

HOUSE BILL NO. 434

INTRODUCED BY L. SHELDON-GALLOWAY

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A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE REQUIREMENTS FOR INSURANCE COVERAGE OF AUTISM SPECTRUM DISORDERS; AMENDING SECTIONS 33-22-515 AND 33-22-703, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 33-22-515, MCA, is amended to read:

"33-22-515. Coverage of autism spectrum disorders. (1) Each group disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for diagnosis and treatment of autism spectrum disorders for a covered child 18 years of age or younger.

(2) Coverage under this section must be provided to a child who is diagnosed with one of the following disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders:

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

(3) ~~(a)~~ Coverage under this section must include:

~~(i)~~(a) habilitative or rehabilitative care that is prescribed, provided, or ordered by a licensed physician or licensed psychologist, including but not limited to professional, counseling, and guidance services and treatment programs that are medically necessary to develop and restore, to the maximum extent practicable, the functioning of the covered child;

~~(ii)~~(b) medications prescribed by a physician licensed under Title 37, chapter 3;

~~(iii)~~(c) psychiatric or psychological care; and

~~(iv)~~(d) therapeutic care that is provided by a speech-language pathologist, audiologist, occupational therapist, or physical therapist licensed in this state.

~~(b)~~ ~~(i)~~(4) (a) Habilitative and rehabilitative care includes medically necessary interactive therapies;

(i) provided in any setting, including settings outside of a provider's office; and

1 (ii) derived from evidence-based research, including applied behavior analysis, which is also known as
2 Lovaas therapy, discrete trial training, pivotal response training, intensive intervention programs, and early
3 intensive behavioral intervention.

4 ~~(ii)(b)~~ Applied behavior analysis covered under this section must be provided ~~by an individual who is~~
5 ~~licensed by the behavior analyst certification board or is certified by the department of public health and human~~
6 ~~services as a family support specialist with an autism endorsement or supervised by a behavior analyst licensed~~
7 pursuant to Title 37, chapter 17.

8 ~~(4)(5)~~ (a) Coverage for treatment of autism spectrum disorders under this section may be limited to a
9 maximum benefit of:

10 (i) \$50,000 a year for a child 8 years of age or younger; and

11 (ii) \$20,000 a year for a child 9 years of age through 18 years of age.

12 (b) Benefits provided under this section may not be construed as limiting physical health benefits that
13 are otherwise available to the covered child.

14 ~~(5)(6)~~ (a) Coverage under this section may be subject to deductibles, coinsurance, and copayment
15 provisions.

16 (b) Special deductible, coinsurance, copayment, or other limitations that are not generally applicable to
17 other medical care covered under the plan may not be imposed on the coverage for autism spectrum disorders
18 provided for under this section.

19 ~~(6)(7)~~ When treatment is expected to require continued services, the insurer may request that the treating
20 physician provide a treatment plan consisting of diagnosis, proposed treatment by type and frequency, the
21 anticipated duration of treatment, the anticipated outcomes stated as goals, and the reasons the treatment is
22 medically necessary. The treatment plan must be based on evidence-based screening criteria. The insurer may
23 ask that the treatment plan be updated every 6 months.

24 ~~(7)(8)~~ As used in this section, "medically necessary" means any care, treatment, intervention, service,
25 or item that is prescribed, provided, or ordered by a physician or psychologist licensed in this state and that will
26 or is reasonably expected to:

27 (a) prevent the onset of an illness, condition, injury, or disability;

28 (b) reduce or improve the physical, mental, or developmental effects of an illness, condition, injury, or
29 disability; or

30 (c) assist in achieving maximum functional capacity in performing daily activities, taking into account both

1 the functional capacity of the recipient and the functional capacities that are appropriate for a child of the same
2 age.

3 ~~(8)(9)~~ This section applies to the state employee group insurance program, the university system
4 employee group insurance program, any employee group insurance program of a city, town, school district, or
5 other political subdivision of this state, and any self-funded multiple employer welfare arrangement that is not
6 regulated by the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.

7 ~~(9)(10)~~ This section does not apply to disability income, hospital indemnity, medicare supplement,
8 accident-only, vision, dental, specific disease, or long-term care policies."

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10 **Section 2.** Section 33-22-703, MCA, is amended to read:

11 **"33-22-703. Coverage for mental illness, severe mental illness, and substance use disorders --**

12 **definition.** (1) A health insurance issuer that issues, modifies, or renews individual or group health insurance
13 coverage or a group health plan shall provide for the necessary care and treatment of mental illness, severe
14 mental illness, and substance use disorders at a level of benefits that is no less favorable than the level provided
15 for physical illness generally, including:

- 16 (a) inpatient benefits;
- 17 (b) outpatient benefits;
- 18 (c) emergency care; and
- 19 (d) prescription drugs.

20 (2) For the purposes of this section, "no less favorable" means the same level of parity as required under
21 the Mental Health Parity and Addiction Equity Act of 2008 and related federal regulations as of January 1, 2017.

22 (3) Coverage for a child with autism who is 18 years of age or younger must comply with 33-22-515(3)
23 through 33-22-515~~(5)~~(6) if the child is diagnosed with:

- 24 (a) autistic disorder;
- 25 (b) Asperger's disorder; or
- 26 (c) pervasive developmental disorder not otherwise specified."

27

28 NEW SECTION. **Section 3. Effective date.** [This act] is effective January 1, 2020.

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