AN ACT concerning insurance; providing coverage for autism spectrum disorder; amending K.S.A. 2012 Supp. 40-2,103 and 40-19c09 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) (1) Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization which provides coverage for accident and health services and which is delivered, issued for delivery, amended or renewed on or after July 1, 2013, shall provide coverage for the diagnosis and treatment of autism spectrum disorder in any covered individual whose age is less than 19 years.

(2) Such coverage shall be provided in a manner determined in consultation with the autism services provider and the patient. Services provided by autism services providers under this section shall include applied behavior analysis when required by a licensed physician, licensed psychologist or licensed specialist clinical social worker, but otherwise shall be limited to those services prescribed or ordered by a licensed physician, licensed psychologist or licensed specialist clinical social worker. Services provided pursuant to this paragraph shall be those services which are or have been recognized by peer reviewed literature as providing medical benefit to patients with autism spectrum disorder.

(3) Coverage for benefits for any covered person diagnosed with autism spectrum disorder and whose age is between birth and less than seven years shall not exceed $36,000 per year.

(4) Coverage for benefits for any covered person diagnosed with autism spectrum disorder and whose age is at least seven years and less than 19 years shall not exceed $27,000 per year.

(5) Reimbursement shall be allowed only for services provided by a provider licensed, trained and qualified to provide such services or by an autism specialist or an intensive individual service provider as such terms are defined by the Kansas department for aging and disability services Kansas autism waiver. Reimbursement for services provided by an autism specialist shall include services provided via telehealth methods.

(6) Any insurer or other entity which administers claims for services
provided for the treatment of autism spectrum disorder under this section, and amendments thereto, shall have the right and obligation to deny any claim for services based upon medical necessity or a determination that the covered individual has reached the maximum medical improvement for the covered individual's autism spectrum disorder.

(7) Except for inpatient services, if an insured is receiving treatment for autism spectrum disorder, such insurer shall have the right to review the treatment plan annually, unless the insurer and the insured's treating physician or psychologist agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a physician or psychologist. The cost of obtaining any review or treatment plan shall be borne by the insurer.

(8) No insurer can terminate coverage, or refuse to deliver, execute, issue, amend, adjust, or renew coverage to an individual solely because the individual is diagnosed with or has received treatment for autism spectrum disorder.

(b) For the purposes of this section:

(1) "Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

(2) "Autism spectrum disorder" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the diagnostic and statistical manual of mental disorders volume 5 (DSM 5) of the American psychiatric association, as published in May 2013, or later editions as established in rules and regulations adopted by the behavioral sciences regulatory board pursuant to K.S.A. 74-7507, and amendments thereto, except that if a person was diagnosed with either a pervasive developmental disorder or an autism spectrum disorder while a previous edition of the diagnostic and statistical manual of mental disorders was in existence at the time of diagnosis, then that edition of the diagnostic and statistical manual of mental disorders shall control.

(3) "Diagnosis of autism spectrum disorder" means any medically necessary assessment, evaluation or test to determine whether an individual has autism spectrum disorder.

(c) If an individual has been diagnosed as having autism spectrum disorder meeting the diagnostic criteria described in the edition of the diagnostic and statistical manual of mental disorders available at the time of diagnosis, then that individual shall not be required to undergo any additional or repeated evaluation based upon the adoption of a subsequent
edition of the diagnostic and statistical manual of mental disorders adopted
by rules and regulations of the behavioral sciences regulatory board in
order to remain eligible for coverage under this section.

(d) Except as otherwise provided in subsection (a), no individual or
group health insurance policy, medical service plan, contract, hospital
service corporation contract, hospital and medical service corporation
contract, fraternal benefit society or health maintenance organization
which provides coverage for accident and health services and which
provides coverage with respect to autism spectrum disorder shall:

(1) Impose on the coverage required by this section any dollar limits,
deductibles or coinsurance provisions that are less favorable to an insured
than the dollar limits, deductibles or coinsurance provisions that apply to
physical illness generally under the accident and sickness insurance policy;
or

(2) impose on the coverage required by this section any limit upon the
number of visits that a covered individual may make for treatment of
autism spectrum disorder.

(e) As of January 1, 2014, to the extent that this section requires
benefits that exceed the essential health benefits required under section
1302(b) of the federal patient protection and affordable care act (PPACA),
public law 111-148, the specific benefits that exceed the required essential
health benefits shall not be required of a "qualified health plan" as defined
in PPACA when the qualified health plan is offered in this state through
the exchange by a health carrier. Nothing in this subsection shall nullify
the application of this section to plans offered outside the state's exchange.

(f) The provisions of this section shall not apply to any policy or
certificate which provides coverage for any specified disease, specified
accident or accident-only coverage, credit, dental, disability income,
hospital indemnity, long-term care insurance as defined by K.S.A. 40-
2227, and amendments thereto, vision care or any other limited
supplemental benefit nor to any medicare supplement policy of insurance
as defined by the commissioner of insurance by rules and regulations, any
coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, automobile medical-payment insurance
or any insurance under which benefits are payable with or without regard
to fault, whether written on a group, blanket or individual basis.

(g) This section shall not be construed as limiting benefits that are
otherwise available to an individual under any individual or group health
insurance policy, medical service plan, contract, hospital service
corporation contract, hospital and medical service corporation contract,
fraternal benefit society or health maintenance organization which
provides coverage for accident and health services.

(h) The provisions of this section shall be applicable to the Kansas
state employees health care benefits program and municipal funded pools.

(i) The provisions of K.S.A. 40-2249a, and amendments thereto, shall not apply to the provisions of this section.

Sec. 2. K.S.A. 2012 Supp. 40-2,103 is hereby amended to read as follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-2,104, 40-2,105, 40-2,114, 40-2,160, 40-2,165 through 40-2,170, inclusive, 40-2,250, K.S.A. 2012 Supp. 40-2,105a, 40-2,105b, 40-2,184 and 40-2,190, 40-2,190 and section 1, and amendments thereto, shall apply to all insurance policies, subscriber contracts or certificates of insurance delivered, renewed or issued for delivery within or outside of this state or used within this state by or for an individual who resides or is employed in this state.


(b) No policy, agreement, contract or certificate issued by a corporation to which this section applies shall contain a provision which excludes, limits or otherwise restricts coverage because medicaid benefits as permitted by title XIX of the social security act of 1965 are or may be available for the same accident or illness.

(c) Violation of subsection (b) shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.

Sec. 4. K.S.A. 2012 Supp. 40-2,103 and 40-19c09 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the Kansas register.