

REFERENCE TITLE: autism spectrum disorder; Steven's law

State of Arizona  
Senate  
Forty-eighth Legislature  
Second Regular Session  
2008

## **SB 1263**

Introduced by

Senators Aguirre, Allen, Burton Cahill, Hale, Landrum Taylor, McCune  
Davis, Miranda, O'Halleran, Rios; Representatives Ableser, Lujan,  
Pancrazi, Sinema, Ulmer; Senators Aboud, Garcia, Soltero; Representatives  
Cajero Bedford, Chabin, DeSimone, Farley, Hershberger, Lopez, Miranda B,  
Rios P, Tom

AN ACT

AMENDING TITLE 20, CHAPTER 4, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-826.04; AMENDING TITLE 20, CHAPTER 4, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1057.11; AMENDING TITLE 20, CHAPTER 6, ARTICLE 5, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 20-1402.03 AND 20-1404.03; RELATING TO HEALTH INSURANCE POLICIES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 20, chapter 4, article 3, Arizona Revised Statutes,  
3 is amended by adding section 20-826.04, to read:

4 20-826.04. Subscription contracts; autism spectrum disorder;  
5 coverage; exception; definitions

6 A. ANY SUBSCRIPTION CONTRACT THAT IS OFFERED BY A HOSPITAL SERVICE  
7 CORPORATION OR MEDICAL SERVICE CORPORATION SHALL PROVIDE COVERAGE FOR THE  
8 DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER. COVERAGE REQUIRED BY  
9 THIS SECTION INCLUDES EVALUATION FOR A DIAGNOSIS OF AUTISM SPECTRUM DISORDER  
10 THAT IS PROVIDED BY A MEDICAL DOCTOR OR A PERSON LICENSED PURSUANT TO  
11 TITLE 32, CHAPTER 19.1 AND IS LIMITED TO TREATMENT, INCLUDING SPEECH THERAPY,  
12 OCCUPATIONAL THERAPY, PHYSICAL THERAPY, BEHAVIORAL THERAPY, PSYCHIATRIC CARE  
13 AND PSYCHOLOGICAL CARE, THAT IS PRESCRIBED BY THE INSURED'S TREATING MEDICAL  
14 DOCTOR PURSUANT TO A TREATMENT PLAN. A CORPORATION MAY NOT DENY OR REFUSE TO  
15 ISSUE COVERAGE ON, REFUSE TO CONTRACT WITH, REFUSE TO RENEW COVERAGE ON,  
16 REFUSE TO REISSUE COVERAGE FOR OR OTHERWISE TERMINATE OR RESTRICT COVERAGE ON  
17 AN INDIVIDUAL SOLELY BECAUSE THE INDIVIDUAL IS DIAGNOSED WITH AUTISM SPECTRUM  
18 DISORDER.

19 B. THE COVERAGE REQUIRED BY THIS SECTION IS NOT SUBJECT TO DOLLAR  
20 LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT ARE LESS FAVORABLE TO AN  
21 INSURED THAN THE DOLLAR LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT  
22 APPLY TO PHYSICAL ILLNESS GENERALLY UNDER THE SUBSCRIPTION CONTRACT, EXCEPT  
23 AS PROVIDED BY SUBSECTION D. BENEFITS THAT ARE PROVIDED TO AN INSURED FOR  
24 ANY CARE, TREATMENT, INTERVENTION, SERVICE OR OTHER ITEM UNRELATED TO AUTISM  
25 SPECTRUM DISORDER MAY NOT BE APPLIED TOWARDS ANY MAXIMUM BENEFIT UNDER THIS  
26 SECTION. THE COVERAGE REQUIRED BY THIS SECTION MAY BE SUBJECT TO OTHER  
27 GENERAL EXCLUSIONS AND LIMITATIONS OF THE SUBSCRIPTION CONTRACT, INCLUDING  
28 COORDINATION OF BENEFITS, PARTICIPATING PROVIDER REQUIREMENTS, RESTRICTIONS  
29 ON SERVICES PROVIDED BY FAMILY OR HOUSEHOLD MEMBERS, UTILIZATION REVIEW OF  
30 HEALTH CARE SERVICES, CASE MANAGEMENT AND OTHER MANAGED CARE PROVISIONS.  
31 TREATMENT MAY NOT BE LIMITED OR DENIED ON THE BASIS THAT IT IS HABILITATIVE  
32 IN NATURE.

