
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 by all accident and health or sickness
5 insurers, mutual benefit societies, and health maintenance
6 organizations.

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

10 **"§431:10A- Autism spectrum disorders benefits and**
11 **coverage; notice; definitions.** (a) Any other law to the
12 contrary notwithstanding, all accident and health or sickness
13 insurance policies issued or renewed in this State after
14 December 31, 2012, shall provide to the policyholder and
15 individuals under twenty-six years of age covered under the
16 policy, coverage for the well-baby and well-child screening and
17 the diagnosis and treatment of autism spectrum disorders.



1 (b) Every accident and health or sickness insurer shall
2 provide written notice to its members regarding the coverage
3 required by this section. The notice shall be in writing and
4 prominently positioned in any literature or correspondence sent
5 to members and shall be transmitted to members within calendar
6 year 2013 when annual information is made available to members
7 or in any other mailing to members, but in no case later than
8 December 31, 2013.

9 (c) Minimum benefits for behavioral health treatment
10 provided under this section may be limited to \$50,000 per year,
11 or \$300,000 during the lifetime of the individual, but shall not
12 be subject to any limits on the number of visits an individual
13 may make for treatment of autism spectrum disorder. After
14 December 31, 2015, the insurance commissioner, on an annual
15 basis, shall adjust the maximum benefit for inflation using the
16 medical care component of the United States Department of Labor
17 Consumer Price Index for all urban consumers. The commissioner
18 shall publish the adjusted maximum benefit annually no later
19 than April 1 of each calendar year, which shall apply during the
20 following calendar year to health insurance policies subject to
21 this section. Payments made by an insurer on behalf of a
22 covered individual for any care, treatment, intervention, or



1 service other than behavioral health treatment shall not be
2 applied toward any minimum benefit established under this
3 subsection.

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

9 (e) This section shall not be construed as limiting
10 benefits that are otherwise available to an individual under an
11 accident and health or sickness insurance policy.

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

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

20 (h) Coverage is required for applied behavior analysis
21 services only when provided or supervised by a board-certified
22 behavior analyst or by a licensed psychologist, so long as the



1 services performed are commensurate with the psychologist's
2 formal university training and supervised experience.
3 Reimbursement to the board-certified behavior analyst or
4 licensed psychologist for applied behavior analysis services
5 shall include reimbursement for the therapists working under the
6 supervision of the board-certified behavior analyst or licensed
7 psychologist.

8 (i) This section shall not be construed as reducing any
9 obligation to provide services to an individual under an
10 individualized family service plan, an individualized education
11 program, or an individualized service plan.

12 (j) As of January 1, 2014, to the extent that this section
13 requires benefits that exceed the essential health benefits
14 specified under section 1302(b) of the Patient Protection and
15 Affordable Care Act of 2010 (P.L. 111-148), the specific
16 benefits that exceed the specified essential health benefits
17 shall not be required of a qualified health plan when the plan
18 is offered in this State through the Hawaii health connector by
19 a health carrier. Nothing in this subsection shall nullify the
20 application of this section to plans offered outside the Hawaii
21 health connector.



1 (k) For the purposes of this section, unless the context
2 clearly requires otherwise:

3 "Applied behavior analysis" means the design,
4 implementation, and evaluation of environmental modifications,
5 using behavioral stimuli and consequences, to produce socially
6 significant improvement in human behavior, including the use of
7 direct observation, measurement, and functional analysis of the
8 relationship between environment and behavior.

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

15 "Behavioral health treatment" means professional counseling
16 and treatment programs, including applied behavior analysis,
17 that are necessary to develop, maintain, or restore, to the
18 maximum extent practicable, the functioning of an individual.

19 "Diagnosis of autism spectrum disorders" means medically
20 necessary assessments, evaluations, or tests conducted to
21 diagnose whether an individual has an autism spectrum disorder.



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

5 "Psychiatric care" means direct or consultative services
6 provided by a licensed psychiatrist.

7 "Psychological care" means direct or consultative services
8 provided by a licensed psychologist.

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

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

18 (1) Behavioral health treatment;

19 (2) Pharmacy care;

20 (3) Psychiatric care;

21 (4) Psychological care; and

22 (5) Therapeutic care."



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

4 **"§432:1- Autism spectrum disorders benefits and**
5 **coverage; notice; definitions.** (a) Any other law to the
6 contrary notwithstanding, each individual and group hospital or
7 medical service plan, policy, contract, or agreement issued or
8 renewed in this State after December 31, 2012, shall provide to
9 the member and individuals under twenty-six years of age covered
10 under the service plan, policy, contract, or agreement, coverage
11 for the well-baby and well-child screening and the diagnosis and
12 treatment of autism spectrum disorders.

13 (b) Every individual and group hospital or medical service
14 plan, policy, contract, or agreement shall provide written
15 notice to its members regarding the coverage required by this
16 section. The notice shall be in writing and prominently
17 positioned in any literature or correspondence sent to members
18 and shall be transmitted to members within calendar year 2013
19 when annual information is made available to members or in any
20 other mailing to members, but in no case later than December 31,
21 2013.



