

As Introduced

**128th General Assembly
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H. B. No. 8

Representatives Celeste, Garland

**Cosponsors: Representatives Okey, Harris, Dyer, Foley, Lundy, Harwood,
Koziura, Stebelton, Hagan, Skindell, Stewart, Heard, Mallory, DeBose, Patten,
Pryor, Yuko, Pillich, Newcomb, Murray, Phillips, Winburn, Letson, Bolon,
Luckie, Williams, B., Slesnick**

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A B I L L

To amend section 1739.05 and to enact sections 1
1751.68 and 3923.84 of the Revised Code to 2
prohibit health insurers from excluding coverage 3
for specified services for individuals diagnosed 4
with an autism spectrum disorder. 5

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 1739.05 be amended and sections 6
1751.68 and 3923.84 of the Revised Code be enacted to read as 7
follows: 8

Sec. 1739.05. (A) A multiple employer welfare arrangement 9
that is created pursuant to sections 1739.01 to 1739.22 of the 10
Revised Code and that operates a group self-insurance program may 11
be established only if any of the following applies: 12

(1) The arrangement has and maintains a minimum enrollment of 13
three hundred employees of two or more employers. 14

(2) The arrangement has and maintains a minimum enrollment of 15

three hundred self-employed individuals. 16

(3) The arrangement has and maintains a minimum enrollment of 17
three hundred employees or self-employed individuals in any 18
combination of divisions (A)(1) and (2) of this section. 19

(B) A multiple employer welfare arrangement that is created 20
pursuant to sections 1739.01 to 1739.22 of the Revised Code and 21
that operates a group self-insurance program shall comply with all 22
laws applicable to self-funded programs in this state, including 23
sections 3901.04, 3901.041, 3901.19 to 3901.26, 3901.38, 3901.381 24
to 3901.3814, 3901.40, 3901.45, 3901.46, 3902.01 to 3902.14, 25
3923.282, 3923.30, 3923.301, 3923.38, 3923.581, 3923.63, 3923.80, 26
3923.84, 3924.031, 3924.032, and 3924.27 of the Revised Code. 27

(C) A multiple employer welfare arrangement created pursuant 28
to sections 1739.01 to 1739.22 of the Revised Code shall solicit 29
enrollments only through agents or solicitors licensed pursuant to 30
Chapter 3905. of the Revised Code to sell or solicit sickness and 31
accident insurance. 32

(D) A multiple employer welfare arrangement created pursuant 33
to sections 1739.01 to 1739.22 of the Revised Code shall provide 34
benefits only to individuals who are members, employees of 35
members, or the dependents of members or employees, or are 36
eligible for continuation of coverage under section 1751.53 or 37
3923.38 of the Revised Code or under Title X of the "Consolidated 38
Omnibus Budget Reconciliation Act of 1985," 100 Stat. 227, 29 39
U.S.C.A. 1161, as amended. 40

Sec. 1751.68. (A) Notwithstanding section 3901.71 of the 41
Revised Code, no health insuring corporation policy, contract, or 42
agreement that provides basic health care services that is 43
delivered, issued for delivery, or renewed in this state shall 44
exclude coverage for any of the following services when those 45
services are medically necessary and are prescribed, provided, or 46

ordered for an individual diagnosed with an autism spectrum disorder by a health care professional licensed or certified under the laws of this state to prescribe, provide, or order such services: 47
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(1) Habilitative or rehabilitative care; 51

(2) Pharmacy care; 52

(3) Psychiatric care; 53

(4) Psychological care; 54

(5) Therapeutic care; 55

(6) Counseling services; 56

(7) Any additional treatments or therapies adopted by the director of health pursuant to division (H)(4) of section 3923.84 of the Revised Code. 57
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(B) Coverage provided under this section shall not be subject to any limits on the number or duration of visits an individual may make to any autism service provider. 60
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(C) Coverage provided under this section may be subject to any copayment, deductible, and coinsurance provisions of the policy, contract, or agreement to the extent that other medical services covered by the health benefit plan are subject to those provisions. 63
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(D) Not more than once every twelve months, a health insuring corporation may request a review of any treatment provided under this section except inpatient services unless the insured's licensed physician or licensed psychologist agrees that more frequent review is necessary. The health insuring corporation shall pay for any review requested under this division. 68
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(E) This section shall not be construed as limiting benefits otherwise available under an individual's policy, contract, or 74
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agreement. 76

