Introduced by Senator Portantino

February 15, 2017

An act to amend Section 1374.73 of the Health and Safety Code, and to amend Section 10144.51 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 399, as introduced, Portantino. Health care coverage: pervasive developmental disorder or autism.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes, to include, among other things, autism.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services provided by, among others, a qualified autism service provider. For purposes of this provision, existing law defines a "qualified autism service provider. For purposes of this provision, existing law defines a "qualified autism service provider. Service professional" to mean a person who, among other requirements, is a behavioral service provider approved as a vendor by a California regional center to provide services as an associate behavior

analyst, behavior analyst, behavior management assistant, behavior management consultant, or behavior management program pursuant to specified regulations adopted under the Lanterman Developmental Disabilities Services Act.

This bill, among other things, would instead define a "qualified autism service professional" to mean a person who, among other requirements, is a behavioral service provider who meets the State Department of Developmental Services' education and experience qualifications to be approved as a vendor by a California regional center to provide behavior intervention services or as an adaptive skills trainer, associate behavior analyst, behavior analyst, behavior management assistant, behavior management consultant, or behavior management program if the services are within the experience and competence of the professional.

This bill would require that the treatment plan be reviewed, as specified. The bill would specify that health care service plans and health insurers are not required to provide reimbursement for services delivered by school personnel pursuant to an enrollee's individualized educational program unless otherwise required by law, that lack of parent or caregiver participation not be used to deny or reduce medically necessary behavioral health treatment, and that the setting, location, or time of treatment not be used as a reason to deny medically necessary behavioral health treatment. Because a willful violation of the bill's provisions by a health care service plan would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the 2 following:

3 (a) Autism and other pervasive developmental disorders are

- 4 complex neurobehavioral disorders that include impairments in
- 5 social communication and social interaction combined with rigid,
- 6 repetitive behaviors, interests, and activities.

(b) Autism covers a large spectrum of symptoms and levels of
impairment ranging in severity from somewhat limiting to a severe
disability that may require institutional care.

4 (c) One in 68 children born today will be diagnosed with autism 5 or another pervasive developmental disorder.

6 (d) Research has demonstrated that children diagnosed with
7 autism can often be helped with early administration of behavioral
8 health treatment.

9 (e) There are several forms of evidence-based behavioral health 10 treatment, including, but not limited to, applied behavioral analysis.

11 (f) Children diagnosed with autism respond differently to 12 behavioral health treatment.

(g) It is critical that each child diagnosed with autism receives
the specific type of evidence-based behavioral health treatment
best suited to him or her, as prescribed by his or her physician or
developed by a psychologist.

(h) The Legislature intends that evidence-based behavioral
health treatment be covered by health care service plans, pursuant
to Section 1374.73 of the Health and Safety Code, and health
insurance policies, pursuant to Section 10144.51 of the Insurance
Code.

(i) The Legislature intends that health care service plan provider
 networks include qualified professionals practicing all forms of
 evidence-based behavioral health.

25 SEC. 2. Section 1374.73 of the Health and Safety Code is 26 amended to read:

1374.73. (a) (1) Every health care service plan contract that
provides hospital, medical, or surgical coverage shall also provide
coverage for behavioral health treatment for pervasive
developmental disorder or autism no later than July 1, 2012. The
coverage shall be provided in the same manner and shall be subject
to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed
final rulemaking for essential health benefits is issued, this section
does not require any benefits to be provided that exceed the
essential health benefits that all health plans will be required by
federal regulations to provide under Section 1302(b) of the federal
Patient Protection and Affordable Care Act (Public Law 111-148),
as amended by the federal Health Care and Education

40 Reconciliation Act of 2010 (Public Law 111-152).

1 (3) This section shall not affect services for which an individual

2 is eligible pursuant to Division 4.5 (commencing with Section
3 4500) of the Welfare and Institutions Code or Title 14
4 (commencing with Section 95000) of the Government Code.

5 (4) This section shall not affect or reduce any obligation to 6 provide services under an individualized education program, as 7 defined in Section 56032 of the Education Code, or an individual 8 service plan, as described in Section 5600.4 of the Welfare and 9 Institutions Code, or under the federal Individuals with Disabilities

Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementingregulations.

