Sixty-second
Legislative Assembly
of North Dakota

SENATE BILL NO.

Introduced by

Senators Nelson, Wardner

1 A BILL for an Act to require health insurance coverage for autism spectrum disorders; and to
2 create and enact a new section to chapter 54-52.1 of the North Dakota Century Code, relating
3 to public employees retirement system medical benefits coverage for autism spectrum
4 disorders.

5 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

6 **SECTION 1. Definitions.** As used in sections 1 through 3 of this Act:
7 1. "Applied behavior analysis" means the design, implementation, and evaluation of
8 environmental modifications, using behavioral stimuli and consequences, to
9 produce socially significant improvement in human behavior, including the use of
10 direct observation, measurement, and functional analysis of the relations between
11 environment and behavior.
12 2. "Autism services provider" means any person that provides treatment of any
13 autism spectrum disorder.
14 3. "Autism spectrum disorder" means any of the pervasive developmental disorders
15 as defined by the most recent edition of the diagnostic and statistical manual of
16 mental disorders.
17 4. "Diagnosis of an autism spectrum disorder" means medically necessary
18 assessment, evaluation, or testing to diagnose whether an individual has an autism
19 spectrum disorder.
20 5. "Eligible individual" means an individual who is under eighteen years of age and is
21 covered under a health insurance policy, an individual who is under twenty-six
22 years of age and is attending a postsecondary education institution, or an
23 individual who is older than eighteen years of age and is in high school and was
24 diagnosed as having a developmental disability at eight years of age or under.

1 6. "Evidence-based research" means research that applies rigorous, systematic, and
2 objective procedures to obtain valid knowledge relevant to an autism spectrum
3 disorder.
4 7. "Habilitative or rehabilitative care" means professional, counseling, and guidance
5 services and treatment programs, including applied behavior analysis, necessary
6 to develop, maintain, and restore, to the maximum extent practicable, the
7 functioning of an individual.
8 8. "Health insurance policy" includes a group health insurance policy, group health
9 benefit plan, or health contract issued by an insurance company, nonprofit health
10 service corporation, or health maintenance organization.
11 9. "Medically necessary" means any care, treatment, intervention, service, or item
12 that is prescribed, provided, or ordered by a physician or a psychologist in
13 accordance with accepted standards of practice and which is reasonably expected
14 to:
15 a. Prevent the onset of an illness, condition, injury, or disability;
16 b. Reduce or ameliorate the physical, mental, or developmental effects of an
17 illness, condition, injury, or disability; or
18 c. Assist to achieve or maintain maximum functional capacity in performing daily
19 activities, taking into account both the functional capacity of the individual and
20 the functional capacities that are appropriate for individuals of the same age.
21 10. "Pharmacy care" means a medication prescribed by a physician and any
22 health-related service deemed medically necessary to determine the need or
23 effectiveness of the medication.
24 11. "Psychiatric care" means a direct or consultative service provided by a psychiatrist.
25 12. "Psychological care" means a direct or consultative service provided by a
26 psychologist.
27 13. "Therapeutic care" means a service provided by a speech therapist, occupational
28 therapist, or physical therapist.
29 14. "Treatment for an autism spectrum disorder" includes medically necessary
30 habilitative or rehabilitative care, pharmacy care, psychiatric care, psychological

1 care, or therapeutic care prescribed, provided, or ordered by a physician or
2 psychologist for an individual diagnosed with an autism spectrum disorder.
3 **SECTION 2. Autism spectrum disorder coverage.**
4 1. An insurance company, nonprofit health service corporation, or health maintenance
5 organization may not deliver, issue, execute, or renew any health insurance policy
6 that does not provide coverage for the diagnosis of an autism spectrum disorder
7 and the treatment of an autism spectrum disorder in an eligible individual.
8 2. Coverage for an eligible individual required under this section is limited to the
9 treatment that is prescribed by the eligible individual's treating physician in
10 accordance with a treatment plan, and coverage may not be denied or refused on
11 the basis that provided services are habilitative in nature or because the individual
12 is diagnosed as having a developmental disability.
13 3. An insurance company, nonprofit health service corporation, or health maintenance
14 organization may not terminate coverage or refuse to deliver, execute, issue,
15 amend, adjust, or renew coverage to an individual solely because the individual is
16 diagnosed with an autism spectrum disorder or has received treatment for an
17 autism spectrum disorder.
18 4. Coverage under sections 1 through 3 of this Act is not subject to any limits on the
19 number of visits an individual may make to an autism services provider.
20 5. Coverage under sections 1 through 3 of this Act may be subject to copayment,
21 deductible, and coinsurance provisions of a health insurance policy to the extent
22 that other medical services covered by the health insurance policy are subject to
23 those provisions.
24 6. a. Except as provided in subdivision b, coverage required under sections 1
25 through 3 of this Act is subject to a maximum benefit of twenty-five thousand
26 dollars per year and a lifetime total benefit of seventy-five thousand dollars.
27 b. By July first of each year, the insurance commissioner shall adopt rules that
28 adjust the maximum benefit for inflation for the following calendar year by
29 using the medical care component of the United States department of labor
30 consumer price index for all urban consumers.

1 c. Any payment made under a health insurance policy on behalf of a covered
2 individual for any care, treatment, intervention, service, or item unrelated to an
3 autism spectrum disorder may not be applied toward any maximum benefit
4 established under this subsection.
5 7. Except for inpatient services, if an individual is receiving treatment for an autism
6 spectrum disorder, an insurance company, nonprofit health service corporation, or
7 health maintenance organization may not request a review of that treatment more
8 than once every six months unless the insurer and the individual's physician or
9 psychologist agrees that a more frequent review is necessary. The cost of
10 obtaining any review must be borne by the insurer.
11 8. Sections 1 through 3 of this Act do not limit benefits that are otherwise available to
12 an individual under a health insurance policy.
13 **SECTION 3. Denial of claim.**
14 1. If a claim by a covered individual for diagnostic assessment of any autism
15 spectrum disorder or for the treatment of any autism spectrum disorder is denied,
16 the covered individual may request an expedited internal review followed by an
17 expedited external review administered by the insurance commissioner.
18 2. Pending the outcome of the internal review and the external review, the insurer
19 shall provide coverage to the eligible individual during the course of an appeal
20 process.
21 **SECTION 4.** A new section to chapter 54-52.1 of the North Dakota Century Code is
22 created and enacted as follows:
23 **Insurance to cover autism spectrum disorders.** The board shall provide medical
24 benefits coverage for insurance pursuant to section 54-52.1-04 or under a self-insurance plan
25 pursuant to section 54-52.1-04.2 for autism spectrum disorders in the same manner as
26 provided under sections 1 through 3 of this Act.