

HOUSE SUBSTITUTE FOR
SENATE BILL NO. 415

A bill to amend 1956 PA 218, entitled
"The insurance code of 1956,"
(MCL 500.100 to 500.8302) by adding section 3406s.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 3406S. (1) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION,
2 AN EXPENSE-INCURRED HOSPITAL, MEDICAL, OR SURGICAL GROUP OR
3 INDIVIDUAL POLICY OR CERTIFICATE DELIVERED, ISSUED FOR DELIVERY, OR
4 RENEWED IN THIS STATE AND A HEALTH MAINTENANCE ORGANIZATION GROUP
5 OR INDIVIDUAL CONTRACT SHALL PROVIDE COVERAGE FOR THE DIAGNOSIS OF
6 AUTISM SPECTRUM DISORDERS AND TREATMENT OF AUTISM SPECTRUM
7 DISORDERS. AN INSURER AND A HEALTH MAINTENANCE ORGANIZATION SHALL
8 NOT DO ANY OF THE FOLLOWING:
9 (A) TERMINATE COVERAGE OR REFUSE TO DELIVER, EXECUTE, ISSUE,
10 AMEND, ADJUST, OR RENEW COVERAGE SOLELY BECAUSE AN INDIVIDUAL IS

1 DIAGNOSED WITH, OR HAS RECEIVED TREATMENT FOR, AN AUTISM SPECTRUM
2 DISORDER.

3 (B) LIMIT THE NUMBER OF VISITS AN INSURED OR ENROLLEE MAY USE
4 FOR TREATMENT OF AUTISM SPECTRUM DISORDERS COVERED UNDER THIS
5 SECTION.

6 (C) DENY OR LIMIT COVERAGE UNDER THIS SECTION ON THE BASIS
7 THAT TREATMENT IS EDUCATIONAL OR HABILITATIVE IN NATURE.

8 (D) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBDIVISION, SUBJECT
9 COVERAGE UNDER THIS SECTION TO DOLLAR LIMITS, COPAYS, DEDUCTIBLES,
10 OR COINSURANCE PROVISIONS THAT DO NOT APPLY TO PHYSICAL ILLNESS
11 GENERALLY. COVERAGE UNDER THIS SECTION FOR TREATMENT OF AUTISM
12 SPECTRUM DISORDERS MAY BE LIMITED TO AN INSURED OR ENROLLEE THROUGH
13 18 YEARS OF AGE AND MAY BE SUBJECT TO A MAXIMUM ANNUAL BENEFIT AS
14 FOLLOWS:

15 (i) FOR A COVERED INSURED OR ENROLLEE THROUGH 6 YEARS OF AGE,
16 \$50,000.00.

17 (ii) FOR A COVERED INSURED OR ENROLLEE FROM 7 YEARS OF AGE
18 THROUGH 12 YEARS OF AGE, \$40,000.00.

19 (iii) FOR A COVERED INSURED OR ENROLLEE FROM 13 YEARS OF AGE
20 THROUGH 18 YEARS OF AGE, \$30,000.00.

21 (2) THIS SECTION DOES NOT LIMIT BENEFITS THAT ARE OTHERWISE
22 AVAILABLE TO AN INSURED OR ENROLLEE UNDER A POLICY, CONTRACT, OR
23 CERTIFICATE. AN INSURER OR HEALTH MAINTENANCE ORGANIZATION SHALL
24 UTILIZE EVIDENCE-BASED CARE AND MANAGED CARE COST-CONTAINMENT
25 PRACTICES PURSUANT TO THE INSURER'S OR HEALTH MAINTENANCE
26 ORGANIZATION'S PROCEDURES SO LONG AS THAT CARE AND THOSE PRACTICES
27 ARE CONSISTENT WITH THIS SECTION. THE COVERAGE UNDER THIS SECTION

1 MAY BE SUBJECT TO OTHER GENERAL EXCLUSIONS AND LIMITATIONS OF THE
2 POLICY, CONTRACT, OR CERTIFICATE, INCLUDING, BUT NOT LIMITED TO,
3 COORDINATION OF BENEFITS, PARTICIPATING PROVIDER REQUIREMENTS,
4 RESTRICTIONS ON SERVICES PROVIDED BY FAMILY OR HOUSEHOLD MEMBERS,
5 UTILIZATION REVIEW OF HEALTH CARE SERVICES INCLUDING REVIEW OF
6 MEDICAL NECESSITY, CASE MANAGEMENT, AND OTHER MANAGED CARE
7 PROVISIONS.