(5) This section shall not be construed to require a health care
service plan to provide reimbursement for services delivered by
school personnel pursuant to an enrollee's individualized
educational program unless otherwise required by law.

(b) Every health care service plan subject to this section shall
maintain an adequate network that includes qualified autism service
providers who supervise and employ qualified autism service
professionals or paraprofessionals who provide and administer
behavioral health treatment. Nothing shall prevent a health care
service plan from selectively contracting with providers within
these requirements.

(c) For the purposes of this section, the following definitionsshall apply:

(1) "Behavioral health treatment" means professional services
and treatment programs, including applied behavior analysis and
evidence-based behavior intervention programs, that develop or
restore, to the maximum extent practicable, the functioning of an
individual with pervasive developmental disorder or autism and
that meet all of the following criteria:

31 (A) The treatment is prescribed by a physician and surgeon32 licensed pursuant to Chapter 5 (commencing with Section 2000)

of, or is developed by a psychologist licensed pursuant to Chapter
6.6 (commencing with Section 2900) of, Division 2 of the Business

35 and Professions Code.

36 (B) The treatment is provided under a treatment plan prescribed 37 by a qualified autism service provider and is administered by one

38 of the following:

39 (i) A qualified autism service provider.

1 (ii) A qualified autism service professional supervised and 2 employed by the qualified autism service provider.

3 (iii) A qualified autism service paraprofessional supervised and4 employed by a qualified autism service provider.

5 (C) The treatment plan has measurable goals over a specific 6 timeline that is developed and approved by the qualified autism 7 service provider for the specific patient being treated. The treatment 8 plan shall be reviewed no-less *more* than once every six months 9 *or less than once every 12 months* by the qualified autism service 10 provider *provider, unless a shorter period is recommended by the* 11 *qualified autism service provider,* and modified whenever

appropriate, and shall be consistent with Section 4686.2 of the
Welfare and Institutions Code pursuant to which the qualified

autism service provider does all of the following:

15 (i) Describes the patient's behavioral health impairments or 16 developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type,
number of hours, and parent participation needed to achieve the
plan's goal and objectives, and the frequency at which the patient's
progress is evaluated and reported. *Lack of parent or caregiver*

21 participation shall not be used to deny or reduce medically

22 necessary behavioral health treatment.

(iii) Provides intervention plans that utilize evidence-basedpractices, with demonstrated clinical efficacy in treating pervasive

25 developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services
when the treatment goals and objectives are achieved or no longer
appropriate.

(v) Makes the treatment plan available to the health care service
plan upon request.

(D) The treatment plan is not used for purposes of providing or
for the reimbursement of respite, day care, or educational services
and is not used to reimburse a parent for participating in the
treatment program. The treatment plan shall be made available to
the health care service plan upon request.

36 (*E*) The setting, location, or time of treatment shall not be used 37 as a reason to deny treatment.

38 (2) "Pervasive developmental disorder or autism" shall have 39 the same meaning and interpretation as used in Section 1374.72.

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1	(3) Quanned autism service provider means either of the
2	following:
3	(A) A person, entity, or group that is certified by a national
4	entity, such as the Behavior Analyst Certification Board, that is
5	accredited by the National Commission for Certifying Agencies,
6	and who designs, supervises, or provides treatment for pervasive
7	developmental disorder or autism, provided the services are within
8	the experience and competence of the person, entity, or group that
9	is nationally certified.
10	(B) A person licensed as a physician and surgeon, physical
11	therapist, occupational therapist, psychologist, marriage and family
12	therapist, educational psychologist, clinical social worker,
13	professional clinical counselor, speech-language pathologist, or
14	audiologist pursuant to Division 2 (commencing with Section 500)
15	of the Business and Professions Code, who designs, supervises,

or provides treatment for pervasive developmental disorder or
autism, provided the services are within the experience and
competence of the licensee.

(4) "Qualified autism service professional" means an individualwho meets all of the following criteria:

(A) Provides behavioral health treatment. treatment, which may
 include clinical management and case supervision under the

23 direction and supervision of a qualified autism service provider.
24 (B) Is employed and supervised by a qualified autism service
25 provider.

