

**THE AUTISM HEALTHCARE PROTECTION ACT**  
(included in the House version of HF 2614 as amended during conference committee)

**Summary:** This legislation requires private insurance to provide coverage for evidence-based medically necessary care of autism. It saves the state \$3.6 million dollars by shifting costs from Medical Assistance back to private insurance where it belongs.

Individuals who have autism are all different – and they need different options for treatment and therapy. This legislation expands those options by requiring private insurance coverage for all evidence-based medically necessary care and treatment – not just one type of therapy.

The Centers for Disease Control estimates that 1 in every 110 children is diagnosed with autism spectrum disorder. The American Academy of Pediatrics and the U.S. Surgeon General have reported that with essential treatments and services, including intensive early intervention behavior therapy (IEIBT) the vast majority of children with autism spectrum disorder improve.

**This legislation:**

- Ends the disparity that currently exists among private insurance plans.
- Requires coverage for the diagnosis, evaluation, assessment, and medically necessary care of autism spectrum disorders that is evidence-based, including but not limited to the following:
  - neurodevelopmental and behavioral health treatments, instruction and management;
  - applied behavior analysis and intensive early intervention services, including service package models such as intensive early intervention behavior therapy services and Lovaas therapy;
  - speech therapy;
  - occupational therapy;
  - physical therapy; and
  - medications.

**Minnesota children struggling with autism need help obtaining coverage for evidence-based medically necessary care.**

Many people have asked why the Act seems to focus so much on IEIBT even though the legislation clearly does much more that require coverage of IEIBT. The reason is that the insurance plans are really only fighting the requirement to cover IEIBT and many families have difficulty obtaining coverage for IEIBT. The intensive behavior therapies listed in this legislation are specifically excluded by Medica and Health Partners, but are accepted as evidence-based medicine by the U.S. Surgeon General, American Academy of Pediatrics, and by autism specialists at the University of Minnesota and the Mayo Clinic. Families who can afford expensive lawyers are routinely able to advocate and win coverage from the insurance plans that exclude intensive early intervention behavior because it is evidence-based and medically necessary. Other families are forced to turn to MCHA or MA/TEFRA.

The goal of intensive early intervention behavior therapy is “best outcomes,” which means the child: 1.) attains a typical IQ; 2.) requires no further supports or services in regular mainstream education, and; 3.) no longer meets the diagnostic criteria for autism. Published research shows that 48% of children who receive intensive early intervention behavior therapy achieve “best outcomes.” Less intensive therapies are indicated for other children who have a different prognosis. When intensive early intervention behavior therapy is prescribed, private insurance should cover it.

**Everyone who pays private insurance premiums deserves to have coverage for medically necessary care.** Private insurance companies should not be allowed to discriminate against children who have autism.

## **FAQs about the Autism Healthcare Protection Act**

### **Q: What does this legislation require?**

**A:** That private insurance cover evidence-based medically necessary care of autism, including without limitation, diagnosis, evaluation, assessment, neurodevelopmental and behavioral health treatments, applied behavior analysis, intensive early intervention behavior therapy (IEIBT), speech therapy, occupational therapy, physical therapy and prescription medications.

### **Q: Why is IEIBT singled out?**

**A:** Most state-regulated insurance plans **specifically exclude** all intensive behavior therapy, including “Lovaas Therapy.” Families are forced to hire attorneys and launch expensive appeals to force these insurance plans to cover IEIBT, which is evidence-based and medically necessary. If the law requires coverage of IEIBT then families will not have to keep fighting their insurance companies.

### **Q: Who currently covers intensive early intervention behavior therapy?**

**A:** In addition to Blue Cross Blue Shield of Minnesota, MCHA and MA\TEFRA cover intensive early intervention behavior therapy. Some self-insured plans cover intensive early intervention behavior therapy also, for example: the University of Minnesota; **SEGIP**; Home Depot; and Microsoft.

### **Q: Does MA cover IEIBT?**

**A:** Yes. Children enrolled in MA are entitled to CTSS services, which includes “individual skills training” and “family skills training.” Children receive IEIBT, which DHS pays for as components of CTSS called “individual skills training” and “family skills training.”

### **Q: How would this legislation save the state money?**

**A:** This legislation saves the state money by shifting direct costs from MA\TEFRA back to private insurance. The state will save \$3.6 million dollars through savings to MA.

### **Q: Does SEGIP cover IEIBT?**

**A:** Yes. The benefit set clearly covers these intensive early behavior intervention therapies on a “case by case basis.” In Practice, however, only one of the three plan administrators will actually approve coverage for IEIBT.

### **Q: How would this legislation help the public schools?**

**A:** A study done in Texas showed that early intensive behavior intervention for children who have autism would save the state \$208,000 in public education through age 18 – per pupil. The overall savings is \$2.09 billion.

### **Q: Will insurance premiums go up?**

**A:** No. Keep in mind that the largest issuer of state-regulated policies is already providing the coverage required by this law – Blue Cross Blue Shield of Minnesota. The fact that Blue Cross Blue Shield can provide coverage of medically necessary care for autism and still dominate the market proves that premiums will not go up.

### **Q: Will small businesses, unions and taxpayers be hurt or helped?**

**A:** Small businesses, union members and all taxpayers will actually benefit from this legislation. Ending insurance discrimination against autism will save millions in tax dollars NOW because insurance companies will not be able to shift the cost to the state.

### **Q: Will low-income children on MA be hurt by this legislation?**

**A:** No. The Act requires that state health plan coverage stay the same. Children enrolled in Medical Assistance will continue to have coverage for IEIBT. The Act also requires a study to reveal any disparities that exist among the state health plans, SEGIP and private plans.