

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

House Bill 5577

By Delegate Young

[Introduced February 12, 2024; Referred to the
Committee on Health and Human Resources then
Finance]

1 A BILL to amend and reenact §5-16-7 of the Code of West Virginia, 1931, as amended; to amend
 2 and reenact §5-16B-6e of said code; to amend and reenact §33-16-3v of said code; to
 3 amend and reenact §33-24-7k of said code; and to amend and reenact §33-25A-8j of said
 4 code, all relating to increasing the required insurance coverage for autism spectrum
 5 disorders.

Be it enacted by the Legislature of West Virginia:

**CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE
 GOVERNOR, SECRETARY OF STATE AND ATTORNEY GENERAL;
 BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES,
 COMMISSIONS, OFFICES, PROGRAMS, ETC.**

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

**§5-16-7. Authorization to establish plans; mandated benefits; optional plans; separate
 rating for claims experience purposes.**

1 (a) The agency shall establish plans for those employees herein made eligible and
 2 establish and promulgate rules for the administration of these plans subject to the limitations
 3 contained in this article. These plans shall include:

4 (1) Coverages and benefits for x-ray and laboratory services in connection with
 5 mammograms when medically appropriate and consistent with current guidelines from the United
 6 States Preventive Services Task Force; pap smears, either conventional or liquid-based cytology,
 7 whichever is medically appropriate and consistent with the current guidelines from either the
 8 United States Preventive Services Task Force or the American College of Obstetricians and
 9 Gynecologists; and a test for the human papilloma virus when medically appropriate and
 10 consistent with current guidelines from either the United States Preventive Services Task Force or
 11 the American College of Obstetricians and Gynecologists, when performed for cancer screening

12 or diagnostic services on a woman age 18 or over;

13 (2) Annual checkups for prostate cancer in men age 50 and over;

14 (3) Annual screening for kidney disease as determined to be medically necessary by a
15 physician using any combination of blood pressure testing, urine albumin or urine protein testing,
16 and serum creatinine testing as recommended by the National Kidney Foundation;

17 (4) For plans that include maternity benefits, coverage for inpatient care in a duly licensed
18 health care facility for a mother and her newly born infant for the length of time which the attending
19 physician considers medically necessary for the mother or her newly born child. No plan may deny
20 payment for a mother or her newborn child prior to 48 hours following a vaginal delivery or prior to
21 96 hours following a caesarean section delivery if the attending physician considers discharge
22 medically inappropriate;

23 (5) For plans which provide coverages for post-delivery care to a mother and her newly
24 born child in the home, coverage for inpatient care following childbirth as provided in subdivision
25 (4) of this subsection if inpatient care is determined to be medically necessary by the attending
26 physician. These plans may include, among other things, medicines, medical equipment,
27 prosthetic appliances, and any other inpatient and outpatient services and expenses considered
28 appropriate and desirable by the agency; and

29 (6) Coverage for treatment of serious mental illness:

30 (A) The coverage does not include custodial care, residential care, or schooling. For
31 purposes of this section, "serious mental illness" means an illness included in the American
32 Psychiatric Association's diagnostic and statistical manual of mental disorders, as periodically
33 revised, under the diagnostic categories or subclassifications of:

34 (i) Schizophrenia and other psychotic disorders;

35 (ii) Bipolar disorders;

36 (iii) Depressive disorders;

37 (iv) Substance-related disorders with the exception of caffeine-related disorders and

38 nicotine-related disorders;

39 (v) Anxiety disorders; and

40 (vi) Anorexia and bulimia.

41 With regard to a covered individual who has not yet attained the age of 19 years, "serious
42 mental illness" also includes attention deficit hyperactivity disorder, separation anxiety disorder,
43 and conduct disorder.

