May 21, 2015, Introduced by Senator O'BRIEN and referred to the Committee on Insurance.

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
by amending section 3406s (MCL 500.3406s), as added by 2012 PA 100.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 3406s. (1) Except as otherwise provided in this section,

AN INSURER THAT DELIVERS, ISSUES FOR DELIVERY, OR RENEWS IN THIS STATE an expense-incurred hospital, medical, or surgical group or individual policy or certificate delivered, issued for delivery, or renewed in this state and OR a health maintenance organization THAT ISSUES OR RENEWS A group or individual contract shall provide coverage for the TIMELY diagnosis of autism spectrum disorders and
TIMELY treatment of autism spectrum disorders. AN INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL ENSURE THAT EACH INSURED OR ENROLLEE HAS ACCESS TO IN-NETWORK PARTICIPATING PROVIDERS THAT ARE A REASONABLE DISTANCE FROM THE RESIDENCE OF THE INSURED OR ENROLLEE AND THAT DO NOT REQUIRE A WAITING TIME THAT IS LONGER THAN ALLOWED BY THE NCQA FOR AN APPOINTMENT TO BEGIN THE PROCESS OF OBTAINING A DIAGNOSIS OF AUTISM SPECTRUM DISORDERS. FOR THE PURPOSES OF THIS SUBSECTION, A DIAGNOSIS OR A TREATMENT IS CONSIDERED TO BE TIMELY IF IT MEETS THE DEFINITION OF TIMELY AS PROVIDED BY THE NCQA. FOR THE PURPOSES OF THIS SUBSECTION, A DISTANCE IS CONSIDERED TO BE REASONABLE IF IT MEETS THE DEFINITION OF REASONABLE DISTANCE PROVIDED BY THE NCQA.

(2) An insurer and OR a health maintenance organization SUBJECT TO THIS SECTION shall not do any of the following:

(a) Terminate coverage or refuse to deliver, execute, issue, amend, adjust, or renew coverage solely because an individual is diagnosed with, or has received treatment for, an autism spectrum disorder.

(b) Limit the number of visits an insured or enrollee may use for treatment of autism spectrum disorders covered under this section.

(c) Deny or limit coverage under this section on the basis that treatment is educational or habilitative in nature.

(D) DENY COVERAGE UNDER THIS SECTION TO, OR LIMIT COVERAGE UNDER THIS SECTION TO ONLY, AN INDIVIDUAL WHO EXHIBITS PROBLEM BEHAVIORS.

(E) (d)—Except as otherwise provided in this subdivision,
subject coverage under this section to dollar limits, copays, deductibles, or coinsurance provisions that do not apply to physical illness generally. Coverage SUBJECT TO SUBSECTION (8), AN INSURER OR HEALTH MAINTENANCE ORGANIZATION MAY LIMIT COVERAGE under this section for treatment of autism spectrum disorders may be limited to an insured or enrollee through 18 years of age and may be subject THE COVERAGE to a maximum annual benefit as follows:

(i) For a covered insured or enrollee through 6 years of age, $50,000.00.

(ii) For a covered insured or enrollee from 7 years of age through 12 years of age, $40,000.00.

(iii) For a covered insured or enrollee from 13 years of age through 18 years of age, $30,000.00.

(F) ESTABLISH A NETWORK OF PARTICIPATING PROVIDERS FOR THE DIAGNOSIS OR TREATMENT OF AUTISM SPECTRUM DISORDERS THAT ONLY INCLUDES AUTISM EVALUATION CENTERS APPROVED BY THE INSURER OR HEALTH MAINTENANCE ORGANIZATION. THE INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL ESTABLISH A NETWORK OF PARTICIPATING PROVIDERS FOR THE TIMELY DIAGNOSIS AND TIMELY TREATMENT OF AUTISM SPECTRUM DISORDERS THAT INCLUDES LICENSED PHYSICIANS AND LICENSED PSYCHOLOGISTS WHOSE SCOPE OF PRACTICE INCLUDES THE DIAGNOSIS OF AUTISM SPECTRUM DISORDERS OR TREATMENT OF AUTISM SPECTRUM DISORDERS, AS APPLICABLE, REGARDLESS OF THE PHYSICIAN'S OR PSYCHOLOGIST'S AFFILIATION WITH AN APPROVED AUTISM EVALUATION CENTER.

(3) (2) This section does not limit benefits that are otherwise available to an insured or enrollee under a policy,
contract, or certificate. An insurer or health maintenance organization shall utilize evidence-based care and managed care cost-containment practices pursuant to the insurer's or health maintenance organization's procedures so long as IF that care and those practices are consistent with this section. The AN INSURER OR HEALTH MAINTENANCE ORGANIZATION MAY SUBJECT coverage under this section may be subject to other general exclusions and limitations of the policy, contract, or certificate, including, but not limited to, coordination of benefits, AFFILIATED OR 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.

