



Sen. Don Harmon

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1 AMENDMENT TO SENATE BILL 679

2 AMENDMENT NO. _____. Amend Senate Bill 679 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.14 as follows:

6 (215 ILCS 5/356z.14)

7 Sec. 356z.14. Autism spectrum disorders.

8 (a) A group or individual policy of accident and health
9 insurance or managed care plan amended, delivered, issued, or
10 renewed after the effective date of this amendatory Act of the
11 95th General Assembly must provide individuals under 21 years
12 of age coverage for the diagnosis of autism spectrum disorders
13 and for the treatment of autism spectrum disorders to the
14 extent that the diagnosis and treatment of autism spectrum
15 disorders are not already covered by the policy of accident and
16 health insurance or managed care plan.

1 (b) Coverage provided under this Section shall be subject
2 to a maximum benefit of \$36,000 per year, but shall not be
3 subject to any limits on the number of visits to a service
4 provider. After December 30, 2009, the Director of the Division
5 of Insurance shall, on an annual basis, adjust the maximum
6 benefit for inflation using the Medical Care Component of the
7 United States Department of Labor Consumer Price Index for All
8 Urban Consumers. Payments made by an insurer on behalf of a
9 covered individual for any care, treatment, intervention,
10 service, or item, the provision of which was for the treatment
11 of a health condition not diagnosed as an autism spectrum
12 disorder, shall not be applied toward any maximum benefit
13 established under this subsection.

14 (c) Coverage under this Section shall be subject to
15 copayment, deductible, and coinsurance provisions of a policy
16 of accident and health insurance or managed care plan to the
17 extent that other medical services covered by the policy of
18 accident and health insurance or managed care plan are subject
19 to these provisions.

20 (d) This Section shall not be construed as limiting
21 benefits that are otherwise available to an individual under a
22 policy of accident and health insurance or managed care plan
23 and benefits provided under this Section may not be subject to
24 dollar limits, deductibles, copayments, or coinsurance
25 provisions that are less favorable to the insured than the
26 dollar limits, deductibles, or coinsurance provisions that

1 apply to physical illness generally.

2 (e) An insurer may not deny or refuse to provide otherwise
3 covered services, or refuse to renew, refuse to reissue, or
4 otherwise terminate or restrict coverage under an individual
5 contract to provide services to an individual because the
6 individual or their dependent is diagnosed with an autism
7 spectrum disorder or due to the individual utilizing benefits
8 in this Section.

9 (f) Upon request of the reimbursing insurer, a provider of
10 treatment for autism spectrum disorders shall furnish medical
11 records, clinical notes, or other necessary data that
12 substantiate that initial or continued medical treatment is
13 medically necessary and is resulting in improved clinical
14 status. When treatment is anticipated to require continued
15 services to achieve demonstrable progress, the insurer may
16 request a treatment plan consisting of diagnosis, proposed
17 treatment by type, frequency, anticipated duration of
18 treatment, the anticipated outcomes stated as goals, and the
19 frequency by which the treatment plan will be updated.

20 (g) When making a determination of medical necessity for a
21 treatment modality for autism spectrum disorders, an insurer
22 must make the determination in a manner that is consistent with
23 the manner used to make that determination with respect to
24 other diseases or illnesses covered under the policy, including
25 an appeals process. During the appeals process, any challenge
26 to medical necessity must be viewed as reasonable only if the

1 review includes a physician with expertise in the most current
2 and effective treatment modalities for autism spectrum
3 disorders.

4 (h) Coverage for medically necessary early intervention
5 services must be delivered by certified early intervention
6 specialists, as defined in 89 Ill. Admin. Code 500 and any
7 subsequent amendments thereto.

8 (h-5) If an individual has been diagnosed as having an
9 autism spectrum disorder, meeting the diagnostic criteria in
10 place at the time of diagnosis, and treatment is determined
11 medically necessary, then that individual shall remain
12 eligible for coverage under this Section even if subsequent
13 changes to diagnostic criteria are adopted.