44 (B) The agency shall not discriminate between medical-surgical benefits and mental health
45 benefits in the administration of its plan. With regard to both medical-surgical and mental health
46 benefits, it may make determinations of medical necessity and appropriateness and it may use
47 recognized health care quality and cost management tools including, but not limited to, limitations
48 on inpatient and outpatient benefits, utilization review, implementation of cost-containment
49 measures, preauthorization for certain treatments, setting coverage levels, setting maximum
50 number of visits within certain time periods, using capitated benefit arrangements, using fee-for-
51 service arrangements, using third-party administrators, using provider networks, and using patient
52 cost sharing in the form of copayments, deductibles, and coinsurance. Additionally, the agency
53 shall comply with the financial requirements and quantitative treatment limitations specified in 45
54 CFR 146.136(c)(2) and (c)(3), or any successor regulation. The agency may not apply any
55 nonquantitative treatment limitations to benefits for behavioral health, mental health, and
56 substance use disorders that are not applied to medical and surgical benefits within the same
57 classification of benefits: *Provided*, That any service, even if it is related to the behavioral health,
58 mental health, or substance use diagnosis if medical in nature, shall be reviewed as a medical
59 claim and undergo all utilization review as applicable;

60 (7) Coverage for general anesthesia for dental procedures and associated outpatient
61 hospital or ambulatory facility charges provided by appropriately licensed health care individuals in
62 conjunction with dental care if the covered person is:

63 (A) Seven years of age or younger or is developmentally disabled and is an individual for

64 whom a successful result cannot be expected from dental care provided under local anesthesia
65 because of a physical, intellectual, or other medically compromising condition of the individual and
66 for whom a superior result can be expected from dental care provided under general anesthesia.

67 (B) A child who is 12 years of age or younger with documented phobias or with
68 documented mental illness and with dental needs of such magnitude that treatment should not be
69 delayed or deferred and for whom lack of treatment can be expected to result in infection, loss of
70 teeth, or other increased oral or dental morbidity and for whom a successful result cannot be
71 expected from dental care provided under local anesthesia because of such condition and for
72 whom a superior result can be expected from dental care provided under general anesthesia.

73 (8) (A) All plans shall include coverage for diagnosis, evaluation, and treatment of autism
74 spectrum disorder in individuals ages 18 months to 18 years. To be eligible for coverage and
75 benefits under this subdivision, the individual must be diagnosed with autism spectrum disorder at
76 age eight or younger. Such plan shall provide coverage for treatments that are medically
77 necessary and ordered or prescribed by a licensed physician or licensed psychologist and in
78 accordance with a treatment plan developed from a comprehensive evaluation by a certified
79 behavior analyst for an individual diagnosed with autism spectrum disorder.

80 (B) The coverage shall include, but not be limited to, applied behavior analysis which shall
81 be provided or supervised by a certified behavior analyst. The annual maximum benefit for applied
82 behavior analysis required by this subdivision shall be in an amount not to exceed \$90,000 per
83 individual for three consecutive years from the date treatment commences. At the conclusion of
84 the third year, coverage for applied behavior analysis required by this subdivision shall be in an
85 amount not to exceed \$6,000 per month, until the individual reaches 18 years of age, as long as
86 the treatment is medically necessary and in accordance with a treatment plan developed by a
87 certified behavior analyst pursuant to a comprehensive evaluation or reevaluation of the
88 individual. This subdivision does not limit, replace, or affect any obligation to provide services to an
89 individual under the Individuals with Disabilities Education Act, 20 U. S. C. §1400 *et seq.*, as

90 amended from time to time, or other publicly funded programs. Nothing in this subdivision requires
91 reimbursement for services provided by public school personnel.

92 (C) The certified behavior analyst shall file progress reports with the agency semiannually.
93 In order for treatment to continue, the agency must receive objective evidence or a clinically
94 supportable statement of expectation that:

95 (i) The individual's condition is improving in response to treatment;

96 (ii) A maximum improvement is yet to be attained; and

97 (iii) There is an expectation that the anticipated improvement is attainable in a reasonable
98 and generally predictable period of time.

99 (D) To the extent that the provisions of this subdivision require benefits that exceed the
100 essential health benefits specified under section 1302(b) of the Patient Protection and Affordable
101 Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified
102 essential health benefits shall not be required of insurance plans offered by the Public Employees
103 Insurance Agency.

104 (9) For plans that include maternity benefits, coverage for the same maternity benefits for
105 all individuals participating in or receiving coverage under plans that are issued or renewed on or
106 after January 1, 2014: *Provided*, That to the extent that the provisions of this subdivision require
107 benefits that exceed the essential health benefits specified under section 1302(b) of the Patient
108 Protection and Affordable Care Act, Pub. L. No. 111-148, as amended, the specific benefits that
109 exceed the specified essential health benefits shall not be required of a health benefit plan when
110 the plan is offered in this state.

