

May 19, 2010

**S 1265. TREATMENT OF AUTISM DISORDERS.** Filed 5/19/10. *TO REQUIRE HEALTH BENEFIT PLANS, INCLUDING THE STATE HEALTH PLAN FOR TEACHERS AND STATE EMPLOYEES, TO PROVIDE COVERAGE FOR TREATMENT OF AUTISM SPECTRUM DISORDERS AS RECOMMENDED BY THE JOINT STUDY COMMITTEE ON AUTISM SPECTRUM DISORDER AND PUBLIC SAFETY.*

Enacts new GS 58-3-192, *Coverage for autism spectrum disorders*. Provides definitions for terms as used in proposed GS 58-3-192, including among those definitions: (1) autism services provider, (2) autism spectrum disorders, and (3) treatment for autism spectrum disorders. Provides that every health benefit plan, including the state health plan for teachers and state employees, is to provide coverage for the diagnosis and treatment of autism spectrum disorders.

Prohibits an insurer from terminating coverage, refusing coverage, or refusing renewal of coverage to an individual solely because the individual has been diagnosed with an autism spectrum disorder or has received treatment for autism spectrum disorders. Prohibits coverage for autism spectrum disorders from (1) limiting the number of visits an individual may make to an autism services provider; (2) being denied on the basis that the treatments are habilitative or educational in nature; (3) being subject to co-payment, deductible, and coinsurance provisions of a health benefit plan that are less favorable than the those provisions as they apply to other medical services covered by the health benefit plan; and (4) being construed as limiting other benefits available to an individual under a health benefit plan.

Limits coverage for behavioral therapy under proposed GS 58-3-192 to a maximum of \$75,000 per year. Exempts payments made by an insurer on behalf of a covered individual for treatment, care, intervention, service or any item that is unrelated to autism spectrum disorders from being applied towards the maximum benefit limits.

Permits a health benefit plan to request a review of the treatment that an individual is receiving for autism spectrum disorders, excluding inpatient services, once every 12 months unless the insurer and the individual's licensed medical doctor or psychologist agrees that a more frequent review is necessary. Requires the insuring to bear the cost of obtaining any review.

Amend GS 135-45 to require that the State Health Plan (Plan) to provide coverage under its Basic and Standard PPO options for the diagnosis and treatment of autism spectrum disorders. Specifies that the coverage under the Plan is to be equivalent to the coverage under proposed GS 58-3-192.

The act becomes effective January 1, 2011, and applies to all health benefit plans that are (1) delivered, (2) issued for delivery, (3) renewed within the state, or (4) renewed outside of the state if insuring North Carolina residents, on or after that date.

**Intro. by Purcell.**

GS 58, 135