



# SENATE BILL 676: Autism Health Insurance Coverage

2015-2016 General Assembly

**Committee:**

**Introduced by:**

**Analysis of:** S.L. 2015-271

**Date:**

**Prepared by:** Kristen Harris  
Staff Attorney

**SUMMARY:** *S.L. 2015-271 requires certain health benefit plans to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder including coverage for adaptive behavior therapy of up to \$40,000 per year for individuals 18 years of age or younger.*

*S.L. 2015-271 becomes effective July 1, 2016, and applies to insurance contracts issued, renewed, or amended on or after that date.*

### **BILL ANALYSIS:**

S.L. 2015-271 expands health insurance for autism spectrum disorder. Autism spectrum disorder is defined "by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the most recent edition of the International Statistical Classification of Diseases and Related Health Problems." Autism spectrum disorder is not defined as a mental illness under Chapter 58 (Insurance) of the General Statutes.

Coverage for adaptive behavioral treatment (ABT) includes behavioral and developmental interventions that manage instructional and environmental factors or the consequences of behavior that are necessary to increase appropriate or adaptive behaviors, decrease maladaptive behaviors, or develop, maintain or restore to the maximum extent possible the functioning of the individual. Adaptive behavior treatment must be ordered by a licensed physician or psychologist and the treatment must be provided or supervised by one of the licensed professionals listed in G.S. 58-3-192(a)(1).

Coverage for ABT may be subject to a maximum annual benefit of \$40,000 and may be limited to individuals 18 years of age or younger. The maximum annual benefit cap is subject to annual consumer price index adjustments. Except for these limitations related to ABT, all health benefit plans shall provide coverage for the screening, diagnosis and treatment of autism spectrum disorder in accordance with the standards contained in the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equality Act of 2008.

Coverage for ABT may not be denied on the basis that the treatments are habilitative or educational in nature. Coverage may be subject to co-payments, deductible, or co-insurance provisions which are no less favorable than the cost-sharing provisions that apply to substantially all other medical services covered by the health plan.

Exempted from the coverage requirements are non-grandfathered health plans in the individual market that are subject to the requirements to cover the essential health benefit package under the Affordable Care Act, 45 C.F.R. 147.150(a). These are plans whose coverage may be determined by the federal government to require the State to make payments for a state-required benefit that is in excess of the essential health benefits.

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