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# A BILL FOR AN ACT

RELATING TO HEALTH INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1 SECTION 1. The purpose of this Act is to ensure the  
2 provision of quality health care procedures for all Hawaii  
3 residents by requiring coverage of and treatment for autism  
4 spectrum disorders.

5 SECTION 2. Chapter 431, Hawaii Revised Statutes, is  
6 amended by adding a new section to article 10A to be  
7 appropriately designated and to read as follows:

8 "§431:10A- Autism spectrum disorders benefits and  
9 coverage; notice; definitions. (a) Any other law to the  
10 contrary notwithstanding, each employer group accident and  
11 health or sickness policy, contract, plan, or agreement issued  
12 or renewed in this State after December 31, 2011, shall provide  
13 to the policyholder and individuals under twenty-six years of  
14 age covered under the policy, contract, plan, or agreement,  
15 coverage for the screening, diagnosis, and treatment of autism  
16 spectrum disorders in excess of services provided by the  
17 department of health and department of education.



1       (b) Every insurer shall provide written notice to its  
2 members regarding the coverage required by this section. The  
3 notice shall be in writing and prominently positioned in any  
4 literature or correspondence sent to members and shall be  
5 transmitted to members within calendar year 2012 when annual  
6 information is made available to members or in any other mailing  
7 to members, but in no case later than December 31, 2012.

8       (c) Coverage for behavioral health treatment provided  
9 under this section shall be subject to a maximum benefit of  
10 \$50,000 per year, but shall not be subject to any limits on the  
11 number of visits to an autism service provider. After December  
12 31, 2014, the insurance commissioner, on an annual basis, shall  
13 adjust the maximum benefit for inflation using the medical care  
14 component of the United States Department of Labor Consumer  
15 Price Index for all urban consumers. The commissioner shall  
16 publish the adjusted maximum benefit annually no later than  
17 April 1 of each calendar year, which shall apply during the  
18 following calendar year to health insurance policies subject to  
19 this section. Payments made by an insurer on behalf of a  
20 covered individual for any care, treatment, intervention, or  
21 service other than behavioral health treatment, shall not be



1 applied toward any maximum benefit established under this  
2 subsection.

3 (d) Coverage under this section may be subject to  
4 copayment, deductible, and coinsurance provisions of a health  
5 insurance policy that are no less favorable than the copayment,  
6 deductible, and coinsurance provisions for other medical  
7 services covered by the policy.

8 (e) This section shall not be construed as limiting  
9 benefits that are otherwise available to an individual under a  
10 health insurance policy.

11 (f) Coverage for treatment under this section shall not be  
12 denied on the basis that the treatment is habilitative or non-  
13 restorative in nature.

14 (g) Except for inpatient services, if an individual is  
15 receiving treatment for autism spectrum disorders in excess of  
16 services provided by the department of health and department of  
17 education, an insurer may request a review of that treatment not  
18 more than once every twelve months. The cost of obtaining any  
19 review shall be borne by the insurer.

20 (h) This section shall not be construed as reducing any  
21 obligation to provide services to an individual under an



1 individualized family service plan, an individualized education  
2 program, or an individualized service plan.

3 (i) As of January 1, 2014, to the extent that this section  
4 requires benefits that exceed the essential health benefits  
5 specified under section 1302(b) of the Patient Protection and  
6 Affordable Care Act, the specific benefits that exceed the  
7 specified essential health benefits shall not be required of a  
8 qualified health plan when the plan is offered in this State  
9 through the exchange by a health carrier. Nothing in this  
10 subsection shall nullify the application of this section to  
11 plans offered outside the exchange.

12 (j) As used in this section, unless the context clearly  
13 requires otherwise:

14 "Applied behavior analysis" means the design,  
15 implementation, and evaluation of environmental modifications,  
16 using behavioral stimuli and consequences, to produce socially  
17 significant improvement in human behavior, including the use of  
18 direct observation, measurement, and functional analysis of the  
19 relations between environment and behavior.

