



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2845

by Rep. Deb Conroy

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30.11 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that a Medicaid managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide individuals under 21 years of age coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders to the extent that the diagnosis and treatment of autism spectrum disorders are not already covered by the Medicaid managed care plan. Provides that the coverage provided for the treatment of autism spectrum disorders shall not be subject to any limits on the number of visits to a service provider, but shall be subject to copayment, deductible, and coinsurance provisions of a Medicaid managed care plan to the extent that other medical services covered by the Medicaid managed care plan are subject to these provisions. Provides that the provisions of the amendatory Act shall not be construed as limiting benefits that are otherwise available to an individual under a Medicaid managed care plan and benefits provided under the amendatory Act may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally. Requires a provider of treatment for autism spectrum disorders to furnish, upon request to the reimbursing managed care organization, medical records, clinical notes, or other necessary data that substantiate that initial or continued medical treatment is medically necessary and is resulting in improved clinical status. Defines terms. Makes other changes.

LRB101 10016 KTG 55118 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 adding Section 5-30.11 as follows:

6 (305 ILCS 5/5-30.11 new)

7 Sec. 5-30.11. Autism spectrum disorders.

8 (a) As used in this Section:

9 "Autism spectrum disorders" means pervasive developmental  
10 disorders as defined in the most recent edition of the  
11 Diagnostic and Statistical Manual of Mental Disorders,  
12 including autism, Asperger's syndrome, and pervasive  
13 developmental disorder not otherwise specified.

14 "Diagnosis of autism spectrum disorders" means one or more  
15 tests, evaluations, or assessments to diagnose whether an  
16 individual has autism spectrum disorder that is prescribed,  
17 performed, or ordered by (A) a physician licensed to practice  
18 medicine in all its branches or (B) a licensed clinical  
19 psychologist with expertise in diagnosing autism spectrum  
20 disorders.

21 "Managed care organization" has the meaning ascribed to  
22 that term in Section 5-30.1.

23 "Medicaid managed care plan" means a health care plan

1 operated by a managed care organization under the Medical  
2 Assistance Program.

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

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

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

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

24 (3) Habilitative or rehabilitative care, meaning  
25 professional, counseling, and guidance services and  
26 treatment programs, including applied behavior analysis,

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

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

17 (b) A Medicaid managed care plan amended, delivered,  
18 issued, or renewed after the effective date of this amendatory  
19 Act of the 101st General Assembly must provide individuals  
20 under 21 years of age coverage for the diagnosis of autism  
21 spectrum disorders and for the treatment of autism spectrum  
22 disorders to the extent that the diagnosis and treatment of  
23 autism spectrum disorders are not already covered by the  
24 managed care plan.

25 (c) Coverage provided under this Section shall not be  
26 subject to any limits on the number of visits to a service

1 provider. Payments made by a managed care organization on  
2 behalf of a covered individual for any care, treatment,  
3 intervention, service, or item, the provision of which was for  
4 the treatment of a health condition not diagnosed as an autism  
5 spectrum disorder, shall not be applied toward any maximum  
6 benefit established under this subsection.

7 (d) Coverage under this Section shall be subject to  
8 copayment, deductible, and coinsurance provisions of a  
9 Medicaid managed care plan to the extent that other medical  
10 services covered by the Medicaid managed care plan are subject  
11 to these provisions.

12 (e) This Section shall not be construed as limiting  
13 benefits that are otherwise available to an individual under a  
14 Medicaid managed care plan and benefits provided under this  
15 Section may not be subject to dollar limits, deductibles,  
16 copayments, or coinsurance provisions that are less favorable  
17 to the insured than the dollar limits, deductibles, or  
18 coinsurance provisions that apply to physical illness  
19 generally.

20 (f) A managed care organization may not deny or refuse to  
21 provide otherwise covered services, or refuse to renew, refuse  
22 to reissue, or otherwise terminate or restrict coverage under  
23 an individual contract to provide services to an individual  
24 because the individual or their dependent is diagnosed with an  
25 autism spectrum disorder or due to the individual utilizing  
26 benefits in this Section.

1       (g) Upon request of the reimbursing managed care  
2 organization, a provider of treatment for autism spectrum  
3 disorders shall furnish medical records, clinical notes, or  
4 other necessary data that substantiate that initial or  
5 continued medical treatment is medically necessary and is  
6 resulting in improved clinical status. When treatment is  
7 anticipated to require continued services to achieve  
8 demonstrable progress, the managed care organization may  
9 request a treatment plan consisting of diagnosis, proposed  
10 treatment by type, frequency, anticipated duration of  
11 treatment, the anticipated outcomes stated as goals, and the  
12 frequency by which the treatment plan will be updated.

13       (h) When making a determination of medical necessity for a  
14 treatment modality for autism spectrum disorders, a managed  
15 care organization must make the determination in a manner that  
16 is consistent with the manner used to make that determination  
17 with respect to other diseases or illnesses covered under the  
18 Medicaid managed care plan, including an appeals process.  
19 During the appeals process, any challenge to medical necessity  
20 must be viewed as reasonable only if the review includes a  
21 physician with expertise in the most current and effective  
22 treatment modalities for autism spectrum disorders.

23       (i) Coverage for medically necessary early intervention  
24 services must be delivered by certified early intervention  
25 specialists, as defined in 89 Ill. Adm. Code 500 and any  
26 subsequent amendments.