

SENATE BILL No. 554

By Committee on Ways and Means

2-23

9 AN ACT concerning insurance; providing coverage for autism spectrum
10 disorder; amending K.S.A. 2009 Supp. 75-6501 and repealing the ex-
11 isting section.
12

13 *Be it enacted by the Legislature of the State of Kansas:*

14 New Section 1. (a) In the coverage for the next health plan coverage
15 year commencing on January 1, 2011, the state employees health care
16 commission shall provide for the coverage of services for the diagnosis
17 and treatment of autism spectrum disorder services in any covered indi-
18 vidual whose age is less than 19 years. Such coverage shall be subject to
19 the following terms and conditions:

20 (1) Such coverage shall be provided in a manner determined in con-
21 sultation with the autism services provider and the patient. Services pro-
22 vided by an autism services provider under this section shall include ap-
23 plied behavioral analysis when required by a physician licensed by the
24 state board of healing arts or a psychologist licensed by the behavioral
25 sciences regulatory board but otherwise shall be limited to those services
26 prescribed or ordered by a physician licensed by the state board of healing
27 arts or a psychologist licensed by the behavioral sciences regulatory board.
28 Services provided pursuant to this paragraph shall be those services which
29 are or have been recognized by peer reviewed literature as providing
30 medical benefit to the patient based upon the patient's particular autism
31 spectrum disorder.

32 (2) Such coverage may be subject to appropriate annual deductibles
33 and coinsurance provisions as are consistent with those established for
34 other physical illness benefits under the state employees health plan.

35 (3) Coverage for benefits for any covered person diagnosed with one
36 or more autism spectrum disorders and whose age is between birth and
37 less than seven years shall not exceed \$36,000 per year.

38 (4) Coverage for benefits for any covered person diagnosed with one
39 or more autism spectrum disorders and whose age is at least seven years
40 and less than 19 years shall not exceed \$27,000 per year.

41 (5) Coverages required under paragraphs (3) and (4) shall be subject
42 to the same copays, deductibles and dollar limits as benefits for physical
43 illness; and such other utilization or benefit limits as the state employees

1 health care commission may determine.

2 (6) All services provided pursuant to this subsection shall be:

3 (A) Provided pursuant to the order or prescription of a physician li-
4 censed by the state board of healing arts or a psychologist licensed by the
5 behavioral sciences regulatory board; or

6 (B) for services recognized by peer reviewed literature as providing
7 a medical benefit to the covered individual based upon the covered in-
8 dividual's autism spectrum disorder.

9 (7) Any insurer or other entity which administers claims for services
10 provided for the treatment of autism spectrum disorder under this sec-
11 tion, and amendments thereto, shall have the right and obligation to:

12 (A) Review utilization of such services; and

13 (B) deny any claim for services based upon medical necessity or a
14 determination that the covered individual has reached the maximum
15 medical improvement for the covered individual's autism spectrum
16 disorder.

17 (b) For the purposes of this section:

18 (1) "Applied behavior analysis" means the design, implementation
19 and evaluation of environmental modifications, using behavioral stimuli
20 and consequences, to produce socially significant improvement in human
21 behavior, including the use of direct observation, measurement and func-
22 tional analysis of the relations between environment and behavior.

23 (2) "Autism spectrum disorder" means the following disorders within
24 the autism spectrum: Autistic disorder, Asperger's syndrome and perva-
25 sive developmental disorder not otherwise specified, as such terms are
26 specified in the diagnostic and statistical manual of mental disorders,
27 fourth edition, text revision (DSM-IV-TR), of the American psychiatric
28 association, as published in May, 2000, or later versions as established in
29 rules and regulations adopted by the behavioral sciences regulatory board
30 pursuant to K.S.A. 74-7507 and amendments thereto.

31 (3) "Diagnosis of autism spectrum disorder" means any medically
32 necessary assessment, evaluation or test to determine whether an indi-
33 vidual has an autism spectrum disorder.

34 (c) (1) Pursuant to the provisions of K.S.A. 40-2249a, and amend-
35 ments thereto, on or before March 1, 2012, the state care health benefits
36 commission shall submit to the president of the senate and to the speaker
37 of the house of representatives, a report including the following infor-
38 mation pertaining to the mandated coverage for autism spectrum disorder
39 during the plan year commencing on January 1, 2011, and ending on
40 December 31, 2011:

41 (A) The impact that the mandated coverage for autism spectrum dis-
42 order required by subsection (a) has had on the state health care ben-
43 efits program;

1 (B) data on the utilization of coverage for autism spectrum disorder
2 by covered individuals and the cost of providing such coverage for autism
3 spectrum disorder; and

4 (C) a recommendation whether such mandated coverage for autism
5 spectrum disorder should continue for the state health care benefits pro-
6 gram or whether additional utilization and cost data is required.

