23-7.9 NMSA 1978 (being Laws 2009,
13 Chapter 74, Section 2) is amended to read:

14 "59A-23-7.9. COVERAGE FOR AUTISM SPECTRUM DISORDER
15 DIAGNOSIS AND TREATMENT.--

16 A. A blanket or group health insurance policy,
17 health care plan or [~~contract~~] certificate of health insurance
18 that is delivered, issued for delivery or renewed in this state
19 shall provide coverage to an [~~eligible individual who is~~
20 ~~nineteen years of age or younger, or an eligible individual who~~
21 ~~is twenty-two years of age or younger and is enrolled in high~~
22 ~~school~~] insured for:

23 (1) well-baby and well-child screening for
24 diagnosing the presence of autism spectrum disorder; and

25 (2) treatment of autism spectrum disorder

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1 through speech therapy, occupational therapy, physical therapy
2 and applied behavioral analysis.

3 B. Coverage required pursuant to Subsection A of
4 this section:

5 (1) shall be limited to treatment that is
6 prescribed by the insured's treating physician in accordance
7 with a treatment plan;

8 ~~[(2) shall be limited to thirty-six thousand~~
9 ~~dollars (\$36,000) annually and shall not exceed two hundred~~
10 ~~thousand dollars (\$200,000) in total lifetime benefits.~~

11 ~~Beginning January 1, 2011, the maximum benefit shall be~~
12 ~~adjusted annually on January 1 to reflect any change from the~~
13 ~~previous year in the medical component of the then-current~~
14 ~~consumer price index for all urban consumers published by the~~
15 ~~bureau of labor statistics of the United States department of~~
16 ~~labor;~~

17 ~~(3)]~~ (2) shall not be denied on the basis that
18 the services are habilitative or rehabilitative services in
19 nature;

20 ~~[(4)]~~ (3) may be subject to other general
21 exclusions and limitations of the [~~insurer's~~] health insurance
22 policy, [~~or~~] health care plan or certificate of health
23 insurance, including [~~but not limited to~~] coordination of
24 benefits, participating provider requirements, restrictions on
25 services provided by family or household members and

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1 utilization review of health care services, including the
2 review of medical necessity, case management and other managed
3 care provisions; and

4 [~~(5)~~] (4) may be limited to exclude coverage
5 for services received under the federal Individuals with
6 Disabilities Education Improvement Act of 2004 and related
7 state laws that place responsibility on state and local school
8 boards for providing specialized education and related services
9 to children three to twenty-two years of age who have autism
10 spectrum disorder.

11 C. The coverage required pursuant to Subsection A
12 of this section shall not be subject to dollar limits or age
13 restrictions. The coverage required pursuant to Paragraph (1)
14 of Subsection A of this section shall not be subject to [~~dollar~~
15 limits] deductibles or coinsurance. The coverage required
16 pursuant to Paragraph (2) of Subsection A of this section shall
17 not be subject to deductibles or coinsurance provisions that
18 are less favorable to an insured than the [~~dollar limits~~]
19 deductibles or coinsurance provisions that apply to physical
20 illnesses that are generally covered under the blanket or group
21 health insurance policy or contract, except as otherwise
22 provided in Subsection B of this section.

23 D. An insurer shall not deny or refuse to issue
24 health insurance coverage for medically necessary services or
25 refuse to contract with, renew, reissue or otherwise terminate

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1 or restrict health insurance coverage for an individual because
2 the individual is diagnosed as having autism spectrum disorder.

3 E. The treatment plan required pursuant to
4 Subsection B of this section shall include all elements
5 necessary for the ~~[health insurance plan]~~ insurer to pay claims
6 appropriately. These elements include ~~[but are not limited~~
7 ~~to]~~:

- 8 (1) the diagnosis;
- 9 (2) the proposed treatment by types;
- 10 (3) the frequency and duration of treatment;
- 11 (4) the anticipated outcomes stated as goals;
- 12 (5) the frequency with which the treatment
13 plan will be updated; and
- 14 (6) the signature of the treating physician.

15 F. This section shall not be construed as limiting
16 benefits and coverage otherwise available to an insured under a
17 health insurance policy, health care plan or certificate of
18 health insurance.

