

# ASSEMBLY, No. 3981

## STATE OF NEW JERSEY 215th LEGISLATURE

INTRODUCED APRIL 4, 2013

**Sponsored by:**

**Assemblywoman DONNA M. SIMON**

**District 16 (Hunterdon, Mercer, Middlesex and Somerset)**

**SYNOPSIS**

Requires certain health benefits coverage for diagnosing and treating autism and other developmental disabilities.

**CURRENT VERSION OF TEXT**

As introduced.



A3981 SIMON

2

1 AN ACT requiring certain health benefits coverage for the diagnosis  
2 and treatment of autism and other developmental disabilities and  
3 amending P.L.2009, c.115.

4  
5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7  
8 1. Section 1 of P.L.2009, c.115 (C.17:48-6ii) is amended to  
9 read as follows:

10 1. Notwithstanding any other provision of law to the contrary,  
11 every hospital service corporation contract that provides hospital  
12 and medical expense benefits and is delivered, issued, executed, or  
13 renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et  
14 seq.), or approved for issuance or renewal in this State by the  
15 Commissioner of Banking and Insurance, on or after the effective  
16 date of this act, shall provide coverage pursuant to the provisions of  
17 this section.

18 a. (1) The hospital service corporation shall provide coverage for  
19 expenses incurred in screening and diagnosing autism or another  
20 developmental disability, including, but not limited to, central  
21 auditory processing disorder, childhood apraxia of speech, sensory  
22 processing disorder, and social communication disorder.

23 (2) Practitioners shall use the DSM IV-TR when rendering an  
24 autism diagnosis under this section, but an obligation to provide  
25 coverage for expenses pursuant to this section shall be required  
26 whether an autism diagnosis is rendered under the DSM IV-TR, the  
27 IDC-9-CM, or any other version of the DSM or ICD-CM published  
28 on or after January 1, 2000.

29 b. When the covered person's primary diagnosis is autism,  
30 central auditory processing disorder, childhood apraxia of speech,  
31 sensory processing disorder, social communication disorder, or  
32 another developmental disability, the hospital service corporation  
33 shall provide coverage for expenses incurred for medically  
34 necessary occupational therapy, physical therapy, and speech  
35 therapy, as prescribed through a treatment plan. Coverage of these  
36 therapies shall not be denied on the basis that the treatment is not  
37 restorative or on the basis of any other exclusionary or otherwise  
38 limiting language.

39 c. When the covered person is under 21 years of age and the  
40 covered person's primary diagnosis is autism or social  
41 communication disorder, the hospital service corporation shall  
42 provide coverage for expenses incurred for medically necessary  
43 behavioral interventions based on the principles of applied  
44 behavioral analysis and related structured behavioral programs, as  
45 prescribed through a treatment plan and as administered directly by,

**EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

1 or under the supervision of, a practitioner, subject to the provisions  
2 of this subsection.

3 (1) Except as provided in paragraph (3) of this subsection, the  
4 benefits provided pursuant to this subsection shall be provided to  
5 the same extent as for any other medical condition under the  
6 contract, but shall not be subject to limits on the number of visits  
7 that a covered person may make to a provider of behavioral  
8 interventions.

9 (2) The benefits provided pursuant to this subsection shall not  
10 be denied on the basis that the treatment is not restorative.

11 (3) (a) The maximum benefit amount for a covered person in any  
12 calendar year through 2011 shall be \$36,000.

13 (b) Commencing on January 1, 2012, the maximum benefit  
14 amount shall be subject to an adjustment, to be promulgated by the  
15 Commissioner of Banking and Insurance and published in the New  
16 Jersey Register no later than February 1 of each calendar year,  
17 which shall be equal to the change in the consumer price index for  
18 all urban consumers for the nation, as prepared by the United States  
19 Department of Labor, for the calendar year preceding the calendar  
20 year in which the adjustment to the maximum benefit amount is  
21 promulgated.