33 C. THE TREATMENT PLAN REQUIRED PURSUANT TO THIS SECTION SHALL INCLUDE  
34 ALL ELEMENTS NECESSARY FOR THE CORPORATION TO APPROPRIATELY PAY CLAIMS.  
35 THESE ELEMENTS INCLUDE A DIAGNOSIS, THE PROPOSED TREATMENT BY TYPE, THE  
36 FREQUENCY AND DURATION OF TREATMENT, THE ANTICIPATED OUTCOMES STATED AS  
37 GOALS, THE FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE UPDATED AND THE  
38 TREATING MEDICAL DOCTOR'S SIGNATURE. THE CORPORATION MAY REQUEST AN UPDATED  
39 TREATMENT PLAN ONLY ONCE EVERY SIX MONTHS FROM THE TREATING MEDICAL DOCTOR,  
40 UNLESS THE CORPORATION AND THE TREATING MEDICAL DOCTOR AGREE THAT A MORE  
41 FREQUENT REVIEW IS NECESSARY DUE TO EMERGING CLINICAL CIRCUMSTANCES.

42 D. THE BENEFITS AND COVERAGE PROVIDED PURSUANT TO THIS SECTION MUST BE  
43 PROVIDED TO ANY ELIGIBLE PERSON WHO IS UNDER EIGHTEEN YEARS OF AGE. COVERAGE  
44 FOR BEHAVIORAL THERAPY IS SUBJECT TO A FIFTY THOUSAND DOLLAR MAXIMUM BENEFIT  
45 PER YEAR, BUT MAY NOT BE SUBJECT TO ANY LIMITS ON THE NUMBER OF VISITS AN

1 ELIGIBLE PERSON MAY MAKE TO A PROVIDER OF BEHAVIORAL THERAPY. BEGINNING  
2 JANUARY 1, 2009, THE CORPORATION SHALL ADJUST THIS MAXIMUM BENEFIT AMOUNT  
3 ANNUALLY ON JANUARY 1 OF EACH CALENDAR YEAR TO REFLECT ANY PERCENTAGE CHANGE  
4 FROM THE PREVIOUS YEAR IN THE MEDICAL PRICE INDEX COMPONENT OF THE CONSUMER  
5 PRICE INDEX FOR ALL URBAN CONSUMERS AS PUBLISHED BY THE UNITED STATES  
6 DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

7 E. THIS SECTION DOES NOT APPLY TO A SUBSCRIPTION CONTRACT THAT IS  
8 ISSUED TO AN INDIVIDUAL OR A SMALL EMPLOYER.

9 F. FOR THE PURPOSES OF THIS SECTION:

10 1. "AUTISM SPECTRUM DISORDER" MEANS ONE OF THE THREE FOLLOWING  
11 DISORDERS AS DEFINED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND  
12 STATISTICAL MANUAL OF MENTAL DISORDERS OF THE AMERICAN PSYCHIATRIC  
13 ASSOCIATION:

14 (a) AUTISTIC DISORDER.

15 (b) ASPERGER'S SYNDROME.

16 (c) PERVASIVE DEVELOPMENTAL DISORDER-NOT OTHERWISE SPECIFIED.

17 2. "BEHAVIORAL THERAPY" INCLUDES INTERACTIVE THERAPIES DERIVED FROM  
18 EVIDENCED BASED RESEARCH, INCLUDING APPLIED BEHAVIOR ANALYSIS, WHICH IS ALSO  
19 KNOWN AS LOVAAS THERAPY, DISCRETE TRIAL TRAINING, PIVOTAL RESPONSE TRAINING,  
20 INTENSIVE INTERVENTION PROGRAMS AND EARLY INTENSIVE BEHAVIORAL INTERVENTION.

21 3. "MEDICAL DOCTOR" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO  
22 TITLE 32, CHAPTER 13 OR 17.

23 4. "SMALL EMPLOYER" HAS THE SAME MEANING PRESCRIBED IN SECTION  
24 20-2301.