111 (10) (A) Coverage, through the age of 20, for amino acid-based formula for the treatment of
112 severe protein-allergic conditions or impaired absorption of nutrients caused by disorders affecting
113 the absorptive surface, function, length, and motility of the gastrointestinal tract. This includes the
114 following conditions, if diagnosed as related to the disorder by a physician licensed to practice in
115 this state pursuant to either §30-3-1 *et seq.* or §30-14-1 *et seq.* of this code:

116 (i) Immunoglobulin E and nonimmunoglobulin E-medicated allergies to multiple food
117 proteins;

118 (ii) Severe food protein-induced enterocolitis syndrome;

119 (iii) Eosinophilic disorders as evidenced by the results of a biopsy; and

120 (iv) Impaired absorption of nutrients caused by disorders affecting the absorptive surface,
121 function, length, and motility of the gastrointestinal tract (short bowel).

122 (B) The coverage required by paragraph (A) of this subdivision shall include medical foods
123 for home use for which a physician has issued a prescription and has declared them to be
124 medically necessary, regardless of methodology of delivery.

125 (C) For purposes of this subdivision, "medically necessary foods" or "medical foods" shall
126 mean prescription amino acid-based elemental formulas obtained through a pharmacy: *Provided*,
127 That these foods are specifically designated and manufactured for the treatment of severe allergic
128 conditions or short bowel.

129 (D) The provisions of this subdivision shall not apply to persons with an intolerance for
130 lactose or soy.

131 (11) The cost for coverage of children's immunization services from birth through age 16
132 years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles,
133 rubella, tetanus, hepatitis-b, hemophilia influenzae-b, and whooping cough. Any contract entered
134 into to cover these services shall require that all costs associated with immunization, including the
135 cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration
136 be exempt from any deductible, per visit charge, and copayment provisions which may be in force
137 in these policies or contracts. This section does not require that other health care services
138 provided at the time of immunization be exempt from any deductible or copayment provisions.

139 (12) The provision requiring coverage for 12-month refill for contraceptive drugs codified at
140 §33-58-1 of this code.

141 (13) The group life and accidental death insurance herein provided shall be in the amount

142 of \$10,000 for every employee.

143 (b) The agency shall make available to each eligible employee, at full cost to the employee,
144 the opportunity to purchase optional group life and accidental death insurance as established
145 under the rules of the agency. In addition, each employee is entitled to have his or her spouse and
146 dependents, as defined by the rules of the agency, included in the optional coverage, at full cost to
147 the employee, for each eligible dependent.

148 (c) The finance board may cause to be separately rated for claims experience purposes:

149 (1) All employees of the State of West Virginia;

150 (2) All teaching and professional employees of state public institutions of higher education
151 and county boards of education;

152 (3) All nonteaching employees of the Higher Education Policy Commission, West Virginia
153 Council for Community and Technical College Education, and county boards of education; or

154 (4) Any other categorization which would ensure the stability of the overall program.

155 (d) The agency shall maintain the medical and prescription drug coverage for Medicare-
156 eligible retirees by providing coverage through one of the existing plans or by enrolling the
157 Medicare-eligible retired employees into a Medicare-specific plan, including, but not limited to, the
158 Medicare/Advantage Prescription Drug Plan. If a Medicare-specific plan is no longer available or
159 advantageous for the agency and the retirees, the retirees remain eligible for coverage through the
160 agency.

161 (e) The agency shall establish procedures to authorize treatment with a nonparticipating
162 provider if a covered service is not available within established time and distance standards and
163 within a reasonable period after service is requested, and with the same coinsurance, deductible,
164 or copayment requirements as would apply if the service were provided at a participating provider,
165 and at no greater cost to the covered person than if the services were obtained at or from a
166 participating provider.

167 (f) If the Public Employees Insurance Agency offers a plan that does not cover services

168 provided by an out-of-network provider, it may provide the benefits required in paragraph (A),
169 subdivision (6), subsection (a) of this section if the services are rendered by a provider who is
170 designated by and affiliated with the Public Employees Insurance Agency, and only if the same
171 requirements apply for services for a physical illness.

