THE SENATE TWENTY-SEVENTH LEGISLATURE, 2014 STATE OF HAWAII

S.B. NO. 2054

JAN 1 5 2014

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 13 January 1, , shall provide to the policyholder and 14 individuals under twenty-one years of age covered under the 15 policy, contract, plan, or agreement, coverage for the 16 screening, including well-baby and well-child screening, diagnosis, and evidence-based treatment of autism spectrum 17 18 disorders.

1	(b) Every insurer shall provide written notice to its
2	policyholders regarding the coverage required by this section.
3	The notice shall be in writing and prominently positioned in any
4	literature or correspondence sent to policyholders and shall be
5	transmitted to policyholders within calendar year 2015 when
6	annual information is made available to members or in any other
7	mailing to members, but in no case later than December 31, 2015.
8	(c) Individual coverage for behavioral health treatment
9	provided under this section shall be subject to a maximum
10	benefit of \$50,000 per year and a maximum lifetime benefit of
11	\$300,000, but shall not be subject to any limits on the number
12	of visits to an autism service provider. After December 31,
13	2016, the insurance commissioner, on an annual basis, shall
14	adjust the maximum benefit for inflation using the medical care
15	component of the United States Department of Labor Consumer
16	Price Index for all urban consumers; provided that the
17	commissioner may post notice of and hold a public meeting
18	pursuant to chapter 92 before adjusting the maximum benefit.
19	The commissioner shall publish the adjusted maximum benefit
20	annually no later than April 1 of each calendar year, which
21	shall apply during the following calendar year to health
22	insurance policies subject to this section. Payments made by an
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1	insurer on behalf of a covered individual for any care,
2	treatment, intervention, or service other than behavioral health
3	treatment shall not be applied toward any maximum benefit
4	established under this subsection.
5	(d) Coverage under this section may be subject to
6	copayment, deductible, and coinsurance provisions of an accident
7	and health or sickness insurance policy, contract, plan, or
8	agreement that are no less favorable than the co-payment,
9	deductible, and coinsurance provisions for other medical
10	services covered by the policy, contract, plan, or agreement.
11	(e) This section shall not be construed as limiting
12	benefits that are otherwise available to an individual under an
13	accident and health or sickness insurance policy, contract,
14	plan, or agreement.
15	(f) Coverage for treatment under this section shall not be
16	denied on the basis that the treatment is habilitative or non-
17	restorative in nature.
18	(g) Except for inpatient services, if an individual is
19	receiving treatment for autism spectrum disorders, an insurer
20	may request a review of that treatment not more than once every
21	twelve months unless the insurer and licensed physician,
22	psychiatrist, psychologist, clinical social worker, or

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1	registered nurse practitioner agree that a more frequent review
2	is necessary. The cost of obtaining any review shall be borne
3	by the insurer.
4	(h) This section shall not be construed as reducing any
5	obligation to provide services to an individual under an
6	individualized family service plan, an individualized education
7	program, or an individualized service plan.
8	(i) As of January 1, 2014, to the extent that this section
9	requires benefits that exceed the essential health benefits
10	specified under section 1302(b) of the Patient Protection and
11	Affordable Care Act of 2010 (P.L. 111-148), the specific
12	benefits that exceed the specified essential health benefits
13	shall not be required of a qualified health plan when the plan
14	is offered in this State through the Hawaii health insurance
15	exchange by a health carrier. Nothing in this subsection shall
16	nullify the application of this section to plans offered outside
17	the Hawaii health insurance exchange.
18	(j) Insurers shall include in their network of approved
19	autism service providers only those providers who have cleared
20	criminal background checks as determined by the insurer.
21	(k) Insurers shall include at least as many board-
22	certified behavior analysts in their provider network as there

1	are qualified licensed psychologists in their network of
2	approved providers of applied behavior analysis.
3	(1) If an individual has been diagnosed as having a
4	pervasive developmental disorder or autism spectrum disorder
5	meeting the diagnostic criteria described in the most recent
6	edition of the Diagnostic and Statistical Manual of Mental
7	Disorders available at the time of diagnosis, then that
8	individual shall not be required to undergo repeat evaluation
9	upon publication of a subsequent edition of the Diagnostic and
10	Statistical Manual of Mental Disorders to remain eligible for
11	coverage under this section.
12	(m) 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 for autism spectrum disorders.



