

HOUSE HEALTH AND GOVERNMENT AFFAIRS COMMITTEE SUBSTITUTE FOR
HOUSE BILL 751

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

AN ACT

RELATING TO HEALTH INSURANCE; REQUIRING COVERAGE FOR DIAGNOSIS
OF AND TREATMENT FOR BEHAVIORAL HEALTH CONDITION, DEVELOPMENTAL
DISABILITY OR AUTISM SPECTRUM DISORDER.

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

Section 1. A new section of the Health Care Purchasing
Act is enacted to read:

"[NEW MATERIAL] COVERAGE FOR DEVELOPMENTAL DISABILITY AND
AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT.--

A. Any group health care coverage, including any
form of self-insurance, offered, issued or renewed under the
Health Care Purchasing Act on or after the open enrollment
period for the 2010 plan year shall provide coverage to
employees and their covered dependents who are under nineteen
years of age for:

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underscored material = new
[bracketed material] = delete

1 (1) well-baby and well-child screening for
2 diagnosing the presence of developmental disability or autism
3 spectrum disorder; and

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

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

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

12 (2) shall be limited to fifty thousand dollars
13 (\$50,000) annually. Beginning January 1, 2011, the maximum
14 benefit shall be adjusted annually on January 1 to reflect any
15 change from the previous year in the medical component of the
16 then-current consumer price index for all urban consumers
17 published by the bureau of labor statistics of the United
18 States department of labor;

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

21 (4) may be subject to other general exclusions
22 and limitations of the group health care coverage, including
23 coordination of benefits, participating provider requirements,
24 restrictions on services provided by family or household
25 members and utilization review of health care services,

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

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

10 C. The coverage required pursuant to Subsection A
11 of this section shall not be subject to dollar limits,
12 deductibles or coinsurance provisions that are less favorable
13 to an insured than the dollar limits, deductibles or
14 coinsurance provisions that apply to physical illnesses that
15 are generally covered under the group health care coverage
16 plan, except as otherwise provided in Subsection B of this
17 section.

18 D. An insurer shall not deny or refuse to issue
19 coverage for medically necessary services or refuse to contract
20 with, renew, reissue or otherwise terminate or restrict
21 coverage for an individual because the individual is diagnosed
22 as having or receiving treatment for a developmental disability
23 or an autism spectrum disorder.

24 E. The treatment plan required pursuant to
25 Subsection B of this section shall include all elements

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1 necessary for the group health care coverage plan to pay claims
2 appropriately. These elements include:

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

10 F. This section shall not be construed as limiting
11 benefits and coverage otherwise available to an insured under a
12 group health care coverage plan.

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

19 H. As used in this section:

- 20 (1) "autism spectrum disorder" means a
21 condition that meets the diagnostic criteria for the pervasive
22 developmental disorders published in the diagnostic and
23 statistical manual of mental disorders, fourth edition, text
24 revision, also known as DSM-IV-TR, published by the American
25 psychiatric association, including autistic disorder; Asperger

1 disorder; pervasive development disorder not otherwise
2 specified, including atypical autism; Rett's disorder; and
3 childhood disintegrative disorder;

4 (2) "developmental disability" means either a
5 risk, as defined by the department of health, or diagnosis of
6 developmental delay for a child up to two years of age; or a
7 severe chronic disability of a person that:

8 (a) is attributable to a mental or
9 physical impairment, including the result from trauma to the
10 brain, or combination of mental and physical impairments;

11 (b) is manifested before the person
12 reaches the age of twenty-two years;

13 (c) is expected to continue
14 indefinitely;

15 (d) results in substantial functional
16 limitations in three or more of the following areas of major
17 life activity: 1) self-care; 2) receptive and expressive
18 language; 3) learning; 4) mobility; 5) self-direction; 6)
19 capacity for independent living; and 7) economic
20 self-sufficiency; and

21 (e) reflects the person's need for a
22 combination and sequence of special, interdisciplinary or
23 generic care treatment or other support and services that are
24 of lifelong or extended duration and are individually planned
25 and coordinated; and

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

5 Section 2. A new section of the Health Care Purchasing
6 Act is enacted to read:

7 "[NEW MATERIAL] COVERAGE FOR BEHAVIORAL HEALTH CONDITION
8 DIAGNOSIS AND TREATMENT.--

9 A. Beginning with the open enrollment period for
10 the 2010 plan year, group health care coverage, including any
11 form of self-insurance, offered, issued or renewed under the
12 Health Care Purchasing Act shall provide coverage to employees
13 and their covered dependents for behavioral health condition
14 diagnosis and treatment.

