

1 (3)"Health insurance carrier" or "carrier" means any entity subject to the insurance laws
2 and regulations of this state, that contracts or offers to contract to provide, deliver, arrange for,
3 pay for, or reimburse any of the costs of health care services, including, without limitation, an
4 insurance company offering accident and sickness insurance, a health maintenance organization,
5 a nonprofit hospital, medical service corporation, or any other entity subject to chapter 18, 19, 20
6 or 41 of this title, providing a plan of health insurance, health benefits, or health services.

7 **27-20.11-3. Scope of coverage.** – (a) Benefits under this section shall include coverage
8 for applied behavior analysis, physical therapy, speech therapy and occupational therapy services
9 for the treatment of Autism spectrum disorders, as defined in the most recent edition of the DSM.
10 Provided, however: (1) Coverage for physical therapy, speech therapy and occupational therapy
11 services shall be to the extent such services are a covered benefit for other diseases and conditions
12 under such policy; and (2) Applied behavior analysis shall be limited to thirty-two thousand
13 dollars (\$32,000) per person per year.

14 (b) Benefits under this section shall continue until the covered individual reaches age
15 fifteen (15).

16 (c) The health care benefits outlined in this chapter apply only to services delivered
17 within the State of Rhode Island; provided, that all health insurance carriers shall be required to
18 provide coverage for those benefits mandated by this chapter outside of the State of Rhode Island
19 where it can be established through a pre-authorization process that the required services are not
20 available in the State of Rhode Island from a provider in the health insurance carrier's network.

21 **27-20.11-4. Medical necessity and appropriateness of treatment.** – (a) Upon request of
22 the reimbursing health insurance carrier, all providers shall furnish medical records or other
23 necessary data which substantiates that initial or continued treatment is at all times medically
24 necessary and appropriate.

25 (b) Medical necessity criteria may be based in part on evidence of continued
26 improvement as a result of treatment. When the provider cannot establish the medical necessity
27 and/or appropriateness of the treatment modality being provided, neither the health insurer nor the
28 patient shall be obligated to reimburse for that period or type of care that was not established. The
29 exception to the preceding can only be made if the patient has been informed of the provisions of
30 this subsection and has agreed in writing to continue to receive treatment at his or her own
31 expense.

32 (c) Any subscriber who is aggrieved by a denial of benefits provided under this chapter
33 may appeal a denial in accordance with the rules and regulations promulgated by the department
34 of health pursuant to chapter 17.12 of title 23.

1 (d) A health insurance carrier may require submission of a treatment plan, including the
2 frequency and duration of treatment, signed by a child psychiatrist, a behavioral developmental
3 pediatrician, a child neurologist or a licensed psychologist with training in child psychology, that
4 the treatment is medically necessary for the patient and is consistent with nationally recognized
5 treatment standards for the condition such as those set forth by the American Academy of
6 Pediatrics. An insurer may require an updated treatment plan no more frequently than on a
7 quarterly basis.

8 **27-20.11-5. Limits on cost sharing.** – Benefits for services under this chapter shall be
9 reimbursed in accordance with the respective principles and mechanisms of reimbursement for
10 each health insurance carrier. Except as otherwise provided in this section, any policy, contract or
11 certificate that provides coverage for services under this section may contain provisions for
12 maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the
13 extent that these provisions are no more extensive than coverage provided for other conditions or
14 illnesses. Coverage for autism spectrum disorders is otherwise subject to the same terms and
15 conditions of the policy as any other condition or illness.

16 **27-20.11-6. Educational and other services provided to children diagnosed with**
17 **Autism spectrum disorders.** – Nothing in this section shall be construed to alter any obligation
18 of a school district or the State of Rhode Island to provide services to an individual under an
19 individualized family service plan or an individualized education program, as required under the
20 federal Individuals with Disabilities Education Act, or the provision of services to an individual
21 under any other federal or state law. A health insurance carrier assessed for services provided
22 under section 42-12-29, children’s health account, shall not be required to provide duplicative
23 coverage for the same beneficiary for the same or similar services mandated under this section.

24 **27-20.11-7. Credentialing and contracting practices.** – (a) Any individual providing
25 applied behavior analysis treatment under this section shall be:

26 (1) Individually licensed by the department of health as a healthcare provider/clinician
27 pursuant to chapter 42-35 or 42-35-1 et al. and nationally certified as a Board Certified Behavior
28 Analyst (BCBA); and credentialed by the insurer; or

29 (2) Individually nationally certified as a Board Certified Assistant Behavior Analyst
30 (BCaBA) supervised by a Board Certified Behavior Analyst who is licensed by the department of
31 health as a psychologist, social worker or therapist; and credentialed by the insurer.

32 (b) Nothing in this chapter shall be construed to require a change in the credentialing or
33 contracting practices of health insurers for mental health or substance abuse providers.

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1 **27-20.11-8. Exclusions.** -- This chapter shall not apply to insurance coverage providing
2 benefits for: (1) Hospital confinement indemnity; (2) Disability income; (3) Accident only; (4)
3 Long-term care; (5) Medicare supplement; (6) Limited benefit health; (7) Specified disease
4 indemnity; (8) Sickness or bodily injury or death by accident or both; and (9) Other limited
5 benefit policies.

6 SECTION 2. This act shall take effect upon passage.

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LC00220/SUB A/3
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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO INSURANCE -- AUTISM SPECTRUM DISORDERS

1 This act would require that most every group health insurance contract, or every group
2 hospital or medical expense insurance policies, plans, or group policies effective on or after
3 January 1, 2012, provide coverage for autism spectrum disorders. This act would not apply to
4 contracts, plans or group policies subject to the Small Employer Health Insurance Availability
5 Act and those subject to the Individual Health Insurance Coverage Act.

6 This act would take effect upon passage.

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LC00220/SUB A/3
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