

1 185117-2 : n : 04/12/2017 : FS / mpj

2
3 HOUSE INSURANCE COMMITTEE AMENDMENT #1 TO HB284

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8 On page 7, line 4, after "supervised" insert the
9 following:

10 , either in person or by telemedicine,

11
12 On page 8, line 10, after "title." insert the
13 following:

14 The term also includes the terms health insurance
15 policy and health insurance plan.

16
17 On page 10, line 13, strike "The" and insert
18 thereafter the following:

19 Except as provided in subsection (g), the

20
21 On page 11, after line 12, insert the following and
22 reletter the remaining subsections accordingly:

23 "(g) (1) Except as provided in subdivision (2),
24 coverage provided under this section for applied behavior
25 analysis shall be subject to a maximum benefit as follows:

26 "a. Forty thousand dollars (\$40,000) per year for an
27 insured individual between zero and nine years of age.

1 "b. Thirty thousand dollars (\$30,000) per year for
2 an insured individual between 10 and 13 years of age.

3 "c. Twenty thousand dollars (\$20,000) per year for
4 an insured individual between 14 and 18 years of age.

5 "d. Ten thousand dollars (\$10,000) per year for an
6 insured individual 19 years of age or older.

7 "(2) The maximum benefit limitation for applied
8 behavior analysis described in subdivision (1) shall be
9 adjusted for inflation to reflect the aggregate increase in
10 the general price level as measured by the Consumer Price
11 Index for All Urban Consumers. Beginning January 1, 2018, and
12 annually thereafter, the current value of the maximum benefit
13 limitation for applied behavior analysis coverage adjusted for
14 inflation shall be calculated by the Commissioner of
15 Insurance. The commissioner shall publish, on an annual basis,
16 the calculated value pursuant to rules adopted by the
17 department.

18 "(3) The maximum benefit limit may be exceeded, upon
19 prior approval by the insurer administering a health benefit
20 plan, if the provision of applied behavior analysis services
21 beyond the maximum limit is medically necessary for the
22 insured individual. Payments made by a health benefit plan on
23 behalf of an individual for any care, treatment, intervention,
24 service, or item, the provision of which was for the treatment
25 of a health condition unrelated to the individual's autism
26 spectrum disorder, shall not be applied toward any maximum
27 benefit established under this subsection. Any coverage

1 required under this section, other than the coverage for
2 applied behavior analysis, shall not be subject to the dollar
3 limitations described in this subsection.

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5 On page 13, line 7, delete the quotation mark.

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7 On page 13, after line 7, insert the following:

8 "(k) (1) A health benefit plan that does not provide
9 coverage for applied behavior analysis as of September 30,
10 2017, shall be exempt for a period of one year from the
11 requirement to provide coverage for applied behavior analysis
12 if the following criteria are met:

13 "a. An actuary who is affiliated with the insurer
14 administering the health benefit plan, who is a member of the
15 American Academy of Actuaries and who meets the American
16 Academy of Actuaries' professional qualification standards for
17 rendering an actuarial opinion relating to health insurance
18 ratemaking, certifies in writing to the Commissioner of
19 Insurance both of the following:

20 "1. Based on an analysis to be completed by the
21 insurer, for the most recent experience period of at least one
22 year's duration, that the costs associated with coverage of
23 applied behavior analysis exceeded one percent of the premiums
24 charged over the experience period by the health benefit plan.

25 "2. That those costs solely would lead to an
26 increase in average premiums charged of more than one percent
27 for all health benefit plans commencing on inception or the

1 next renewal date, based on the premium rating methodology and
2 practices the insurer employs.

3 "b. The Commissioner of Insurance approves the
4 certification of the actuary.

5 "(2) An exemption allowed under subdivision (1)
6 shall apply for a one-year coverage period following inception
7 or the next renewal date for all health benefit plans issued
8 or renewed during the one-year period following the date of
9 the exemption, after which the health benefit plan shall again
10 provide coverage for applied behavior analysis required under
11 this section. An insurer may claim an exemption for a
12 subsequent year, provided the conditions specified in
13 subdivision (1) again are met.

14 "(3) If, upon investigation, the Commissioner of
15 Insurance finds that any statement or certification made
16 pursuant to subdivision (1) by an insurer is knowingly false,
17 the health benefit plan may be subject to suspension or loss
18 of license or any other penalty as determined by the
19 commissioner.

20 "(4) Notwithstanding the exemption allowed under
21 subdivision (1), an insurer may elect to continue to provide
22 coverage for applied behavior analysis required under this
23 section."