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

7 "§431:10A- Autism spectrum disorders benefits and
8 coverage; notice; definitions. (a) Each individual or group
9 accident and health or sickness insurance policy, contract,
10 plan, or agreement issued or renewed in this State after
11 December 31, 2013, shall provide to the policyholder and
12 individuals under twenty-six years of age covered under the
13 policy, contract, plan, or agreement, coverage for the
14 screening, diagnosis, and treatment of autism spectrum
15 disorders.

16 (b) Every insurer shall provide written notice to its
17 policyholders regarding the coverage required by this section.

18 The notice shall be in writing and prominently positioned in any



1 literature or correspondence sent to policyholders and shall be
2 transmitted to policyholders within calendar year 2014 when
3 annual information is made available to members or in any other
4 mailing to members, but in no case later than December 31, 2014.

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



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

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

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 not more than once every
15 twelve months. The cost of obtaining any review shall be borne
16 by the insurer.

17 (h) This section shall not be construed as reducing any
18 obligation to provide services to an individual under an
19 individualized family service plan, an individualized education
20 program, or an individualized service plan.

21 (i) As of January 1, 2014, to the extent that this section
22 requires benefits that exceed the essential health benefits



1 specified under section 1302(b) of the Patient Protection and
2 Affordable Care Act of 2010 (P.L. 111-148), the specific
3 benefits that exceed the specified essential health benefits
4 shall not be required of a qualified health plan when the plan
5 is offered in this State through the Hawaii health insurance
6 exchange by a health carrier. Nothing in this subsection shall
7 nullify the application of this section to plans offered outside
8 the Hawaii health insurance exchange.

9 (j) Insurers shall include at least as many board-
10 certified behavior analysts in their provider network as there
11 are qualified licensed psychologists in their network of
12 approved providers of applied behavior analysis.

13 (k) If an individual has been diagnosed as having a
14 pervasive developmental disorder or autism spectrum disorder
15 meeting the diagnostic criteria described in the most recent
16 edition of the Diagnostic and Statistical Manual of Mental
17 Disorders available at the time of diagnosis, then that
18 individual shall not be required to undergo repeat evaluation
19 upon publication of a subsequent edition of the Diagnostic and
20 Statistical Manual of Mental Disorders to remain eligible for
21 coverage under this section.



1 (1) As used in this section, unless the context clearly
2 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 relations between environment and behavior.

9 "Autism service provider" means any person, entity, or
10 group that provides treatment for autism spectrum disorders.

11 "Autism spectrum disorders" means any of the pervasive
12 developmental disorders or autism spectrum disorders as defined
13 by the most recent edition of the Diagnostic and Statistical
14 Manual of Mental Disorders.

15 "Behavioral health treatment" means counseling and
16 treatment programs, including applied behavior analysis, that
17 are:

18 (1) Necessary to develop, maintain, or restore, to the
19 maximum extent practicable, the functioning of an
20 individual; and

21 (2) Provided or supervised by a board-certified behavior
22 analyst or by a licensed psychologist so long as the



1 services performed are commensurate with the
2 psychologist's formal university training and
3 supervised experience.

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

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

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

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

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

18 "Treatment for autism spectrum disorders" includes the
19 following care prescribed or ordered for an individual diagnosed
20 with an autism spectrum disorder by a licensed physician,
21 psychiatrist, psychologist, or registered nurse practitioner if
22 the care is determined to be medically 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 3. Chapter 432, Hawaii Revised Statutes, is
 7 amended by adding a new section to article 1 to be appropriately
 8 designated and to read as follows:

9 "§432:1- Autism spectrum disorders benefits and
 10 coverage; notice; definitions. (a) Each individual or group
 11 hospital or medical service plan, policy, contract, or agreement
 12 issued or renewed in this State after December 31, 2013, shall
 13 provide to the member and individuals under twenty-six years of
 14 age covered under the service plan, policy, contract, or
 15 agreement, coverage for the screening, diagnosis, and treatment
 16 of autism spectrum disorders.

17 (b) Every mutual benefit society shall provide written
 18 notice to its members regarding the coverage required by this
 19 section. The notice shall be in writing and prominently
 20 positioned in any literature or correspondence sent to members
 21 and shall be transmitted to members within calendar year 2014
 22 when annual information is made available to members or in any

1 other mailing to members, but in no case later than December 31,
2 2014.