172 (g) In the event of a concurrent review for a claim for coverage of services for the
173 prevention of, screening for, and treatment of behavioral health, mental health, and substance use
174 disorders, the service continues to be a covered service until the Public Employees Insurance
175 Agency notifies the covered person of the determination of the claim.

176 (h) Unless denied for nonpayment of premium, a denial of reimbursement for services for
177 the prevention of, screening for, or treatment of behavioral health, mental health, and substance
178 use disorders by the Public Employees Insurance Agency shall include the following language:

179 (1) A statement explaining that covered persons are protected under this section, which
180 provides that limitations placed on the access to mental health and substance use disorder
181 benefits may be no greater than any limitations placed on access to medical and surgical benefits;

182 (2) A statement providing information about the internal appeals process if the covered
183 person believes his or her rights under this section have been violated; and

184 (3) A statement specifying that covered persons are entitled, upon request to the Public
185 Employees Insurance Agency, to a copy of the medical necessity criteria for any behavioral health,
186 mental health, and substance use disorder benefit.

187 (i) On or after June 1, 2021, and annually thereafter, the Public Employees Insurance
188 Agency shall submit a written report to the Joint Committee on Government and Finance that
189 contains the following information regarding plans offered pursuant to this section:

190 (1) Data that demonstrates parity compliance for adverse determination regarding claims
191 for behavioral health, mental health, or substance use disorder services and includes the total
192 number of adverse determinations for such claims;

193 (2) A description of the process used to develop and select:

194 (A) The medical necessity criteria used in determining benefits for behavioral health,
195 mental health, and substance use disorders; and

196 (B) The medical necessity criteria used in determining medical and surgical benefits;

197 (3) Identification of all nonquantitative treatment limitations that are applied to benefits for
198 behavioral health, mental health, and substance use disorders and to medical and surgical
199 benefits within each classification of benefits;

200 (4) The results of analyses demonstrating that, for medical necessity criteria described in
201 subdivision (2) of this subsection and for each nonquantitative treatment limitation identified in
202 subdivision (3) of this subsection, as written and in operation, the processes, strategies,
203 evidentiary standards, or other factors used in applying the medical necessity criteria and each
204 nonquantitative treatment limitation to benefits for behavioral health, mental health, and substance
205 use disorders within each classification of benefits are comparable to, and are applied no more
206 stringently than, the processes, strategies, evidentiary standards, or other factors used in applying
207 the medical necessity criteria and each nonquantitative treatment limitation to medical and
208 surgical benefits within the corresponding classification of benefits;

209 (5) The Public Employees Insurance Agency's report of the analyses regarding
210 nonquantitative treatment limitations shall include at a minimum:

211 (A) Identify factors used to determine whether a nonquantitative treatment limitation will
212 apply to a benefit, including factors that were considered but rejected;

213 (B) Identify and define the specific evidentiary standards used to define the factors and any
214 other evidence relied on in designing each nonquantitative treatment limitation;

215 (C) Provide the comparative analyses, including the results of the analyses, performed to
216 determine that the processes and strategies used to design each nonquantitative treatment
217 limitation, as written, and the written processes and strategies used to apply each nonquantitative
218 treatment limitation for benefits for behavioral health, mental health, and substance use disorders
219 are comparable to, and are applied no more stringently than, the processes and strategies used to

220 design and apply each nonquantitative treatment limitation, as written, and the written processes
 221 and strategies used to apply each nonquantitative treatment limitation for medical and surgical
 222 benefits;

223 (D) Provide the comparative analysis, including the results of the analyses, performed to
 224 determine that the processes and strategies used to apply each nonquantitative treatment
 225 limitation, in operation, for benefits for behavioral health, mental health, and substance use
 226 disorders are comparable to, and are applied no more stringently than, the processes and
 227 strategies used to apply each nonquantitative treatment limitation, in operation, for medical and
 228 surgical benefits; and

229 (E) Disclose the specific findings and conclusions reached by the Public Employees
 230 Insurance Agency that the results of the analyses indicate that each health benefit plan offered by
 231 the Public Employees Insurance Agency complies with paragraph (B), subdivision (6), subsection
 232 (a) of this section; and

233 (6) After the initial report required by this subsection, annual reports are only required for
 234 any year thereafter during which the Public Employees Insurance Agency makes significant
 235 changes to how it designs and applies medical management protocols.