(F) This section shall not be construed as affecting any 77
obligation to provide services to an individual under an 78
individualized family service plan developed under 20 U.S.C. 1436 79
or individualized service plan developed under section 5126.31 of 80
the Revised Code, or affecting the duty of a public school to 81
provide a child with a disability with a free appropriate public 82
education under the "Individuals with Disabilities Education 83
Improvement Act of 2004," 20 U.S.C. 1400 et seq., as amended, and 84
Chapter 3323. of the Revised Code. 85

(G) As used in this section: 86

(1) "Applied behavior analysis" means the design, 87
implementation, and evaluation of environmental modifications 88
using behavioral stimuli and consequences to produce socially 89
significant improvement in human behavior, including, but not 90
limited to, the use of direct observation, measurement, and 91
functional analysis of the relationship between environment and 92
behavior. 93

(2) "Autism services provider" means any person that provides 94
treatment of autism spectrum disorders. 95

(3) "Autism spectrum disorder" means any of the pervasive 96
developmental disorders as defined by the most recent edition of 97
the diagnostic and statistical manual of mental disorders, 98
published by the American psychiatric association, or if that 99
manual is no longer published, a similar diagnostic manual. Autism 100
spectrum disorders includes, but is not limited to, autistic 101
disorder, Asperger's disorder, Rett's disorder, childhood 102
disintegrative disorder, and pervasive developmental disorder. 103

(4) "Diagnosis of autism spectrum disorders" means medically 104
necessary assessments, evaluations, or tests, including but not 105
limited to genetic and psychological tests to determine whether an 106

individual has an autism spectrum disorder. 107

(5) "Habilitative or rehabilitative care" means professional, 108
counseling, and guidance services and treatment programs, 109
including applied behavior analysis, that are necessary to 110
develop, maintain, or restore the functioning of an individual to 111
the maximum extent practicable. 112

(6) "Medically necessary" means the service is based upon 113
evidence; is prescribed, provided, or ordered by a health care 114
professional licensed or certified under the laws of this state to 115
prescribe, provide, or order autism-related services in accordance 116
with accepted standards of practice; and will or is reasonably 117
expected to do any of the following: 118

(a) Prevent the onset of an illness, condition, injury, or 119
disability; 120

(b) Reduce or ameliorate the physical, mental or 121
developmental effects of an illness, condition, injury, or 122
disability; 123

(c) Assist in achieving or maintaining maximum functional 124
capacity for performing daily activities, taking into account both 125
the functional capacity of the individual and the appropriate 126
functional capacities of individuals of the same age. 127

(7) "Pharmacy care" means prescribed medications and any 128
medically necessary health-related services used to determine the 129
need or effectiveness of the medications. 130

(8) "Psychiatric care" means direct or consultative services 131
provided by a psychiatrist licensed in the state in which the 132
psychiatrist practices psychiatry. 133

(9) "Psychological care" means direct or consultative 134
services provided by a psychologist licensed in the state in which 135
the psychologist practices psychology. 136

(10) "Therapeutic care" means services or communication devices provided by a licensed speech-language pathologist, licensed occupational therapist, or licensed physical therapist. 137
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Sec. 3923.84. (A) Notwithstanding section 3901.71 of the Revised Code, no individual or group policy of sickness and accident insurance that is delivered, issued for delivery, or renewed in this state or public employee benefit plan established or modified in this state shall exclude coverage for any of the following services when those services are medically necessary and are prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by a health care professional licensed or certified under the laws of this state to prescribe, provide, or order such services: 140
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(1) Habilitative or rehabilitative care; 150

(2) Pharmacy care; 151

(3) Psychiatric care; 152

(4) Psychological care; 153

(5) Therapeutic care; 154

(6) Counseling services; 155

(7) Any additional treatments or therapies adopted by the director of health pursuant to division (G)(4) of this section. 156
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(B) Coverage provided under this section shall not be subject to any limits on the number or duration of visits an individual may make to any autism service provider. 158
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(C) Coverage provided under this section may be subject to any copayment, deductible, and coinsurance provisions of the health benefit plan to the extent that other medical services covered by the policy or plan are subject to those provisions. 161
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(D) Not more than once every twelve months, an insurer may 165

request a review of any treatment provided under this section 166
except inpatient services unless the insured's licensed physician 167
or licensed psychologist agrees that more frequent review is 168
necessary. The insurer shall pay for any review requested under 169
this division. 170

(E) This section shall not be construed as limiting benefits 171
otherwise available under an individual's health benefit plan. 172

(F) This section shall not be construed as affecting any 173
obligation to provide services to an individual under an 174
individualized family service plan developed under 20 U.S.C. 1436 175
or individualized service plan developed under section 5126.31 of 176
the Revised Code, or affecting the duty of a public school to 177
provide a child with a disability with a free appropriate public 178
education under the "Individuals with Disabilities Education 179
Improvement Act of 2004," 20 U.S.C. 1400 et seq., as amended, and 180
Chapter 3323. of the Revised Code. 181

