GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015

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Short Title: Insurance Coverage for Autism Treatment. (Public) Representatives McGrady, Hager, Jeter, and Jackson (Primary Sponsors). Sponsors: Referred to: A BILL TO BE ENTITLED AN ACT TO PROVIDE FOR AUTISM HEALTH INSURANCE COVERAGE. The General Assembly of North Carolina enacts: **SECTION 1.** Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read: "§ 58-3-192. Coverage for autism spectrum disorders. As used in this section, the following definitions apply: (a) Autism spectrum disorder. – Any of the pervasive developmental disorders (1) or autism spectrum disorders, as 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. Diagnosis of autism spectrum disorder. - Any medically necessary <u>(2)</u> assessments, evaluations, or tests to determine whether an individual has autism spectrum disorder. Habilitative services. – As defined in G.S. 58-3-193. **(3)** (4) Health benefit plan. – As defined in G.S. 58-3-167. Pharmacy care. – Medications prescribed by a licensed health care provider. (5) (6) Psychiatric care. - Direct or consultative services provided by a licensed psychiatrist. Psychological care. – Direct or consultative services provided by a licensed <u>(7)</u> psychologist or licensed psychological associate. Therapeutic care. - Direct or consultative services provided by a licensed (8) speech therapist, licensed occupational therapist, licensed physical therapist, licensed clinical social worker, or licensed professional counselor. Treatment for autism spectrum disorder. – Any of the following care for an <u>(9)</u> individual diagnosed with autism spectrum disorder, or equipment related to that care, ordered by a licensed physician or a licensed psychologist who determines the care to be medically necessary: Habilitative services. a. b. Pharmacy care. Psychiatric care. <u>c.</u> Psychological care. d. Therapeutic care. Every health benefit plan shall provide coverage for the screening, diagnosis, and (b)



treatment of autism spectrum disorder. No insurer shall terminate coverage or refuse to issue,

- 1 amend, or renew coverage to an individual solely because the individual is diagnosed with 2 autism spectrum disorder or has received treatment for autism spectrum disorder.
 - (c) Coverage under this section may not be subject to any limits on the number of visits an individual may have for treatment of autism spectrum disorder, except that coverage for habilitative services may be limited to children age 18 or younger and may be subject to a maximum benefit of 40 hours per week.
 - (d) Coverage under this section may not be denied on the basis that the treatments are habilitative or educational in nature.
 - (e) Coverage under this section may be subject to co-payment, deductible, and coinsurance provisions of a health benefit plan that are not less favorable than the co-payment, deductible, and coinsurance provisions that apply to substantially all medical services covered by the health benefit plan.
 - (f) This section shall not be construed as limiting benefits that are otherwise available to an individual under a health benefit plan.
 - (g) This section shall not be construed as affecting any obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan."
 - **SECTION 2.** Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-3-193. Habilitative services.

- "Habilitative services" means health care services, including, but not limited to, physical and occupational therapy, speech-language therapy, speech/swallowing therapy, applied behavior analysis, medical equipment, orthotics and prosthetics, that help a person keep, learn, or improve skills and functioning for daily living."
- **SECTION 3.** This act becomes effective October 1, 2015, and applies to insurance contracts issued, renewed, or amended on or after that date.