



Sen. Don Harmon

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LRB097 04947 RPM 68709 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 the diagnostic criteria are adopted. If no changes  
15 to the diagnostic criteria are adopted after April 1, 2012, and  
16 before December 31, 2014, then this subsection (h-5) shall be  
17 of no further force and effect.

18 (i) As used in this Section:

19 "Autism spectrum disorders" means pervasive developmental  
20 disorders as defined in the most recent edition of the  
21 Diagnostic and Statistical Manual of Mental Disorders,  
22 including autism, Asperger's disorder, and pervasive  
23 developmental disorder not otherwise specified.

24 "Diagnosis of autism spectrum disorders" means one or more  
25 tests, evaluations, or assessments to diagnose whether an  
26 individual has autism spectrum disorder that is prescribed,

1 performed, or ordered by (A) a physician licensed to practice  
2 medicine in all its branches or (B) a licensed clinical  
3 psychologist with expertise in diagnosing autism spectrum  
4 disorders.

5 "Medically necessary" means any care, treatment,  
6 intervention, service or item which will or is reasonably  
7 expected to do any of the following: (i) prevent the onset of  
8 an illness, condition, injury, disease or disability; (ii)  
9 reduce or ameliorate the physical, mental or developmental  
10 effects of an illness, condition, injury, disease or  
11 disability; or (iii) assist to achieve or maintain maximum  
12 functional activity in performing daily activities.

13 "Treatment for autism spectrum disorders" shall include  
14 the following care prescribed, provided, or ordered for an  
15 individual diagnosed with an autism spectrum disorder by (A) a  
16 physician licensed to practice medicine in all its branches or  
17 (B) a certified, registered, or licensed health care  
18 professional with expertise in treating effects of autism  
19 spectrum disorders when the care is determined to be medically  
20 necessary and ordered by a physician licensed to practice  
21 medicine in all its branches:

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

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

26 (3) Habilitative or rehabilitative care, meaning

1 professional, counseling, and guidance services and  
2 treatment programs, including applied behavior analysis,  
3 that are intended to develop, maintain, and restore the  
4 functioning of an individual. As used in this subsection  
5 (i), "applied behavior analysis" means the design,  
6 implementation, and evaluation of environmental  
7 modifications using behavioral stimuli and consequences to  
8 produce socially significant improvement in human  
9 behavior, including the use of direct observation,  
10 measurement, and functional analysis of the relations  
11 between environment and behavior.

12 (4) Therapeutic care, including behavioral, speech,  
13 occupational, and physical therapies that provide  
14 treatment in the following areas: (i) self care and  
15 feeding, (ii) pragmatic, receptive, and expressive  
16 language, (iii) cognitive functioning, (iv) applied  
17 behavior analysis, intervention, and modification, (v)  
18 motor planning, and (vi) sensory processing.

19 (j) Rulemaking authority to implement this amendatory Act  
20 of the 95th General Assembly, if any, is conditioned on the  
21 rules being adopted in accordance with all provisions of the  
22 Illinois Administrative Procedure Act and all rules and  
23 procedures of the Joint Committee on Administrative Rules; any  
24 purported rule not so adopted, for whatever reason, is  
25 unauthorized.

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