1 (c) Minimum benefits for behavioral health treatment
2 provided under this section may be limited to \$50,000 per year,
3 or \$300,000 during the lifetime of an individual, but shall not
4 be subject to any limits on the number of visits an individual
5 may make for treatment of autism spectrum disorder. After
6 December 31, 2015, the insurance commissioner, on an annual
7 basis, shall adjust the maximum benefit for inflation, using the
8 medical care component of the United States Department of Labor
9 Consumer Price Index for all urban consumers. The commissioner
10 shall publish the adjusted maximum benefit annually no later
11 than April 1 of each calendar year, which shall apply during the
12 following calendar year to health insurance policies subject to
13 this section. Payments made by an individual and group hospital
14 or medical service plan, policy, contract, or agreement on
15 behalf of a covered individual for any care, treatment,
16 intervention, service, or item other than behavioral health
17 treatment shall not be applied toward any minimum benefit
18 established under this subsection.

19 (d) Coverage under this section shall be subject to
20 copayment, deductible, and coinsurance provisions of an
21 individual or group hospital or medical service plan, policy,
22 contract, or agreement to the extent that other medical services



1 covered by the plan, policy, contract, or agreement are subject
2 to these provisions.

3 (e) This section shall not be construed as limiting
4 benefits that are otherwise available to an individual under an
5 individual or group hospital or medical service plan, policy,
6 contract, or agreement health insurance policy.

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

10 (g) Except for inpatient services, if an individual is
11 receiving treatment for an autism spectrum disorder, an insurer
12 may request a review of that treatment not more than once every
13 twelve months. The cost of obtaining any review shall be borne
14 by the insurer.

15 (h) Coverage is required for applied behavior analysis
16 services only when provided or supervised by a board-certified
17 behavior analyst or by a licensed psychologist so long as the
18 services performed are commensurate with the psychologist's
19 formal university training and supervised experience.

20 Reimbursement to the board-certified behavior analyst or
21 licensed psychologist for applied behavior analysis services
22 must include reimbursement for the therapists working under the



1 supervision of the board-certified behavior analyst or licensed
2 psychologist.

3 (i) This section shall not be construed as reducing any
4 obligation to provide services to an individual under an
5 individualized family service plan, an individualized education
6 program, or an individualized service plan.

7 (j) For the purposes of this section, unless the context
8 clearly requires otherwise:

9 "Applied behavior analysis" means the design,
10 implementation, and evaluation of environmental modifications,
11 using behavioral stimuli and consequences, to produce socially
12 significant improvement in human behavior, including the use of
13 direct observation, measurement, and functional analysis of the
14 relations between environment and behavior.

15 "Autism spectrum disorders" means any of the pervasive
16 developmental disorders as defined by the most recent edition of
17 the Diagnostic and Statistical Manual of Mental Disorders,
18 including autistic disorder, Asperger's disorder, pervasive
19 developmental disorder not otherwise specified, Rett's disorder,
20 and childhood disintegrative disorder.

21 "Behavioral health treatment" means professional counseling
22 and treatment programs, including applied behavior analysis,



1 that are necessary to develop, maintain, or restore, to the
2 maximum extent practicable, the functioning of an individual.

3 "Diagnosis of autism spectrum disorders" means medically
4 necessary assessments, evaluations, or tests conducted to
5 diagnose whether an individual has an autism spectrum disorder.

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

10 "Psychiatric care" means direct or consultative services
11 provided by a licensed psychiatrist.

12 "Psychological care" means direct or consultative services
13 provided by a licensed psychologist.

14 "Therapeutic care" means services provided by licensed
15 speech pathologists, registered occupational therapists, or
16 licensed physical therapists.

17 "Treatment for autism spectrum disorders" includes the
18 following care and related equipment prescribed or ordered for
19 an individual diagnosed with an autism spectrum disorder by a
20 licensed physician, licensed psychologist, or registered nurse
21 practitioner if the care is determined to be medically
22 necessary:



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

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

8 **"§432D-23 Required provisions and benefits.**

9 Notwithstanding any provision of law to the contrary, each
10 policy, contract, plan, or agreement issued in the State after
11 January 1, 1995, by health maintenance organizations pursuant to
12 this chapter, shall include benefits provided in sections
13 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116,
14 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,
15 431:10A-121, 431:10A-125, 431:10A-126, [~~and~~] 431:10A-122, and
16 431:10A- , and chapter 431M."

17 SECTION 5. The coverage and benefits to be provided by a
18 health maintenance organization under section 4 of this Act
19 shall begin for all policies, contracts, plans, or agreements
20 issued in this State by a health maintenance organization after
21 December 31, 2012.



1 SECTION 6. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

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



Report Title:

Mandatory Health Coverage; Autism Spectrum Disorders; Behavioral Health

Description:

Requires all accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for well-baby and well-child screening and diagnosis and treatment of autism spectrum disorders beginning after 12/31/2012. (SD1)

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

