State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH SESSION

HOUSE FILE NO. 234

January 22, 2009
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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

A bill for an act

relating to insurance; requiring coverage for autism spectrum disorders; proposing coding for new law in Minnesota Statutes, chapter 62A.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[62A.3094] COVERAGE FOR AUTISM SPECTRUM DISORDERS.**

Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this section have the meanings given.

(b) "Autism spectrum disorders" means one or more of the following conditions as determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV Manual):

(1) autism or autistic disorder;

(2) Asperger's syndrome;

(3) pervasive developmental disorder - not otherwise specified;

(4) Fragile X syndrome;

(5) Rett's syndrome; or

(6) childhood disintegrative disorder.

(c) "Health plan" has the meaning given in section 62Q.01, subdivision 3.

(d) "Health care practitioner" means a medical doctor, mental health professional, or board certified behavior analyst: (1) who is licensed, certified, or registered by an appropriate agency of this state; (2) whose professional credential is recognized and accepted by an appropriate agency of the United States; or (3) who is certified under the TRICARE military health system.

Subd. 2. **Coverage required.** (a) A health plan must provide coverage for the diagnosis, evaluation, and treatment of autism spectrum disorders.

(b) Coverage required under this section shall include treatment that is in accordance with a treatment plan prescribed by the insured's treating health care practitioner.

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

(d) A health plan may request an updated treatment plan only once every six months from the treating health care practitioner to review medical necessity, unless the health plan and the treating health care practitioner agree that a more frequent review is necessary due to emerging clinical circumstances.

Subd. 3. **No effect on other law.** Nothing in this section limits in any way the coverage required under section 62Q.47.

EFFECTIVE DATE. This section is effective August 1, 2009, and applies to coverage offered, sold, issued, or renewed on or after that date.