



# Ohio Legislative Service Commission

## Bill Analysis

Nick Thomas

### H.B. 350\*

131st General Assembly

(As Reported by H. Government Accountability and Oversight)

**Reps.** Grossman and Terhar, Anielski, Antonio, Barnes, Blessing, Boose, Boyce, Craig, Curtin, Driehaus, Green, Hackett, Henne, Hill, Landis, Leland, Manning, Patmon, Ruhl, Scherer, Slaby, Ryan, S. O'Brien, Stinziano, Phillips, Huffman, Pelanda, LaTourette, Young, Sprague

---

## BILL SUMMARY

- Requires health plan issuers to provide coverage for autism spectrum disorder.
- Prescribes minimum coverage requirements for autism spectrum disorder.
- Allows a health plan issuer to review an autism spectrum disorder treatment plan on an annual basis.
- Allows a health plan issuer to review an autism spectrum disorder treatment plan more than once a year if the additional reviews are agreed to by the overseeing physician.

---

## CONTENT AND OPERATION

### Requirement of coverage

The bill requires that any health insurance plan issued by a health plan issuer provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder. The bill applies to health insuring corporations, sickness and accident insurers, and multiple employer welfare arrangements. The bill prohibits a health plan issuer from terminating an individual's coverage, or from refusing to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual

---

\* This analysis was prepared before the report of the House Government Accountability and Oversight Committee appeared in the House Journal. Note that the list of co-sponsors and the legislative history may be incomplete.

is diagnosed with or has received treatment for an autism spectrum disorder. The bill does not apply to nongrandfathered plans in the individual and small group markets, Medicare supplement, accident-only, specified disease, hospital indemnity, disability income, long-term care, or other limited benefit hospital insurance policies.<sup>1</sup>

## Coverage minimums

The bill imposes the following coverage minimums:

- For speech and language therapy or occupational therapy for a covered individual under the age of 21 that is performed by a licensed therapist, 20 visits per year for each service;
- For clinical therapeutic intervention for a covered individual under the age of 21 that is provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate Ohio agency to perform such services in accordance with a health treatment plan, 20 hours per week;
- For mental or behavioral health outpatient services for a covered individual under the age of 21 that are performed by a licensed psychologist, psychiatrist, or physician providing consultation, assessment, development, or oversight of treatment plans, 30 visits per year.<sup>2</sup>

The bill prohibits autism spectrum disorder coverage from being subject to any other limits or any other coverage restrictions that are less favorable than those that apply to substantially all the medical and surgical benefits under the health insurance plan. Also, the bill's provisions are not to be construed as limiting coverage that is otherwise available under the health insurance plan.<sup>3</sup>

## Review of treatment plan

The bill allows a health plan issuer to review a covered individual's treatment plan with regard to outpatient services on an annual basis. The health plan issuer may conduct such a review on a more frequent basis if the covered individual's physician agrees that more frequent reviews are necessary. If an agreement for more frequent reviews occurs, the agreement applies only to the specific covered individual for whom

---

<sup>1</sup> R.C. 1739.05, 1751.84(A), and 3923.84(A).

<sup>2</sup> R.C. 1739.05, 1751.84(B), and 3923.84(B).

<sup>3</sup> R.C. 1739.05, 1751.84(A) and (C), and 3923.84(A) and (C).



it was created and not to all individuals being treated for autism spectrum disorder by a physician or psychologist. The bill requires a health plan issuer to cover the cost of obtaining any review or treatment plan.<sup>4</sup>

## **Construction**

The bill specifies that its provisions are not to be construed as affecting any obligation to provide services to an enrollee under an individualized family service plan, an individualized education program, or an individualized service plan.<sup>5</sup>

## **Severability**

The bill specifies that if the bill's provisions, or their application, are for any reason held to be invalid, the remainder of the provisions and their application are not affected.<sup>6</sup>

## **Exemption from review by the Superintendent of Insurance**

The requirements of this bill may be considered mandated health benefits. Under R.C. 3901.71, no mandated health benefits legislation enacted by the General Assembly may be applied to any policy, contract, plan, or other arrangement providing sickness and accident or other health benefits until the Superintendent of Insurance determines, pursuant to a hearing conducted in accordance with the Administrative Procedure Act, that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974 (ERISA) and (2) employee benefit plans established or modified by the state or any political subdivision of the state, or by any agency or instrumentality of the state or any political subdivision of the state. The bill includes provisions that exempt its requirements from this restriction.<sup>7</sup>

## **Definitions**

The bill enacts the following definitions:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct

---

<sup>4</sup> R.C. 1739.05, 1751.84(D), and 3923.84(D).

<sup>5</sup> R.C. 1739.05, 1751.84(E), and 3923.84(E).

<sup>6</sup> R.C. 1739.05, 1751.84(G), and 3923.84(G).

<sup>7</sup> R.C. 1751.84(A) and 3923.84(A).



observation, measurement, and functional analysis of the relationship between environment and behavior.

"Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorder as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association available at the time an individual is first evaluated for suspected developmental delay.

"Clinical therapeutic intervention" means therapies supported by empirical evidence, which include applied behavioral analysis, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the function of an individual and that are provided by or under the supervision of any of the following:

- A certified Ohio behavior analyst;
- A licensed psychologist;
- A licensed professional counselor, social worker, or marriage and family therapist.

"Diagnosis of autism spectrum disorder" means medically necessary assessment, evaluations, or tests to diagnose whether an individual has an autism spectrum disorder.

"Pharmacy care" means medications prescribed by a licensed physician and any health-related services considered medically necessary to determine the need or effectiveness of the medications.

"Psychiatric care" means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

"Psychological care" means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

"Therapeutic care" means services provided by a speech therapist, occupational therapist, or physical therapist licensed or certified in the state in which the person practices.

"Treatment for autism spectrum disorder" means evidence-based care and related equipment prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician or a licensed psychologist who determines the care to be medically necessary, including any of the following:



- Clinical therapeutic intervention;
- Pharmacy care;
- Psychiatric care;
- Psychological care;
- Therapeutic care.<sup>8</sup>

---

## HISTORY

ACTION	DATE
Introduced	10-01-15
Reported, H. Government Accountability and Oversight	05-25-16

H0350-RH-131.docx/ks

---

<sup>8</sup> R.C. 1739.05, 1751.84(F), and 3923.84(F).

