A BILL FOR AN ACT

RELATING TO HEALTH.

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 for all Hawaii residents by
- 3 requiring coverage of treatment for autism spectrum disorders.
- 4 SECTION 2. This Act shall be known and may be cited as
- 5 "Luke's Law".
- 6 SECTION 3. Chapter 431, Hawaii Revised Statutes, is
- 7 amended by adding a new section to article 10A to be
- 8 appropriately designated and to read as follows:
- 9 "\$431:10A- Autism spectrum disorders benefits and
- 10 coverage; notice; definitions. (a) Each individual or group
- 11 accident and health or sickness insurance policy, contract,
- 12 plan, or agreement issued or renewed in this State after July 1,
- 13 2014, shall provide to the policyholder and individuals under
- 14 twenty-one years of age covered under the policy, contract,
- 15 plan, or agreement, coverage for the screening, including well-
- 16 baby and well-child screening, diagnosis, and evidence-based
- 17 treatment of autism spectrum disorders.

- 1 Nothing in this section shall be construed to require the 2 coverage in a medicaid plan. 3 (b) Every insurer shall provide notice to its 4 policyholders regarding the coverage required by this section. 5 The notice shall be prominently positioned in any literature or 6 correspondence sent to policyholders and shall be transmitted to 7 policyholders within calendar year 2014 when annual information 8 is made available to members or in any other mailing to members, 9 but in no case later than December 31, 2014. 10 (c) Individual coverage for behavioral health treatment 11 provided under this section shall be subject to a maximum 12 benefit of \$50,000 per year and a maximum lifetime benefit of \$300,000, but shall not be subject to any limits on the number 13 14 of visits to an autism service provider. After December 31, 15 2015, the insurance commissioner, on an annual basis, shall 16 adjust the maximum benefit for inflation using the medical care 17 component of the United States Bureau of Labor Consumer Price 18 Index for urban Honolulu; provided that the commissioner shall 19 post notice of and hold a public meeting in the same manner as 20 required by section 91-3(a) before adjusting the maximum 21 benefit. The commissioner shall publish the adjusted maximum 22 benefit annually no later than April 1 of each calendar year, SB2054 SD3 LRB 14-1867.doc

- 1 which shall apply during the following calendar year to health
- 2 insurance policies subject to this section. Payments made by an
- 3 insurer on behalf of a covered individual for any care,
- 4 treatment, intervention, or service other than behavioral health
- 5 treatment shall not be applied toward any maximum benefit
- 6 established under this subsection.
- 7 (d) Coverage under this section may be subject to
- 8 copayment, deductible, and coinsurance provisions of an accident
- 9 and health or sickness insurance policy, contract, plan, or
- 10 agreement that are no less favorable than the co-payment,
- 11 deductible, and coinsurance provisions for substantially all
- 12 other medical services covered by the policy, contract, plan, or
- 13 agreement.
- (e) This section shall not be construed as limiting
- 15 benefits that are otherwise available to an individual under an
- 16 accident and health or sickness insurance policy, contract,
- 17 plan, or agreement.
- (f) Coverage for treatment under this section shall not be
- 19 denied on the basis that the treatment is habilitative or non-
- 20 restorative in nature.
- 21 (g) Except for inpatient services, if an individual is
- 22 receiving treatment for autism spectrum disorders, an insurer

- 1 may request a review of that treatment. The cost of obtaining
- 2 any review shall be borne by the insurer.
- 3 (h) 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 (i) Nothing in this section shall apply to accident-only,
- 8 specified disease, hospital indemnity, qualified health plans as
- 9 defined in section 1301 of the Patient Protection and Affordable
- 10 Care Act, Public law 111-148, as amended, medicare supplement,
- 11 disability income, long-term care, or other limited benefit
- 12 hospital insurance policies.
- (j) Insurers shall include in their network of approved
- 14 autism service providers only those providers who have cleared
- 15 criminal background checks as determined by the insurer.
- 16 (k) Insurers shall include board certified behavior
- 17 analysts in their provider network.
- (1) If an individual has been diagnosed as having an
- 19 autism spectrum disorder, then that individual shall not be
- 20 required to undergo repeat evaluation upon publication of a
- 21 subsequent edition of the Diagnostic and Statistical Manual of

- 1 Mental Disorders to remain eligible for coverage under this
- 2 section.
- 3 (m) Coverage for applied behavior analysis shall include
- 4 the services of the personnel who work under the supervision of
- 5 the board certified behavior analyst or the licensed
- 6 psychologist overseeing the program.
- 7 (n) As used in this section, unless the context clearly
- 8 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 relationship between environment and behavior. The practice of
- 15 applied behavior analysis expressly excludes psychological
- 16 testing, diagnosis of a mental or physical disorder,
- 17 neuropsychology, psychotherapy, cognitive therapy, sex therapy,
- 18 psychoanalysis, hypnotherapy, and long-term counseling as
- 19 treatment modalities.
- 20 "Autism service provider" means any person, entity, or
- 21 group that provides treatment for autism spectrum disorders.

