S T A T E O F N E W Y O R K

2751

2015-2016 Regular Sessions

I N S E N A T E

January 29, 2015

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to establishing an advisory panel on health insurance coverage for autism spectrum disorder

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The insurance law is amended by adding a new section 343 to read as follows:

S 343. COVERAGE FOR AUTISM SPECTRUM DISORDER. (A) (1) THERE IS HEREBY ESTABLISHED WITHIN THE DEPARTMENT AN ADVISORY PANEL ON HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDER. SUCH PANEL SHALL BE COMPOSED OF NINE MEMBERS WHO ARE EXPERTS IN HEALTH CARE AND APPOINTED AS FOLLOWS: SEVEN MEMBERS WHO ARE OFFICERS OR EMPLOYEES OF THE DEPARTMENT OF HEALTH, OFFICE OF MENTAL HEALTH OR THE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SHALL BE APPOINTED BY THE GOVERNOR; AND THE TEMPORARY PRESIDENT OF THE SENATE AND THE SPEAKER OF THE ASSEMBLY SHALL EACH APPOINT A MEMBER WHO IS A REPRESENTATIVE OF AN AUTISM ADVOCACY GROUP. EACH MEMBER SHALL SERVE A TERM OF TWO YEARS. THE GOVERNOR SHALL DESIGNATE THE CHAIR OF THE PANEL FROM AMONG HIS OR HER APPOINTEES. VACANCIES IN THE MEMBERSHIP OF THE PANEL SHALL BE FILLED IN THE MANNER PROVIDED FOR ORIGINAL APPOINTMENTS.

(2) THE MEMBERS OF THE PANEL SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES BUT SHALL BE ALLOWED THEIR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES PURSUANT TO THIS SUBSECTION.

(3) THE ADVISORY PANEL ON HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDER SHALL ANNUALLY, ON OR BEFORE SEPTEMBER FIRST, COMPILE AND SUBMIT TO THE SUPERINTENDENT A LIST OF SUCCESSFUL TREATMENT AND THERAPY OPTIONS FOR AUTISM SPECTRUM DISORDER THAT WILL BE REQUIRED TO BE COVERED PURSUANT TO PARAGRAPH TWENTY-FIVE OF SUBSECTION (I) OF SECTION THREE THOUSAND TWO HUNDRED SIXTEEN, PARAGRAPH SEVENTEEN OF SUBSECTION (1) OF

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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SECTION THREE THOUSAND TWO HUNDRED TWENTY-ONE AND SUBSECTION (EE) OF SECTION FOUR THOUSAND THREE HUNDRED THREE OF THIS CHAPTER.

(4) WITHIN FORTY-FIVE DAYS OF RECEIPT OF EACH LIST SUBMITTED PURSUANT TO PARAGRAPH THREE OF THIS SUBSECTION, THE SUPERINTENDENT SHALL, ON AN EMERGENCY BASIS, PROMULGATE AND IMPLEMENT RULES AND REGULATIONS REQUIRING COVERAGE FOR THE TREATMENT AND THERAPY OPTIONS INCLUDED IN EACH SUCH LIST.

(B) (1) WITHIN ONE HUNDRED EIGHTY DAYS OF THE SUBMISSION OF THE INITIAL LIST TO THE SUPERINTENDENT PURSUANT TO PARAGRAPH THREE OF SUBSECTION (A) OF THIS SECTION, THE DEPARTMENT SHALL ESTABLISH AND OPERATE AN AUTISM AND HEALTH INSURANCE COVERAGE HOTLINE. THE HOTLINE SHALL BE A TOLL-FREE, TWENTY-FOUR HOUR A DAY CONSUMER CALL CENTER FOR FAMILIES WITH AUTISTIC CHILDREN WHO HAVE COMPLAINTS ABOUT OR QUESTIONS ON INSURERS AND COVERAGE FOR AUTISM SPECTRUM DISORDER. ALL COMPLAINTS RECEIVED BY SUCH HOTLINE SHALL BE DOCUMENTED AND REFERRED TO THE APPROPRIATE OFFICIAL IN THE DEPARTMENT FOR CORRECTIVE ACTION.

(2) THE DEPARTMENT MAY CONTRACT WITH A QUALIFIED NOT-FOR-PROFIT CORPORATION FOR THE PROVISION AND OPERATION OF THE HOTLINE REQUIRED BY THIS SUBSECTION. ANY SUCH CONTRACT SHALL ONLY BE AWARDED AFTER THE DEPARTMENT HAS CONDUCTED A REQUEST FOR PROPOSALS PROCESS. THE DEPARTMENT SHALL SELECT A NOT-FOR-PROFIT CORPORATION WHICH HAS THE RESOURCES AND ABILITY TO OPERATE A STATEWIDE HOTLINE, AND IS STAFFED BY EMPLOYEES AND/OR VOLUNTEERS WITH STRONG EXPERIENCE IN AUTISM SPECTRUM DISORDER.

(3) IF THE DEPARTMENT ELECTS TO ESTABLISH AND OPERATE THE HOTLINE USING ITS OWN PERSONNEL AND RESOURCES, SUCH HOTLINE SHALL BE STAFFED BY OFFICERS AND EMPLOYEES WITH STRONG EXPERIENCE IN AUTISM SPECTRUM DISORDER. UNTIL THE STATE CIVIL SERVICE COMMISSION SHALL HAVE ESTABLISHED CIVIL SERVICE TITLES AND COMPETITIVE EXAMINATIONS FOR POSITIONS AS EMPLOYEES OF THE HOTLINE, THE SUPERINTENDENT IS AUTHORIZED AND DIRECTED TO APPOINT AND EMPLOY SUCH QUALIFIED OFFICERS AND EMPLOYEES AS SHALL BE NECESSARY TO OPERATE THE AUTISM AND HEALTH INSURANCE COVERAGE HOTLINE.