15 B. Behavioral health coverage offered shall not
16 impose treatment limitations or financial requirements on the
17 provision of behavioral health benefits if identical
18 limitations or requirements are not imposed on coverage of
19 benefits for other conditions. Behavioral health coverage
20 shall not:

21 (1) require pre-admission screening prior to
22 the authorization of behavioral health benefits, whether
23 inpatient or outpatient; or

24 (2) apply limitations that restrict mental
25 health benefits provided under the plan to those that are

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1 medically necessary.

2 C. Behavioral health coverage shall include:

3 (1) inpatient services, including a range of
4 physiological, psychological and other intervention concepts,
5 techniques and processes used in a community mental health
6 psychiatric inpatient unit, general hospital psychiatric unit
7 or psychiatric hospital licensed by the department of health or
8 in an accredited public hospital to restore psychosocial
9 functioning sufficient to allow maintenance and support of the
10 insured in a less restrictive setting;

11 (2) outpatient services, including screening,
12 evaluation, consultations, diagnosis and treatment involving
13 use of physiological, psychological and psychosocial evaluative
14 and intervention concepts, techniques and processes provided to
15 individuals and groups; and

16 (3) licensed mental health professionals,
17 including an accredited public hospital or psychiatric hospital
18 or a community agency certified as a community mental health
19 center by the department of health. These providers shall
20 ensure that services are supervised by an appropriately
21 licensed mental health professional.

22 D. The provisions of this section shall not apply
23 to individual 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 Section 3. A new section of Chapter 59A, Article 22 NMSA
4 1978 is enacted to read:

5 "[NEW MATERIAL] COVERAGE FOR DEVELOPMENTAL DISABILITY AND
6 AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT.--

7 A. An individual or group health insurance policy,
8 health care plan or certificate of health insurance that is
9 delivered, issued for delivery or renewed in this state on or
10 after September 17, 2009 shall provide coverage to an eligible
11 individual who is under nineteen years of age for:

12 (1) well-baby and well-child screening for
13 diagnosing the presence of developmental disability or autism
14 spectrum disorder; and

15 (2) treatment of developmental disability or
16 autism spectrum disorder through speech therapy, occupational
17 therapy, physical therapy and applied behavioral analysis.

18 B. Coverage required pursuant to Subsection A of
19 this section:

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

23 (2) shall be limited to fifty thousand dollars
24 (\$50,000) annually. Beginning January 1, 2011, the maximum
25 benefit shall be adjusted annually on January 1 to reflect any

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1 change from the previous year in the medical component of the
2 then-current consumer price index for all urban consumers
3 published by the bureau of labor statistics of the United
4 States department of labor;

5 (3) shall not be denied on the basis that the
6 services are habilitative or rehabilitative in nature;

7 (4) may be subject to other general exclusions
8 and limitations of the insurer's policy or plan, including
9 coordination of benefits, participating provider requirements,
10 restrictions on services provided by family or household
11 members and utilization review of health care services,
12 including the review of medical necessity, case management and
13 other managed care provisions; and

14 (5) may be limited to exclude coverage for
15 services received under the federal Individuals with
16 Disabilities Education Act of 2004 and related state laws that
17 place responsibility on state and local school boards for
18 providing specialized education and related services to
19 children three to twenty-two years of age who have
20 developmental disabilities or autism spectrum disorder.

21 C. The coverage required pursuant to Subsection A
22 of this section shall not be subject to dollar limits,
23 deductibles or coinsurance provisions that are less favorable
24 to an insured than the dollar limits, deductibles or
25 coinsurance provisions that apply to physical illnesses that

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1 are generally covered under the individual or group health
2 insurance policy, health care plan or certificate of health
3 insurance, except as otherwise provided in Subsection B of this
4 section.

5 D. An insurer shall not deny or refuse to issue
6 coverage for medically necessary services or refuse to contract
7 with, renew, reissue or otherwise terminate or restrict
8 coverage for an individual because the individual is diagnosed
9 as having or receiving treatment for a developmental disability
10 or an autism spectrum disorder.