236 (j) The Public Employees Insurance Agency shall update its annual plan document to
 237 reflect its comprehensive parity compliance. An annual report shall also be filed with the Joint
 238 Committee on Government and Finance and the Public Employees Insurance Agency Finance
 239 Board.

ARTICLE 16B. WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM.

§5-16B-6e. Coverage for treatment of autism spectrum disorders.

1 (a) To the extent that the diagnosis, evaluation and treatment of autism spectrum disorders
 2 are not already covered by this agency, on or after January 1, 2012, a policy, plan or contract
 3 subject to this section shall provide coverage for such diagnosis, evaluation and treatment, for
 4 individuals ages 18 months to 18 years. To be eligible for coverage and benefits under this section,

5 the individual must be diagnosed with autism spectrum disorder at age eight or younger. Such
6 policy shall provide coverage for treatments that are medically necessary and ordered or
7 prescribed by a licensed physician or licensed psychologist and in accordance with a treatment
8 plan developed from a comprehensive evaluation by a certified behavior analyst for an individual
9 diagnosed with autism spectrum disorder.

10 (b) The coverage shall include, but not be limited to, applied behavior analysis. Applied
11 behavior analysis shall be provided or supervised by a certified behavior analyst. The annual
12 maximum benefit for applied behavior analysis required by this subsection shall be in an amount
13 not to exceed ~~\$30,000~~ \$90,000 per individual, for three consecutive years from the date treatment
14 commences. At the conclusion of the third year, coverage for applied behavior analysis required
15 by this subsection shall be in an amount not to exceed ~~\$2,000~~ \$6,000 per month, until the
16 individual reaches 18 years of age, as long as the treatment is medically necessary and in
17 accordance with a treatment plan developed by a certified behavior analyst pursuant to a
18 comprehensive evaluation or reevaluation of the individual. This section shall not be construed as
19 limiting, replacing or affecting any obligation to provide services to an individual under the
20 Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*, as amended from time to time,
21 or other publicly funded programs. Nothing in this section shall be construed as requiring
22 reimbursement for services provided by public school personnel.

23 (c) The certified behavior analyst shall file progress reports with the agency semiannually.
24 In order for treatment to continue, the agency must receive objective evidence or a clinically
25 supportable statement of expectation that:

26 (1) The individual's condition is improving in response to treatment; and

27 (2) A maximum improvement is yet to be attained; and

28 (3) There is an expectation that the anticipated improvement is attainable in a reasonable
29 and generally predictable period of time.

30 (d) On or before January 1 each year, the agency shall file an annual report with the Joint

31 Committee on Government and Finance describing its implementation of the coverage provided
32 pursuant to this section. The report shall include, but shall not be limited to, the number of
33 individuals in the plan utilizing the coverage required by this section, the fiscal and administrative
34 impact of the implementation, and any recommendations the agency may have as to changes in
35 law or policy related to the coverage provided under this section. In addition, the agency shall
36 provide such other information as may be requested by the Joint Committee on Government and
37 Finance as it may from time to time request.

38 (e) For purposes of this section, the term:

39 (1) "Applied Behavior Analysis" means the design, implementation, and evaluation of
40 environmental modifications using behavioral stimuli and consequences, to produce socially
41 significant improvement in human behavior, including the use of direct observation, measurement,
42 and functional analysis of the relationship between environment and behavior.

43 (2) "Autism spectrum disorder" means any pervasive developmental disorder, including
44 autistic disorder, Asperger's Syndrome, Rett syndrome, childhood disintegrative disorder, or
45 Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and
46 Statistical Manual of Mental Disorders of the American Psychiatric Association.

47 (3) "Certified behavior analyst" means an individual who is certified by the Behavior
48 Analyst Certification Board or certified by a similar nationally recognized organization.

49 (4) "Objective evidence" means standardized patient assessment instruments, outcome
50 measurements tools or measurable assessments of functional outcome. Use of objective
51 measures at the beginning of treatment, during and after treatment is recommended to quantify
52 progress and support justifications for continued treatment. The tools are not required, but their
53 use will enhance the justification for continued treatment.

54 (f) To the extent that the application of this section for autism spectrum disorder causes an
55 increase of at least one percent of actual total costs of coverage for the plan year the agency may
56 apply additional cost containment measures.