19 G. The provisions of this section shall not apply
20 to policies intended to supplement major medical group-type
21 coverages such as medicare supplement, long-term care,
22 disability income, specified disease, accident only, hospital
23 indemnity or other limited-benefit health insurance policies.

24 H. As used in this section:

- 25 (1) "autism spectrum disorder" means a

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1 condition that meets ~~[the]~~ diagnostic criteria for ~~[the~~
2 ~~pervasive developmental disorders]~~ autism spectrum disorder
3 published in any edition of the *Diagnostic and Statistical*
4 *Manual of Mental Disorders*, ~~[fourth edition, text revision,~~
5 ~~also known as DSM-IV-TR]~~ published by the American psychiatric
6 association ~~[including autistic disorder; Asperger's disorder;~~
7 ~~pervasive development disorder not otherwise specified; Rett's~~
8 ~~disorder; and childhood disintegrative disorder]; and~~

9 (2) "habilitative or rehabilitative services"
10 means treatment programs that are necessary to develop,
11 maintain ~~[and]~~ or restore to the maximum extent practicable the
12 functioning of an individual ~~[and~~

13 ~~(3) "high school" means a school providing~~
14 ~~instruction for any of the grades nine through twelve]."~~

15 SECTION 4. Section 59A-46-50 NMSA 1978 (being Laws 2009,
16 Chapter 74, Section 3) is amended to read:

17 "59A-46-50. COVERAGE FOR AUTISM SPECTRUM DISORDER
18 DIAGNOSIS AND TREATMENT.--

19 A. An individual or group health maintenance
20 contract that is delivered, issued for delivery or renewed in
21 this state shall provide coverage to an ~~[eligible individual~~
22 ~~who is nineteen years of age or younger, or an eligible~~
23 ~~individual who is twenty-two years of age or younger and is~~
24 ~~enrolled in high school]~~ enrollee for:

25 (1) well-baby and well-child screening for

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1 diagnosing the presence of autism spectrum disorder; and

2 (2) treatment of autism spectrum disorder
3 through speech therapy, occupational therapy, physical therapy
4 and applied behavioral analysis.

5 B. Coverage required pursuant to Subsection A of
6 this section:

7 (1) shall be limited to treatment that is
8 prescribed by the ~~[insured's]~~ enrollee's treating physician in
9 accordance with a treatment plan;

10 ~~[(2) shall be limited to thirty-six thousand~~
11 ~~dollars (\$36,000) annually and shall not exceed two hundred~~
12 ~~thousand dollars (\$200,000) in total lifetime benefits.~~

13 ~~Beginning January 1, 2011, the maximum benefit shall be~~
14 ~~adjusted annually on January 1 to reflect any change from the~~
15 ~~previous year in the medical component of the then-current~~
16 ~~consumer price index for all urban consumers published by the~~
17 ~~bureau of labor statistics of the United States department of~~
18 ~~labor;~~

19 ~~(3)]~~ (2) shall not be denied on the basis that
20 the services are habilitative or rehabilitative services in
21 nature;

22 ~~[(4)]~~ (3) may be subject to other general
23 exclusions and limitations of the ~~[insurer's policy or plan]~~
24 health maintenance organization contract, including ~~[but not~~
25 ~~limited to]~~ coordination of benefits, participating provider

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1 requirements, restrictions on services provided by family or
2 household members and utilization review of health care
3 services, including the review of medical necessity, case
4 management and other managed care provisions; and

5 [~~(5)~~] (4) may be limited to exclude coverage
6 for services received under the federal Individuals with
7 Disabilities Education Improvement Act of 2004 and related
8 state laws that place responsibility on state and local school
9 boards for providing specialized education and related services
10 to children three to twenty-two years of age who have autism
11 spectrum disorder.