26 (C) Provides treatment pursuant to a treatment plan developed 27 and approved by the qualified autism service provider.

28 (D) Is a behavioral service provider approved as a vendor by a

29 California regional center to provide services as an Associate

30 Behavior Analyst, Behavior Analyst, Behavior Management

31 Assistant, Behavior Management Consultant, or Behavior

32 Management Program as defined in Section 54342 of Article 3 of

33 Subchapter 2 of Chapter 3 of Division 2 of Title 17 of the

34 California Code of Regulations.

35 (D) Is a behavioral service provider who meets the State

36 Department of Developmental Services' education and experience

37 qualifications to be approved as a vendor by a California regional

38 center to provide behavior intervention services, including, but

39 not limited to, interdisciplinary assessment services, client/parent

40 support behavior intervention training, socialization training

1 program, individual family training, or as an adaptive skills 2 trainer, associate behavior analyst, behavior analyst, behavior 3 management assistant, behavior management consultant, or

4 behavior management program if the services are within the

5 experience and competence of the professional.
6 (E) Has training and experience in providing services for

7 pervasive developmental disorder or autism pursuant to Division

8 4.5 (commencing with Section 4500) of the Welfare and

9 Institutions Code or Title 14 (commencing with Section 95000)

10 of the Government Code. autism.

(5) "Qualified autism service paraprofessional" means anunlicensed and uncertified individual who meets all of thefollowing criteria:

(A) Is-employed and supervised by a person, entity, or group
that is a qualified autism service-provider. provider or qualified
autism service professional.

(B) Provides treatment and implements services pursuant to atreatment plan developed and approved by the qualified autismservice provider.

20 (C) Meets the criteria set forth in the regulations adopted

21 pursuant to Section 4686.3 of the Welfare and Institutions-Code.

22 *Code or has adequate education, training, and experience, as* 23 *certified by a qualified autism service provider.*

(D) Has adequate education, training, and experience, as
 certified by a qualified autism service provider.

26 (d) This section shall not apply to the following:

(1) A specialized health care service plan that does not delivermental health or behavioral health services to enrollees.

29 (2) A health care service plan contract in the Medi-Cal program

30 (Chapter 7 (commencing with Section 14000) of Part 3 of Division

31 9 of the Welfare and Institutions Code).

32 (3) A health care service plan contract in the Healthy Families

33 Program (Part 6.2 (commencing with Section 12693) of Division34 2 of the Insurance Code).

35 (4) A health care benefit plan or contract entered into with the

36 Board of Administration of the Public Employees' Retirement

37 System pursuant to the Public Employees' Medical and Hospital

38 Care Act (Part 5 (commencing with Section 22750) of Division 5

39 of Title 2 of the Government Code).

1 (e) Nothing in this section shall be construed to limit the 2 obligation to provide services under Section 1374.72.

3 (f) As provided in Section 1374.72 and in paragraph (1) of 4 subdivision (a), in the provision of benefits required by this section.

4 subdivision (a), in the provision of benefits required by this section,5 a health care service plan may utilize case management, network

6 providers, utilization review techniques, prior authorization,

7 copayments, or other cost sharing.

8 SEC. 3. Section 10144.51 of the Insurance Code is amended 9 to read:

10 10144.51. (a) (1) Every health insurance policy shall also 11 provide coverage for behavioral health treatment for pervasive 12 developmental disorder or autism no later than July 1, 2012. The 13 coverage shall be provided in the same manner and shall be subject 14 to the same requirements as provided in Section 10144.5.

15 (2) Notwithstanding paragraph (1), as of the date that proposed

16 final rulemaking for essential health benefits is issued, this section

17 does not require any benefits to be provided that exceed the

18 essential health benefits that all health insurers will be required by

19 federal regulations to provide under Section 1302(b) of the federal

20 Patient Protection and Affordable Care Act (Public Law 111-148),

as amended by the federal Health Care and EducationReconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual
is eligible pursuant to Division 4.5 (commencing with Section
4500) of the Welfare and Institutions Code or Title 14

26 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to
provide services under an individualized education program, as
defined in Section 56032 of the Education Code, or an individual

30 service plan, as described in Section 5600.4 of the Welfare and31 Institutions Code, or under the federal Individuals with Disabilities

Institutions Code, or under the federal Individuals with Disabilities
 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing

33 regulations.

