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SENATE . . . . . No. 478

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act providing health care coverage for autism spectrum disorders..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17I the following section:-

Section 17J. (a) The commission shall provide coverage for Autism Spectrum Disorders to any active or retired employee of the commonwealth who is insured under the group insurance commission under the same terms and conditions that apply to other Autism Spectrum Disorders covered under the policy, except as otherwise provided in this section.

(b) In this section, "ASD " shall mean Autism Spectrum Disorders.

(c) Such coverage shall not impose any annual or lifetime dollar maximum on coverage for ASD other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

(d) Such coverage shall not apply amounts paid for ASD to any annual or lifetime dollar maximum applicable to other ASD covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

(e) Such coverage may include a reasonable coinsurance requirement for ASD, not to exceed 20 per cent of the allowable cost of the ASD, unless all covered benefits applying coinsurance under the plan do so at a higher amount. If the policy provides coverage for services from nonparticipating providers, the policy may include a reasonable coinsurance requirement for ASD, not to exceed 40 per cent of the allowable cost of the ASD when obtained from a nonparticipating provider, unless all covered benefits applying coinsurance under the plan do so at a higher amount.

(f) Such coverage may require prior authorization as a condition of coverage for ASD.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 47Z the following section:-

Section 47AA. (a) Any blanket or general policy of insurance, except a blanket or general policy of insurance which provides supplemental coverage to Medicare or other governmental programs, described in subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense insurance and which is issued or subsequently renewed by agreement between the insurer and the policy holder, within or without the commonwealth, during the period this section is effective, or any policy of accident or sickness insurance as described in section 108 which provides hospital expense and surgical expense insurance, except a policy which provides supplemental coverage to Medicare or other governmental programs, and which is delivered or issued for delivery or subsequently renewed by agreement between the insurer and the policy holder in the commonwealth, during the period that this section is effective, or any employees' health and welfare fund which provides hospital expense and surgical expense benefits and which is promulgated or renewed to any person or group of

persons in the commonwealth, while this section is effective, shall provide coverage for ASD under the same terms and conditions that apply to other ASD covered under the policy, except as otherwise provided in this section.

(b) In this section, "ASD" shall mean ASD.

(c) No such policy shall impose any annual or lifetime dollar maximum on coverage for ASD other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

(d) No such policy shall apply amounts paid for ASD to any annual or lifetime dollar maximum applicable to other ASD covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

(e) Any such policy may include a reasonable coinsurance requirement for, not to exceed 20 per cent of the allowable cost of the ASD, unless all covered benefits applying coinsurance under the plan do so at a higher amount. If such policy provides coverage for services from nonparticipating providers, the contract may include a reasonable coinsurance requirement for ASD, not to exceed 40 per cent of the allowable cost of the ASD when obtained from a nonparticipating provider, unless all covered benefits applying coinsurance under the plan do so at a higher amount.

(f) Any such policy may require prior authorization as a condition of coverage for ASD.

(g) Any such policy shall only be required to provide coverage for the most appropriately medically necessary model ASD that adequately meets the needs of the policyholder.

SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 8AAthe following section:-

Section 8BB. (a) A contract between a subscriber and the corporation under an individual or group hospital service plan which provides hospital expense and surgical expense insurance, except contracts providing supplemental coverage to Medicare or other governmental programs, delivered, issued or renewed by agreement between the insurer and the policyholder, within or without the commonwealth, shall provide benefits to all individual subscribers and members within the commonwealth and to all group members having a principal place of employment within the commonwealth for coverage for ASD. If ASD are covered as a durable medical equipment benefit ASD, coverage shall be provided under the same terms and conditions that apply to other durable medical equipment covered under the contract, except as otherwise provided in this section. If ASD are covered as a stand-alone benefit, coverage shall be consistent with the terms and conditions as described in this section.

(b) In this section, "ASD" shall mean ASD.

(c) No such contract shall impose any annual or lifetime dollar maximum on coverage for ASD other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the contract.

