



## Q & A

### **NEW YORK STATE 2011 AUTISM INSURANCE REFORM BILLS**

S.4005A – Sponsored by Senator Charles Fuschillo Jr (R-Nassau)

A.6305A – Sponsored by Assemblyman Joseph Morelle (D-Monroe)

#### **WHAT DO SENATE BILL 4005A AND ASSEMBLY BILL 6305A DO?**

##### **They provide coverage for:**

- Treatments that are not presently covered by health insurance in New York, including behavioral health treatments such as Applied Behavior Analysis
- Therapeutic care, including speech therapy, occupational therapy, and physical therapy, to the same extent that those therapies are covered for other conditions by an insurance policy
- Related equipment utilized for the treatment of autism spectrum disorder

##### **They authorize:**

- A physician or psychologist to prescribe supplemental coverage over and above the IEP, IFSP or ISP

##### **They prohibit denial of coverage because:**

- A therapeutic treatment is non-restorative in nature, which frequently has been a basis for denial for individuals with autism

##### **They prohibit discrimination:**

- Against an individual with autism spectrum disorder in purchasing or renewing health insurance
- In the treatment of medical conditions otherwise covered by the policy because the individual has an autism spectrum disorder

#### **WHAT DO THESE BILLS NOT DO?**

- These bills do not take away any coverage that currently exists, such as coverage for therapeutic care.

*Several years ago, the autism community obtained passage of a bill that requires an insurer to cover medically necessary care that would otherwise be covered under the contract, even if that care is rendered for the diagnosis or treatment of ASD. That law, passed in 2006, does not require an insurer to cover any treatment for ASD if that treatment would not otherwise be covered for other medical conditions.*

*S. 4005A and A.6305A do NOT take away any of those rights. In fact, they explicitly preserve such coverage, and they ADD mandatory coverage for other treatments that the 2006 legislation did not address.*

*The addition of rights by these bills is a perfect example of the incremental approach to fixing health insurance problems for the autism community that has proven successful around the country. Just as the 2006 bill fixed some issues but not all of them, these bills fix some issues but not all.*

- These bills do not impose dollar caps or age caps on treatment.  
*Most of the autism insurance bills that have passed in 26 other states over the last few years place age and/or dollar caps on some or all of the treatments. These bills contain no such arbitrary limitations.*
- These bills do not reduce any obligation for the provision of services under an IFSP, IEP or ISP.

### **ARE THESE BILLS PERFECT?**

No, they are not. These bills do not require an insurance policy to provide an unlimited amount of speech, OT, or PT, unless the insurance policy provides an unlimited amount of speech, OT or PT for other conditions. But we must not let the perfect be the enemy of the good.

These bills create a level playing field for autism, something our community has long sought and, like the legislation passed in 2006, represent a significant step forward in the effort to access health insurance coverage for autism treatment.

Just as important, this legislation has critical sponsorship in both the Senate and Assembly, giving us a reasonable chance of passage before the expected June 21 adjournment of the legislature.

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