34 (5) This section shall not be construed to require a health

35 insurer to provide reimbursement for services delivered by school

36 personnel pursuant to an enrollee's individualized educational

37 program unless otherwise required by law.

38 (b) Pursuant to Article 6 (commencing with Section 2240) of

39 Subchapter 2 of Chapter 5 of Title 10 of the California Code of

40 Regulations, every health insurer subject to this section shall

1 maintain an adequate network that includes qualified autism service

2 providers who supervise and employ qualified autism service

3 professionals or paraprofessionals who provide and administer 4 behavioral health treatment. Nothing shall prevent a health insurer

4 behavioral health treatment. Nothing shall prevent a health insurer5 from selectively contracting with providers within these

6 requirements.

7 (c) For the purposes of this section, the following definitions 8 shall apply:

9 (1) "Behavioral health treatment" means professional services 10 and treatment programs, including applied behavior analysis and

11 evidence-based behavior intervention programs, that develop or

restore, to the maximum extent practicable, the functioning of an

13 individual with pervasive developmental disorder or autism, and

14 that meet all of the following criteria:

15 (A) The treatment is prescribed by a physician and surgeon 16 licensed pursuant to Chapter 5 (commencing with Section 2000)

17 of, or is developed by a psychologist licensed pursuant to Chapter

6.6 (commencing with Section 2900) of, Division 2 of the Business

19 and Professions Code.

20 (B) The treatment is provided under a treatment plan prescribed 21 by a qualified autism service provider and is administered by one

22 of the following:

23 (i) A qualified autism service provider.

(ii) A qualified autism service professional supervised andemployed by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised and
 employed by a qualified autism service provider.

28 (C) The treatment plan has measurable goals over a specific 29 timeline that is developed and approved by the qualified autism

30 service provider for the specific patient being treated. The treatment

31 plan shall be reviewed no-less more than once every six months

32 or less than once every 12 months by the qualified autism service

33 provider provider, unless a shorter period is recommended by the

34 qualified autism service provider, and modified whenever

35 appropriate, and shall be consistent with Section 4686.2 of the

36 Welfare and Institutions Code pursuant to which the qualified

37 autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments ordevelopmental challenges that are to be treated.

1 (ii) Designs an intervention plan that includes the service type,

2 number of hours, and parent participation needed to achieve the

3 plan's goal and objectives, and the frequency at which the patient's

4 progress is evaluated and reported. Lack of parent or caregiver

5 participation shall not be used to deny or reduce medically6 necessary behavioral health treatment.

7 (iii) Provides intervention plans that utilize evidence-based
8 practices, with demonstrated clinical efficacy in treating pervasive
9 developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services
 when the treatment goals and objectives are achieved or no longer
 appropriate.

13 (v) Makes the treatment plan available to the health insurer 14 upon request.

15 (D) The treatment plan is not used for purposes of providing or 16 for the reimbursement of respite, day care, or educational services 17 and is not used to reimburse a parent for participating in the 18 treatment program. The treatment plan shall be made available to 10 the insurer upon request

19 the insurer upon request.

20 (E) The setting, location, or time of treatment shall not be used 21 as a reason to deny medically necessary behavioral health 22 treatment.

(2) "Pervasive developmental disorder or autism" shall havethe same meaning and interpretation as used in Section 10144.5.

25 (3) "Qualified autism service provider" means either of the26 following:

(A) A person, entity, or group that is certified by a national
entity, such as the Behavior Analyst Certification Board, that is
accredited by the National Commission for Certifying Agencies,
and who designs, supervises, or provides treatment for pervasive
developmental disorder or autism, provided the services are within
the experience and competence of the person, entity, or group that
is nationally certified.

(B) A person licensed as a physician and surgeon, physical
therapist, occupational therapist, psychologist, marriage and family
therapist, educational psychologist, clinical social worker,
professional clinical counselor, speech-language pathologist, or
audiologist pursuant to Division 2 (commencing with Section 500)
of the Business and Professions Code, who designs, supervises,
or provides treatment for pervasive developmental disorder or

1 autism, provided the services are within the experience and 2 competence of the licensee.