25 Sec. 2. Title 20, chapter 4, article 9, Arizona Revised Statutes, is  
26 amended by adding section 20-1057.11, to read:

27 20-1057.11. Health care services organizations: autism spectrum  
28 disorder: coverage: exception: definitions

29 A. EACH HEALTH CARE SERVICES ORGANIZATION SHALL PROVIDE EVIDENCE OF  
30 COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER.  
31 COVERAGE REQUIRED BY THIS SECTION INCLUDES EVALUATION FOR A DIAGNOSIS OF  
32 AUTISM SPECTRUM DISORDER THAT IS PROVIDED BY A MEDICAL DOCTOR OR A PERSON  
33 LICENSED PURSUANT TO TITLE 32, CHAPTER 19.1 AND IS LIMITED TO TREATMENT,  
34 INCLUDING SPEECH THERAPY, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, BEHAVIORAL  
35 THERAPY, PSYCHIATRIC CARE AND PSYCHOLOGICAL CARE, THAT IS PRESCRIBED BY THE  
36 INSURED'S TREATING MEDICAL DOCTOR PURSUANT TO A TREATMENT PLAN. A HEALTH  
37 CARE SERVICES ORGANIZATION MAY NOT DENY OR REFUSE TO ISSUE COVERAGE ON,  
38 REFUSE TO CONTRACT WITH, REFUSE TO RENEW COVERAGE ON, REFUSE TO REISSUE  
39 COVERAGE FOR OR OTHERWISE TERMINATE OR RESTRICT COVERAGE ON AN INDIVIDUAL  
40 SOLELY BECAUSE THE INDIVIDUAL IS DIAGNOSED WITH AUTISM SPECTRUM DISORDER.

41 B. THE COVERAGE REQUIRED BY THIS SECTION IS NOT SUBJECT TO DOLLAR  
42 LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT ARE LESS FAVORABLE TO AN  
43 INSURED THAN THE DOLLAR LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT  
44 APPLY TO PHYSICAL ILLNESS GENERALLY UNDER THE COVERAGE, EXCEPT AS PROVIDED BY  
45 SUBSECTION D BENEFITS THAT ARE PROVIDED TO AN INSURED FOR ANY CARE,

1 TREATMENT, INTERVENTION, SERVICE OR OTHER ITEM UNRELATED TO AUTISM SPECTRUM  
2 DISORDER MAY NOT BE APPLIED TOWARDS ANY MAXIMUM BENEFIT UNDER THIS SECTION.  
3 THE COVERAGE REQUIRED BY THIS SECTION MAY BE SUBJECT TO OTHER GENERAL  
4 EXCLUSIONS AND LIMITATIONS OF THE EVIDENCE OF COVERAGE, INCLUDING  
5 COORDINATION OF BENEFITS, PARTICIPATING PROVIDER REQUIREMENTS, RESTRICTIONS  
6 ON SERVICES PROVIDED BY FAMILY OR HOUSEHOLD MEMBERS, UTILIZATION REVIEW OF  
7 HEALTH CARE SERVICES, CASE MANAGEMENT AND OTHER MANAGED CARE PROVISIONS.  
8 TREATMENT MAY NOT BE LIMITED OR DENIED ON THE BASIS THAT IT IS HABILITATIVE  
9 IN NATURE.

10 C. THE TREATMENT PLAN REQUIRED PURSUANT TO THIS SECTION SHALL INCLUDE  
11 ALL ELEMENTS NECESSARY FOR THE HEALTH CARE SERVICES ORGANIZATION TO  
12 APPROPRIATELY PAY CLAIMS. THESE ELEMENTS INCLUDE A DIAGNOSIS, THE PROPOSED  
13 TREATMENT BY TYPE, THE FREQUENCY AND DURATION OF TREATMENT, THE ANTICIPATED  
14 OUTCOMES STATED AS GOALS, THE FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE  
15 UPDATED AND THE TREATING MEDICAL DOCTOR'S SIGNATURE. THE HEALTH CARE  
16 SERVICES ORGANIZATION MAY REQUEST AN UPDATED TREATMENT PLAN ONLY ONCE EVERY  
17 SIX MONTHS FROM THE TREATING MEDICAL DOCTOR, UNLESS THE HEALTH CARE SERVICES  
18 ORGANIZATION AND THE TREATING MEDICAL DOCTOR AGREE THAT A MORE FREQUENT  
19 REVIEW IS NECESSARY DUE TO EMERGING CLINICAL CIRCUMSTANCES.