3 (c) Individual coverage for behavioral health treatment
4 provided under this section shall be subject to a maximum
5 benefit of \$50,000 per year and a maximum lifetime benefit of
6 \$300,000, but shall not be subject to any limits on the number
7 of visits to an autism service provider. After December 31,
8 2015, the insurance commissioner, on an annual basis, shall
9 adjust the maximum benefit for inflation, using the medical care
10 component of the United States Department of Labor Consumer
11 Price Index for all urban consumers. The commissioner shall
12 publish the adjusted maximum benefit annually no later than
13 April 1 of each calendar year, which shall apply during the
14 following calendar year to health insurance policies subject to
15 this section. Payments made by a mutual benefit society on
16 behalf of a covered individual for any care, treatment,
17 intervention, or service other than behavioral health treatment,
18 shall not be applied toward any maximum benefit established
19 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,



1 contract, or agreement that are no less favorable than the co-
2 payment, deductible, and coinsurance provisions for other
3 medical services covered by the plan, policy, contract, or
4 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 not more than once every
15 twelve months. The cost of obtaining any review shall be borne
16 by the insurer.

17 (h) This section shall not be construed to reduce any
18 obligation to provide services to an individual under an
19 individualized family service plan, an individualized education
20 program, or an individualized service plan.

21 (i) As of January 1, 2014, to the extent that this section
22 requires benefits that exceed the essential health benefits



1 specified under section 1302(b) of the Patient Protection and
2 Affordable Care Act of 2010 (P.L. 111-148), the specific
3 benefits that exceed the specified essential health benefits
4 shall not be required of a qualified health plan when the plan
5 is offered in this State through the Hawaii health insurance
6 exchange by a health carrier. Nothing in this subsection shall
7 nullify the application of this section to plans offered outside
8 the Hawaii health insurance exchange.

9 (j) Insurers shall include at least as many board-
10 certified behavior analysts in their provider network as there
11 are qualified licensed psychologists in their network of
12 approved providers of applied behavior analysis.

13 (k) If an individual has been diagnosed as having a
14 pervasive developmental disorder or autism spectrum disorder
15 meeting the diagnostic criteria described in the most recent
16 edition of the Diagnostic and Statistical Manual of Mental
17 Disorders available at the time of diagnosis, then that
18 individual shall not be required to undergo a repeat evaluation
19 upon publication of a subsequent edition of the Diagnostic and
20 Statistical Manual of Mental Disorders to remain eligible for
21 coverage under this section.



1 (1) As used in this section, unless the context clearly
2 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 relations between environment and behavior.

9 "Autism service provider" means any person, entity, or
10 group that provides treatment for autism spectrum disorders.

11 "Autism spectrum disorders" means any of the pervasive
12 developmental disorders or autism spectrum disorders as defined
13 by the most recent edition of the Diagnostic and Statistical
14 Manual of Mental Disorders.

15 "Behavioral health treatment" means counseling and
16 treatment programs, including applied behavior analysis, that
17 are:

18 (1) Necessary to develop, maintain, or restore, to the
19 maximum extent practicable, the functioning of an
20 individual; and

21 (2) Provided or supervised by a board-certified behavior
22 analyst or by a licensed psychologist so long as the



1 services performed are commensurate with the
2 psychologist's formal university training and
3 supervised experience.

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

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

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

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14 provided by a licensed psychologist.

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

18 "Treatment for autism spectrum disorders" includes the
19 following care prescribed or ordered for an individual diagnosed
20 with an autism spectrum disorder by a licensed physician,
21 psychiatrist, psychologist, or registered nurse practitioner if
22 the care is determined to be medically 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, 431:10A-
14 116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121,
15 431:10A-125, 431:10A-126, 431:10A-122, [~~and~~] 431:10A-116.2, and
16 431:10A-_____, and chapter 431M."

17 SECTION 5. The coverage and benefit to be provided by a
18 health maintenance organization under section 4 of this Act
19 shall apply to all policies, contracts, plans, or agreements
20 issued or renewed in this State by a health maintenance
21 organization after December 31, 2013.



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 on July 1, 2050.



Report Title:

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 beginning after 12/31/2013. Effective 7/1/2050. (SD2)

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