3 (4) "Qualified autism service professional" means an individual4 who meets all of the following criteria:

5 (A) Provides behavioral health treatment. treatment, which may
6 include clinical management and case supervision under the
7 direction and supervision of a qualified autism service provider.

8 (B) Is employed and supervised by a qualified autism service 9 provider.

10 (C) Provides treatment pursuant to a treatment plan developed 11 and approved by the qualified autism service provider.

12 (D) Is a behavioral service provider approved as a vendor by a

13 California regional center to provide services as an Associate

14 Behavior Analyst, Behavior Analyst, Behavior Management

15 Assistant, Behavior Management Consultant, or Behavior

16 Management Program as defined in Section 54342 of Article 3 of

17 Subchapter 2 of Chapter 3 of Division 2 of Title 17 of the

18 California Code of Regulations.

(D) Is a behavioral service provider who meets the StateDepartment of Developmental Services' education and experience

21 qualifications to be approved as a vendor by a California regional

22 center to provide behavior intervention services, including, but

23 not limited to, interdisciplinary assessment services, client/parent

24 support behavior intervention training, socialization training 25 program, individual family training, or as an adaptive skills

25 program, individual family training, or as an adaptive skills 26 trainer, associate behavior analyst, behavior analyst, behavior

27 management assistant, behavior management consultant, or

28 behavior management program if the services are within the

29 *experience and competence of the professional.*

30 (E) Has training and experience in providing services for 31 pervasive developmental disorder or autism pursuant to Division

32 4.5 (commencing with Section 4500) of the Welfare and

33 Institutions Code or Title 14 (commencing with Section 95000)

34 of the Government Code, autism.

35 (5) "Qualified autism service paraprofessional" means an
36 unlicensed and uncertified individual who meets all of the
37 following criteria:

38 (A) Is employed and supervised by a *person, entity, or group*

39 *that is* qualified autism service provider. *provider or qualified* 40 *autism service professional.*

1 (B) Provides treatment and implements services pursuant to a 2 treatment plan developed and approved by the qualified autism 3 service provider.

- 4 (C) Meets the criteria set forth in the regulations adopted 5 pursuant to Section 4686.3 of the Welfare and Institutions-Code.
- 6 Code or has adequate education, training, and experience, as
- 7 certified by a qualified autism service provider.
- 8 (D) Has adequate education, training, and experience, as 9 certified by a qualified autism service provider.
- 10 (d) This section shall not apply to the following:
- 11 (1) A specialized health insurance policy that does not cover
- 12 mental health or behavioral health services or an accident only,
- 13 specified disease, hospital indemnity, or Medicare supplementpolicy.
- 15 (2) A health insurance policy in the Medi-Cal program (Chapter
- 16 7 (commencing with Section 14000) of Part 3 of Division 9 of the
- 17 Welfare and Institutions Code).
- (3) A health insurance policy in the Healthy Families Program(Part 6.2 (commencing with Section 12693)).
- 20 (4) A health care benefit plan or policy entered into with the
- 21 Board of Administration of the Public Employees' Retirement
- 22 System pursuant to the Public Employees' Medical and Hospital
- 23 Care Act (Part 5 (commencing with Section 22750) of Division 5
- 24 of Title 2 of the Government Code).
- (e) Nothing in this section shall be construed to limit theobligation to provide services under Section 10144.5.
- 27 (f) As provided in Section 10144.5 and in paragraph (1) of 28 subdivision (a), in the provision of benefits required by this section,
- 29 a health insurer may utilize case management, network providers,
- a field in instrement, including of the providers,
 a utilization review techniques, prior authorization, copayments, or
 a other cost choring
- 31 other cost sharing.
- 32 SEC. 4. No reimbursement is required by this act pursuant to 33 Section 6 of Article XIIIB of the California Constitution because
- 34 the only costs that may be incurred by a local agency or school
- 35 district will be incurred because this act creates a new crime or
- 36 infraction, eliminates a crime or infraction, or changes the penalty
- 37 for a crime or infraction, within the meaning of Section 17556 of
- 38 the Government Code, or changes the definition of a crime within

- the meaning of Section 6 of Article XIIIB of the California Constitution. 1
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