

## Side by Side comparison of the 2009 Insurance bills & MHP

### [Shayan's Law-HB1210, SB5203](#)

**Diagnosis: By licensed physicians without having to absorb much of their professional fees** (currently there are limitations on how much of the time they can spend on observation and review of documents that is billable, as such it discourages many physicians from serving children with autism.)

#### Treatment for ASD

- **Evidence-based treatments determined medically necessary by a licensed physician or psychologist at a dosage that is based on individual patient's level of need and severity of symptoms.**
- **Speech, Occupational, Physical therapies.**
- **Applied Behavioral Analysis (ABA) therapies, Dosage:** intensity based on individual patient's need, not capped.
- **Psychiatric and Psychological care**
- **Pharmacy care: medications for co-occurring symptoms or diagnoses** (Autism often is co-occurring with a number of other specific medical issues such as major digestion-system difficulties and seizure disorders, ADHD and anxiety).

**Who's Covered:** Children birth-21 years of age diagnosed with Autism, PDD (NOS), Asperger's Syndrome

**Limits of Coverage:** All therapy is subject to an annual limit of \$50,000, but is **NOT subject to a limit on the number of annual visits**. Existing number of visit caps will be removed.

**Effective Date:** July 2009

[SB5203, HB1210 is based on the Department of Health Sunrise Review recommendation of expanding existing Neurodevelopmental therapies AND Mental Health Parity mandated benefits to meaningful level of coverage.](#)

### [NDT Bill-HB1412](#)

**Diagnosis obstacles are not addressed**

**Of concern:** Families of individuals with ASD pay hundreds of dollars out of pocket to obtain diagnostics and psychological assessment. All are mental health charges that are not covered.

#### Treatment for ASD

- **Speech, Occupational, Physical, and Applied Behavioral Analysis (ABA) therapies:** Plan may cap number and duration of visits.

**Of concern:** carriers, whose medical directors are often not specialists in diagnosis and treatment of autism, establish medical necessity. Psychiatric, psychological and pharmacy care is not covered.

**Who's Covered:** All children birth-18 years of age with developmental disabilities

**Limits of Coverage:** Visit caps (duration and frequency) will not be removed: (5) The health plan may place reasonable utilization management requirements that are in accordance with generally accepted standards of practice.

**Of concern: Generally accepted standards of practice are 12-45 visits per year, not meaningful coverage for a patient with ASD.** Establishing medical necessity has been nearly impossible even through appeals. Carriers and insurers routinely under-reimburse all medically necessary treatments, making it cost prohibitive for providers with ASD specialized training to stay in network- forces high out of pocket expenses on families. This is especially

[www.WashingtonAutismAdvocacy.org](http://www.WashingtonAutismAdvocacy.org)

Autism is Treatable, Insurance should pay for the treatments

troublesome given the intensity that is required by individuals with autism over any other chronic health care condition that will be covered under this mandate.

**Of concern:** "Services that are being provided by a school district to a child through an individual education plan under the federal individuals with disabilities education act do not have to be provided to the child under this section."- **The services provided at school are educationally relevant; they do not ameliorate a medical condition.**

**Of concern:** The carrier may require that the treatment be reviewed quarterly, this is too often for children on the spectrum; bi-annual (or annual) is more appropriate.

**Effective Date:** Jan. 2011: **nearly 1.5 more years of being un-insured, under-insured.**

### [Mental Health Parity \(MHP\)](#)

**Diagnosis:** Plan may limit number of visits and duration of diagnostic visits, in some cases not cover diagnosis at all.

#### Treatment of ASD

- **Psychotherapy** (talk therapy not appropriate for largely non-verbal or minimally verbal population)
- **Psychiatric hospitalization-after patient has become a danger to themselves & the people around them.**
- **Pharmacy care: Plan may limit benefit,** most drugs prescribed by neurologists, psychiatrists for ASD patients are NOT covered by many plans.

**ABA is NOT covered,** except for employees of Microsoft (Premera) and Active military (Tricare), Other structured Intensive Behavior Treatments and Pharmaceutical treatments are routinely denied.