

A bill for an act
relating to insurance; requiring coverage for autism spectrum disorders;
proposing coding for new law in Minnesota Statutes, chapter 62A.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[62A.3094] COVERAGE FOR AUTISM SPECTRUM DISORDERS.**

Subdivision 1. Definitions. (a) For purposes of this section, the terms defined in paragraphs (b) to (e) have the meanings given.

(b) "Autism spectrum disorders" means one or more of the following conditions as determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

(1) autism or autistic disorder;

(2) Asperger's syndrome; or

(3) pervasive developmental disorder - not otherwise specified.

(c) "Health plan" has the meaning given in section 62Q.01, subdivision 3.

(d) "Medically necessary care" means health care services appropriate, in terms of type, frequency, level, setting, and duration, to the enrollee's condition, and diagnostic testing and preventative services. Medically necessary care must be consistent with generally accepted practice parameters as determined by physicians and licensed psychologists who typically manage patients who have autism spectrum disorders.

Medically necessary care includes, but is not limited to, the following:

(1) evaluation and assessment services;

(2) applied behavior analysis;

(3) behavior services, instruction, and management;

(4) speech therapy;

(5) occupational therapy;

(6) physical therapy; and

(7) medications.

(e) "Mental health professional" has the meaning given in section 245.4871, subdivision 27.

Subd. 2. **Coverage required.** (a) A health plan must provide coverage for the diagnosis, evaluation, and medically necessary care of autism spectrum disorders.

(b) Coverage required under this section shall include treatment that is in accordance with a treatment plan prescribed by the insured's treating physician or mental health professional.

(c) A health plan may not refuse to renew or reissue, or otherwise terminate or restrict, coverage of an individual solely because the individual is diagnosed with an autism spectrum disorder.

(d) A health plan may request an updated treatment plan only once every six months, unless the health plan and the treating physician or mental health professional agree that a more frequent review is necessary due to emerging circumstances.

Subd. 3. **No effect on other law.** Nothing in this section limits in any way the coverage required under section 62Q.47.

EFFECTIVE DATE. This section is effective August 1, 2009, and applies to coverage offered; issued; sold; renewed; or continued as defined in Minnesota Statutes, section 60A.02, subdivision 2a; on or after that date.