11 E. The treatment plan required pursuant to
12 Subsection B of this section shall include all elements
13 necessary for the health insurance plan to pay claims
14 appropriately. These elements include:

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

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

25 G. The provisions of this section shall not apply

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underscoring material = new
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1 to individual policies intended to supplement major medical
2 group-type coverages such as medicare supplement, long-term
3 care, disability income, specified disease, accident only,
4 hospital indemnity or other limited-benefit health insurance
5 policies.

6 H. As used in this section:

7 (1) "autism spectrum disorder" means a
8 condition that meets the diagnostic criteria for the pervasive
9 developmental disorders published in the diagnostic and
10 statistical manual of mental disorders, fourth edition, text
11 revision, also known as DSM-IV-TR, published by the American
12 psychiatric association, including autistic disorder; Asperger
13 disorder; pervasive development disorder not otherwise
14 specified, including atypical autism; Rett's disorder; and
15 childhood disintegrative disorder;

16 (2) "developmental disability" means either a
17 risk, as defined by the department of health, or diagnosis of
18 developmental delay for a child up to two years of age; or a
19 severe chronic disability of a person that:

20 (a) is attributable to a mental or
21 physical impairment, including the result from trauma to the
22 brain, or combination of mental and physical impairments;

23 (b) is manifested before the person
24 reaches the age of twenty-two years;

25 (c) is expected to continue

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1 indefinitely;

2 (d) results in substantial functional
3 limitations in three or more of the following areas of major
4 life activity: 1) self-care; 2) receptive and expressive
5 language; 3) learning; 4) mobility; 5) self-direction; 6)
6 capacity for independent living; and 7) economic
7 self-sufficiency; and

8 (e) reflects the person's need for a
9 combination and sequence of special, interdisciplinary or
10 generic care treatment or other support and services that are
11 of lifelong or extended duration and are individually planned
12 and coordinated; and

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

17 Section 4. A new section of Chapter 59A, Article 22 NMSA
18 1978 is enacted to read:

19 "[NEW MATERIAL] COVERAGE FOR BEHAVIORAL HEALTH CONDITION
20 DIAGNOSIS AND TREATMENT.--

21 A. An individual or group health insurance policy,
22 health care plan or certificate of health insurance that is
23 delivered, issued for delivery or renewed in this state on or
24 after September 17, 2009 shall provide coverage to employees
25 and their covered dependents for behavioral health condition

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1 diagnosis and treatment.

2 B. Behavioral health coverage offered shall not
3 impose treatment limitations or financial requirements on the
4 provision of behavioral health benefits if identical
5 limitations or requirements are not imposed on coverage of
6 benefits for other conditions. Behavioral health coverage
7 shall not:

8 (1) require pre-admission screening prior to
9 the authorization of behavioral health benefits, whether
10 inpatient or outpatient; or

11 (2) apply limitations that restrict mental
12 health benefits provided under the plan to those that are
13 medically necessary.

14 C. Behavioral health coverage shall include:

15 (1) inpatient services, including a range of
16 physiological, psychological and other intervention concepts,
17 techniques and processes used in a community mental health
18 psychiatric inpatient unit, general hospital psychiatric unit
19 or psychiatric hospital licensed by the department of health or
20 in an accredited public hospital to restore psychosocial
21 functioning sufficient to allow maintenance and support of the
22 insured in a less restrictive setting;

23 (2) outpatient services, including screening,
24 evaluation, consultations, diagnosis and treatment involving
25 use of physiological, psychological and psychosocial evaluative

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1 and intervention concepts, techniques and processes provided to
2 individuals and groups; and

3 (3) licensed mental health professionals,
4 including an accredited public hospital or psychiatric hospital
5 or a community agency certified as a community mental health
6 center by the department of health. These providers shall
7 ensure that services are supervised by an appropriately
8 licensed mental health professional.

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

15 Section 5. A new section of Chapter 59A, Article 23 NMSA
16 1978 is enacted to read:

17 "[NEW MATERIAL] COVERAGE FOR DEVELOPMENTAL DISABILITY AND
18 AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT.--

19 A. A blanket or group health insurance policy or
20 contract that is delivered, issued for delivery or renewed in
21 this state on or after September 17, 2009 shall provide
22 coverage to an eligible individual who is under nineteen years
23 of age for:

24 (1) well-baby and well-child screening for
25 diagnosing the presence of developmental disability or autism

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1 spectrum disorder; and

2 (2) treatment of developmental disability or
3 autism spectrum disorder through speech therapy, occupational
4 therapy, physical therapy 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 treating physician in accordance
9 with a treatment plan;

