SB283
140570-5
By Senator Ward
RFD: Health
First Read: 09-FEB-12
ENROLLED, An Act,

To require health benefit plans to offer certain coverage for treatment of Autism Spectrum Disorder for certain children in certain policies and contracts; and to amend Sections 10A-20-6.16 and 27-21A-23, Code of Alabama 1975, relating to health care service plans and health maintenance organizations.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act may be known and cited as the "Riley" Ward Act.

Section 2. (a) As used in this section, the following words 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 as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
(DSM), including Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified.

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

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

b. Provided or supervised by a Board Certified Behavior Analyst, licensed in the State of Alabama, or a psychologist, licensed in the State of Alabama, so long as the services performed are commensurate with the psychologist's formal university training and supervised experience.

c. Behavioral health treatment does not include psychological testing, neuropsychology, psychotherapy, intellectual assessment, cognitive therapy, sex therapy, psychoanalysis, hypotherapy, and long-term counseling as treatment modalities.

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

(5) HEALTH BENEFIT PLAN. Any group insurance plan, policy, or contract for health care services that covers hospital, medical, or surgical expenses, health maintenance organizations, preferred provider organizations, medical service organizations, physician-hospital organizations, or
any other person, firm, corporation, joint venture, or other similar business entity that pays for, purchases, or furnishes group health care services to patients, insureds, or beneficiaries in this state. For the purposes of this section, a health benefit plan located or domiciled outside of the State of Alabama is deemed to be subject to this section if the plan, policy, or contract is issued or delivered in the State of Alabama. The term includes, but is not limited to, entities created pursuant to Article 6, Chapter 20, Title 10A, Code of Alabama 1975. The term does not include the Alabama Health Insurance Plan or the Alabama Small Employer Allocation Program provided in Chapter 52 of Title 27, Code of Alabama 1975. The term does not include accident-only, specified disease, individual hospital indemnity, credit, dental-only, Medicare-supplement, long-term care, or disability income insurance, other limited benefit health insurance policies, coverage issued as a supplemental to liability insurance, workers' compensation or similar insurance, or automobile medical-payment insurance.

(6) PHARMACY CARE. Medications prescribed by a licensed physician and any health related services deemed medically necessary to determine the need or effectiveness of the medications.
(7) PSYCHIATRIC CARE. Direct or consultative services provided by a psychiatrist licensed in the State of 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.

(10) TREATMENT FOR AUTISM SPECTRUM DISORDER. Evidence-based care 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, including, but not limited to, all of the following:


b. Pharmacy care.

c. Psychiatric care.

d. Psychological care.

e. Therapeutic care.

(b)(1) A health benefit plan shall offer coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorder for an insured nine years of age or under in policies and contracts issued or delivered in the State of Alabama to employers with at least 51 employees for at least 50 percent
of its working days during the preceding calendar year.

Coverage provided under this section is limited to treatment
that is prescribed by the insured's treating licensed
physician or licensed psychologist in accordance with a
treatment plan.

(2) To the extent that the screening, diagnosis, and
treatment of autism spectrum disorder are not already covered
by a health insurance policy, coverage under this section
shall be offered for inclusion in health insurance policies
that are delivered, executed, issued, amended, adjusted, or
renewed in the State of Alabama at the date of the annual
renewal for coverage.

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

(c)(1) The coverage required pursuant to this
section 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 illness generally under the health
insurance plan, except as otherwise provided for in subsection
(e).
(2) The coverage required pursuant to subsection (b) may be subject to other general exclusions and limitations of the health benefit plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

(d) The treatment plan required pursuant to subsection (b) shall include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating licensed physician's or licensed psychologist's signature. The health insurance plan may only request an updated treatment plan once every six months from the treating licensed physician or licensed psychologist to review medical necessity, unless the health insurance plan and the treating licensed physician or licensed psychologist agree that a more frequent review is necessary for a particular patient.

(e) The benefits and coverage provided pursuant to this section shall be provided to any eligible person nine years of age or under. Coverage for behavioral therapy is
subject to a thirty-six thousand dollars ($36,000) maximum
benefit per year. Beginning one year after the effective date
of this act, this maximum benefit shall be adjusted annually
on January 1 of each calendar year to reflect any change from
the previous year in the current Consumer Price Index, All
Urban Consumers, as published by the United States Department

of Alabama 1975, are amended to read as follows:

"§10A-20-6.16.