(d) No such contract shall apply amounts paid for ASD to any annual or lifetime dollar maximum applicable to other durable medical equipment ASD covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the contract.

(e) Any such contract may include a reasonable coinsurance requirement for ASD, not to exceed 20 per cent of the allowable cost of the ASD, unless all covered benefits applying coinsurance under the plan do so at a higher amount. If the contract provides coverage for services from nonparticipating providers, the contract may include a reasonable coinsurance requirement for ASD, not to exceed 40 per cent of the allowable cost of the ASD when obtained from a nonparticipating provider, unless all covered benefits applying coinsurance under the plan do so at a higher amount.

(f) Any such contract may require prior authorization as a condition of coverage for ASD.

(g) Any such contract shall only be required to provide coverage for the most appropriate medically necessary model ASD that adequately meets the medical needs of the policyholder.

SECTION 4. Chapter 176B of the General Laws is hereby amended by inserting after section 4ZAA the following section:-

Section 4BB. (a) Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs that shall be delivered, issued or renewed within the commonwealth shall provide, as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth, coverage for ASD. If ASD are covered as a durable medical equipment benefit ASD, coverage shall be provided under the same terms and conditions that apply to other durable medical equipment ASD covered under the policy, except as otherwise provided in this section. If ASD

are covered as a ASD, coverage shall be consistent with the terms and conditions as described in this section.

(b) In this section, "ASD" shall mean an ASD.

(c) No such certificate shall impose any annual or lifetime dollar maximum on coverage for ASD other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the certificate.

(d) No such certificate shall apply amounts paid for ASD to any annual or lifetime dollar maximum applicable to other durable medical equipment ASD covered under the certificate other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the certificate.

(e) Any such certificate may include a reasonable coinsurance requirement for ASD, not to exceed 20 per cent of the allowable cost of ASD, unless all covered benefits applying coinsurance under the plan do so at a higher amount. If the certificate provides coverage for services from nonparticipating providers, the contract may include a reasonable coinsurance requirement for ASD, not to exceed 40 per cent of the allowable cost of ASD when obtained from a nonparticipating provider, unless all covered benefits applying coinsurance under the plan do so at a higher amount.

(f) Any such certificate may require prior authorization as a condition of coverage for ASD.

(g) Any such contract shall only be required to provide coverage for the most appropriate medically necessary model ASD that adequately meets the medical needs of the policyholder.

SECTION 5. Chapter 176G of the General Laws is hereby amended by inserting after section 4S the following section:-

Section 4T. (a) Individual and group health maintenance contracts shall provide coverage for ASD. If ASD are covered as a durable medical equipment benefit ASD, coverage shall be provided under the same terms and conditions that apply to other durable medical equipment ASD covered under the contracts, except as otherwise provided in this section. ASD are covered as coverage shall be consistent with the terms and conditions as described in this section.

(b) In this section, "ASD" shall mean an Autism Spectrum Disorder.

(c) A health maintenance contract shall not impose any annual or lifetime dollar maximum on coverage for other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the contract.

(d) A health maintenance contract shall not apply amounts paid for to any annual or lifetime dollar maximum applicable to other durable medical equipment covered under the contract other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the contract.

(e) A health maintenance contract may include a reasonable coinsurance requirement for , not to exceed 20 per cent of the allowable cost of the , unless all covered benefits applying coinsurance under the plan do so at a higher amount. If the health maintenance contract provides coverage for services from nonparticipating providers, the contract may include a reasonable coinsurance requirement for , not to exceed 40 per cent of the allowable cost of the when

obtained from a nonparticipating provider, unless all covered benefits applying coinsurance under the plan do so at a higher amount.

(f) A health maintenance contract may require prior authorization as a condition of coverage for.

(g) A health maintenance contract shall only be required to provide coverage for the most appropriate medically necessary model that adequately meets the medical needs of the policyholder.

SECTION 6. This act shall apply to all policies, contracts, agreements, plans or certificates of insurance issued or delivered within the commonwealth on or after January 1, 2007, or upon renewal to all policies, contracts, agreements, plans or certificates of insurance in effect before January 1, 2007.