(G) This section does not apply to the offer or renewal of 182
any individual or group policy of sickness and accident insurance 183
that provides coverage for specific diseases or accidents only, or 184
to any hospital indemnity, medicare supplement, medicare, tricare, 185
long-term care, disability income, one-time limited duration 186
policy of not longer than six months, or other policy that offers 187
only supplemental benefits. 188

(H)(1) The commission on autism spectrum disorders is hereby 189
established as an independent commission in the department of 190
health to investigate and recommend treatments or therapies for 191
autism spectrum disorders that the commission believes should be 192
included in the services that health benefit plans and public 193
employee benefit plans are required to cover under division (A) of 194
this section. 195

(2) The commission shall consist of 10 members appointed by 196

the director of health including at least one licensed physician, 197
licensed psychologist, and parent of an individual diagnosed with 198
an autism spectrum disorder. 199

(3) The commission shall serve at the pleasure of the 200
director. 201

(4) At the recommendation of the commission, the director may 202
adopt rules to include additional treatments or therapies for 203
autism spectrum disorders in the services that health benefit 204
plans and public employee benefit plans are required to cover 205
under division (A) of this section. 206

(I) As used in this section: 207

(1) "Applied behavior analysis" means the design, 208
implementation, and evaluation of environmental modifications 209
using behavioral stimuli and consequences to produce socially 210
significant improvement in human behavior, including, but not 211
limited to, the use of direct observation, measurement, and 212
functional analysis of the relationship between environment and 213
behavior. 214

(2) "Autism services provider" means any person that provides 215
treatment of autism spectrum disorders. 216

(3) "Autism spectrum disorder" means any of the pervasive 217
developmental disorders as defined by the most recent edition of 218
the diagnostic and statistical manual of mental disorders, 219
published by the American psychiatric association, or if that 220
manual is no longer published, a similar diagnostic manual. Autism 221
spectrum disorders includes, but is not limited to, autistic 222
disorder, Asperger's disorder, Rett's disorder, childhood 223
disintegrative disorder, and pervasive developmental disorder. 224

(4) "Diagnosis of autism spectrum disorders" means medically 225
necessary assessments, evaluations, or tests, including but not 226
limited to genetic and psychological tests to determine whether an 227

<u>individual has an autism spectrum disorder.</u>	228
<u>(5) "Habilitative or rehabilitative care" means professional,</u>	229
<u>counseling, and guidance services and treatment programs,</u>	230
<u>including applied behavior analysis, that are necessary to</u>	231
<u>develop, maintain, or restore the functioning of an individual to</u>	232
<u>the maximum extent practicable.</u>	233
<u>(6) "Health benefit plan" has the same meaning as in section</u>	234
<u>3924.01 of the Revised Code.</u>	235
<u>(7) "Medically necessary" means the service is based upon</u>	236
<u>evidence; is prescribed, provided, or ordered by a health care</u>	237
<u>professional licensed or certified under the laws of this state to</u>	238
<u>prescribe, provide, or order autism-related services in accordance</u>	239
<u>with accepted standards of practice; and will or is reasonably</u>	240
<u>expected to do any of the following:</u>	241
<u>(a) Prevent the onset of an illness, condition, injury, or</u>	242
<u>disability;</u>	243
<u>(b) Reduce or ameliorate the physical, mental or</u>	244
<u>developmental effects of an illness, condition, injury, or</u>	245
<u>disability;</u>	246
<u>(c) Assist in achieving or maintaining maximum functional</u>	247
<u>capacity for performing daily activities, taking into account both</u>	248
<u>the functional capacity of the individual and the appropriate</u>	249
<u>functional capacities of individuals of the same age.</u>	250
<u>(8) "Pharmacy care" means prescribed medications and any</u>	251
<u>medically necessary health-related services used to determine the</u>	252
<u>need or effectiveness of the medications.</u>	253
<u>(9) "Psychiatric care" means direct or consultative services</u>	254
<u>provided by a psychiatrist licensed in the state in which the</u>	255
<u>psychiatrist practices psychiatry.</u>	256
<u>(10) "Psychological care" means direct or consultative</u>	257

services provided by a psychologist licensed in the state in which 258
the psychologist practices psychology. 259

(11) "Therapeutic care" means services or communication 260
devices provided by a licensed speech-language pathologist, 261
licensed occupational therapist, or licensed physical therapist. 262

Section 2. That existing section 1739.05 of the Revised Code 263
is hereby repealed. 264