1	"Autism spectrum disorders" means any of the pervasive		
2	developme	ntal disorders or autism spectrum disorders as defined	
3	by the most recent edition of the Diagnostic and Statistical		
4	Manual of Mental Disorders.		
5	<u>"Beh</u>	avioral health treatment" means evidence-based	
6	counselin	g and treatment programs, including applied behavior	
7	analysis,	that are:	
8	(1)	Necessary to develop, maintain, or restore, to the	
9		maximum extent practicable, the functioning of an	
10		individual; and	
11	(2)	Provided or supervised by a board certified behavior	
12		analyst or by a licensed psychologist so long as the	
13		services performed are commensurate with the	
14		psychologist's formal university training and	
15		supervised experience.	
16	"Board certified behavior analyst" means a behavior analys		
17	credentia	led by the Behavior Analyst Certification Board as a	
18	board cer	tified analyst.	
19	<u>"Dia</u>	gnosis 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 nurse practitioner and any health-related services 3 that are deemed medically necessary to determine the need or 4 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, 11 licensed social workers, licensed clinical social workers, or 12 licensed physical therapists. 13 "Treatment for autism spectrum disorders" includes the 14 following care prescribed or ordered for an individual with an 15 autism spectrum disorder by a licensed physician, psychiatrist, 16 psychologist, licensed clinical social worker, or nurse 17 practitioner if the care is determined to be medically 18 necessary: 19 (1) Behavioral health treatment; 20 (2) Pharmacy care; 21 (3) Psychiatric care; 22 (4) Psychological care; and

1 Therapeutic care." (5) 2 SECTION 4. Chapter 432, Hawaii Revised Statutes, is 3 amended by adding a new section to article 1 to be appropriately 4 designated and to read as follows: 5 "§432:1- Autism spectrum disorders benefits and 6 coverage; notice; definitions. (a) Each individual or group 7 hospital or medical service plan, policy, contract, or agreement 8 issued or renewed in this State after July 1, 2014, shall 9 provide to the member and individuals under twenty-one years of 10 age covered under the service plan, policy, contract, or 11 agreement, coverage for the screening, including well-baby and 12 well-child screening, diagnosis, and evidence-based treatment of 13 autism spectrum disorders. 14 Nothing in this section shall be construed to require the 15 coverage in a medicaid plan. 16 Every mutual benefit society shall provide written 17 notice to its members regarding the coverage required by this 18 The notice shall be prominently positioned in any section. 19 literature or correspondence sent to members and shall be 20 transmitted to members within calendar year 2014 when annual 21 information is made available to members or in any other mailing 22 to members, but in no case later than December 31, 2014.

- 1 Individual coverage for behavioral health treatment (C) 2 provided under this section shall be subject to a maximum 3 benefit of \$50,000 per year and a maximum lifetime benefit of 4 \$300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31, 5 6 2015, the insurance commissioner, on an annual basis, shall adjust the maximum benefit for inflation, using the medical care 8 component of the United States Bureau of Labor Consumer Price 9 Index for urban Honolulu. The commissioner shall publish the 10 adjusted maximum benefit annually no later than April 1 of each 11 calendar year, which shall apply during the following calendar 12 year to health insurance policies subject to this section; 13 provided that the commissioner shall post notice of and hold a 14 public meeting in the same manner as required by section 91-3(a) before adjusting the maximum benefit. Payments made by a mutual 15 16 benefit society on behalf of a covered individual for any care, 17 treatment, intervention, or service other than behavioral health 18 treatment, shall not be applied toward any maximum benefit 19 established under this subsection. 20 (d) Coverage under this section may be subject to 21 copayment, deductible, and coinsurance provisions of an 22 individual or group hospital or medical service plan, policy,
 - SB2054 SD3 LRB 14-1867.doc

- 1 contract, or agreement that are no less favorable than the co-
- 2 payment, deductible, and coinsurance provisions for
- 3 substantially all other medical services covered by the plan,
- 4 policy, contract, or agreement.
- 5 (e) This section shall not be construed as limiting
- 6 benefits that are otherwise available to an individual under an
- 7 individual or group hospital or medical service plan, policy,
- 8 contract, or agreement.
- 9 (f) Coverage for treatment under this section shall not be
- 10 denied on the basis that the treatment is habilitative or non-
- 11 restorative in nature.
- 12 (g) Except for inpatient services, if an individual is
- 13 receiving treatment for autism spectrum disorders, an insurer
- 14 may request a review of that treatment. The cost of obtaining
- 15 any review shall be borne by the insurer.
- (h) This section shall not be construed to reduce any
- 17 obligation to provide services to an individual under an
- 18 individualized family service plan, an individualized education
- 19 program, or an individualized service plan.
- (i) Nothing in this section shall apply to accident-only,
- 21 specified disease, hospital indemnity, qualified health plans as
- 22 defined in section 1301 of the Patient Protection and Affordable

