

House Bill 559

By: Representative Sims of the 169th

A BILL TO BE ENTITLED
AN ACT

1 To amend Code Section 33-24-59.10 of the Official Code of Georgia Annotated, relating to
2 insurance coverage for autism, so as to provide a short title; to provide for definitions; to
3 provide for certain insurance coverage of autism spectrum disorders; to provide for related
4 matters; to repeal conflicting laws; and for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 **SECTION 1.**

7 This Act shall be known and may be cited as "Ava's Law."

8 **SECTION 2.**

9 Code Section 33-24-59.10 of the Official Code of Georgia Annotated, relating to insurance
10 coverage for autism, is amended as follows:

11 "33-24-59.10.

12 (a) As used in this Code section, the term:

13 (1) 'Accident and sickness contract, policy, or benefit plan' shall have the same meaning
14 as found in Code Section 33-24-59.1. Accident and sickness contract, policy, or benefit
15 plan shall also include without limitation any health benefit plan established pursuant to
16 Article 1 of Chapter 18 of Title 45.

17 (2) ~~'Autism' means a developmental neurological disorder, usually appearing in the first~~
18 ~~three years of life, which affects normal brain functions and is manifested by compulsive,~~
19 ~~ritualistic behavior and severely impaired social interaction and communication skills~~
20 'Applied behavior analysis' means the design, implementation, and evaluation of
21 environmental modifications using behavioral stimuli and consequences to produce
22 socially significant improvement in human behavior, including the use of direct
23 observation, measurement, and functional analysis of the relationship between
24 environment and behavior.

25 (3) 'Autism spectrum disorder' means any of the pervasive developmental disorders or
26 autism spectrum disorders as defined by the most recent edition of the Diagnostic and
27 Statistical Manual of Mental Disorders, including autistic disorder, Asperger's disorder,
28 and pervasive developmental disorder not otherwise specified.

29 (4) 'Behavioral health treatment' means counseling services and treatment programs that
30 develop, maintain, or restore, to the maximum extent possible, the functioning of an
31 individual, including applied behavior analysis and other structured behavioral or
32 developmental programs that use evidence based practices, provided by or under the
33 direction of a licensed psychiatrist, licensed psychologist, board certified behavior
34 analyst, or other qualified professional.

35 (5) 'Board certified behavior analyst' means an individual who has met all requirements
36 of and is currently certified by the Behavior Analyst Certification Board, Inc.

37 (6) 'Evidence based practices' means the integration of evidence based research with
38 clinical expertise in the context of patient characteristics and values.

39 (7) 'Pharmacy care' means medications prescribed by a licensed physician, licensed
40 physician assistant, or certified nurse practitioner.

41 (8) 'Psychiatric care' means direct or consultative services provided by a psychiatrist
42 licensed in the state in which the psychiatrist practices.

43 (9) 'Psychological care' means direct or consultative services provided by a psychologist
44 licensed in the state in which the psychologist practices.

45 (10) 'Therapeutic care' means services provided by a licensed speech therapist,
46 occupational therapist, or physical therapist.

47 (11) 'Treatment for an autism spectrum disorder' means medically necessary services for
48 the evaluation, assessment, testing, screening, diagnosing, and treatment of autism
49 spectrum disorders using evidence based practices and includes behavioral health
50 treatment, pharmacy care, psychiatric care, psychological care, and therapeutic care.

51 ~~(b) An insurer that provides benefits for neurological disorders, whether under a group or~~
52 ~~individual accident and sickness contract, policy, or benefit plan, shall not deny providing~~
53 ~~benefits in accordance with the conditions, schedule of benefits, limitations as to type and~~
54 ~~scope of treatment authorized for neurological disorders, exclusions, cost-sharing~~
55 ~~arrangements, or copayment requirements which exist in such contract, policy, or benefit~~
56 ~~plan for neurological disorders because of a diagnosis of autism. The provisions of this~~
57 ~~subsection shall not expand the type or scope of treatment beyond that authorized for any~~
58 ~~other diagnosed neurological disorder shall not deny, refuse to issue coverage on, contract~~
59 ~~with, renew, or reissue or otherwise terminate or restrict coverage under an accident and~~
60 ~~sickness contract, policy, or benefit plan on a group individual solely because an individual~~

61 is diagnosed with an autism spectrum disorder or has received treatment for an autism
62 spectrum disorder.

63 (c) Coverage under this Code section shall not be subject to dollar limits, deductibles,
64 coinsurance provisions, or coverage periods that are less favorable to an insured than the
65 dollar limits, deductibles, coinsurance provisions, or coverage periods that apply to
66 physical illness generally under an accident and sickness contract, policy, or benefit plan,
67 except as provided in subsection (e) of this Code section. No treatment for an autism
68 spectrum disorder under this Code section shall be denied on the basis that it is habilitative
69 or not restorative in nature.

70 (d) Treatment for an autism spectrum disorder, prescribed by a licensed physician or
71 licensed psychologist as medically necessary and appropriate for the type of care, shall be
72 a covered benefit under an accident and sickness contract, policy, or benefit plan except as
73 provided in subsection (e) of this Code section. An insurer shall have the right to request
74 updated treatment plans annually to review whether a treatment for an autism spectrum
75 disorder is medically necessary, unless the insurer and treatment provider agree in a
76 particular case that a more frequent review is necessary due to emerging clinical
77 circumstances. No such agreement shall be a standard term in a provider agreement. The
78 cost of obtaining any medically necessary review shall be borne by the insurer.

79 (e) Behavioral health treatments under this Code section may be subject to a maximum
80 benefit of \$50,000.00 per year, but shall not be subject to any limits on the number of visits
81 or hours per visit.

82 (f) This Code section shall not be construed to affect any obligation to provide services to
83 an individual under an individualized family service plan, an individual education plan as
84 required by the federal Individuals with Disabilities in Education Act, or an individualized
85 service plan.

86 (g) This Code section shall not be construed to limit benefits that are otherwise available
87 to an individual under an accident and sickness contract, policy, or benefit plan.

88 (h) Beginning on January 1, 2014, the Commissioner shall, on an annual basis, adjust the
89 maximum benefit as provided in subsection (e) of this Code section for inflation, which
90 shall be based on the Medical Care Component of the Consumer Price Index for all Urban
91 Consumers (CPI-U) as published by the Bureau of Labor Statistics of the United States
92 Department of Labor. The Commissioner shall submit the adjusted maximum benefit for
93 publication annually no later than July 1 of each calendar year, and the published adjusted
94 maximum shall be applicable in the following calendar year to any accident and sickness
95 contract, policy, or benefit plan subject to this Code section. Payments made by an insurer
96 on behalf of a covered individual for any care, treatment, intervention, service, medical

97 device, or item unrelated to behavioral health treatment shall not be applied to any
98 maximum benefit established under this Code section.
99 (i) Beginning January 1, 2014, to the extent that this Code section requires benefits that
100 exceed the essential health benefits required under Section 1302(b) of the federal Patient
101 Protection and Affordable Care Act, P. L. 111-148, the specific benefits that exceed the
102 required essential health benefits shall not be required of a 'qualified health plan' as defined
103 in such act when the qualified health plan is offered in this state through the exchange.
104 Nothing in this subsection shall nullify the application of this Code section to plans offered
105 outside the state's exchange."

106 **SECTION 3.**

107 All laws and parts of laws in conflict with this Act are repealed.