



SUMMARY OF PENNSYLVANIA AUTISM INSURANCE REFORM LAW PROVISIONS

- In general -- Requires health insurance policies and the medical assistance program to cover the diagnosis and treatment of autism spectrum disorders in individuals less than 21 years of age. Applies to policies offered, issued, or renewed on or after July 1, 2009, to groups of 51 or more employees.
- Benefit limits -- Coverage is subject to a maximum yearly benefit of \$36,000 but no lifetime benefit caps or visit limits. After December 30, 2011, the maximum yearly benefit will be adjusted for inflation. Coverage is subject to co-payment, deductible, coinsurance provisions, and general policy or program limitations and exclusions to the same extent as other medical services.
- Authorized treatment -- The treatment of autism spectrum disorders includes the following medically necessary care identified in a treatment plan:
 - Prescribed medications and any test needed to determine their effectiveness;
 - Psychiatric care;
 - Psychological care;
 - Rehabilitative care, including applied behavior analysis; and
 - Speech therapy, occupational therapy, and physical therapy.

A physician or psychologist must develop the treatment plan for autism spectrum disorders. An insurer may review the treatment plan once every six months, unless the insurer and physician or psychologist agree that more or less frequent review is necessary.

- Providers -- The State Board of Regulation, in consultation with the Department of Public Welfare, will set standards for behavior specialists, a newly recognized group of service providers. Insurers are required to contract with and accept as participating providers autism service providers enrolled in the Commonwealth's medical assistance program who agree to accept the payment terms and conditions that apply to the insurer's other participating providers.
- Review -- If an insurer denies a claim for diagnosis or treatment of autism spectrum disorders, an insured can seek an expedited internal review followed by an expedited independent external review. An insurer or an insured may appeal to a court an order of an expedited independent external review. While the appeal is pending, an insurer must pay for services that have been authorized or ordered.