CALIFORNIA

FREQUENTLY ASKED QUESTIONS ABOUT THE AUTISM INSURANCE REFORM LAW

1. Generally speaking, what does the California law do?

The law requires that every health care plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism. Behavioral health treatment includes applied behavior analysis (ABA) and other evidence-based behavior intervention programs.

This law does not apply to health care service plans that do not deliver mental health or behavioral health services to enrollees. The law also does not apply to participants in the Medi-Cal program, the Healthy Families Program or the Public Employees Retirement System (CalPERS).

2. When does the law requiring insurance companies to cover services for children with autism spectrum disorder go into effect?

Applicable health plans must provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012.

3. Will my employer-provided health insurance be required to cover my child's autism services?

Whether private employer-provided health insurance will cover your child's autism depends on how the employer funds and administers the insurance. Private employers have three options for how they provide insurance. They can:
Option 1: buy a fully-funded plan from a third-party health insurer
Option 2: fund and administer the plan themselves, or
Option 3: fund the plan, but hire a third party to administer the plan

If your employer buys a fully funded plan from a third-party insurer (Option 1), then they will have to follow the law and cover behavioral health treatment as defined. However, if your employer "self-funds" the plan (Options 2 or 3), then it is regulated by federal law (ERISA) and the provisions of SB 946 do not apply.

Unfortunately, it can be hard to tell whether your employer self-funds the plan or not because plans that are purchased fully funded from a third-party insurer and those that are "self-funded" by the employer, but are given to a third-party insurer to administer, look the same to the employees. To find out whether your employer-provided plan is self-funded, please contact your Human Resources Department.
For information on how Autism Speaks can help you to advocate for your company to add coverage for autism-related services, please visit the Autism Votes website.

4. **I work for a small company with only 10 employees, and I get my insurance through my company. Will my company's policy provide coverage for autism?**

All group health insurance plans are included in the law, so as long as your employer-provided plan is not "self-funded" (see above) it should provide coverage for autism.

5. **Will my child be covered under the mandate if I buy my health insurance through the individual market instead of through my employer?**

Yes

6. **I am a state employee or retiree and my family is insured by the State Health Plan. Is my child's coverage included in the mandate?**

No. SB 946 does not apply to health care benefit plans or contracts entered into with the Board of Administration of the Public Employees' Retirement System (CalPERS).

7. **How do I know if my health benefit plan is self-funded?**
   To find out whether your employer-provided plan is self-funded, ask your Human Resources Department. It is often difficult to tell whether your private employer-provided plan is self-funded because plans that are self-funded by the employer but administered by a third-party insurer often look the same as plans that are purchased fully funded from a third-party insurer.

   For example, an employee covered by a self-funded plan administered by Blue Cross Blue Shield would have the same health insurance card as an employee covered by a fully-funded plan purchased from Blue Cross Blue Shield. Additionally, plan documents that may be provided by your employer are often unclear or inaccurate as to whether the plan is self-funded. Your human resources department should have the information, or they will be able to direct you to someone who can answer the question for you.

8. Are there limits on what our private insurance is going to be required to cover?

The terms and conditions applied to coverage for behavioral health treatment for pervasive developmental disorder or autism, including maximum lifetime benefits, co-payments, and individual and family deductibles are equal to those for all benefits under the plan contract.

9. How will the law be enforced? To whom can I complain if my insurance company doesn't pay?

If you feel that your claim has been unjustly denied, you should first appeal the decision within your insurance company. A useful guide to handling such disputes can be found on the Autism Votes website.

You can also file a complaint with the California Department of Insurance. Details of the complaint process can be found online at http://www.insurance.ca.gov/contact-us/0200-file-complaint/

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
1-800-927-HELP (4357) or 213-897-8921
TDD Number: 1-800-482-4TDD (4833)
The Hotline hours are from 8:00 a.m. - 5:00 p.m., Mon. - Fri. (Except Holidays)

You may also want to contact an attorney to inquire as to whether legal action is appropriate.

10. What coverage is mandated by law?

Every health care plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism.

11. Is applied behavior analysis (ABA) covered? Does the law say who must supervise my child's ABA therapy program? Must the insurer cover the line therapists?

Behavioral health treatments including applied behavior analysis (ABA) and other evidence-based behavior intervention programs are covered.

In order to be covered, the behavioral health treatment must be prescribed by a licensed physician and surgeon, or developed by a licensed psychologist. The treatment plan must have measurable goals and be prescribed by a qualified autism

service provider, e.g. a Board Certified Behavior Analyst (BCBA) or other licensed service provider with similar competence and experience.

Behavioral health treatments must be provided by a qualified autism service provider, a qualified autism service professional such as an Associate Behavior Analyst, or a qualified autism service paraprofessional (i.e. a "line therapist"). Qualified autism service professionals and paraprofessionals must be supervised and employed by a qualified autism service provider.

12. Will all of the autism spectrum diagnosis be covered?

Yes. The law states that pervasive developmental disorder or autism must be covered. Pervasive developmental disorder includes autistic disorder, Asperger's disorder and pervasive developmental disorder - not otherwise specified (PDD-NOS).

13. Does autism spectrum disorder have to be the primary diagnosis for the child in order to qualify for coverage?

The primary diagnosis does not need to be pervasive developmental disorder or autism in order to qualify for coverage.

14. Who determines what services are medically necessary for my child?

In order to be covered, the behavioral health treatment must be prescribed by a licensed physician and surgeon, or developed by a licensed psychologist. The treatment plan must have measurable goals and be prescribed by a qualified autism service provider, e.g. a Board Certified Behavior Analyst (BCBA) or other licensed service provider with similar competence and experience.

15. Will an insurance company be able to question my child's existing autism diagnosis?

Insurers may request a review of your child's treatment, but not more frequently than for other covered illnesses. And there is nothing in the law that prohibits an insurer from questioning an existing diagnosis. However, under the new healthcare reform law (the Patient Protection and Affordable Care Act) an insurer may not deny coverage because of a pre-existing condition.

16. Will insurance companies be able to deny services if my child is not making "sufficient" progress or has reached a plateau in his/her progress?

Insurance companies may be able to discontinue coverage for intensive behavioral intervention services when the treatment goals and objectives have been achieved or are no longer appropriate.

17. **Why does this law sunset on July 1, 2014?**

    The sunset provision was added by the legislature due to uncertainty surrounding the details of federal health care reform (Patient Protection and Affordable Care Act) and the essential health benefits Please check back frequently to stay up to date on this process.

Should you have additional questions, please contact a member of the Autism Speaks State Government Affairs staff:

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