- 1 Care Act, Public law 111-148, as amended, medicare supplement,
- 2 disability income, long-term care, or other limited benefit
- 3 hospital insurance policies.
- 4 (j) Insurers shall include in their network of approved
- 5 autism service providers only those providers who have cleared
- 6 criminal background checks as determined by the insurer.
- 7 (k) Insurers shall include board certified behavior
- 8 analysts in their provider network.
- 9 (1) If an individual has been diagnosed as having an
- 10 autism spectrum disorder, then that individual shall not be
- 11 required to undergo repeat evaluation upon publication of a
- 12 subsequent edition of the Diagnostic and Statistical Manual of
- 13 Mental Disorders to remain eligible for coverage under this
- 14 section.
- (m) Coverage for applied behavior analysis shall include
- 16 the services of the personnel who work under the supervision of
- 17 the board certified behavior analyst or the licensed
- 18 psychologist overseeing the program.
- 19 (n) 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 direct observation, measurement, and functional analysis of the 3 4 relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological 5 6 testing, diagnosis of a mental or physical disorder, 7 neuropsychology, psychotherapy, cognitive therapy, sex therapy, 8 psychoanalysis, hypnotherapy, and long-term counseling as 9 treatment modalities. 10 "Autism service provider" means any person, entity, or 11 group that provides treatment for autism spectrum disorders. 12 "Autism spectrum disorders" means any of the pervasive 13 developmental disorders or autism spectrum disorders as defined 14 by the most recent edition of the Diagnostic and Statistical 15 Manual of Mental Disorders. 16 "Behavioral health treatment" means evidence-based 17 counseling and treatment programs, including applied behavior 18 analysis, that are: 19 (1) Necessary to develop, maintain, or restore, to the 20 maximum extent practicable, the functioning of an

individual; and

21

1	(2)	Provided or supervised by a board certified behavior	
2		analyst or by a licensed psychologist so long as the	
3		services performed are commensurate with the	
4		psychologist's formal university training and	
5		supervised experience.	
6	<u>"Boa</u>	rd certified behavior analyst" means a behavior analyst	
7	credentia	led by the Behavior Analyst Certification Board as a	
8	board cer	tified analyst.	
9	<u>"Dia</u>	gnosis of autism spectrum disorders" means medically	
10	necessary assessments, evaluations, or tests conducted to		
11	diagnose	whether an individual has an autism spectrum disorder.	
12	<u>"Pha</u>	rmacy care" means medications prescribed by a licensed	
13	physician	or nurse practitioner and any health-related services	
14	that are	deemed medically necessary to determine the need or	
15	effectiveness of the medications.		
16	"Psychiatric care" means direct or consultative services		
17	provided by a licensed psychiatrist.		
18	"Psy	chological care" means direct or consultative services	
19	provided	by a licensed psychologist.	
20	"The	rapeutic care" means services provided by licensed	
21	speech pa	thologists, registered occupational therapists,	

- 1 licensed social workers, licensed clinical social workers, or
 2 licensed physical therapists.
- 3 "Treatment for autism spectrum disorders" includes the
- 4 following care prescribed or ordered for an individual with an
- 5 autism spectrum disorder by a licensed physician, psychiatrist,
- 6 psychologist, licensed clinical social worker, or nurse
- 7 practitioner if the care is determined to be medically
- 8 necessary:
- 9 (1) Behavioral health treatment;
- 10 (2) Pharmacy care;
- 11 (3) Psychiatric care;
- 12 (4) Psychological care; and
- 13 (5) Therapeutic care."
- 14 SECTION 5. Section 432D-23, Hawaii Revised Statutes, is
- 15 amended to read as follows:
- 16 "\$432D-23 Required provisions and benefits.
- 17 Notwithstanding any provision of law to the contrary, each
- 18 policy, contract, plan, or agreement issued in the State after
- 19 January 1, 1995, by health maintenance organizations pursuant to
- 20 this chapter, shall include benefits provided in sections
- 21 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-
- 22 116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,



- 1 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, [431:10A-
- 2 122, and 431:10A-116.2] and 431:10A- , and chapter 431M."
- 3 SECTION 6. The coverage and benefit for autism spectrum
- 4 disorders to be provided by a health maintenance organization
- 5 under section 5 of this Act shall apply to all policies,
- 6 contracts, plans, or agreements issued or renewed in this State
- 7 by a health maintenance organization on or after July 1, 2014.
- 8 SECTION 7. Statutory material to be repealed is bracketed
- 9 and stricken. New statutory material is underscored.
- 10 SECTION 8. This Act shall take effect on July 1, 2050.

Report Title:

Health; Insurance; Mandatory Health Coverage; Autism Spectrum Disorders

Description:

Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments. Effective 7/1/2050. (SD3)

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