AUTISM SOCIETY
Improving the Lives of All Affected by Autism
California

The New Autism Health Insurance Law

Why Use Health Insurance? Autism is a medical/neurological condition which impacts the way the brain functions. It requires early and intensive medical and educational interventions in order to have the best possible outcomes for our children. School districts treat the *educational issues* related to autism spectrum disorders. Health insurance should treat the *medical* condition of Autism.

Who Does It Cover? State regulated plans (also known as fully funded or fully insured plans) fall under the guidance of the new Autism Health Insurance Law. As of August 27, 2012, the Department of Managed Health issues a draft emergency regulation saying that Healthy Families and CalPERS funded plans are covered under this new law.

Who Isn't Covered By This Law? Publicly funded health plans such as Medi-Cal and Self-funded Plans paid for by the employer. Employers often pay health insurance companies to administer their plans (like Blue Cross), but the employers decide which health benefits they will provide.

How can I find out what kind of insurance I have? If you don't know what type of plan you have, the fastest way to find out is to ask your benefits administrator at work. Generally, most companies with over 1,000 employees are self-funded; most companies with less than 100 employees and most individual plans are state regulated. Some companies offer both. Look in your Evidence of Coverage or Plan Description manuals to determine what kind of plan you have.

What does this law do? This law requires: (1) those health care service plan contracts and health insurance policies, except as specified, to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism, and (2) every health plan and insurer subject to this bill to maintain an adequate network that includes qualified autism service providers who supervise and employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health therapy.

Why is this law important to me? The California Regional Center system (by way of the Department of Developmental Services) may offer some services for children with autism who meet their criteria. However, recent changes will ***require families to first apply for treatments through their health insurance system*** and obtain denials before they will provide medically necessary treatments because the regional center system is the payer of last resort.

When does this law take effect? This law takes effect July 1, 2012 and will be inoperative July 1, 2014, and repealed on January 1, 2015. In 2014, the new federal health care laws are projected to be in effect. However, a surprise decision by the Obama administration in December 2011, gives states flexibility to define minimum benefits health insurers must cover.

What about mental health services? Under the new Federal Mental Health Parity Act, Self-insured and state regulated plans that provide mental health services, must offer it in parity (same terms) with other conditions. There are no limits on the number of visits for plans through employers with 50 or more employees.

What about other treatments? If you have a Self-Insured or Government Plans the Employer decides what benefits to cover. You should request your detailed summary plan description to see what benefits are available.

For State Regulated Plans, AB 88 – Mental Health Parity Act (California Health and Safety Code 1374.72), states requires coverage for the diagnosis and medically necessary treatment of pervasive developmental disorder or autism in parity with other medical conditions. Parity means under the same terms and conditions as other medical conditions. Example: If speech therapy is provided to those who have had a stroke or head injury, then speech therapy needs to be provided for those with ASD. Some of the benefits covered include:

- Speech and occupational therapy (OT for motor delays, sometimes sensory integration)
- Psychological therapy, Group therapy, Family therapy
- Social skills therapy
- Medical treatment (ie. psych meds)
- Developmental pediatrician visits
- Psych evaluations and assessments

What is usually not covered?

- Any treatments which lack adequately controlled clinical trials (evidence based medicine).
- Therapies for learning disorders which improve school functioning but not necessarily functioning in other settings (e.g. OT for handwriting, Linda Mood Bell for reading).
- Biomedical treatment. Many DAN (Defeat Autism Now) therapies are not covered; however, it may depend on how it's coded. Partial reimbursement is possible for DAN Dr. visits in PPO plans.

What about co-pays and deductibles?

Many regional centers have agreed to cover the cost of the co-pay but not the cost of the deductibles. Health insurance policies have different deductibles for different types of health insurance coverage ($250-$5000) and these are reset usually every calendar year. Most of these must be met before service will be provided. We are exploring options at state and local levels to change the current policies that will allow families to take advantage of their health care benefits. In the meantime, families can appeal with their local regional center on the basis that this is a financial hardship that will prohibit the individual from receiving the necessary behavioral services required.

Contact your local Autism Society chapter for more information.

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