57 (g) To the extent that the provisions of this section require benefits that exceed the
58 essential health benefits specified under section 1302(b) of the Patient Protection and Affordable
59 Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified
60 essential health benefits shall not be required of the West Virginia Children's Health Insurance
61 Program.

CHAPTER 33. INSURANCE.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE

§33-16-3v. Required coverage for treatment of autism spectrum disorders.

1 (a) Any insurer who, on or after January 1, 2012, delivers, renews or issues a policy of
2 group accident and sickness insurance in this state under the provisions of this article shall include
3 coverage for diagnosis, evaluation and treatment of autism spectrum disorder in individuals ages
4 18 months to 18 years. To be eligible for coverage and benefits under this section, the individual
5 must be diagnosed with autism spectrum disorder at age eight or younger. Such policy shall
6 provide coverage for treatments that are medically necessary and ordered or prescribed by a
7 licensed physician or licensed psychologist and in accordance with a treatment plan developed
8 from a comprehensive evaluation by a certified behavior analyst for an individual diagnosed with
9 autism spectrum disorder.

10 (b) Coverage shall include, but not be limited to, applied behavior analysis. Applied
11 behavior analysis shall be provided or supervised by a certified behavior analyst. The annual
12 maximum benefit for applied behavior analysis required by this subsection shall be in an amount
13 not to exceed ~~\$30,000~~ \$90,000 per individual, for three consecutive years from the date treatment
14 commences. At the conclusion of the third year, required coverage shall be in an amount not to
15 exceed ~~\$2,000~~ \$6,000 per month, until the individual reaches 18 years of age, as long as the
16 treatment is medically necessary and in accordance with a treatment plan developed by a certified
17 behavior analyst pursuant to a comprehensive evaluation or reevaluation of the individual. This

18 section shall not be construed as limiting, replacing or affecting any obligation to provide services
19 to an individual under the Individuals with Disabilities Education Act, 20 U.S.C. §1400 *et seq.*, as
20 amended from time to time or other publicly funded programs. Nothing in this section shall be
21 construed as requiring reimbursement for services provided by public school personnel.

22 (c) The certified behavior analyst shall file progress reports with the insurer semiannually.
23 In order for treatment to continue, the insurer must receive objective evidence or a clinically
24 supportable statement of expectation that:

25 (1) The individual's condition is improving in response to treatment; and

26 (2) A maximum improvement is yet to be attained; and

27 (3) There is an expectation that the anticipated improvement is attainable in a reasonable
28 and generally predictable period of time.

29 (d) For purposes of this section, the term:

30 (1) "Applied Behavior Analysis" means the design, implementation, and evaluation of
31 environmental modifications using behavioral stimuli and consequences, to produce socially
32 significant improvement in human behavior, including the use of direct observation, measurement,
33 and functional analysis of the relationship between environment and behavior.

34 (2) "Autism spectrum disorder" means any pervasive developmental disorder, including
35 autistic disorder, Asperger's Syndrome, Rett syndrome, childhood disintegrative disorder, or
36 Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and
37 Statistical Manual of Mental Disorders of the American Psychiatric Association.

38 (3) "Certified behavior analyst" means an individual who is certified by the Behavior
39 Analyst Certification Board or certified by a similar nationally recognized organization.

40 (4) "Objective evidence" means standardized patient assessment instruments, outcome
41 measurements tools or measurable assessments of functional outcome. Use of objective
42 measures at the beginning of treatment, during and after treatment is recommended to quantify
43 progress and support justifications for continued treatment. The tools are not required, but their

44 use will enhance the justification for continued treatment.

45 (e) The provisions of this section do not apply to small employers. For purposes of this
46 section a small employer means any person, firm, corporation, partnership or association actively
47 engaged in business in the State of West Virginia who, during the preceding calendar year,
48 employed an average of no more than 25 eligible employees.

49 (f) To the extent that the application of this section for autism spectrum disorder causes an
50 increase of at least one percent of actual total costs of coverage for the plan year the insurer may
51 apply additional cost containment measures.

52 (g) To the extent that the provisions of this section require benefits that exceed the
53 essential health benefits specified under section 1302(b) of the Patient Protection and Affordable
54 Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified
55 essential health benefits shall not be required of a health benefit plan when the plan is offered by a
56 health care insurer in this state.