12 C. The coverage required pursuant to Paragraph (1)
13 of Subsection A of this section shall not be subject to ~~[dollar~~
14 ~~limits]~~ deductibles or coinsurance. The coverage required
15 pursuant to Subsection A of this section shall not be subject
16 to dollar limits or age restrictions. The coverage required
17 pursuant to Paragraph (2) of Subsection A of this section shall
18 not be subject to deductibles or coinsurance provisions that
19 are less favorable to an ~~[insured]~~ enrollee than the ~~[dollar~~
20 ~~limits]~~ deductibles or coinsurance provisions that apply to
21 physical illnesses that are generally covered under the
22 individual or group health maintenance contract, except as
23 otherwise provided in Subsection B of this section.

24 D. ~~[An insurer]~~ A carrier shall not deny or refuse
25 to issue ~~[health insurance]~~ coverage pursuant to a health

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1 maintenance organization contract for medically necessary
2 services or refuse to contract with, renew, reissue or
3 otherwise terminate or restrict health [~~insurance~~] maintenance
4 organization coverage for an individual because the individual
5 is diagnosed as having autism spectrum disorder.

6 E. The treatment plan required pursuant to
7 Subsection B of this section shall include all elements
8 necessary for the [~~health insurance plan~~] carrier to pay claims
9 appropriately. These elements include [~~but are not limited~~
10 ~~to~~]:

- 11 (1) the diagnosis;
- 12 (2) the proposed treatment by types;
- 13 (3) the frequency and duration of treatment;
- 14 (4) the anticipated outcomes stated as goals;
- 15 (5) the frequency with which the treatment
16 plan will be updated; and
- 17 (6) the signature of the treating physician.

18 F. This section shall not be construed as limiting
19 benefits and coverage otherwise available to an [~~insured~~]
20 enrollee under a health [~~insurance plan~~] maintenance
21 organization contract.

22 G. The provisions of this section shall not apply
23 to plans or policies intended to supplement major medical
24 group-type coverages such as medicare supplement, long-term
25 care, disability income, specified disease, accident only,

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1 hospital indemnity or other limited-benefit health insurance
2 policies.

3 H. As used in this section:

4 (1) "autism spectrum disorder" means a
5 condition that meets ~~[the]~~ diagnostic criteria for ~~[the~~
6 ~~pervasive developmental disorders]~~ autism spectrum disorder
7 published in any edition of the *Diagnostic and Statistical*
8 *Manual of Mental Disorders*, ~~[fourth edition, text revision,~~
9 ~~also known as DSM-IV-TR]~~ published by the American psychiatric
10 association ~~[including autistic disorder; Asperger's disorder;~~
11 ~~pervasive development disorder not otherwise specified; Rett's~~
12 ~~disorder; and childhood disintegrative disorder]; and~~

13 (2) "habilitative or rehabilitative services"
14 means treatment programs that are necessary to develop,
15 maintain ~~[and]~~ or restore to the maximum extent practicable the
16 functioning of an individual ~~[and~~

17 ~~(3) "high school" means a school providing~~
18 ~~instruction for any of the grades nine through twelve]."~~

19 SECTION 5. Section 59A-47-45 NMSA 1978 (being Laws 2009,
20 Chapter 74, Section 4) is amended to read:

21 "59A-47-45. COVERAGE FOR AUTISM SPECTRUM DISORDER
22 DIAGNOSIS AND TREATMENT.--

23 A. An individual or group ~~[health insurance policy]~~
24 health care plan ~~[or certificate of health insurance]~~ delivered
25 or issued for delivery in this state shall provide coverage to

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1 ~~[an eligible individual who is twenty-two years of age or~~
2 ~~younger and is enrolled in high school]~~ a subscriber for:

3 (1) well-baby and well-child screening for
4 diagnosing the presence of autism spectrum disorder; and

5 (2) treatment of autism spectrum disorder
6 through speech therapy, occupational therapy, physical therapy
7 and applied behavioral analysis.