1	<u>"Aut</u>	ism spectrum disorders" means any of the pervasive
2	developme	ntal disorders or autism spectrum disorders as defined
3	by the mo	st recent edition of the Diagnostic and Statistical
4	<u>Manual of</u>	Mental Disorders.
5	"Beh	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	<u>"Dia</u>	gnosis of autism spectrum disorders" means medically
17	necessary	assessments, evaluations, or tests conducted to
18	diagnose	whether an individual has an autism spectrum disorder.
19	"Pha	rmacy care" means medications prescribed by a licensed
20	physician	or registered nurse practitioner and any health-
21	related s	ervices that are deemed medically necessary to
22	determine	the need or effectiveness of the medications.
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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,
7	licensed social workers, licensed clinical social workers, or
8	licensed physical therapists.
9	"Treatment for autism spectrum disorders" includes the
10	following care prescribed or ordered for an individual diagnosed
11	with an autism spectrum disorder by a licensed physician,
12	psychiatrist, psychologist, licensed clinical social worker, or
13	registered nurse practitioner if the care is determined to be
14	medically necessary:
15	(1) Behavioral health treatment;
16	(2) Pharmacy care;
17	(3) Psychiatric care;
18	(4) Psychological care; and
19	(5) Therapeutic care."
20	SECTION 4. Chapter 432, Hawaii Revised Statutes, is
21	amended by adding a new section to article 1 to be appropriately
22	designated and to read as follows:
20 21	SECTION 4. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriat



1	"§432:1- Autism spectrum disorders benefits and
2	coverage; notice; definitions. (a) Each individual or group
3	hospital or medical service plan, policy, contract, or agreement
4	issued or renewed in this State after January 1, , shall
5	provide to the member and individuals under twenty-one years of
6	age covered under the service plan, policy, contract, or
7	agreement, coverage for the screening, including well-baby and
8	well-child screening, diagnosis, and evidence-based treatment of
9	autism spectrum disorders.
10	(b) Every mutual benefit society shall provide written
11	notice to its members regarding the coverage required by this
12	section. The notice shall be in writing and prominently
13	positioned in any literature or correspondence sent to members
14	and shall be transmitted to members within calendar year 2015
15	when annual information is made available to members or in any
16	other mailing to members, but in no case later than December 31,
17	2015.
18	(c) Individual coverage for behavioral health treatment
19	provided under this section shall be subject to a maximum
20	benefit of \$50,000 per year and a maximum lifetime benefit of
21	\$300,000, but shall not be subject to any limits on the number
22	of visits to an autism service provider. After December 31,

1	2016, the insurance commissioner, on an annual basis, shall
2	adjust the maximum benefit for inflation, using the medical care
3	component of the United States Department of Labor Consumer
4	Price Index for all urban consumers. The commissioner shall
5	publish the adjusted maximum benefit annually no later than
6	April 1 of each calendar year, which shall apply during the
7	following calendar year to health insurance policies subject to
8	this section; provided that the commissioner may post notice of
9	and hold a public meeting pursuant to chapter 92 before
10	adjusting the maximum benefit. Payments made by a mutual
11	benefit society on behalf of a covered individual for any care,
12	treatment, intervention, or service other than behavioral health
13	treatment, shall not be applied toward any maximum benefit
14	established under this subsection.
15	(d) Coverage under this section may be subject to
16	copayment, deductible, and coinsurance provisions of an
17	individual or group hospital or medical service plan, policy,
18	contract, or agreement that are no less favorable than the co-
19	payment, deductible, and coinsurance provisions for other
20	medical services covered by the plan, policy, contract, or
21	agreement.



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1	(e) This section shall not be construed as limiting
2	benefits that are otherwise available to an individual under an
3	individual or group hospital or medical service plan, policy,
4	contract, or agreement.
5	(f) Coverage for treatment under this section shall not be
6	denied on the basis that the treatment is habilitative or non-
7	restorative in nature.
8	(g) Except for inpatient services, if an individual is
9	receiving treatment for autism spectrum disorders, an insurer
10	may request a review of that treatment not more than once every
11	twelve months unless the insurer and licensed physician,
12	psychiatrist, psychologist, clinical social worker, or
13	registered nurse practitioner agree that a more frequent review
14	is necessary. The cost of obtaining any review shall be borne
15	by the insurer.
16	(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.
20	(i) As of January 1, 2014, to the extent that this section
21	requires benefits that exceed the essential health benefits
22	specified under section 1302(b) of the Patient Protection and