8 (3) IF AN INSURED OR ENROLLEE IS RECEIVING TREATMENT FOR AN
9 AUTISM SPECTRUM DISORDER, AN INSURER OR HEALTH MAINTENANCE
10 ORGANIZATION MAY, AS A CONDITION TO PROVIDING THE COVERAGE UNDER
11 THIS SECTION, DO ALL OF THE FOLLOWING:

12 (A) REQUIRE A REVIEW OF THAT TREATMENT CONSISTENT WITH CURRENT
13 PROTOCOLS AND MAY REQUIRE A TREATMENT PLAN. IF REQUESTED BY THE
14 INSURER OR HEALTH MAINTENANCE ORGANIZATION, THE COST OF TREATMENT
15 REVIEW SHALL BE BORNE BY THE INSURER OR HEALTH MAINTENANCE
16 ORGANIZATION.

17 (B) REQUEST THE RESULTS OF THE AUTISM DIAGNOSTIC OBSERVATION
18 SCHEDULE THAT HAS BEEN USED IN THE DIAGNOSIS OF AN AUTISM SPECTRUM
19 DISORDER FOR THAT INSURED OR ENROLLEE.

20 (C) REQUEST THAT THE AUTISM DIAGNOSTIC OBSERVATION SCHEDULE BE
21 PERFORMED ON THAT INSURED OR ENROLLEE NOT MORE FREQUENTLY THAN ONCE
22 EVERY 3 YEARS.

23 (D) REQUEST THAT AN ANNUAL DEVELOPMENT EVALUATION BE CONDUCTED
24 AND THE RESULTS OF THAT ANNUAL DEVELOPMENT EVALUATION BE SUBMITTED
25 TO THE INSURER OR HEALTH MAINTENANCE ORGANIZATION.

26 (4) BEGINNING JANUARY 1, 2014, A QUALIFIED HEALTH PLAN OFFERED
27 THROUGH AN AMERICAN HEALTH BENEFIT EXCHANGE ESTABLISHED IN THIS

1 STATE PURSUANT TO THE FEDERAL ACT IS NOT REQUIRED TO PROVIDE
2 COVERAGE UNDER THIS SECTION TO THE EXTENT THAT IT EXCEEDS COVERAGE
3 THAT IS INCLUDED IN THE ESSENTIAL HEALTH BENEFITS AS REQUIRED
4 PURSUANT TO THE FEDERAL ACT. AS USED IN THIS SUBSECTION, "FEDERAL
5 ACT" MEANS THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT,
6 PUBLIC LAW 111-148, AS AMENDED BY THE FEDERAL HEALTH CARE AND
7 EDUCATION RECONCILIATION ACT OF 2010, PUBLIC LAW 111-152, AND ANY
8 REGULATIONS PROMULGATED UNDER THOSE ACTS.

9 (5) THIS SECTION DOES NOT APPLY TO A SHORT-TERM OR 1-TIME
10 LIMITED DURATION POLICY OR CERTIFICATE OF NO LONGER THAN 6 MONTHS
11 AS DESCRIBED IN SECTION 2213B.

12 (6) THIS SECTION DOES NOT REQUIRE THE COVERAGE OF PRESCRIPTION
13 DRUGS AND RELATED SERVICES UNLESS THE INSURED OR ENROLLEE IS
14 COVERED BY A PRESCRIPTION DRUG PLAN. THIS SECTION DOES NOT REQUIRE
15 AN INSURER OR HEALTH MAINTENANCE ORGANIZATION TO PROVIDE COVERAGE
16 FOR AUTISM SPECTRUM DISORDERS TO AN INSURED OR ENROLLEE UNDER MORE
17 THAN 1 OF ITS POLICIES, CERTIFICATES, OR CONTRACTS. IF AN INSURED
18 OR ENROLLEE HAS MORE THAN 1 POLICY, CERTIFICATE, OR CONTRACT THAT
19 COVERS AUTISM SPECTRUM DISORDERS, THE BENEFITS PROVIDED ARE SUBJECT
20 TO THE LIMITS OF THIS SECTION WHEN COORDINATING BENEFITS.