8 B. Coverage required pursuant to Subsection A of
9 this section:

10 (1) shall be limited to treatment that is
11 prescribed by the ~~[insured's]~~ subscriber's treating physician
12 in accordance with a treatment plan;

13 ~~[(2) shall be limited to thirty-six thousand~~
14 ~~dollars (\$36,000) annually and shall not exceed two hundred~~
15 ~~thousand dollars (\$200,000) in total lifetime benefits.~~

16 ~~Beginning January 1, 2011, the maximum benefit shall be~~
17 ~~adjusted annually on January 1 to reflect any change from the~~
18 ~~previous year in the medical component of the then-current~~
19 ~~consumer price index for all urban consumers published by the~~
20 ~~bureau of labor statistics of the United States department of~~
21 ~~labor;~~

22 ~~(3)]~~ (2) shall not be denied on the basis that
23 the services are habilitative or rehabilitative services in
24 nature;

25 ~~[(4)]~~ (3) may be subject to other general

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1 exclusions and limitations of the [~~insurer's~~] subscriber's
2 policy or plan, including [~~but not limited to~~] coordination of
3 benefits, participating provider requirements, restrictions on
4 services provided by family or household members and
5 utilization review of health care services, including the
6 review of medical necessity, case management and other managed
7 care provisions; and

8 [~~(5)~~] (4) may be limited to exclude coverage
9 for services received under the federal Individuals with
10 Disabilities Education Improvement Act of 2004 and related
11 state laws that place responsibility on state and local school
12 boards for providing specialized education and related services
13 to children three to twenty-two years of age who have autism
14 spectrum disorder.

15 C. The coverage required pursuant to Subsection A
16 of this section shall not be subject to dollar limits or age
17 restrictions. The coverage required pursuant to Paragraph (1)
18 of Subsection A of this section shall not be subject to [~~dollar~~
19 limits] deductibles or coinsurance. The coverage required
20 pursuant to Paragraph (2) of Subsection A of this section shall
21 not be subject to deductibles or coinsurance provisions that
22 are less favorable to [~~an insured~~] a subscriber than the
23 [~~dollar limits~~] deductibles or coinsurance provisions that
24 apply to physical illnesses that are generally covered under
25 the individual or group health [~~maintenance contract~~] care

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1 plan, except as otherwise provided in Subsection B of this
2 section.

3 D. ~~[An insurer]~~ A health care plan shall not deny
4 or refuse to issue health ~~[insurance]~~ care plan coverage for
5 medically necessary services or refuse to contract with, renew,
6 reissue or otherwise terminate or restrict health ~~[insurance]~~
7 care plan coverage for an individual because the individual is
8 diagnosed as having autism spectrum disorder.

9 E. The treatment plan required pursuant to
10 Subsection B of this section shall include all elements
11 necessary for the health ~~[insurance]~~ care plan to pay claims
12 appropriately. These elements include ~~[but are not limited~~
13 ~~to]~~:

- 14 (1) the diagnosis;
- 15 (2) the proposed treatment by types;
- 16 (3) the frequency and duration of treatment;
- 17 (4) the anticipated outcomes stated as goals;
- 18 (5) the frequency with which the treatment
19 plan will be updated; and
- 20 (6) the signature of the treating physician.

21 F. This section shall not be construed as limiting
22 benefits and coverage otherwise available to an insured under a
23 health ~~[insurance]~~ care plan.

24 G. The provisions of this section shall not apply
25 to plans or policies intended to supplement major medical

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1 group-type coverages such as medicare supplement, long-term
2 care, disability income, specified disease, accident only,
3 hospital indemnity or other limited-benefit health insurance
4 policies.

5 H. As used in this section:

6 (1) "autism spectrum disorder" means a
7 condition that meets [~~the~~] diagnostic criteria for [~~the~~
8 ~~pervasive developmental disorders~~] autism spectrum disorder
9 published in any edition of the *Diagnostic and Statistical*
10 *Manual of Mental Disorders*, [~~fourth edition, text revision,~~
11 ~~also known as DSM-IV-TR~~] published by the American psychiatric
12 association [~~including autistic disorder; Asperger's disorder;~~
13 ~~pervasive development disorder not otherwise specified; Rett's~~
14 ~~disorder; and childhood disintegrative disorder~~]; and

15 (2) "habilitative or rehabilitative services"
16 means treatment programs that are necessary to develop,
17 maintain [~~and~~] or restore to the maximum extent practicable the
18 functioning of an individual [~~and~~

19 ~~(3) "high school" means a school providing~~
20 ~~instruction for any of the grades nine through twelve]."~~