"(a) No statute of this state applying to insurance
companies shall be applicable to any corporation organized
under this article and amendments thereto or to any contract
made by the corporation unless expressly mentioned in this
article and made applicable; except as follows:

"(1) The corporation shall be subject to the
provisions regarding annual premium tax to be paid by insurers
on insurance premiums.

"(2) The corporation shall be subject to the
provisions of Chapter 55, Title 27, regarding the prohibition
of unfair discriminatory acts by insurers on the basis of an
applicant's or insured's abuse status.

"(3) The corporation shall be subject to the
provisions regarding Medicare Supplement Minimum Standards set
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.

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

"(5) The corporation shall be subject to the provisions of Chapter 56 of Title 27, regarding the Access to Eye Care Act.

"(6) The corporation shall be subject to the regulations promulgated by the Commissioner of Insurance pursuant to Sections 27-7-43 and 27-7-44.

"(7) The corporation shall be subject to the provisions of Chapter 54 of Title 27.

"(8) The corporation shall be subject to the provisions of Chapter 57 of Title 27, requiring coverage to be offered for the payment of colorectal cancer examinations for covered persons who are 50 years of age or older, or for covered 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.

"(9) The corporation shall be subject to Chapter 58 of Title 27, requiring that policies and contracts including coverage for prostate cancer early detection be offered, together with identification of associated costs.
"(10) The corporation shall be subject to Chapter 59 of Title 27 requiring that policies and contracts including coverage for chiropractic be offered, together with identification of associated costs.

"(11) The corporation shall be subject to Section 1 of the act adding this subdivision requiring that policies and contracts to offer coverage for certain treatment for Autism Spectrum Disorder under certain conditions.

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

"§27-21A-23.

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

"(c) Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and shall be exempt from the provisions of Section 34-24-310, et seq., relating to the practice of medicine.

"(d) No person participating in the arrangements of a health maintenance organization other than the actual provider of health care services or supplies directly to enrollees and their families shall be liable for negligence, misfeasance, nonfeasance, or malpractice in connection with the furnishing of such services and supplies.

"(e) Nothing in this chapter shall be construed in any way to repeal or conflict with any provision of the certificate of need law.

"(f) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to Section 27-1-17.

"(g) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to the provisions of Chapter 56 of this title, regarding the Access to Eye Care Act.
"(h) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to the provisions of Chapter 54 of this title.

"(i) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to the provisions of Chapter 57 of this title, requiring coverage to be offered for the payment of colorectal cancer examinations for covered persons who are 50 years of age or older, or for covered 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.

"(j) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to Chapter 58 of Title 27, requiring that policies and contracts including coverage for prostate cancer early detection be offered, together with identification of associated costs.

"(k) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to Chapter 59 of this title, requiring that policies and contracts including coverage for chiropractic be offered, together with identification of associated costs.

"(l) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to Section 1 of the act adding this subsection requiring policies
and contracts to offer coverage for certain treatment for Autism Spectrum Disorder under certain conditions."

Section 4. This act shall become effective on October 1, 2012.
SB283

President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB283
Senate 10-APR-12
I hereby certify that the within Act originated in and passed the Senate, as amended.

Patrick Harris
Secretary

House of Representatives
Passed: 01-MAY-12

By: Senator Ward

APPROVED May 8, 2012
TIME 11:32 am
Robert Bentley
GOVERNOR

Alabama Secretary Of State
Act Num....: 2012-298
Bill Num....: S-283
Recv'd 05/08/12 02:32pmSLF
I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 283.

YEAS 30  NAYS 0  ABSTAIN

PATRICK HARRIS,
Secretary

I hereby certify that the notice & proof is attached to the Bill, SB 283 as required in the General Acts of Alabama, 1975 Act No. 919.

PATRICK HARRIS,
Secretary

REPORT OF STANDING COMMITTEE

This bill having been referred by the House to its standing committee on Health was acted upon by such committee in session, and returned therefrom to the House with the recommendation that it be Passed, w/amend(s) w/sub. This 30th day of April, 2012.

Chairperson

CONFERENCE COMMITTEE

Senate Conferees

RE-REFERRED

RE-COMMITTED

Committee

GREG PAPAS,
Clerk