10 (2) shall be limited to fifty thousand dollars
11 (\$50,000) annually. Beginning January 1, 2011, the maximum
12 benefit shall be adjusted annually on January 1 to reflect any
13 change from the previous year in the medical component of the
14 then-current consumer price index for all urban consumers
15 published by the bureau of labor statistics of the United
16 States department of labor;

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

19 (4) may be subject to other general exclusions
20 and limitations of the insurer's policy or plan, including
21 coordination of benefits, participating provider requirements,
22 restrictions on services provided by family or household
23 members and utilization review of health care services,
24 including the review of medical necessity, case management and
25 other managed care provisions; and

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

8 C. The coverage required pursuant to Subsection A
9 of this section shall not be subject to dollar limits,
10 deductibles or coinsurance provisions that are less favorable
11 to an insured than the dollar limits, deductibles or
12 coinsurance provisions that apply to physical illnesses that
13 are generally covered under the blanket or group health
14 insurance policy or contract, except as otherwise provided in
15 Subsection B of this section.

16 D. An insurer shall not deny or refuse to issue
17 coverage for medically necessary services or refuse to contract
18 with, renew, reissue or otherwise terminate or restrict
19 coverage for an individual because the individual is diagnosed
20 as having or receiving treatment for a developmental disability
21 or an autism spectrum disorder.

22 E. The treatment plan required pursuant to
23 Subsection B of this section shall include all elements
24 necessary for the health insurance plan to pay claims
25 appropriately. These elements include:

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underscored material = new
[bracketed material] = delete

- 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 a

10 health insurance plan.

11 G. The provisions of this section shall not apply

12 to individual 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 pervasive

20 developmental disorders published in the diagnostic and

21 statistical manual of mental disorders, fourth edition, text

22 revision, also known as DSM-IV-TR, published by the American

23 psychiatric association, including autistic disorder; Asperger

24 disorder; pervasive development disorder not otherwise

25 specified, including atypical autism; Rett's disorder; and

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1 childhood disintegrative disorder;

2 (2) "developmental disability" means either a
3 risk, as defined by the department of health, or diagnosis of
4 developmental delay for a child up to two years of age; or a
5 severe chronic disability of a person that:

6 (a) is attributable to a mental or
7 physical impairment, including the result from trauma to the
8 brain, or combination of mental and physical impairments;

9 (b) is manifested before the person
10 reaches the age of twenty-two years;

11 (c) is expected to continue
12 indefinitely;

13 (d) results in substantial functional
14 limitations in three or more of the following areas of major
15 life activity: 1) self-care; 2) receptive and expressive
16 language; 3) learning; 4) mobility; 5) self-direction; 6)
17 capacity for independent living; and 7) economic
18 self-sufficiency; and

19 (e) reflects the person's need for a
20 combination and sequence of special, interdisciplinary or
21 generic care treatment or other support and services that are
22 of lifelong or extended duration and are individually planned
23 and coordinated; and

24 (3) "services that are habilitative or
25 rehabilitative" means treatment programs that are necessary to

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1 develop, maintain and restore to the maximum extent practicable
2 the functioning of the individual."

3 Section 6. A new section of Chapter 59A, Article 23 NMSA
4 1978 is enacted to read:

5 "[NEW MATERIAL] COVERAGE FOR BEHAVIORAL HEALTH CONDITION
6 DIAGNOSIS AND TREATMENT.--

7 A. A blanket or group health insurance policy or
8 contract that is delivered, issued for delivery or renewed in
9 this state on or after September 17, 2009 shall provide
10 coverage to an eligible individual for behavioral health
11 condition diagnosis and treatment.

12 B. Behavioral health coverage offered shall not
13 impose treatment limitations or financial requirements on the
14 provision of behavioral health benefits if identical
15 limitations or requirements are not imposed on coverage of
16 benefits for other conditions. Behavioral health coverage
17 shall not:

18 (1) require pre-admission screening prior to
19 the authorization of behavioral health benefits, whether
20 inpatient or outpatient; or

21 (2) apply limitations that restrict mental
22 health benefits provided under the plan to those that are
23 medically necessary.

