

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 605

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DATE	D-PG	OFFICIAL STATUS
02/05/2015	219	Introduction and first reading Referred to Commerce

1.1 A bill for an act
 1.2 relating to insurance; modifying insurance coverage for autism spectrum
 1.3 disorder; amending Minnesota Statutes 2014, section 62A.3094, subdivision 2.
 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. Minnesota Statutes 2014, section 62A.3094, subdivision 2, is amended to
 1.6 read:

1.7 Subd. 2. **Coverage required.** (a) A health plan issued to a large employer, as
 1.8 defined in section ~~62Q.18~~ 62Q.01, subdivision ~~1~~ 3, must provide coverage for the
 1.9 diagnosis, evaluation, multidisciplinary assessment, and medically necessary care of
 1.10 ~~children~~ a child under age 18 with an autism spectrum ~~disorders~~ disorder, including but
 1.11 not limited to the following:

1.12 (1) early intensive behavioral and developmental therapy based in behavioral and
 1.13 developmental science, including, but not limited to, all types of applied behavior analysis,
 1.14 intensive early intervention behavior therapy, and intensive behavior intervention;

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) medications.

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

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

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

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

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

2.11 **EFFECTIVE DATE.** This section is effective January 1, 2016, and applies to
2.12 coverage offered, sold, issued, or renewed on or after that date.