22 (c) The adjusted maximum benefit amount shall apply to a  
23 contract that is delivered, issued, executed, or renewed, or approved  
24 for issuance or renewal, in the 12-month period following the date  
25 on which the adjustment is promulgated.

26 (d) Notwithstanding the provisions of this paragraph to the  
27 contrary, a hospital service corporation shall not be precluded from  
28 providing a benefit amount for a covered person in any calendar  
29 year that exceeds the benefit amounts set forth in subparagraphs (a)  
30 and (b) of this paragraph.

31 d. The treatment plan required pursuant to subsections b. and c.  
32 of this section shall include all elements necessary for the hospital  
33 service corporation to appropriately provide benefits, including, but  
34 not limited to: a diagnosis; proposed treatment by type, frequency,  
35 and duration; the anticipated outcomes stated as goals; the  
36 frequency by which the treatment plan will be updated; and the  
37 treating **[physician's]** practitioner's signature. The hospital service  
38 corporation may only request an updated treatment plan once every  
39 six months from the treating **[physician]** practitioner to review  
40 medical necessity, unless the hospital service corporation and the  
41 treating **[physician]** practitioner agree that a more frequent review  
42 is necessary due to emerging clinical circumstances.

43 e. The provisions of subsections b. and c. of this section shall  
44 not be construed as limiting benefits otherwise available to a  
45 covered person.

46 f. The provisions of subsections b. and c. of this section shall  
47 not be construed to require that benefits be provided to reimburse  
48 the cost of services provided under an individualized family service

1 plan or an individualized education program, or affect any  
2 requirement to provide those services; except that the benefits  
3 provided pursuant to those subsections shall include coverage for  
4 expenses incurred by participants in an individualized family  
5 service plan through a family cost share.

6 g. The coverage required under this section may be subject to  
7 utilization review, including periodic review, by the hospital service  
8 corporation of the continued medical necessity of the specified  
9 therapies and interventions.

10 h. The provisions of this section shall apply to all contracts in  
11 which the hospital service corporation has reserved the right to  
12 change the premium.

13 i. An attorney's fees and costs shall be awarded in favor of a  
14 successful claimant alleging failure to comply with the provisions  
15 of this section.

16 j. As used in this section:

17 "Autism" means any one of the several conditions classified  
18 under pervasive developmental disorder in the Diagnostic and  
19 Statistical Manual of Mental Disorders, Fourth Edition, Text  
20 Revision (DSM IV-TR) or the International Classification of  
21 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
22 including: autistic disorder; Asperger's disorder; childhood  
23 disintegrative disorder; pervasive developmental disorder not  
24 otherwise specified or unspecified pervasive developmental  
25 disorder; fragile X syndrome, to the extent that the condition is  
26 comorbid with pervasive developmental disorder; Rett's disorder, to  
27 the extent that the condition is comorbid with pervasive  
28 developmental disorder; autism spectrum disorder; and any  
29 equivalent conditions as classified under any version of the  
30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
31 the International Classification of Diseases, Clinical Modification  
32 (ICD-CM) published on or after January 1, 2000.

33 "Central auditory processing disorder" means a disorder in the  
34 perceptual processing of auditory information in the central nervous  
35 system as demonstrated by poor performance in one or more of the  
36 following abilities or skills: sound localization and lateralization;  
37 auditory discrimination; auditory pattern recognition; temporal  
38 aspects of audition, including temporal integration, temporal  
39 discrimination, temporal ordering, and temporal masking; auditory  
40 performance in competing acoustic signals; and auditory  
41 performance with degraded acoustic signals. The disorder includes  
42 any equivalent conditions classified under any version of the DSM  
43 or ICD-CM published on or after January 1, 2000.