ARTICLE 24. HOSPITAL MEDICAL AND DENTAL CORPORATIONS.

§33-24-7k. Coverage for diagnosis and treatment of autism spectrum disorders.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to
2 which this article applies, any entity regulated by this article, for policies issued or renewed on or
3 after January 1, 2012, which delivers, renews or issues a policy of group accident and sickness
4 insurance in this state under the provisions of this article shall include coverage for diagnosis and
5 treatment of autism spectrum disorder in individuals ages 18 months to 18 years. To be eligible for
6 coverage and benefits under this section, the individual must be diagnosed with autism spectrum
7 disorder at age eight or younger. The policy shall provide coverage for treatments that are
8 medically necessary and ordered or prescribed by a licensed physician or licensed psychologist
9 and in accordance with a treatment plan developed from a comprehensive evaluation by a certified
10 behavior analyst for an individual diagnosed with autism spectrum disorder.

11 (b) Coverage shall include, but not be limited to, applied behavior analysis. Applied

12 behavior analysis shall be provided or supervised by a certified behavior analyst. The annual
13 maximum benefit for applied behavior analysis required by this subsection shall be in an amount
14 not to exceed ~~\$30,000~~ \$90,000 per individual, for three consecutive years from the date treatment
15 commences. At the conclusion of the third year, coverage for applied behavior analysis required
16 by this subsection shall be in an amount not to exceed ~~\$2,000~~ \$6,000 per month, until the
17 individual reaches 18 years of age, as long as the treatment is medically necessary and in
18 accordance with a treatment plan developed by a certified behavior analyst pursuant to a
19 comprehensive evaluation or reevaluation of the individual. This section shall not be construed as
20 limiting, replacing or affecting any obligation to provide services to an individual under the
21 Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*, as amended from time to time
22 or other publicly funded programs. Nothing in this section shall be construed as requiring
23 reimbursement for services provided by public school personnel.

24 (c) The certified behavior analyst shall file progress reports with the agency semiannually.
25 In order for treatment to continue, the insurer must receive objective evidence or a clinically
26 supportable statement of expectation that:

- 27 (1) The individual's condition is improving in response to treatment; and
28 (2) A maximum improvement is yet to be attained; and
29 (3) There is an expectation that the anticipated improvement is attainable in a reasonable
30 and generally predictable period of time.

31 (d) For purposes of this section, the term:

32 (1) "Applied Behavior Analysis" means the design, implementation, and evaluation of
33 environmental modifications using behavioral stimuli and consequences, to produce socially
34 significant improvement in human behavior, including the use of direct observation, measurement,
35 and functional analysis of the relationship between environment and behavior.

36 (2) "Autism spectrum disorder" means any pervasive developmental disorder, including
37 autistic disorder, Asperger's Syndrome, Rett Syndrome, childhood disintegrative disorder, or

38 Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and
 39 Statistical Manual of Mental Disorders of the American Psychiatric Association.

40 (3) "Certified behavior analyst" means an individual who is certified by the Behavior
 41 Analyst Certification Board or certified by a similar nationally recognized organization.

42 (4) "Objective evidence" means standardized patient assessment instruments, outcome
 43 measurements tools or measurable assessments of functional outcome. Use of objective
 44 measures at the beginning of treatment, during and after treatment is recommended to quantify
 45 progress and support justifications for continued treatment. The tools are not required, but their
 46 use will enhance the justification for continued treatment.

47 (e) The provisions of this section do not apply to small employers. For purposes of this
 48 section a small employer means any person, firm, corporation, partnership or association actively
 49 engaged in business in the State of West Virginia who, during the preceding calendar year,
 50 employed an average of no more than 25 eligible employees.

51 (f) To the extent that the application of this section for autism spectrum disorder causes an
 52 increase of at least one percent of actual total costs of coverage for the plan year the corporation
 53 may apply additional cost containment measures.