24 C. Behavioral health coverage shall include:

25 (1) inpatient services, including a range of

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1 physiological, psychological and other intervention concepts,
2 techniques and processes used in a community mental health
3 psychiatric inpatient unit, general hospital psychiatric unit
4 or psychiatric hospital licensed by the department of health or
5 in an accredited public hospital to restore psychosocial
6 functioning sufficient to allow maintenance and support of the
7 insured in a less restrictive setting;

8 (2) outpatient services, including screening,
9 evaluation, consultations, diagnosis and treatment involving
10 use of physiological, psychological and psychosocial evaluative
11 and intervention concepts, techniques and processes provided to
12 individuals and groups; and

13 (3) licensed mental health professionals,
14 including an accredited public hospital or psychiatric hospital
15 or a community agency certified as a community mental health
16 center by the department of health. These providers shall
17 ensure that services are supervised by an appropriately
18 licensed mental health professional.

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

25 Section 7. A new section of the Health Maintenance

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1 Organization Law is enacted to read:

2 "[~~NEW MATERIAL~~] COVERAGE FOR DEVELOPMENTAL DISABILITY AND
3 AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT.--

4 A. An individual or group health maintenance
5 contract that is delivered, issued for delivery or renewed in
6 this state on or after September 17, 2009 shall provide
7 coverage to an eligible individual who is under nineteen years
8 of age for:

9 (1) well-baby and well-child screening for
10 diagnosing the presence of developmental disability or autism
11 spectrum disorder; and

12 (2) treatment of developmental disability or
13 autism spectrum disorder through speech therapy, occupational
14 therapy, physical therapy and applied behavioral analysis.

15 B. Coverage required pursuant to Subsection A of
16 this section:

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

20 (2) shall be limited to fifty thousand dollars
21 (\$50,000) annually. Beginning January 1, 2011, the maximum
22 benefit shall be adjusted annually on January 1 to reflect any
23 change from the previous year in the medical component of the
24 then-current consumer price index for all urban consumers
25 published by the bureau of labor statistics of the United

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underscored material = new
[bracketed material] = delete

1 States department of labor;

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

4 (4) may be subject to other general exclusions
5 and limitations of the insurer's policy or plan, including
6 coordination of benefits, participating provider requirements,
7 restrictions on services provided by family or household
8 members and utilization review of health care services,
9 including the review of medical necessity, case management and
10 other managed care provisions; and

11 (5) may be limited to exclude coverage for
12 services received under the federal Individuals with
13 Disabilities Education Act of 2004 and related state laws that
14 place responsibility on state and local school boards for
15 providing specialized education and related services to
16 children three to twenty-two years of age who have
17 developmental disabilities or autism spectrum disorder.

18 C. The coverage required pursuant to Subsection A
19 of this section shall not be subject to dollar limits,
20 deductibles or coinsurance provisions that are less favorable
21 to an insured than the dollar limits, deductibles or
22 coinsurance provisions that apply to physical illnesses that
23 are generally covered under the individual or group health
24 maintenance contract, except as otherwise provided in
25 Subsection B of this section.

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underscoring material = new
[bracketed material] = delete

1 D. An insurer shall not deny or refuse to issue
2 coverage for medically necessary services or refuse to contract
3 with, renew, reissue or otherwise terminate or restrict
4 coverage for an individual because the individual is diagnosed
5 as having or receiving treatment for a developmental disability
6 or an autism spectrum disorder.

7 E. The treatment plan required pursuant to
8 Subsection B of this section shall include all elements
9 necessary for the health insurance plan to pay claims
10 appropriately. These elements include:

- 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 under a
20 health insurance plan.

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

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1 policies.

2 H. As used in this section:

3 (1) "autism spectrum disorder" means a
4 condition that meets the diagnostic criteria for the pervasive
5 developmental disorders published in the diagnostic and
6 statistical manual of mental disorders, fourth edition, text
7 revision, also known as DSM-IV-TR, published by the American
8 psychiatric association, including autistic disorder; Asperger
9 disorder; pervasive development disorder not otherwise
10 specified, including atypical autism; Rett's disorder; and
11 childhood disintegrative disorder;

12 (2) "developmental disability" means either a
13 risk, as defined by the department of health, or diagnosis of
14 developmental delay for a child up to two years of age; or a
15 severe chronic disability of a person that:

16 (a) is attributable to a mental or
17 physical impairment, including the result from trauma to the
18 brain, or combination of mental and physical impairments;

19 (b) is manifested before the person
20 reaches the age of twenty-two years;

21 (c) is expected to continue
22 indefinitely;

23 (d) results in substantial functional
24 limitations in three or more of the following areas of major
25 life activity: 1) self-care; 2) receptive and expressive