(4) THE SUPERINTENDENT IS AUTHORIZED TO PROMULGATE AND IMPLEMENT ANY RULES AND REGULATIONS NECESSARY TO CARRY OUT THE PROVISIONS OF THIS SUBSECTION.

S 2. Subparagraphs (A) and (B) of paragraph 25 of subsection (i) of section 3216 of the insurance law, subparagraph (A) as amended by chapter 595 of the laws of 2011, and subparagraph (B) as amended by section 38 of part D of chapter 56 of the laws of 2013, are amended to read as follows:

(A) Every policy which provides coverage for hospital or surgical coverage shall [not exclude] INCLUDE FULL coverage for THE PREVENTION, EARLY DETECTION, screening, diagnosis and treatment of [medical conditions otherwise covered by the policy solely because the treatment is provided to diagnose or treat] autism spectrum disorder.

(B) Every policy that provides physician services, medical, major medical or similar comprehensive-type coverage shall provide FULL coverage for the screening, diagnosis and treatment of autism spectrum disorder in accordance with this paragraph and shall not exclude coverage for the PREVENTION, EARLY DETECTION, screening, diagnosis or treatment of medical conditions otherwise covered by the policy because the individual is diagnosed with autism spectrum disorder. Such coverage may be subject to annual deductibles, copayments and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the policy. Coverage for applied behavior analysis shall be subject to a maximum benefit of six hundred eighty hours of treatment per policy or calendar year per covered indi-

vidual. This paragraph shall not be construed as limiting the benefits that are otherwise available to an individual under the policy, provided however that such policy shall not contain any limitations on visits that are solely applied to the treatment of autism spectrum disorder. No insurer shall terminate coverage or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with autism spectrum disorder or has received treatment for autism spectrum disorder. Coverage shall be subject to utilization review and external appeals of health care services pursuant to article forty-nine of this chapter as well as, case management, and other managed care provisions.

S 3. Subparagraphs (A) and (B) of paragraph 17 of subsection (l) of section 3221 of the insurance law, subparagraph (A) as amended by chapter 595 of the laws of 2011, subparagraph (B) as amended by section 39 of part D of chapter 56 of the laws of 2013, are amended to read as follows:

(A) Every group or blanket accident and health insurance policy delivered or issued for delivery in this state which provides coverage for hospital or surgical care coverage shall [not exclude] INCLUDE FULL coverage for THE PREVENTION, EARLY DETECTION, screening, diagnosis and treatment of medical conditions otherwise covered by the policy because the treatment is provided to diagnose or treat autism spectrum disorder.

(B) Every group or blanket policy that provides physician services, medical, major medical or similar comprehensive-type coverage shall provide FULL coverage for the PREVENTION, EARLY DETECTION, screening, diagnosis and treatment of autism spectrum disorder in accordance with this paragraph and shall not exclude coverage for the screening, diagnosis or treatment of medical conditions otherwise covered by the policy because the individual is diagnosed with autism spectrum disorder. Such coverage may be subject to annual deductibles, copayments and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the group or blanket policy. Coverage for applied behavior analysis shall be subject to a maximum benefit of six hundred eighty hours of treatment per policy or calendar year per covered individual. This paragraph shall not be construed as limiting the benefits that are otherwise available to an individual under the group or blanket policy, provided however that such policy shall not contain any limitations on visits that are solely applied to the treatment of autism spectrum disorder. No insurer shall terminate coverage or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with autism spectrum disorder or has received treatment for autism spectrum disorder. Coverage shall be subject to utilization review and external appeals of health care services pursuant to article forty-nine of this chapter as well as, case management, and other managed care provisions.

S 4. Subsection (ee) of section 4303 of the insurance law, as amended by chapter 596 of the laws of 2011 and paragraph 2 as amended by section 40 of part D of chapter 56 of the laws of 2013, is amended to read as follows:

(ee) (1) A medical expense indemnity corporation, a hospital service corporation or a health service corporation which provides coverage for hospital or surgical care coverage shall [not exclude] INCLUDE FULL coverage for THE PREVENTION, EARLY DETECTION, screening, diagnosis and treatment of medical conditions otherwise covered by the contract solely

because the treatment is provided to diagnose or treat autism spectrum disorder.

(2) Every contract that provides physician services, medical, major medical or similar comprehensive-type coverage shall provide coverage for the screening, diagnosis and treatment of autism spectrum disorder in accordance with this paragraph and shall not exclude FULL coverage for the PREVENTION, EARLY DETECTION, screening, diagnosis or treatment of medical conditions otherwise covered by the contract because the individual is diagnosed with autism spectrum disorder. Such coverage may be subject to annual deductibles, copayments and coinsurance as may be deemed appropriate by the superintendent and shall be consistent with those imposed on other benefits under the contract. Coverage for applied behavior analysis shall be subject to a maximum benefit of six hundred eighty hours of treatment per contract or calendar year per covered individual. This paragraph shall not be construed as limiting the benefits that are otherwise available to an individual under the contract, provided however that such contract shall not contain any limitations on visits that are solely applied to the treatment of autism spectrum disorder. No insurer shall terminate coverage or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with autism spectrum disorder or has received treatment for autism spectrum disorder. Coverage shall be subject to utilization review and external appeals of health care services pursuant to article forty-nine of this chapter as well as, case management, and other managed care provisions.

S 5. This act shall take effect on the thirtieth day after it shall have become a law.