54 (g) To the extent that the provisions of this section require benefits that exceed the
 55 essential health benefits specified under section 1302(b) of the Patient Protection and Affordable
 56 Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified
 57 essential health benefits shall not be required of a health benefit plan when the plan is offered by a
 58 corporation in this state.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8j. Coverage for diagnosis and treatment of autism spectrum disorders.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement to
 2 which this article applies, any entity regulated by this article for policies issued or renewed on or
 3 after January 1, 2012, which delivers, renews or issues a policy of group accident and sickness

4 insurance in this state under the provisions of this article shall include coverage for diagnosis,
5 evaluation and treatment of autism spectrum disorder in individuals ages 18 months to 18 years.
6 To be eligible for coverage and benefits under this section, the individual must be diagnosed with
7 autism spectrum disorder at age eight or younger. The policy shall provide coverage for treatments
8 that are medically necessary and ordered or prescribed by a licensed physician or licensed
9 psychologist and in accordance with a treatment plan developed from a comprehensive evaluation
10 by a certified behavior analyst for an individual diagnosed with autism spectrum disorder.

11 (b) Coverage shall include, but not be limited to, applied behavior analysis. Applied
12 behavior analysis shall be provided or supervised by a certified behavior analyst. The annual
13 maximum benefit for applied behavior analysis required by this subsection shall be ~~in~~ an amount
14 not to exceed ~~\$30,000~~ \$90,000 per individual, for three consecutive years from the date treatment
15 commences. At the conclusion of the third year, coverage for applied behavior analysis required
16 by this subsection shall be in an amount not to exceed ~~\$2,000~~ \$6,000 per month, until the
17 individual reaches 18 years of age, as long as the treatment is medically necessary and in
18 accordance with a treatment plan developed by a certified behavior analyst pursuant to a
19 comprehensive evaluation or reevaluation of the individual. This section shall not be construed as
20 limiting, replacing or affecting any obligation to provide services to an individual under the
21 Individuals with Disabilities Education Act, 20 U.S.C. 1400 *et seq.*, as amended from time to time
22 or other publicly funded programs. Nothing in this section shall be construed as requiring
23 reimbursement for services provided by public school personnel.

24 (c) The certified behavior analyst shall file progress reports with the agency semiannually.
25 In order for treatment to continue, the agency must receive objective evidence or a clinically
26 supportable statement of expectation that:

- 27 (1) The individual's condition is improving in response to treatment; and
28 (2) A maximum improvement is yet to be attained; and
29 (3) There is an expectation that the anticipated improvement is attainable in a reasonable

30 and generally predictable period of time.

31 (d) For purposes of this section, the term:

32 (1) "Applied Behavior Analysis" means the design, implementation, and evaluation of
33 environmental modifications using behavioral stimuli and consequences, to produce socially
34 significant improvement in human behavior, including the use of direct observation, measurement,
35 and functional analysis of the relationship between environment and behavior.

36 (2) "Autism spectrum disorder" means any pervasive developmental disorder, including
37 autistic disorder, Asperger's Syndrome, Rett syndrome, childhood disintegrative disorder, or
38 Pervasive Development Disorder as defined in the most recent edition of the Diagnostic and
39 Statistical Manual of Mental Disorders of the American Psychiatric Association.

40 (3) "Certified behavior analyst" means an individual who is certified by the Behavior
41 Analyst Certification Board or certified by a similar nationally recognized organization.

42 (4) "Objective evidence" means standardized patient assessment instruments, outcome
43 measurements tools or measurable assessments of functional outcome. Use of objective
44 measures at the beginning of treatment, during and after treatment is recommended to quantify
45 progress and support justifications for continued treatment. The tools are not required, but their
46 use will enhance the justification for continued treatment.

47 (e) The provisions of this section do not apply to small employers. For purposes of this
48 section a small employer means any person, firm, corporation, partnership or association actively
49 engaged in business in the State of West Virginia who, during the preceding calendar year,
50 employed an average of no more than 25 eligible employees.

51 (f) To the extent that the application of this section for autism spectrum disorder causes an
52 increase of at least one percent of actual total costs of coverage for the plan year the health
53 maintenance organization may apply additional cost containment measures.

54 (g) To the extent that the provisions of this section require benefits that exceed the
55 essential health benefits specified under section 1302(b) of the Patient Protection and Affordable

56 Care Act, Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified
57 essential health benefits shall not be required of a health benefit plan when the plan is offered by a
58 health maintenance organization in this state.

NOTE: The purpose of this bill is to increase the required medical coverage from various providers relating to autism spectrum disorders.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.