20 D. THE BENEFITS AND COVERAGE PROVIDED PURSUANT TO THIS SECTION MUST BE  
21 PROVIDED TO ANY ELIGIBLE PERSON WHO IS UNDER EIGHTEEN YEARS OF AGE. COVERAGE  
22 FOR BEHAVIORAL THERAPY IS SUBJECT TO A FIFTY THOUSAND DOLLAR MAXIMUM BENEFIT  
23 PER YEAR, BUT MAY NOT BE SUBJECT TO ANY LIMITS ON THE NUMBER OF VISITS AN  
24 ELIGIBLE PERSON MAY MAKE TO A PROVIDER OF BEHAVIORAL THERAPY. BEGINNING  
25 JANUARY 1, 2009, THE HEALTH CARE SERVICES ORGANIZATION SHALL ADJUST THIS  
26 MAXIMUM BENEFIT AMOUNT ANNUALLY ON JANUARY 1 OF EACH CALENDAR YEAR TO REFLECT  
27 ANY PERCENTAGE CHANGE FROM THE PREVIOUS YEAR IN THE MEDICAL PRICE INDEX  
28 COMPONENT OF THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS AS PUBLISHED BY  
29 THE UNITED STATES DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

30 E. THIS SECTION DOES NOT APPLY TO AN EVIDENCE OF COVERAGE THAT IS  
31 ISSUED TO AN INDIVIDUAL OR A SMALL EMPLOYER.

32 F. FOR THE PURPOSES OF THIS SECTION:

33 1. "AUTISM SPECTRUM DISORDER" MEANS ONE OF THE THREE FOLLOWING  
34 DISORDERS AS DEFINED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND  
35 STATISTICAL MANUAL OF MENTAL DISORDERS OF THE AMERICAN PSYCHIATRIC  
36 ASSOCIATION:

37 (a) AUTISTIC DISORDER.

38 (b) ASPERGER'S SYNDROME.

39 (c) PERVASIVE DEVELOPMENTAL DISORDER-NOT OTHERWISE SPECIFIED.

40 2. "BEHAVIORAL THERAPY" INCLUDES INTERACTIVE THERAPIES DERIVED FROM  
41 EVIDENCED BASED RESEARCH, INCLUDING APPLIED BEHAVIOR ANALYSIS, WHICH IS ALSO  
42 KNOWN AS LOVAAS THERAPY, DISCRETE TRIAL TRAINING, PIVOTAL RESPONSE TRAINING,  
43 INTENSIVE INTERVENTION PROGRAMS AND EARLY INTENSIVE BEHAVIORAL INTERVENTION.

44 3. "MEDICAL DOCTOR" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO  
45 TITLE 32, CHAPTER 13 OR 17.

1           4. "SMALL EMPLOYER" HAS THE SAME MEANING PRESCRIBED IN SECTION  
2 20-2301.

3           Sec. 3. Title 20, chapter 6, article 5, Arizona Revised Statutes, is  
4 amended by adding sections 20-1402.03 and 20-1404.03, to read:

5           20-1402.03. Group disability insurers: autism spectrum  
6 disorder: coverage: definitions

7           A. A GROUP DISABILITY INSURER SHALL PROVIDE COVERAGE FOR THE DIAGNOSIS  
8 AND TREATMENT OF AUTISM SPECTRUM DISORDER. COVERAGE REQUIRED BY THIS SECTION  
9 INCLUDES EVALUATION FOR A DIAGNOSIS OF AUTISM SPECTRUM DISORDER THAT IS  
10 PROVIDED BY A MEDICAL DOCTOR OR A PERSON LICENSED PURSUANT TO TITLE 32,  
11 CHAPTER 19.1 AND IS LIMITED TO TREATMENT, INCLUDING SPEECH THERAPY,  
12 OCCUPATIONAL THERAPY, PHYSICAL THERAPY, BEHAVIORAL THERAPY, PSYCHIATRIC CARE  
13 AND PSYCHOLOGICAL CARE, THAT IS PRESCRIBED BY THE INSURED'S TREATING MEDICAL  
14 DOCTOR PURSUANT TO A TREATMENT PLAN. AN INSURER MAY NOT DENY OR REFUSE TO  
15 ISSUE COVERAGE ON, REFUSE TO CONTRACT WITH, REFUSE TO RENEW COVERAGE ON,  
16 REFUSE TO REISSUE COVERAGE FOR OR OTHERWISE TERMINATE OR RESTRICT COVERAGE ON  
17 AN INDIVIDUAL SOLELY BECAUSE THE INDIVIDUAL IS DIAGNOSED WITH AUTISM SPECTRUM  
18 DISORDER.