21 (7) AS USED IN THIS SECTION:

22 (A) "APPLIED BEHAVIOR ANALYSIS" MEANS THE DESIGN,
23 IMPLEMENTATION, AND EVALUATION OF ENVIRONMENTAL MODIFICATIONS,
24 USING BEHAVIORAL STIMULI AND CONSEQUENCES, TO PRODUCE SIGNIFICANT
25 IMPROVEMENT IN HUMAN BEHAVIOR, INCLUDING THE USE OF DIRECT
26 OBSERVATION, MEASUREMENT, AND FUNCTIONAL ANALYSIS OF THE
27 RELATIONSHIP BETWEEN ENVIRONMENT AND BEHAVIOR.

1 (B) "AUTISM DIAGNOSTIC OBSERVATION SCHEDULE" MEANS THE
2 PROTOCOL AVAILABLE THROUGH WESTERN PSYCHOLOGICAL SERVICES FOR
3 DIAGNOSING AND ASSESSING AUTISM SPECTRUM DISORDERS OR ANY OTHER
4 STANDARDIZED DIAGNOSTIC MEASURE FOR AUTISM SPECTRUM DISORDERS THAT
5 IS APPROVED BY THE COMMISSIONER, IF THE COMMISSIONER DETERMINES
6 THAT THE DIAGNOSTIC MEASURE IS RECOGNIZED BY THE HEALTH CARE
7 INDUSTRY AND IS AN EVIDENCE-BASED DIAGNOSTIC TOOL.

8 (C) "AUTISM SPECTRUM DISORDERS" MEANS ANY OF THE FOLLOWING
9 PERVASIVE DEVELOPMENTAL DISORDERS AS DEFINED BY THE DIAGNOSTIC AND
10 STATISTICAL MANUAL:

11 (i) AUTISTIC DISORDER.

12 (ii) ASPERGER'S DISORDER.

13 (iii) PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED.

14 (D) "BEHAVIORAL HEALTH TREATMENT" MEANS EVIDENCE-BASED
15 COUNSELING AND TREATMENT PROGRAMS, INCLUDING APPLIED BEHAVIOR
16 ANALYSIS, THAT MEET BOTH OF THE FOLLOWING REQUIREMENTS:

17 (i) ARE NECESSARY TO DEVELOP, MAINTAIN, OR RESTORE, TO THE
18 MAXIMUM EXTENT PRACTICABLE, THE FUNCTIONING OF AN INDIVIDUAL.

19 (ii) ARE PROVIDED OR SUPERVISED BY A BOARD CERTIFIED BEHAVIOR
20 ANALYST OR A LICENSED PSYCHOLOGIST SO LONG AS THE SERVICES
21 PERFORMED ARE COMMENSURATE WITH THE PSYCHOLOGIST'S FORMAL
22 UNIVERSITY TRAINING AND SUPERVISED EXPERIENCE.

23 (E) "DIAGNOSIS OF AUTISM SPECTRUM DISORDERS" MEANS
24 ASSESSMENTS, EVALUATIONS, OR TESTS, INCLUDING THE AUTISM DIAGNOSTIC
25 OBSERVATION SCHEDULE, PERFORMED BY A LICENSED PHYSICIAN OR A
26 LICENSED PSYCHOLOGIST TO DIAGNOSE WHETHER AN INDIVIDUAL HAS 1 OF
27 THE AUTISM SPECTRUM DISORDERS.