7 (2) At the next legislative session following receipt of the report re-
8 quired in paragraph (1), the legislature may consider whether or not to
9 require the coverage for autism spectrum disorder required by subsection
10 (a) to be included in any individual or group health insurance policy,
11 medical service plan, contract, hospital service corporation contract, hos-
12 pital and medical service corporation contract, fraternal benefit society
13 or health maintenance organization which provides coverage for accident
14 and health services and which is delivered, issued for delivery, amended
15 or renewed in this state on or after July 1, 2013.

16 Sec. 2. K.S.A. 2009 Supp. 75-6501 is hereby amended to read as
17 follows: 75-6501. (a) Within the limits of appropriations made or available
18 therefor and subject to the provisions of appropriation acts relating
19 thereto, the Kansas state employees health care commission shall develop
20 and provide for the implementation and administration of a state health
21 care benefits program.

22 (b) (1) *Subject to the provisions of paragraph (2),* the state health
23 care benefits program may provide benefits for persons qualified to par-
24 ticipate in the program for hospitalization, medical services, surgical serv-
25 ices, nonmedical remedial care and treatment rendered in accordance
26 with a religious method of healing and other health services. The program
27 may include such provisions as are established by the Kansas state em-
28 ployees health care commission, including but not limited to qualifications
29 for benefits, services covered, schedules and graduation of benefits, con-
30 version privileges, deductible amounts, limitations on eligibility for ben-
31 efits by reason of termination of employment or other change of status,
32 leaves of absence, military service or other interruptions in service and
33 other reasonable provisions as may be established by the commission.

34 (2) *The state health care benefits program shall provide the benefits*
35 *and services required by section 1 and amendments thereto.*

36 (c) The Kansas state employees health care commission shall desig-
37 nate by rules and regulations those persons who are qualified to partici-
38 pate in the state health care benefits program, including active and retired
39 public officers and employees and their dependents as defined by rules
40 and regulations of the commission. Such rules and regulations shall not
41 apply to students attending a state educational institution as defined in
42 K.S.A. 76-711, and amendments thereto, who are covered by insurance
43 contracts entered into by the board of regents pursuant to K.S.A. 75-

1 4101, and amendments thereto. In designating persons qualified to par-
2 ticipate in the state health care benefits program, the commission may
3 establish such conditions, restrictions, limitations and exclusions as the
4 commission deems reasonable. Such conditions, restrictions, limitations
5 and exclusions shall include the conditions contained in subsection (d) of
6 K.S.A. 75-6506, and amendments thereto. Each person who was formerly
7 elected or appointed and qualified to an elective state office and who was
8 covered immediately preceding the date such person ceased to hold such
9 office by the provisions of group health insurance or a health maintenance
10 organization plan under the law in effect prior to August 1, 1984, or the
11 state health care benefits program in effect after that date, shall continue
12 to be qualified to participate in the state health care benefits program
13 and shall pay the cost of participation in the program as established and
14 in accordance with the procedures prescribed by the commission if such
15 person chooses to participate therein.

16 (d) (1) Commencing with the 2009 plan year that begins January 1,
17 2009, if a state employee elects the high deductible health plan and health
18 savings account, the state's employer contribution shall equal the state's
19 contribution to any other health benefit plan offered by the state. The
20 cost savings to the state for the high deductible health plan shall be de-
21 posited monthly into the employee's health savings account up to the
22 maximum annual amount allowed pursuant to subsection (d) of 26 U.S.C.
23 223, as amended, for as long as the employee participates in the high
24 deductible plan.

25 (2) If the employee had not previously participated in the state health
26 benefits plan, the employer shall calculate the average savings to the em-
27 ployer of the high deductible plan compared to the other available plans
28 and contribute that amount monthly to the employee's health savings
29 account up to the maximum annual amount allowed pursuant to subsec-
30 tion (d) of 26 U.S.C. 223, as amended.

31 (3) The employer shall allow additional voluntary contributions by the
32 employee to their health savings account by payroll deduction up to the
33 maximum annual amount allowed pursuant to subsection (d) of 26 U.S.C.
34 223, as amended.

35 (e) The commission shall have no authority to assess charges for em-
36 ployer contributions under the student health care benefits component
37 of the state health care benefits program for persons who are covered by
38 insurance contracts entered into by the board of regents pursuant to
39 K.S.A. 75-4101, and amendments thereto.

40 (f) Nothing in this act shall be construed to permit the Kansas state
41 employees health care commission to discontinue the student health care
42 benefits component of the state health care benefits program until the
43 state board of regents has contracts in effect that provide student coverage

1 pursuant to the authority granted therefor in K.S.A. 75-4101, and amend-
2 ments thereto.
3 Sec. 3. K.S.A. 2009 Supp. 75-6501 is hereby repealed.
4 Sec. 4. This act shall take effect and be in force from and after its
5 publication in the statute book.