(4) (3) — If an insured or enrollee is receiving treatment for an autism spectrum disorder, an insurer or health maintenance organization may, as a condition to providing the coverage under this section, do all of the following:

(a) Require a review of that treatment consistent with current protocols and may require a treatment plan. If requested by the insurer or health maintenance organization, the cost of treatment review shall be borne by the insurer or health maintenance organization.

(b) Request the results of the autism diagnostic observation schedule that has been used in the diagnosis of an autism spectrum disorder for that insured or enrollee.

(c) Request that the autism diagnostic observation schedule be performed on that insured or enrollee not more frequently than once
(d) Request that an annual development evaluation be conducted and the results of that annual development evaluation be submitted to the insurer or health maintenance organization.

(5) Beginning January 1, 2014, a qualified health plan offered through an American health benefit exchange established in this state pursuant to the federal act is not required to provide coverage under this section to the extent that it exceeds coverage that is included in the essential health benefits as required pursuant to the federal act. As used in this subsection, "federal act" means the federal patient protection and affordable care act, Public Law 111-148, as amended by the federal health care and education reconciliation act of 2010, Public Law 111-152, and any regulations promulgated under those acts.

(6) This section does not apply to a short-term or 1-time limited duration policy or certificate of no longer than 6 months as described in section 2213b.

(7) This section does not require the coverage of prescription drugs and related services unless the insured or enrollee is covered by a prescription drug plan. This section does not require an insurer or health maintenance organization to provide coverage for autism spectrum disorders to an insured or enrollee under more than 1 of its policies, certificates, or contracts. If an insured or enrollee has more than 1 policy, certificate, or contract that covers autism spectrum disorders, the benefits provided are subject to the limits of this section when coordinating benefits.
(8) THE DEPARTMENT SHALL ADJUST THE COVERAGE LIMITS ALLOWED UNDER SUBSECTION (2)(E) BY MARCH 31 EACH YEAR IN ACCORDANCE WITH THE ANNUAL AVERAGE PERCENTAGE INCREASE OR DECREASE IN THE UNITED STATES CONSUMER PRICE INDEX FOR THE 12-MONTH PERIOD ENDING THE PRECEDING DECEMBER 31.

(9) (7) 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 significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

(b) "Autism diagnostic observation schedule" means the protocol available through western psychological services for diagnosing and assessing autism spectrum disorders or any other standardized diagnostic measure for autism spectrum disorders that is approved by the commissioner, DIRECTOR if the commissioner determines that the diagnostic measure is recognized by the health care industry and is an evidence-based diagnostic tool.

(c) "Autism spectrum disorders" means any of the following pervasive developmental disorders as defined by the diagnostic and statistical manual:

(i) Autistic disorder.

(ii) Asperger's disorder.

(iii) Pervasive developmental disorder not otherwise specified.

(d) "Behavioral health treatment" means evidence-based counseling and treatment programs, including applied behavior
analysis, that meet both of the following requirements:

(i) Are necessary to develop, maintain, or restore, to the
maximum extent practicable, the functioning of an individual.

(ii) Are provided or supervised by a board certified behavior
analyst or a licensed psychologist so long as IF the services
performed are commensurate with the psychologist's formal
university training and supervised experience.

(e) "Diagnosis of autism spectrum disorders" means
assessments, evaluations, or tests, including the autism diagnostic
observation schedule, performed by a licensed physician or a
licensed psychologist to diagnose whether an individual has 1 of
the autism spectrum disorders.

(f) "Diagnostic and statistical manual" or "DSM" means the
diagnostic and statistical manual of mental disorders published by
the American psychiatric association or
other manual that contains common language and standard criteria
for the classification of mental disorders and that is approved by
the commissioner, DIRECTOR if the commissioner DIRECTOR
determines that the manual is recognized by the health care industry and the
classification of mental disorders is at least as comprehensive as
the manual published by the American psychiatric association
on the effective date of this section APRIL
18, 2012.

(G) "NCQA" MEANS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE.

(H) "Pharmacy care" means medications prescribed by a
licensed physician and related services performed by a licensed
pharmacist and any health-related services considered medically
necessary to determine the need or effectiveness of the medications.

(I) "Psychiatric care" means evidence-based direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

(J) "Psychological care" means evidence-based direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

(K) "Therapeutic care" means evidence-based services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, or social worker.

(L) "Treatment of autism spectrum disorders" means evidence-based treatment that includes the following care prescribed or ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary:

(i) Behavioral health treatment.

(ii) Pharmacy care.

(iii) Psychiatric care.

(iv) Psychological care.

(v) Therapeutic care.

(M) "Treatment plan" means a written, comprehensive, and individualized intervention plan that incorporates specific treatment goals and objectives and that is developed by a board certified or licensed provider who has the appropriate credentials and who is operating within his or her scope of practice, when the treatment of an autism spectrum disorder is first prescribed or
ordered by a licensed physician or licensed psychologist as
described in subdivision (k)-(l).

Enacting section 1. This amendatory act takes effect 90 days
after the date it is enacted into law.