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1 language; 3) learning; 4) mobility; 5) self-direction; 6)
 2 capacity for independent living; and 7) economic
 3 self-sufficiency; and

4 (e) reflects the person's need for a
 5 combination and sequence of special, interdisciplinary or
 6 generic care treatment or other support and services that are
 7 of lifelong or extended duration and are individually planned
 8 and coordinated; and

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

13 Section 8. A new section of the Health Maintenance
 14 Organization Law is enacted to read:

15 "[NEW MATERIAL] COVERAGE FOR BEHAVIORAL HEALTH CONDITION
 16 DIAGNOSIS AND TREATMENT.--

17 A. An individual or group health maintenance
 18 contract that is delivered, issued for delivery or renewed in
 19 this state on or after September 17, 2009 shall provide
 20 coverage to an eligible individual for behavioral health
 21 condition diagnosis and treatment.

22 B. Behavioral health coverage offered shall not
 23 impose treatment limitations or financial requirements on the
 24 provision of behavioral health benefits if identical
 25 limitations or requirements are not imposed on coverage of

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1 benefits for other conditions. Behavioral health coverage
2 shall not:

3 (1) require pre-admission screening prior to
4 the authorization of behavioral health benefits, whether
5 inpatient or outpatient; or

6 (2) apply limitations that restrict behavioral
7 health benefits provided under the plan to those that are
8 medically necessary.

9 C. Behavioral health coverage shall include:

10 (1) inpatient services, including a range of
11 physiological, psychological and other intervention concepts,
12 techniques and processes used in a community mental health
13 psychiatric inpatient unit, general hospital psychiatric unit
14 or psychiatric hospital licensed by the department of health or
15 in an accredited public hospital to restore psychosocial
16 functioning sufficient to allow maintenance and support of the
17 insured in a less restrictive setting;

18 (2) outpatient services, including screening,
19 evaluation, consultations, diagnosis and treatment involving
20 use of physiological, psychological and psychosocial evaluative
21 and intervention concepts, techniques and processes provided to
22 individuals and groups; and

23 (3) licensed mental health professionals,
24 including an accredited public hospital or psychiatric hospital
25 or a community agency certified as a community mental health

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1 center by the department of health. These providers shall
 2 ensure that services are supervised by an appropriately
 3 licensed mental health professional.

4 D. The provisions of this section shall not apply
 5 to individual policies intended to supplement major medical
 6 group-type coverages such as medicare supplement, long-term
 7 care, disability income, specified disease, accident only,
 8 hospital indemnity or other limited-benefit health insurance
 9 policies."

10 Section 9. A new section of the Nonprofit Health Care
 11 Plan Law is enacted to read:

12 "[NEW MATERIAL] COVERAGE FOR DEVELOPMENTAL DISABILITY AND
 13 AUTISM SPECTRUM DISORDER DIAGNOSIS AND TREATMENT.--

14 A. Beginning with the open enrollment period for
 15 the 2010 plan year, group health care coverage, an individual
 16 or group health insurance policy, health care plan or
 17 certificate of health insurance delivered or issued for
 18 delivery in this state shall provide coverage to an eligible
 19 individual who is under nineteen years of age for:

20 (1) well-baby and well-child screening for
 21 diagnosing the presence of developmental disability or autism
 22 spectrum disorder; and

23 (2) treatment of developmental disability or
 24 autism spectrum disorder through speech therapy, occupational
 25 therapy, physical therapy and applied behavioral analysis.

.178234.1

1 B. Coverage required pursuant to Subsection A of
2 this section:

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

6 (2) shall be limited to fifty thousand dollars
7 (\$50,000) annually. Beginning January 1, 2011, the maximum
8 benefit shall be adjusted annually on January 1 to reflect any
9 change from the previous year in the medical component of the
10 then-current consumer price index for all urban consumers
11 published by the bureau of labor statistics of the United
12 States department of labor;

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

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

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

.178234.1

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

4 C. The coverage required pursuant to Subsection A
5 of this section shall not be subject to dollar limits,
6 deductibles or coinsurance provisions that are less favorable
7 to an insured than the dollar limits, deductibles or
8 coinsurance provisions that apply to physical illnesses that
9 are generally covered under the individual or group health
10 insurance policy, health care plan or certificate of health
11 insurance, except as otherwise provided in Subsection B of this
12 section.