19           B. THE COVERAGE REQUIRED BY THIS SECTION IS NOT SUBJECT TO DOLLAR  
20 LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT ARE LESS FAVORABLE TO AN  
21 INSURED THAN THE DOLLAR LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT  
22 APPLY TO PHYSICAL ILLNESS GENERALLY UNDER THE POLICY, EXCEPT AS PROVIDED BY  
23 SUBSECTION D. BENEFITS THAT ARE PROVIDED TO AN INSURED FOR ANY CARE,  
24 TREATMENT, INTERVENTION, SERVICE OR OTHER ITEM UNRELATED TO AUTISM SPECTRUM  
25 DISORDER MAY NOT BE APPLIED TOWARDS ANY MAXIMUM BENEFIT UNDER THIS SECTION.  
26 THE COVERAGE REQUIRED BY THIS SECTION MAY BE SUBJECT TO OTHER GENERAL  
27 EXCLUSIONS AND LIMITATIONS OF THE POLICY, INCLUDING COORDINATION OF BENEFITS,  
28 PARTICIPATING PROVIDER REQUIREMENTS, RESTRICTIONS ON SERVICES PROVIDED BY  
29 FAMILY OR HOUSEHOLD MEMBERS, UTILIZATION REVIEW OF HEALTH CARE SERVICES, CASE  
30 MANAGEMENT AND OTHER MANAGED CARE PROVISIONS. TREATMENT MAY NOT BE LIMITED  
31 OR DENIED ON THE BASIS THAT IT IS HABILITATIVE IN NATURE.

32           C. THE TREATMENT PLAN REQUIRED PURSUANT TO THIS SECTION SHALL INCLUDE  
33 ALL ELEMENTS NECESSARY FOR THE INSURER TO APPROPRIATELY PAY CLAIMS. THESE  
34 ELEMENTS INCLUDE A DIAGNOSIS, THE PROPOSED TREATMENT BY TYPE, THE FREQUENCY  
35 AND DURATION OF TREATMENT, THE ANTICIPATED OUTCOMES STATED AS GOALS, THE  
36 FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE UPDATED AND THE TREATING  
37 MEDICAL DOCTOR'S SIGNATURE. THE INSURER MAY REQUEST AN UPDATED TREATMENT  
38 PLAN ONLY ONCE EVERY SIX MONTHS FROM THE TREATING MEDICAL DOCTOR, UNLESS THE  
39 INSURER AND THE TREATING MEDICAL DOCTOR AGREE THAT A MORE FREQUENT REVIEW IS  
40 NECESSARY DUE TO EMERGING CLINICAL CIRCUMSTANCES.

41           D. THE BENEFITS AND COVERAGE PROVIDED PURSUANT TO THIS SECTION MUST BE  
42 PROVIDED TO ANY ELIGIBLE PERSON WHO IS UNDER EIGHTEEN YEARS OF AGE. COVERAGE  
43 FOR BEHAVIORAL THERAPY IS SUBJECT TO A FIFTY THOUSAND DOLLAR MAXIMUM BENEFIT  
44 PER YEAR, BUT MAY NOT BE SUBJECT TO ANY LIMITS ON THE NUMBER OF VISITS AN  
45 ELIGIBLE PERSON MAY MAKE TO A PROVIDER OF BEHAVIORAL THERAPY. BEGINNING

1 JANUARY 1, 2009, THE INSURER SHALL ADJUST THIS MAXIMUM BENEFIT AMOUNT  
2 ANNUALLY ON JANUARY 1 OF EACH CALENDAR YEAR TO REFLECT ANY PERCENTAGE CHANGE  
3 FROM THE PREVIOUS YEAR IN THE MEDICAL PRICE INDEX COMPONENT OF THE CONSUMER  
4 PRICE INDEX FOR ALL URBAN CONSUMERS AS PUBLISHED BY THE UNITED STATES  
5 DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

6 E. FOR THE PURPOSES OF THIS SECTION:

7 1. "AUTISM SPECTRUM DISORDER" MEANS ONE OF THE THREE FOLLOWING  
8 DISORDERS AS DEFINED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND  
9 STATISTICAL MANUAL OF MENTAL DISORDERS OF THE AMERICAN PSYCHIATRIC  
10 ASSOCIATION:

11 (a) AUTISTIC DISORDER.

