

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Insurance Code is amended by
5 changing Sections 356z.14 and 356z.16 as follows:

6 (215 ILCS 5/356z.14)

7 Sec. 356z.14. Autism spectrum disorders.

8 (a) A group or individual policy of accident and health
9 insurance or managed care plan amended, delivered, issued, or
10 renewed after the effective date of this amendatory Act of the
11 95th General Assembly must provide individuals under 21 years
12 of age coverage for the diagnosis of autism spectrum disorders
13 and for the treatment of autism spectrum disorders to the
14 extent that the diagnosis and treatment of autism spectrum
15 disorders are not already covered by the policy of accident and
16 health insurance or managed care plan.

17 (b) Coverage provided under this Section shall be subject
18 to a maximum benefit of \$36,000 per year, but shall not be
19 subject to any limits on the number of visits to a service
20 provider. After December 30, 2009, the Director of the Division
21 of Insurance shall, on an annual basis, adjust the maximum
22 benefit for inflation using the Medical Care Component of the
23 United States Department of Labor Consumer Price Index for All

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

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

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

21 (e) An insurer may not deny or refuse to provide otherwise
22 covered services, or refuse to renew, refuse to reissue, or
23 otherwise terminate or restrict coverage under an individual
24 contract to provide services to an individual because the
25 individual or their dependent is diagnosed with an autism
26 spectrum disorder or due to the individual utilizing benefits

1 in this Section.

2 (f) Upon request of the reimbursing insurer, a provider of
3 treatment for autism spectrum disorders shall furnish medical
4 records, clinical notes, or other necessary data that
5 substantiate that initial or continued medical treatment is
6 medically necessary and is resulting in improved clinical
7 status. When treatment is anticipated to require continued
8 services to achieve demonstrable progress, the insurer 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 (g) When making a determination of medical necessity for a
14 treatment modality for autism spectrum disorders, an insurer
15 must make the determination in a manner that is consistent with
16 the manner used to make that determination with respect to
17 other diseases or illnesses covered under the policy, including
18 an appeals process. During the appeals process, any challenge
19 to medical necessity must be viewed as reasonable only if the
20 review includes a physician with expertise in the most current
21 and effective treatment modalities for autism spectrum
22 disorders.

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

1 (h-5) If an individual has been diagnosed as having an
2 autism spectrum disorder, meeting the diagnostic criteria in
3 place at the time of diagnosis, and treatment is determined
4 medically necessary, then that individual shall remain
5 eligible for coverage under this Section even if subsequent
6 changes to the diagnostic criteria are adopted by the American
7 Psychiatric Association. If no changes to the diagnostic
8 criteria are adopted after April 1, 2012, and before December
9 31, 2014, then this subsection (h-5) shall be of no further
10 force and effect.

11 (i) As used in this Section:

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

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

24 "Medically necessary" means any care, treatment,
25 intervention, service or item which will or is reasonably
26 expected to do any of the following: (i) prevent the onset of

1 an illness, condition, injury, disease or disability; (ii)
2 reduce or ameliorate the physical, mental or developmental
3 effects of an illness, condition, injury, disease or
4 disability; or (iii) assist to achieve or maintain maximum
5 functional activity in performing daily activities.

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

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

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

19 (3) Habilitative or rehabilitative care, meaning
20 professional, counseling, and guidance services and
21 treatment programs, including applied behavior analysis,
22 that are intended to develop, maintain, and restore the
23 functioning of an individual. As used in this subsection
24 (i), "applied behavior analysis" means the design,
25 implementation, and evaluation of environmental
26 modifications using behavioral stimuli and consequences to

1 produce socially significant improvement in human
2 behavior, including the use of direct observation,
3 measurement, and functional analysis of the relations
4 between environment and behavior.

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

12 (j) Rulemaking authority to implement this amendatory Act
13 of the 95th General Assembly, if any, is conditioned on the
14 rules being adopted in accordance with all provisions of the
15 Illinois Administrative Procedure Act and all rules and
16 procedures of the Joint Committee on Administrative Rules; any
17 purported rule not so adopted, for whatever reason, is
18 unauthorized.

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

20 (215 ILCS 5/356z.16)

21 Sec. 356z.16. Applicability of mandated benefits to
22 supplemental policies. Unless specified otherwise, the
23 following Sections of the Illinois Insurance Code do not apply
24 to short-term travel, disability income, long-term care,
25 accident only, or limited or specified disease policies: 356b,

1 356c, 356d, 356g, 356k, 356m, 356n, 356p, 356q, 356r, 356t,
2 356u, 356w, 356x, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
3 356z.8, 356z.12, 356z.14, 356z.19, 356z.21 ~~356z.19~~, 364.01,
4 367.2-5, and 367e.

5 (Source: P.A. 96-180, eff. 1-1-10; 96-1000, eff. 7-2-10;
6 96-1034, eff. 1-1-11; 97-91, eff. 1-1-12; 97-282, eff. 8-9-11;
7 97-592, eff. 1-1-12; revised 10-13-11.)