13 D. An insurer shall not deny or refuse to issue
14 coverage for medically necessary services or refuse to contract
15 with, renew, reissue or otherwise terminate or restrict
16 coverage for an individual because the individual is diagnosed
17 as having or receiving treatment for a developmental disability
18 or an autism spectrum disorder.

19 E. The treatment plan required pursuant to
20 Subsection B of this section shall include all elements
21 necessary for the health insurance plan to pay claims
22 appropriately. These elements include:

- 23 (1) the diagnosis;
24 (2) the proposed treatment by types;
25 (3) the frequency and duration of treatment;

.178234.1

1 (4) the anticipated outcomes stated as goals;

2 (5) the frequency with which the treatment
3 plan will be updated; and

4 (6) the signature of the treating physician.

5 F. This section shall not be construed as limiting
6 benefits and coverage otherwise available to an insured under a
7 health insurance policy, health care plan or certificate of
8 health insurance.

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

15 H. As used in this section:

16 (1) "autism spectrum disorder" means a
17 condition that meets the diagnostic criteria for the pervasive
18 developmental disorders published in the diagnostic and
19 statistical manual of mental disorders, fourth edition, text
20 revision, also known as DSM-IV-TR, published by the American
21 psychiatric association, including autistic disorder; Asperger
22 disorder; pervasive development disorder not otherwise
23 specified, including atypical autism; Rett's disorder; and
24 childhood disintegrative disorder;

25 (2) "developmental disability" means either a

1 risk, as defined by the department of health, or diagnosis of
2 developmental delay for a child up to two years of age; or a
3 severe chronic disability of a person that:

4 (a) is attributable to a mental or
5 physical impairment, including the result from trauma to the
6 brain, or combination of mental and physical impairments;

7 (b) is manifested before the person
8 reaches the age of twenty-two years;

9 (c) is expected to continue
10 indefinitely;

11 (d) results in substantial functional
12 limitations in three or more of the following areas of major
13 life activity: 1) self-care; 2) receptive and expressive
14 language; 3) learning; 4) mobility; 5) self-direction; 6)
15 capacity for independent living; and 7) economic
16 self-sufficiency; and

17 (e) reflects the person's need for a
18 combination and sequence of special, interdisciplinary or
19 generic care treatment or other support and services that are
20 of lifelong or extended duration and are individually planned
21 and coordinated; and

22 (3) "services that are habilitative or
23 rehabilitative" means treatment programs that are necessary to
24 develop, maintain and restore to the maximum extent practicable
25 the functioning of the individual."

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1 Section 10. A new section of the Nonprofit Health Care
2 Plan Law is enacted to read:

3 "[NEW MATERIAL] COVERAGE FOR BEHAVIORAL HEALTH CONDITION
4 DIAGNOSIS AND TREATMENT.--

5 A. Beginning with the open enrollment period for
6 the 2010 plan year, group health care coverage or an individual
7 or group health insurance policy, health care plan or
8 certificate of health insurance delivered or issued for
9 delivery in this state shall provide coverage for behavioral
10 health and developmental disability diagnosis and treatment.

11 B. Behavioral health coverage offered shall not
12 impose treatment limitations or financial requirements on the
13 provision of behavioral health benefits if identical
14 limitations or requirements are not imposed on coverage of
15 benefits for other conditions. Behavioral health coverage
16 shall not:

17 (1) require pre-admission screening prior to
18 the authorization of behavioral health benefits, whether
19 inpatient or outpatient; or

20 (2) apply limitations that restrict mental
21 health benefits provided under the plan to those that are
22 medically necessary.

23 C. Behavioral health coverage shall include:

24 (1) inpatient services, including a range of
25 physiological, psychological and other intervention concepts,

.178234.1

1 techniques and processes used in a community mental health
2 psychiatric inpatient unit, general hospital psychiatric unit
3 or psychiatric hospital licensed by the department of health,
4 or in an accredited public hospital to restore psychosocial
5 functioning sufficient to allow maintenance and support of the
6 insured in a less restrictive setting;

7 (2) outpatient services, including screening,
8 evaluation, consultations, diagnosis and treatment involving
9 use of physiological, psychological and psychosocial evaluative
10 and intervention concepts, techniques and processes provided to
11 individuals and groups; and

12 (3) licensed mental health professionals,
13 including an accredited public hospital or psychiatric hospital
14 or a community agency certified as a community mental health
15 center by the department of health. These providers shall
16 ensure that services are supervised by an appropriately
17 licensed mental health professional.

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