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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. **3660**

02/21/2022

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The bill was read for the first time and referred to the Committee on Commerce Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to insurance; modifying coverage for autism spectrum disorder; amending
- 1.3 Minnesota Statutes 2020, section 62A.3094, subdivision 2.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. Minnesota Statutes 2020, section 62A.3094, subdivision 2, is amended to read:
- 1.6 Subd. 2. **Coverage required.** (a) A health plan issued to a large employer, as defined
- 1.7 in section 62Q.18, subdivision 1, must provide coverage for the diagnosis, evaluation,
- 1.8 multidisciplinary assessment, and medically necessary care of ~~children under 18~~ individuals
- 1.9 with autism spectrum disorders, including but not limited to the following:
- 1.10 (1) any early intensive behavioral and developmental therapy based in behavioral and
- 1.11 developmental science, including, but not limited to, all types of: (i) applied behavior
- 1.12 analysis; (ii) intensive early intervention behavior therapy; (iii) and intensive behavior
- 1.13 intervention; (iv) social communication, emotional regulation, and transactional support
- 1.14 (SCERTS); and (v) floortime;
- 1.15 (2) neurodevelopmental and behavioral health treatments and management;
- 1.16 (3) speech therapy;
- 1.17 (4) occupational therapy;
- 1.18 (5) physical therapy; ~~and~~
- 1.19 (6) play therapy;
- 1.20 (7) art therapy;
- 1.21 (8) music therapy; and

2.1 ~~(6)~~ (9) medications.

2.2 (b) The diagnosis, evaluation, and assessment must include an assessment of the child's
2.3 developmental skills, functional behavior, needs, and capacities.

2.4 (c) The coverage required under this subdivision must include treatment that is in
2.5 accordance with an individualized treatment plan prescribed by the enrollee's treating
2.6 physician or mental health professional.

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

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

2.13 (f) An independent progress evaluation conducted by a mental health professional with
2.14 expertise and training in autism spectrum disorder and child development must be completed
2.15 to determine if progress toward function and generalizable gains, as determined in the
2.16 treatment plan, is being made.