20 "Autism service provider" means any person, entity, or  
21 group that provides treatment of autism spectrum disorders.



1       "Autism spectrum disorders" means any of the pervasive  
2 developmental disorders as defined by the most recent edition of  
3 the Diagnostic and Statistical Manual of Mental Disorders,  
4 including autistic disorder, Asperger's disorder, pervasive  
5 developmental disorder not otherwise specified, Rett's disorder,  
6 and childhood disintegrative disorder.

7       "Behavioral health treatment" means professional,  
8 counseling, and guidance services and treatment programs,  
9 including applied behavior analysis, that are necessary to  
10 develop, maintain, and restore, to the maximum extent  
11 practicable, the functioning of an individual.

12       "Diagnosis of autism spectrum disorders" means medically  
13 necessary assessments, evaluations, or tests conducted to  
14 diagnose whether an individual has an autism spectrum disorder.

15       "Health insurance policy" means any group health, sickness,  
16 or accident policy or subscriber contract or certificate issued  
17 by an insurance entity subject to this section.

18       "Pharmacy care" means medications prescribed by a licensed  
19 physician or registered nurse practitioner and any health-  
20 related services that are deemed medically necessary to  
21 determine the need or effectiveness of the medications.



1       "Psychiatric care" means direct or consultative services  
2 provided by a licensed psychiatrist.

3       "Psychological care" means direct or consultative services  
4 provided by a licensed psychologist.

5       "Therapeutic care" means services provided by licensed  
6 speech pathologists, registered occupational therapists, or  
7 licensed physical therapists.

8       "Treatment for autism spectrum disorders" includes the  
9 following care prescribed or ordered for an individual diagnosed  
10 with an autism spectrum disorder by a licensed physician,  
11 psychologist, or registered nurse practitioner if the care is  
12 determined to be medically necessary:

- 13       (1) Psychiatric care;  
14       (2) Psychological care;  
15       (3) Behavioral health treatment;  
16       (4) Therapeutic care; and  
17       (5) Pharmacy care."

18       SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended  
19 by adding a new section to article 1 to be appropriately  
20 designated and to read as follows:

21       "§432:1-       Autism spectrum disorders benefits and  
22 coverage; notice; definitions. (a) Any other law to the



1 contrary notwithstanding, each individual and group hospital or  
2 medical service plan, policy, contract, or agreement issued or  
3 renewed in this State after December 31, 2011, shall provide to  
4 the member and individuals under twenty-six years of age covered  
5 under the service plan, policy, contract, or agreement, coverage  
6 for the diagnosis and treatment of autism spectrum disorders in  
7 excess of services provided by the department of health and  
8 department of education.

9 (b) Every mutual benefit society shall provide written  
10 notice to its members regarding the coverage required by this  
11 section. The notice shall be in writing and prominently  
12 positioned in any literature or correspondence sent to members  
13 and shall be transmitted to members within calendar year 2012  
14 when annual information is made available to members or in any  
15 other mailing to members, but in no case later than December 31,  
16 2012.

17 (c) Coverage provided under this section shall be subject  
18 to a maximum benefit of \$50,000 per year but shall not be  
19 subject to any limits on the number of visits to an autism  
20 service provider. After December 31, 2014, the insurance  
21 commissioner, on an annual basis, shall adjust the maximum  
22 benefit for inflation, using the medical care component of the



1 United States Department of Labor Consumer Price Index for all  
2 urban consumers. The commissioner shall publish the adjusted  
3 maximum benefit annually no later than April 1 of each calendar  
4 year, which shall apply during the following calendar year to  
5 health insurance policies subject to this section. Payments  
6 made by a mutual benefit society on behalf of a covered  
7 individual for any care, treatment, intervention, service, or  
8 item, the provision of which was for the treatment of a health  
9 condition unrelated to the covered individual's autism spectrum  
10 disorder, shall not be applied toward any maximum benefit  
11 established under this subsection.