1	Affordable Care Act of 2010 (P.L. 111-148), the specific
2	benefits that exceed the specified essential health benefits
3	shall not be required of a qualified health plan when the plan
4	is offered in this State through the Hawaii health insurance
5	exchange by a health carrier. Nothing in this subsection shall
6	nullify the application of this section to plans offered outside
7	the Hawaii health insurance exchange.
8	(j) Insurers shall include in their network of approved
9	autism service providers only those providers who have cleared
10	criminal background checks as determined by the insurer.
11	(k) Insurers shall include at least as many board-
12	certified behavior analysts in their provider network as there
13	are qualified licensed psychologists in their network of
14	approved providers of applied behavior analysis.
15	(1) If an individual has been diagnosed as having a
16	pervasive developmental disorder or autism spectrum disorder
17	meeting the diagnostic criteria described in the most recent
18	edition of the Diagnostic and Statistical Manual of Mental
19	Disorders available at the time of diagnosis, then that
20	individual shall not be required to undergo a repeat evaluation
21	upon publication of a subsequent edition of the Diagnostic and



coverage under this section.
(m) As used in this section, unless the context clearly
requires otherwise:
"Applied behavior analysis" means the design,
implementation, and evaluation of environmental modifications,
using behavioral stimuli and consequences, to produce socially
significant improvement in human behavior, including the use of
direct observation, measurement, and functional analysis of the
relations between environment and behavior.
"Autism service provider" means any person, entity, or
group that provides treatment for autism spectrum disorders.
"Autism spectrum disorders" means any of the pervasive
developmental disorders or autism spectrum disorders as defined
by the most recent edition of the Diagnostic and Statistical
Manual of Mental Disorders.
"Behavioral health treatment" means evidence-based
counseling and treatment programs, including applied behavior
analysis, that are:
(1) Necessary to develop, maintain, or restore, to the
maximum extent practicable, the functioning of an



. 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	"Dia	gnosis of autism spectrum disorders" means medically
7	necessary	assessments, evaluations, or tests conducted to
8	diagnose	whether an individual has an autism spectrum disorder.
9	"Pha	rmacy care" means medications prescribed by a licensed
10	physician	or registered nurse practitioner and any health-
11	related s	ervices that are deemed medically necessary to
12	determine	the need or effectiveness of the medications.
13	"Psy	chiatric care" means direct or consultative services
14	provided [by a licensed psychiatrist.
15	"Psy	chological care" means direct or consultative services
16	provided [by a licensed psychologist.
17	"The	rapeutic care" means services provided by licensed
18	speech pa	thologists, registered occupational therapists,
19	licensed	social workers, licensed clinical social workers, or
20	licensed]	physical therapists.
21	"Trea	atment for autism spectrum disorders" includes the
22	following	care prescribed or ordered for an individual diagnosed



1	with an autism spectrum disorder by a licensed physician,
2	psychiatrist, psychologist, licensed clinical social worker, or
3	registered nurse practitioner if the care is determined to be
4	medically necessary:
5	(1) Behavioral health treatment;
6	(2) Pharmacy care;
7	(3) Psychiatric care;
8	(4) Psychological care; and
9	(5) Therapeutic care."
10	SECTION 5. Section 432D-23, Hawaii Revised Statutes, is
11	amended to read as follows:
12	"§432D-23 Required provisions and benefits.
13	Notwithstanding any provision of law to the contrary, each
14	policy, contract, plan, or agreement issued in the State after
15	January 1, 1995, by health maintenance organizations pursuant to
16	this chapter, shall include benefits provided in sections
17	431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116,
18	431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,
19	431:10A-121, 431:10A-125, 431:10A-126, 431:10A-122, [and]
20	431:10A-116.2, and 431:10A- , and chapter 431M."
21	SECTION 6. Notwithstanding section 432D-23, Hawaii Revised
22	Statutes, the coverage and benefit for autism spectrum disorders

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1 to be provided by a health maintenance organization under 2 section 5 of this Act shall apply to all policies, contracts, 3 plans, or agreements issued or renewed in this State by a health 4 maintenance organization after January 1,

5 SECTION 7. Statutory material to be repealed is bracketed 6 and stricken. New statutory material is underscored.

7 SECTION 8. This Act shall take effect upon its approval.

INTRODUCED BY:

Joh Dree My Frisanne Ohun Cakeand. Anold Ruder



Report Title:

Health; Insurance; Mandatory Health Coverage; Autism Spectrum Disorders

Description:

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Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments.

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