14 (h-10) Scientific investigations have determined that
15 co-existing pathophysiological conditions can occur with
16 autism, including seizure disorders, immune dysregulation,
17 allergies, gastrointestinal disturbances, neuroinflammation,
18 mitochondrial dysfunction, and metabolic disturbances.
19 Accurate assessment, testing, diagnosis, and treatment of
20 underlying and co-existing medical conditions should be
21 considered for persons with autism spectrum disorders and may
22 incorporate findings developed from emerging biological
23 science and clinical research.

24 (i) As used in this Section:

25 "Autism spectrum disorders" means a heterogenous group of
26 neurobiological disorders, including autism, regressive

1 autism, Asperger syndrome, and pervasive developmental
2 disorders not otherwise specified ~~pervasive developmental~~
3 ~~disorders as defined in the most recent edition of the~~
4 ~~Diagnostic and Statistical Manual of Mental Disorders,~~
5 ~~including autism, Asperger's disorder, and pervasive~~
6 ~~developmental disorder not otherwise specified.~~

7 "Diagnosis of autism spectrum disorders" means one or more
8 tests, evaluations, or assessments to diagnose whether an
9 individual has autism spectrum disorder that is prescribed,
10 performed, or ordered by (A) a physician licensed to practice
11 medicine in all its branches or (B) a licensed clinical
12 psychologist with expertise in diagnosing autism spectrum
13 disorders.

14 "Medically necessary" means any care, treatment,
15 intervention, service or item which will or is reasonably
16 expected to do any of the following: (i) prevent the onset of
17 an illness, condition, injury, disease or disability; (ii)
18 reduce or ameliorate the physical, mental or developmental
19 effects of an illness, condition, injury, disease or
20 disability; or (iii) assist to achieve or maintain maximum
21 functional activity in performing daily activities.

22 "Treatment for autism spectrum disorders" shall include
23 the following care prescribed, provided, or ordered for an
24 individual diagnosed with an autism spectrum disorder by (A) a
25 physician licensed to practice medicine in all its branches or
26 (B) a certified, registered, or licensed health care

1 professional with expertise in treating effects of autism
2 spectrum disorders when the care is determined to be medically
3 necessary and ordered by a physician licensed to practice
4 medicine in all its branches:

5 (1) Psychiatric care, meaning direct, consultative, or
6 diagnostic services provided by a licensed psychiatrist.

7 (2) Psychological care, meaning direct or consultative
8 services provided by a licensed psychologist.

9 (3) Habilitative or rehabilitative care, meaning
10 professional, counseling, and guidance services and
11 treatment programs, including applied behavior analysis,
12 that are intended to develop, maintain, and restore the
13 functioning of an individual. As used in this subsection
14 (i), "applied behavior analysis" means the design,
15 implementation, and evaluation of environmental
16 modifications using behavioral stimuli and consequences to
17 produce socially significant improvement in human
18 behavior, including the use of direct observation,
19 measurement, and functional analysis of the relations
20 between environment and behavior.

21 (4) Therapeutic care, including behavioral, speech,
22 occupational, and physical therapies that provide
23 treatment in the following areas: (i) self care and
24 feeding, (ii) pragmatic, receptive, and expressive
25 language, (iii) cognitive functioning, (iv) applied
26 behavior analysis, intervention, and modification, (v)

1 motor planning, and (vi) sensory processing.

2 (j) Rulemaking authority to implement this amendatory Act
3 of the 95th General Assembly, if any, is conditioned on the
4 rules being adopted in accordance with all provisions of the
5 Illinois Administrative Procedure Act and all rules and
6 procedures of the Joint Committee on Administrative Rules; any
7 purported rule not so adopted, for whatever reason, is
8 unauthorized.

9 (Source: P.A. 95-1005, eff. 12-12-08; 96-1000, eff. 7-2-10.)".