



H.F. 359\ S.F. 312: AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF AUTISM SPECTRUM DISORDERS

Chief Authors: Rep. Kim Norton and Senator Linda Scheid

The Centers for Disease Control estimates that 1 in every 150 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 applied behavior analysis (“ABA”), the vast majority of children with autism spectrum disorder improve.

It is well accepted in University research that 48% of children who receive intensive ABA therapy achieve “best outcomes.” This 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. The purpose of intensive ABA therapy is to produce “best outcomes.” Less intensive ABA therapies are indicated for other children who have a different prognosis.

In Minnesota, children have coverage for intensive ABA if they have coverage through: Blue Cross Blue Shield of Minnesota; the Minnesota Comprehensive Health Association; or, Medical Assistance\TEFRA. If a child has private, state-regulated insurance through Medica or Health Partners, then they do not have coverage for intensive ABA therapy. Families who can afford expensive lawyers are also routinely able to advocate and win coverage from other insurance plans. These settlements are kept confidential.

This legislation:

- Ends the disparity that currently exists among private insurance plans.
- Requires state-regulated private insurers to provide coverage for the diagnosis, evaluation and medically necessary care of autism spectrum disorders.
- Requires that coverage will include evidence-based treatment that is in accordance with a treatment plan prescribed by the insured's treating physician or mental health professional.
- In addition to diagnosis, the bill includes coverage of the following evidence-based treatments:
 - evaluation and assessment services;
 - applied behavior analysis (“ABA”);
 - behavior services, instruction, and management;
 - speech therapy;
 - occupational therapy;
 - physical therapy; and
 - medications.

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. **Please help end the discrimination – support H.F. 359\ S.F. 312.**



FAQs Regarding H.F. 359/S.F. 312

While evidence-based treatments for Autism Spectrum Disorder have been available for decades, some insurers continue to discriminate against those with this diagnosis by denying coverage for medically necessary care. Access to care is crucial not only to the quality of life for an individual with autism and their family, but it also benefits society as a whole as the long-term cost implications related to lack of treatment are daunting.

Why is legislation for autism insurance coverage warranted?

Currently, only Blue Cross Blue Shield covers intensive ABA therapy. Families who have policies from other companies are forced to mount a vigorous appeal and may even have to hire an attorney to obtain coverage for evidence-based treatments including intensive ABA therapy.

Who currently covers intensive ABA therapy?

Blue Cross Blue Shield of Minnesota, the Minnesota Comprehensive Health Association and Medical Assistance\TEFRA all cover intensive ABA therapy. Some self-insured plans cover intensive ABA therapy also, for example: the University of Minnesota; Home Depot; and Microsoft. If a family needs coverage for intensive ABA therapy, they either have to enroll their child in Medical Assistance\TEFRA or the state's high-risk pool – costing taxpayers money.

How would this legislation save the state money?

This legislation ends the disparity among insurers and shifts the expense of treatment back to the private insurance that are legally required to cover it. This legislation also saves the state money by reducing Medical Assistance spending and by reducing dependency on long-term care, supports and services. Without effective early intervention, the average lifetime cost of an individual who has autism is 3.2 million dollars. This cost is reduced by two-thirds by intensive ABA therapy.

How would this legislation help the public schools?

A study done in Texas showed that intensive ABA therapy for children who have autism would save the state \$208,000 in public education through age 18. When private insurance pays for medically necessary care, schools are better able to focus on education.

Will insurance premiums go up?

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. Furthermore, Medica and HealthPartners claim they already provide the coverage required by this legislation – so their premiums already reflect this coverage.

Will small businesses, unions and taxpayers be hurt or helped?

Small businesses, union members and all taxpayers will actually benefit from this legislation. Currently the State of Minnesota – through Medical Assistance – is paying for intensive ABA therapy for kids whose private insurance ought to be covering the cost as well as for services and supports that last a lifetime when that individual does not receive effective early intervention. Ending insurance discrimination against autism will save millions in tax dollars because insurance companies will not be able to shift the cost to the state.