1 (F) "DIAGNOSTIC AND STATISTICAL MANUAL" OR "DSM" MEANS THE
2 DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS PUBLISHED BY
3 THE AMERICAN PSYCHIATRIC ASSOCIATION OR OTHER MANUAL THAT CONTAINS
4 COMMON LANGUAGE AND STANDARD CRITERIA FOR THE CLASSIFICATION OF
5 MENTAL DISORDERS AND THAT IS APPROVED BY THE COMMISSIONER, IF THE
6 COMMISSIONER DETERMINES THAT THE MANUAL IS RECOGNIZED BY THE HEALTH
7 CARE INDUSTRY AND THE CLASSIFICATION OF MENTAL DISORDERS IS AT
8 LEAST AS COMPREHENSIVE AS THE MANUAL PUBLISHED BY THE AMERICAN
9 PSYCHIATRIC ASSOCIATION ON THE EFFECTIVE DATE OF THIS SECTION.

10 (G) "PHARMACY CARE" MEANS MEDICATIONS PRESCRIBED BY A LICENSED
11 PHYSICIAN AND RELATED SERVICES PERFORMED BY A LICENSED PHARMACIST
12 AND ANY HEALTH-RELATED SERVICES CONSIDERED MEDICALLY NECESSARY TO
13 DETERMINE THE NEED OR EFFECTIVENESS OF THE MEDICATIONS.

14 (H) "PSYCHIATRIC CARE" MEANS EVIDENCE-BASED DIRECT OR
15 CONSULTATIVE SERVICES PROVIDED BY A PSYCHIATRIST LICENSED IN THE
16 STATE IN WHICH THE PSYCHIATRIST PRACTICES.

17 (I) "PSYCHOLOGICAL CARE" MEANS EVIDENCE-BASED DIRECT OR
18 CONSULTATIVE SERVICES PROVIDED BY A PSYCHOLOGIST LICENSED IN THE
19 STATE IN WHICH THE PSYCHOLOGIST PRACTICES.

20 (J) "THERAPEUTIC CARE" MEANS EVIDENCE-BASED SERVICES PROVIDED
21 BY A LICENSED OR CERTIFIED SPEECH THERAPIST, OCCUPATIONAL
22 THERAPIST, PHYSICAL THERAPIST, OR SOCIAL WORKER.

23 (K) "TREATMENT OF AUTISM SPECTRUM DISORDERS" MEANS EVIDENCE-
24 BASED TREATMENT THAT INCLUDES THE FOLLOWING CARE PRESCRIBED OR
25 ORDERED FOR AN INDIVIDUAL DIAGNOSED WITH 1 OF THE AUTISM SPECTRUM
26 DISORDERS BY A LICENSED PHYSICIAN OR A LICENSED PSYCHOLOGIST WHO
27 DETERMINES THE CARE TO BE MEDICALLY NECESSARY:

1 (i) BEHAVIORAL HEALTH TREATMENT.

2 (ii) PHARMACY CARE.

3 (iii) PSYCHIATRIC CARE.

4 (iv) PSYCHOLOGICAL CARE.

5 (v) THERAPEUTIC CARE.

6 (l) "TREATMENT PLAN" MEANS A WRITTEN, COMPREHENSIVE, AND
7 INDIVIDUALIZED INTERVENTION PLAN THAT INCORPORATES SPECIFIC
8 TREATMENT GOALS AND OBJECTIVES AND THAT IS DEVELOPED BY A BOARD
9 CERTIFIED OR LICENSED PROVIDER WHO HAS THE APPROPRIATE CREDENTIALS
10 AND WHO IS OPERATING WITHIN HIS OR HER SCOPE OF PRACTICE, WHEN THE
11 TREATMENT OF AN AUTISM SPECTRUM DISORDER IS FIRST PRESCRIBED OR
12 ORDERED BY A LICENSED PHYSICIAN OR LICENSED PSYCHOLOGIST AS
13 DESCRIBED IN SUBDIVISION (K).

14 Enacting section 1. This amendatory act applies to policies,
15 certificates, and contracts delivered, executed, issued, amended,
16 adjusted, or renewed in this state, or outside of this state if
17 covering residents of this state, beginning 180 days after the date
18 this amendatory act is enacted into law.

19 Enacting section 2. This amendatory act does not take effect
20 unless all of the following bills of the 96th Legislature are
21 enacted into law:

22 (a) Senate Bill No. 414.

23 (b) Senate Bill No. 981.