



New York S.7000a and A.10372
An Act to Amend the Insurance Law and the Public Health Law, in Relation to Coverage for the Screening, Diagnosis and Treatment of Autism Spectrum Disorder

S.7000a – Sponsored by Senator Neil Breslin (Albany Co.), Senator Thomas Duane (Manhattan) and Senator Charles Fuschillo, Jr. (Nassau Co.)

A.10372 – Sponsored by Assemblyman Joseph D. Morelle (Monroe Co), Speaker Sheldon Silver, and Assemblymembers Harvey Weisenberg, Catherine Nolan, Felix Ortiz and Mark Schroeder

Frequently Asked Questions:

What treatments will be covered under S.7000a and A.10372?

S.7000a and A.10372 will require New York-based health plans to cover the screening, diagnosis and treatment of autism spectrum disorders. Until regulations are promulgated implementing the statute, the current and subsequently published clinical reports and treatment guidelines of the American Academy of Pediatrics (AAP) will serve as the standard.

The most recent AAP management guidelines for the treatment of ASD's were published in October 2007 and can be found [here](#). Recommendations for treatment include:

“(I)nterventions, including behavioral strategies and habilitative therapies, are the cornerstones of management of ASDs. These interventions address communication, social skills, daily-living skills, play and leisure skills, academic achievement, and maladaptive behaviors.

Optimization of medical care is also likely to have a positive impact on habilitative progress and quality of life. In addition to routine preventive care and treatment of acute illnesses, management of sleep dysfunction, coexisting challenging behaviors or psychiatric conditions, and associated medical problems, such as seizures, may be particularly important.”

Recommended treatment and therapy options include interventions prescribed by a doctor that are evidence-based and clinically-proven. In addition to providing coverage for co-morbid, biomedical (physical) health problems that frequently occur with autism, such as sleep abnormalities, seizures and gastrointestinal problems, the bill would require coverage other behavioral and habilitative treatments, such as speech therapy, occupational therapy, and behavioral health treatments (including applied behavior analysis) for individuals of any age that are affected by autism.

Are there any dollar and age imitations on S.7000a and A.10372?

S.7000a and A.10372 both contain no age or dollar caps.

Why is a panel including representatives from the Division of Health, the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities (OMRDD) referenced in S.7000a and A.10372?

It is important for health plans to provide coverage for all treatment and therapy options as soon they become evidenced-based and clinically-proven. Ultimately, these agencies will work to determine what emerging treatments should be covered in the future. Clinical guidelines for any disease or disorder are generally published every 5-10 years. The existence of such a panel will minimize the wait period for new treatments to be covered.

How will S.7000a and A.10372 affect the benefits received under IDEA?

S.7000a and A.10372 will not affect any benefits received under IDEA. The bill contains protective language regarding IFSP's, IEP's and ISP's.

What treatments will be covered for adults with ASD?

Currently, the most comprehensive set of guidelines for autism treatment is the AAP's "Management of Children with Autism Spectrum Disorders" which was published in October, 2007. Although it is generated by pediatricians, it contains information about comprehensive care for people with ASD, especially older children and adolescents. In addition to speech, OT, PT and ABA, these guidelines also address seizure and sleep disturbances as well as the GI problems frequently suffered by children and adults with ASD.

Why is Autism Speaks supporting S.7000a and A.10372 rather than previously filed bills?

In October 2009, the Senate Insurance Committee held hearings and heard testimony from local and national autism advocacy representatives related to four previously introduced autism insurance reform bills, including:

- S.385/A.2759 (Morahan/Rivera) - introduced on January 7, 2009
- S.1175/A.3332 (Huntley/Ball) – introduced on January 27, 2009
- S.2366/A.6001 (Fuschillo/Weisenberg) – introduced on February 9, 2009
- S.6123/A.6888 (Huntley/Koon) - introduced on August 10, 2009

After the hearing, Senator Neil Breslin, chair of the Committee, reached out to stakeholders in order to draft one comprehensive piece of legislation. Joining him in this effort was the Chair of the Senate Health Committee, Senator Tom Duane.

S.7000a was introduced on March 5, 2010 (and amended on March 18), by Senator Neil Breslin, chair of the Senate Insurance Committee, and was passed by the Senate Insurance Committee on March 22, 2010. Currently, S.7000a has 49 Senate sponsors, including all of the sponsors of the previously filed Senate bills. While the other four Senate bills technically remain on the bill docket, none of them will be moving forward through the Senate.

A.10372 was introduced on March 19, 2010 by Assemblyman Joseph D. Morelle, Chair of the Assembly Insurance Committee, and has been referred to the Assembly Insurance Committee. A.10372 also has the key sponsorship of Assembly Speaker Sheldon Silver, as well as Assemblymembers Harvey Weisenberg, Catherine Nolan, Felix Ortiz and Mark Schroeder.