

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 605 Session of
2007

INTRODUCED BY ORIE, ERICKSON, RAFFERTY, BOSCOLA, MUSTO, FONTANA,
C. WILLIAMS, BROWNE, COSTA, KITCHEN, RHOADES, WOZNIAK, LOGAN
AND WONDERLING, MARCH 20, 2007

REFERRED TO BANKING AND INSURANCE, MARCH 20, 2007

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," providing for autism spectrum
12 disorders coverage.

13 The General Assembly of the Commonwealth of Pennsylvania
14 hereby enacts as follows:

15 Section 1. The act of May 17, 1921 (P.L.682, No.284), known
16 as The Insurance Company Law of 1921, is amended by adding a
17 section to read:

18 Section 635.2. Autism Spectrum Disorders Coverage.--(a) A
19 health insurance policy delivered, issued, executed or renewed
20 by an insurer in this Commonwealth on or after the effective
21 date of this section shall provide coverage for autism spectrum
22 disorders for an individual less than 24 years of age and

include coverage for the following care and services:

(1) Habilitation care.

(2) Psychiatric care.

(3) Psychological care.

(4) Rehabilitation care.

(5) Respite care.

(6) Therapeutic care.

(b) Coverage provided under this section shall be subject to a maximum of two thousand dollars (\$2,000) benefit per month for the covered individual, adjusted annually by the average percentage increase or decrease of private medical insurance premiums each year. This limit shall not apply to the coverage of other health conditions of the individual not related to the treatment of autism spectrum disorders.

(c) Coverage under this section shall be subject to copayment, deductible and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to those provisions.

(d) This section shall not apply to the following types of policies:

(1) Accident only.

(2) Limited benefit.

(3) Credit.

(4) Dental.

(5) Vision.

(6) Specified disease.

(7) Medicare supplement.

(8) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement.

(9) Long-term care or disability income.

1 (10) Workers' compensation.

2 (11) Automobile medical payment.

3 (e) As used in this section, the following words and phrases
4 shall have the meanings given to them in this subsection unless
5 the context clearly indicates otherwise:

6 (1) "Autism spectrum disorders" means any of the pervasive
7 developmental disorders as defined by the most recent edition of
8 the Diagnostic and Statistical Manual of Mental Disorders (DSM),
9 including autistic disorder, Rett's disorder, childhood
10 disintegrative disorder, Asperger's disorder and pervasive
11 development disorder not otherwise specified.

12 (2) "Habilitation care" means care designed to assist
13 individuals in acquiring, retaining and improving the self-help,
14 socialization and adaptive skills necessary to reside
15 successfully in home or community-based settings. Habilitation
16 care may be provided for up to 24 hours a day based on the needs
17 of the individual receiving the care and includes, but is not
18 limited to, health, social or home or community-based services
19 or other services needed to insure the optimal functioning of an
20 individual in the individual's home or community-based setting.

21 (3) "Health insurance policy" means any group health,
22 sickness or accident policy or subscriber contract or
23 certificate issued by an insurance entity subject to one of the
24 following:

25 (i) This act.

26 (ii) The act of December 29, 1972 (P.L.1701, No.364), known
27 as the "Health Maintenance Organization Act."

28 (iii) The act of May 18, 1976 (P.L.123, No.54), known as the
29 "Individual Accident and Sickness Insurance Minimum Standards
30 Act."

1 (iv) 40 Pa.C.S. Ch. 61 (relating to hospital plan
2 corporations) or 63 (relating to professional health services
3 plan corporations).

4 (4) "Psychiatric care" means direct or consultative services
5 provided by a psychiatrist licensed in the state in which he or
6 she practices.

7 (5) "Psychological care" means direct or consultative
8 services provided by a licensed psychologist in the state in
9 which he or she practices.

10 (6) "Rehabilitation care" means professional, counseling and
11 guidance services and treatment programs that are necessary to
12 develop, maintain and restore, to the maximum extent
13 practicable, the functioning of an individual.

14 (7) "Respite care" means care furnished in relief of the
15 primary care-giver on an intermittent basis for a limited period
16 to an individual who resides primarily in a private residence
17 when such care will help the individual to continue residing in
18 the private residence. This term shall include nursing care or
19 private nursing care provided on a respite basis.

20 (8) "Therapeutic care" means services provided by licensed
21 or certified speech therapists, occupational therapists,
22 physical therapists or behavioral health specialists.

23 Section 2. This act shall take effect immediately.