WISCONSIN LEGISLATIVE COUNCIL
AMENDMENT MEMO

2009 Senate Bill 3	Senate Substitute Amendment 1
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2009 SENATE BILL 3

2009 Senate Bill 3 generally requires that health insurance policies, and self-insured governmental health plans (but not private sector self-insured health plans), provide coverage for an insured of treatment for an autism spectrum disorder if the treatment is provided by: (1) a psychiatrist; (2) a person who practices psychology; (3) a social worker who is licensed or certified to practice psychotherapy; (4) a paraprofessional working under the supervision of a social worker who is licensed or certified to practice psychotherapy, a person who practices psychology, or a psychiatrist; or (5) a professional working under the supervision of an outpatient mental health clinic.

"Autism spectrum disorder" is defined as an autism disorder, Asperger's syndrome, or pervasive developmental disorder not otherwise specified.

The coverage required under the bill may be subject to any exclusions, limitations, and cost-sharing provisions that apply generally under the policy or plan. The bill does not apply to a health insurance policy that covers only certain specified diseases; a health care plan offered by a limited service health organization or a preferred provider plan that is not a defined network plan; a long-term care insurance policy; or a Medicare replacement policy or Medicare supplement policy.

The bill generally first applies to health insurance policies that are issued or renewed, and self-insured governmental health plans that are established, extended, renewed or modified, on the effective date of the bill, which is the first day of the seventh month beginning after publication.

SENATE SUBSTITUTE AMENDMENT 1

Senate Substitute Amendment 1 generally requires that health insurance policies, and self-insured governmental health plans (but not private sector self-insured health plans), provide coverage for

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an insured of treatment for the mental health condition of autism spectrum disorder if the treatment is ***prescribed by a physician*** and provided by any of the following who are ***qualified to provide intensive-level services or post-intensive-level services***: (1) a psychiatrist; (2) a person who practices psychology; (3) a social worker who is licensed or certified to practice psychotherapy; (4) a paraprofessional working under the supervision of a social worker who is licensed or certified to practice psychotherapy, a person who practices psychology, or a psychiatrist; (5) a professional working under the supervision of an outpatient mental health clinic; (6) ***a speech-language pathologist***; or (7) ***an occupational therapist***.

The substitute amendment defines additional terms, including "intensive-level services" and "post-intensive-level services." "Intensive-level services" is defined as evidence-based behavioral therapy designed to help an individual with autism spectrum disorder overcome the social, behavioral, and cognitive deficits associated with the disorder. "Post-intensive-level services" is defined as therapy that occurs after completing treatment with intensive-level services and that is designed to maximize and sustain gains made during treatment with intensive-level services or, for an individual who has not and will not receive intensive-level services, therapy that will improve the individual's condition. The Commissioner of Insurance is required, by rule, to further define "intensive-level services," "post-intensive-level services," "paraprofessional," and "qualified." In addition, the Commissioner may promulgate rules governing the interpretation or administration of the requirements in the substitute amendment.

The substitute amendment requires that the coverage provide at least ***$60,000 for intensive-level services per insured per year, with a minimum of 30 to 35 hours of care per week for a minimum of four years, and at least $30,000 for post-intensive-level services per insured per year***. If a supervising professional, in consultation with the insured's physician, determines that less treatment is medically appropriate, the minimum monetary amounts or duration need not be met. Beginning in 2011, the monetary amounts must be adjusted annually, based on changes in the consumer price index, and the Commissioner of Insurance must publish the new amounts each year in the Wisconsin Administrative Register.

Under the substitute amendment, the coverage may be subject to deductibles, copayments, or coinsurance that generally apply to other conditions covered under the policy or plan, but the coverage may ***not*** be subject to exclusions or limitations, including limitations on the number of treatment visits. The substitute amendment does not apply to: (1) a health insurance policy that covers only certain specified diseases; (2) a health care plan offered by a limited service health organization or a preferred provider plan that is not a defined network plan; (3) a long-term care insurance policy; or (4) a Medicare replacement policy or Medicare supplement policy.

The substitute amendment generally first applies to health insurance policies that are issued or renewed, and self-insured governmental health plans that are established, extended, renewed, or modified, on the first day of the fifth month beginning after publication.

Legislative History

Senate Substitute Amendment 1 was offered by Senator Robson. On February 10, 2009, the Senate Committee on Public Health, Senior Issues, Long-Term Care, and Job Creation recommended adoption of the substitute amendment on a vote of Ayes, 5; Noes, 0. The committee then recommended passage of 2009 Senate Bill 3, as amended, on a vote of Ayes, 5; Noes, 0.

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