



Sen. Don Harmon

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LRB097 04947 RPM 68322 a

1 AMENDMENT TO SENATE BILL 679

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

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

7 (215 ILCS 5/356z.14)

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

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

1 health insurance or managed care plan.

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

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

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

1 dollar limits, deductibles, or coinsurance provisions that
2 apply to physical illness generally.

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

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

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

1 to medical necessity must be viewed as reasonable only if the
2 review includes a physician with expertise in the most current
3 and effective treatment modalities for autism spectrum
4 disorders.

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

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

15 (h-10) Scientific investigations have determined that
16 co-existing pathophysiological conditions can occur with
17 autism, including seizure disorders, immune dysregulation,
18 allergies, gastrointestinal disturbances, neuroinflammation,
19 mitochondrial dysfunction, and metabolic disturbances. While
20 these and other conditions may co-exist with autism spectrum
21 disorder, they are not diagnosed as autism spectrum disorder
22 and therefore shall not be subject to maximum benefits limits
23 or other provisions concerning coverage of autism spectrum
24 disorder under this Section.

25 (i) As used in this Section:

26 "Autism spectrum disorders" means pervasive developmental

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

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

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

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

1 spectrum disorders when the care is determined to be medically
2 necessary and ordered by a physician licensed to practice
3 medicine in all its branches:

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

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

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

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

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

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