12 (b) ASPERGER'S SYNDROME.

13 (c) PERVASIVE DEVELOPMENTAL DISORDER-NOT OTHERWISE SPECIFIED.

14 2. "BEHAVIORAL THERAPY" INCLUDES INTERACTIVE THERAPIES DERIVED FROM  
15 EVIDENCED BASED RESEARCH, INCLUDING APPLIED BEHAVIOR ANALYSIS, WHICH IS ALSO  
16 KNOWN AS LOVAAS THERAPY, DISCRETE TRIAL TRAINING, PIVOTAL RESPONSE TRAINING,  
17 INTENSIVE INTERVENTION PROGRAMS AND EARLY INTENSIVE BEHAVIORAL INTERVENTION.

18 3. "MEDICAL DOCTOR" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO  
19 TITLE 32, CHAPTER 13 OR 17.

20 4. "SMALL EMPLOYER" HAS THE SAME MEANING PRESCRIBED IN SECTION  
21 20-2301.

22 20-1404.03. Blanket disability insurers; autism spectrum  
23 disorder; coverage; definitions

24 A. A BLANKET DISABILITY INSURER SHALL PROVIDE COVERAGE FOR THE  
25 DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDER. COVERAGE REQUIRED BY  
26 THIS SECTION INCLUDES EVALUATION FOR A DIAGNOSIS OF AUTISM SPECTRUM DISORDER  
27 THAT IS PROVIDED BY A MEDICAL DOCTOR OR A PERSON LICENSED PURSUANT TO TITLE  
28 32, CHAPTER 19.1 AND IS LIMITED TO TREATMENT, INCLUDING SPEECH THERAPY,  
29 OCCUPATIONAL THERAPY, PHYSICAL THERAPY, BEHAVIORAL THERAPY, PSYCHIATRIC CARE  
30 AND PSYCHOLOGICAL CARE, THAT IS PRESCRIBED BY THE INSURED'S TREATING MEDICAL  
31 DOCTOR PURSUANT TO A TREATMENT PLAN. AN INSURER MAY NOT DENY OR REFUSE TO  
32 ISSUE COVERAGE ON, REFUSE TO CONTRACT WITH, REFUSE TO RENEW COVERAGE ON,  
33 REFUSE TO REISSUE COVERAGE FOR OR OTHERWISE TERMINATE OR RESTRICT COVERAGE ON  
34 AN INDIVIDUAL SOLELY BECAUSE THE INDIVIDUAL IS DIAGNOSED WITH AUTISM SPECTRUM  
35 DISORDER.

36 B. THE COVERAGE REQUIRED BY THIS SECTION IS NOT SUBJECT TO DOLLAR  
37 LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT ARE LESS FAVORABLE TO AN  
38 INSURED THAN THE DOLLAR LIMITS, DEDUCTIBLES OR COINSURANCE PROVISIONS THAT  
39 APPLY TO PHYSICAL ILLNESS GENERALLY UNDER THE POLICY OR CONTRACT, EXCEPT AS  
40 PROVIDED BY SUBSECTION D. BENEFITS THAT ARE PROVIDED TO AN INSURED FOR ANY  
41 CARE, TREATMENT, INTERVENTION, SERVICE OR OTHER ITEM UNRELATED TO AUTISM  
42 SPECTRUM DISORDER MAY NOT BE APPLIED TOWARDS ANY MAXIMUM BENEFIT UNDER THIS  
43 SECTION. THE COVERAGE REQUIRED BY THIS SECTION MAY BE SUBJECT TO OTHER  
44 GENERAL EXCLUSIONS AND LIMITATIONS OF THE POLICY OR CONTRACT, INCLUDING  
45 COORDINATION OF BENEFITS, PARTICIPATING PROVIDER REQUIREMENTS, RESTRICTIONS

1 ON SERVICES PROVIDED BY FAMILY OR HOUSEHOLD MEMBERS, UTILIZATION REVIEW OF  
2 HEALTH CARE SERVICES, CASE MANAGEMENT AND OTHER MANAGED CARE PROVISIONS.  
3 TREATMENT MAY NOT BE LIMITED OR DENIED ON THE BASIS THAT IT IS HABILITATIVE  
4 IN NATURE.