12 (d) Coverage under this section shall be subject to  
13 copayment, deductible, and coinsurance provisions of a health  
14 insurance policy to the extent that other medical services  
15 covered by the policy are subject to these provisions.

16 (e) This section shall not be construed as limiting  
17 benefits that are otherwise available to an individual under a  
18 health insurance policy.

19 (f) As used in this section, unless the context clearly  
20 requires otherwise:

21 "Applied behavior analysis" means the design,  
22 implementation, and evaluation of environmental modifications,





1 using behavioral stimuli and consequences, to produce socially  
2 significant improvement in human behavior, including the use of  
3 direct observation, measurement, and functional analysis of the  
4 relations between environment and behavior.

5 "Autism service provider" means any person, entity, or  
6 group that provides treatment of autism spectrum disorders.

7 "Autism spectrum disorders" means any of the pervasive  
8 developmental disorders as defined by the most recent edition of  
9 the Diagnostic and Statistical Manual of Mental Disorders,  
10 including autistic disorder, Asperger's disorder, pervasive  
11 developmental disorder not otherwise specified, Rett's disorder,  
12 and childhood disintegrative disorder.

13 "Diagnosis of autism spectrum disorders" means medically  
14 necessary assessments, evaluations, or tests conducted to  
15 diagnose whether an individual has an autism spectrum disorder.

16 "Health insurance policy" means any group health, sickness,  
17 or accident policy or subscriber contract or certificate issued  
18 by an insurance entity subject to this section.

19 "Pharmacy care" means medications prescribed by a licensed  
20 physician or registered nurse practitioner and any health-  
21 related services that are deemed medically necessary to  
22 determine the need or effectiveness of the medications.



1       "Psychiatric care" means direct or consultative services  
2 provided by a licensed psychiatrist.

3       "Psychological care" means direct or consultative services  
4 provided by a licensed psychologist.

5       "Rehabilitative and habilitative care" means professional,  
6 counseling and guidance services and treatment programs,  
7 including applied behavior analysis, that are necessary to  
8 develop, maintain, and restore, to the maximum extent  
9 practicable, the functioning of an individual.

10       "Therapeutic care" means services provided by licensed  
11 speech pathologists, registered occupational therapists, or  
12 licensed physical therapists.

13       "Treatment for autism spectrum disorders" includes the  
14 following care prescribed, provided, or ordered for an  
15 individual diagnosed with an autism spectrum disorder by a  
16 licensed physician, psychologist, or registered nurse  
17 practitioner if the care is determined to be medically  
18 necessary:

19       (1) Psychiatric care;

20       (2) Psychological care;

21       (3) Rehabilitative care and habilitative care;

22       (4) Therapeutic care; and



1        (5) Pharmacy care."

2        SECTION 4. Section 432D-23, Hawaii Revised Statutes, is  
3 amended to read as follows:

4        "**§432D-23 Required provisions and benefits.**

5 Notwithstanding any provision of law to the contrary, each  
6 policy, contract, plan, or agreement issued in the State after  
7 January 1, 1995, by health maintenance organizations pursuant to  
8 this chapter, shall include benefits provided in sections  
9 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-  
10 116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121,  
11 431:10A-125, 431:10A-126, [~~and~~] 431:10A-122, and 431:10A- ,  
12 and chapter 431M."

13        SECTION 5. The coverage and benefit to be provided by a  
14 health maintenance organization under section 4 of this Act  
15 shall begin for all policies, contracts, plans, or agreements  
16 issued in this State by a health maintenance organization after  
17 December 31, 2011.

18        SECTION 6. Statutory material to be repealed is bracketed  
19 and stricken. New statutory material is underscored.

20        SECTION 7. This Act shall take effect upon its approval.



**Report Title:**

Mandatory Health Coverage; Autism Spectrum Disorders

**Description:**

Requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders in excess of services provided by the Department of Health and Department of Education beginning after December 31, 2011. (HB821 HD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

