

Sixty-fifth  
Legislative Assembly  
of North Dakota

## ENGROSSED HOUSE BILL NO. 1434

Introduced by

Representatives Beadle, Kasper, B. Koppelman, Maragos, Steiner

Senators Burckhard, Dever, Heckaman

1 A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota  
2 Century Code, relating to health insurance coverage for autism-related services; and to provide  
3 for a report to the legislative management.

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

5 **SECTION 1.** A new section to chapter 26.1-36 of the North Dakota Century Code is created  
6 and enacted as follows:

7 **Autism coverage - Report to legislative management.**

8 1. As used in this section:

- 9 a. "Applied behavior analysis" has the same meaning as "practice of applied  
10 behavior analysis" as defined under section 43-32-01.
- 11 b. "Autism spectrum disorder" means any of the pervasive developmental disorders  
12 or autism spectrum disorders as defined by the "Diagnostic and Statistical  
13 Manual of Mental Disorders," American psychiatric association, fifth edition  
14 (2013) or a more recent version as identified by the insurance commissioner or  
15 as defined by the edition in effect at the time of diagnosis.
- 16 c. "Diagnosis of autism spectrum disorder" means any medically necessary  
17 assessment, evaluation, or test to diagnose whether an individual has an autism  
18 spectrum disorder.
- 19 d. "Behavioral health treatment" means a counseling or treatment program,  
20 including applied behavior analysis, that is:
- 21 (1) Necessary to develop, maintain, or restore, to the maximum extent  
22 practicable, the functioning of an individual; and
- 23 (2) Provided or supervised by a licensed behavior analyst or psychologist.

- 1           e. "Health insurance policy" means a health insurance plan as defined under  
2           section 26.1-36.3-01, whether offered on a group or individual basis. The term  
3           does not include a short-term medical policy offered in the individual market.
- 4           f. "Pharmacy care" means a medication prescribed by an individual authorized to  
5           prescribe such a medication and any health-related service deemed medically  
6           necessary to determine the need or effectiveness of the medication.
- 7           g. "Psychiatric care" means a direct or consultative service provided by a  
8           psychiatrist licensed in the state in which the psychiatrist practices.
- 9           h. "Psychological care" means a direct or consultative service provided by a  
10          psychologist licensed in the state in which the psychologist practices.
- 11          i. "Therapeutic care" means any service provided by a licensed speech language  
12          pathologist, occupational therapist, or physical therapist.
- 13          j. "Treatment for autism spectrum disorder" means evidence-based care and  
14          related equipment prescribed or ordered for an individual diagnosed with an  
15          autism spectrum disorder by a licensed physician or a licensed psychologist who  
16          determines the care is medically necessary, including behavioral health  
17          treatment, pharmacy care, psychiatric care, psychological care, and therapeutic  
18          care.
- 19          2. A health insurance policy must provide coverage for the screening for, diagnosis of,  
20          and treatment for autism spectrum disorder in insureds under nineteen years of age.  
21          To the extent the screening for, diagnosis of, and treatment for autism spectrum  
22          disorder are not covered by a health insurance policy, coverage under this section  
23          must be included in health insurance policies that are delivered, executed, issued,  
24          amended, adjusted, or renewed in this state. An insurer may not terminate coverage of  
25          an insured or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an  
26          individual solely because the insured or individual is diagnosed with or has received  
27          treatment for an autism spectrum disorder.
- 28          3. Coverage under this section is not subject to any limits on the number of visits an  
29          insured may make for treatment for autism spectrum disorder.
- 30          4. Except as allowed under subsection 6, coverage under this section is not subject to  
31          dollar limits, deductibles, or coinsurance provisions that are less favorable to an

- 1           insured than the dollar limits, deductibles, or coinsurance provisions that apply to  
2           substantially all medical and surgical benefits under the health insurance policy.
- 3        5. This section does not limit benefits that are otherwise available to an insured under a  
4           health insurance policy.
- 5        6. Coverage for applied behavioral analysis under this section must provide an annual  
6           maximum benefit that may not be less than:
- 7           a. Thirty-six thousand dollars for individuals under the age of seven;  
8           b. Twenty-five thousand dollars for individuals between the ages of seven and not  
9           yet fourteen; and
- 10          c. Twelve thousand five hundred dollars for individuals between the ages of  
11           fourteen and not yet nineteen.
- 12        7. Coverage for applied behavior analysis must include the services of the personnel  
13           who work under the supervision of the licensed behavior analyst or psychologist  
14           overseeing the program.
- 15        8. Except for inpatient services, if an insured is receiving treatment for an autism  
16           spectrum disorder, an insurer may review the treatment plan annually, unless the  
17           insurer and the insured's treating physician or psychologist agree a more frequent  
18           review is necessary. Any agreement regarding the right to review a treatment plan  
19           more frequently is limited in application to a particular insured being treated for an  
20           autism spectrum disorder. The cost of obtaining a review or treatment plan must be  
21           borne by the insurer.
- 22        9. This section does not affect an obligation to provide services to an individual under an  
23           individualized family service plan, an individualized education program, or an  
24           individualized service plan.
- 25        10. This section does not apply to nongrandfathered plans in the individual and small  
26           group markets which are required to include essential health benefits under the federal  
27           Patient Protection and Affordable Care Act [Pub. L. 111-148], as amended by the  
28           federal Health Care and Education Reconciliation Act of 2010 [Pub. L. 111-152] or to  
29           medicare supplement, accident-only, specified disease, hospital indemnity, disability  
30           income, long-term care, or other limited benefit hospital insurance policies.

1        11. Before August first of each even-numbered year, the insurance commissioner shall  
2        submit a biennial report to the legislative management regarding the implementation of  
3        the coverage required under this section. The report must include the total number of  
4        insureds diagnosed with autism spectrum disorder; the total cost of all claims paid in  
5        the immediately preceding two calendar years for coverage required by this section;  
6        the cost of coverage per insured per month; and the average cost per insured for  
7        coverage of applied behavior analysis. Health carriers and health benefit plans subject  
8        to this section shall provide the insurance department with the data requested by the  
9        department for inclusion in the biennial report.