5 C. THE TREATMENT PLAN REQUIRED PURSUANT TO THIS SECTION SHALL INCLUDE  
6 ALL ELEMENTS NECESSARY FOR THE INSURER TO APPROPRIATELY PAY CLAIMS. THESE  
7 ELEMENTS INCLUDE A DIAGNOSIS, THE PROPOSED TREATMENT BY TYPE, THE FREQUENCY  
8 AND DURATION OF TREATMENT, THE ANTICIPATED OUTCOMES STATED AS GOALS, THE  
9 FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE UPDATED AND THE TREATING  
10 MEDICAL DOCTOR'S SIGNATURE. THE INSURER MAY REQUEST AN UPDATED TREATMENT  
11 PLAN ONLY ONCE EVERY SIX MONTHS FROM THE TREATING MEDICAL DOCTOR, UNLESS THE  
12 INSURER AND THE TREATING MEDICAL DOCTOR AGREE THAT A MORE FREQUENT REVIEW IS  
13 NECESSARY DUE TO EMERGING CLINICAL CIRCUMSTANCES.

14 D. THE BENEFITS AND COVERAGE PROVIDED PURSUANT TO THIS SECTION MUST BE  
15 PROVIDED TO ANY ELIGIBLE PERSON WHO IS UNDER EIGHTEEN YEARS OF AGE. COVERAGE  
16 FOR BEHAVIORAL THERAPY IS SUBJECT TO A FIFTY THOUSAND DOLLAR MAXIMUM BENEFIT  
17 PER YEAR, BUT MAY NOT BE SUBJECT TO ANY LIMITS ON THE NUMBER OF VISITS AN  
18 ELIGIBLE PERSON MAY MAKE TO A PROVIDER OF BEHAVIORAL THERAPY. BEGINNING  
19 JANUARY 1, 2009, THE INSURER SHALL ADJUST THIS MAXIMUM BENEFIT AMOUNT  
20 ANNUALLY ON JANUARY 1 OF EACH CALENDAR YEAR TO REFLECT ANY PERCENTAGE CHANGE  
21 FROM THE PREVIOUS YEAR IN THE MEDICAL PRICE INDEX COMPONENT OF THE CONSUMER  
22 PRICE INDEX FOR ALL URBAN CONSUMERS AS PUBLISHED BY THE UNITED STATES  
23 DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

24 E. FOR THE PURPOSES OF THIS SECTION:

25 1. "AUTISM SPECTRUM DISORDER" MEANS ONE OF THE THREE FOLLOWING  
26 DISORDERS AS DEFINED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND  
27 STATISTICAL MANUAL OF MENTAL DISORDERS OF THE AMERICAN PSYCHIATRIC  
28 ASSOCIATION:

29 (a) AUTISTIC DISORDER.

30 (b) ASPERGER'S SYNDROME.

31 (c) PERVASIVE DEVELOPMENTAL DISORDER-NOT OTHERWISE SPECIFIED.

32 2. "BEHAVIORAL THERAPY" INCLUDES INTERACTIVE THERAPIES DERIVED FROM  
33 EVIDENCED BASED RESEARCH, INCLUDING APPLIED BEHAVIOR ANALYSIS, WHICH IS ALSO  
34 KNOWN AS LOVAAS THERAPY, DISCRETE TRIAL TRAINING, PIVOTAL RESPONSE TRAINING,  
35 INTENSIVE INTERVENTION PROGRAMS AND EARLY INTENSIVE BEHAVIORAL INTERVENTION.

36 3. "MEDICAL DOCTOR" MEANS A PHYSICIAN WHO IS LICENSED PURSUANT TO  
37 TITLE 32, CHAPTER 13 OR 17.

38 4. "SMALL EMPLOYER" HAS THE SAME MEANING PRESCRIBED IN SECTION  
39 20-2301.

40 Sec. 4. Short title

41 This act shall be known as "Steven's Law".

42 Sec. 5. Applicability

43 This act applies to contracts, policies and evidences of coverage  
44 issued or renewed from and after June 30, 2009.