44 "Childhood apraxia of speech" means a neurological childhood  
45 speech sound disorder in which the precision and consistency of  
46 movements underlying speech are impaired in the absence of  
47 neuromuscular deficits. The disorder may occur as a result of  
48 known neurological impairment, in association with complex

1 neurobehavioral disorders of known or unknown origin, or as an  
2 idiopathic neurogenic speech sound disorder. The core impairment  
3 in planning or programming spatiotemporal parameters of  
4 movement sequences results in errors in speech sound production  
5 and prosody. The disorder includes conditions classified under  
6 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
7 classified under speech sound disorder in any version of the DSM  
8 or ICD-CM published on or after January 1, 2000, and any  
9 equivalent conditions classified under any version of the DSM or  
10 ICD-CM published on or after January 1, 2000.

11 “Practitioner” means a physician, psychologist, or other health  
12 care professional licensed pursuant to Title 45 of the Revised  
13 Statutes who is qualified by training to make a diagnosis of autism,  
14 central auditory processing disorder, childhood apraxia of speech,  
15 sensory processing disorder, social communication disorder, or  
16 another developmental disability. For the purposes of this act,  
17 “practitioner” shall also include an individual credentialed by the  
18 Behavior Analyst Certification Board as a Board Certified Behavior  
19 Analyst or as a Board Certified Behavior Analyst-Doctoral.

20 “Sensory processing disorder” means a condition characterized  
21 by one or more of the following symptoms that impair daily  
22 routines or roles: sensory modulation disorder, defined as difficulty  
23 regulating responses to sensory input or as behavior that is not  
24 graded relative to the degree, nature, or intensity of the sensory  
25 information and including, but not limited to, sensory over-  
26 responsivity, sensory under-responsivity, and sensory craving;  
27 sensory discrimination disorder, defined as difficulty interpreting  
28 qualities of sensory stimuli or perceiving similarities and  
29 differences among stimuli and including, but not limited to, sensory  
30 discrimination disorder subtypes affecting the visual, auditory,  
31 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
32 interoceptive sensory systems; and sensory-based motor disorder,  
33 defined as a sensory-based impairment of postural or motor  
34 planning abilities including, but not limited to, the sensory-based  
35 motor disorder subtypes of postural disorder, which involves  
36 difficulties with core motor functions and balance, and motor  
37 planning disorder, which involves difficulties with the ideation,  
38 sequencing, and execution of novel motor actions. Sensory  
39 processing disorder includes any equivalent conditions classified  
40 under any version of the DSM or ICD-CM published on or after  
41 January 1, 2000.

42 “Social communication disorder” means a condition  
43 characterized by the following symptoms that are present from early  
44 childhood and that result in functional limitations in effective  
45 communication, social participation, academic achievement, or  
46 occupational performance: persistent difficulties in pragmatics or  
47 the social uses of verbal and nonverbal communication in  
48 naturalistic contexts, which affect the development of social

1 reciprocity and social relationships and which cannot be explained  
2 by low abilities in the domains of word structure and grammar or  
3 general cognitive ability; persistent difficulties in the acquisition  
4 and use of spoken language, written language, or other modalities  
5 of language for narrative, expository, and conversational discourse;  
6 and the absence of restricted and repetitive patterns of behavior,  
7 interests, or activities, thereby ruling out an autism diagnosis. The  
8 disorder includes any equivalent conditions classified under any  
9 version of the DSM or ICD-CM published on or after January 1,  
10 2000.

11 (cf: P.L.2009, c.115, s.1)

12

13 2. Section 2 of P.L.2009, c.115 (C.17:48A-7ff) is amended to  
14 read as follows:

15 2. Notwithstanding any other provision of law to the contrary,  
16 every medical service corporation contract that provides hospital  
17 and medical expense benefits and is delivered, issued, executed, or  
18 renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et  
19 seq.), or approved for issuance or renewal in this State by the  
20 Commissioner of Banking and Insurance, on or after the effective  
21 date of this act, shall provide coverage pursuant to the provisions of  
22 this section.

23 a. (1) The medical service corporation shall provide coverage for  
24 expenses incurred in screening and diagnosing autism or another  
25 developmental disability, including, but not limited to, central  
26 auditory processing disorder, childhood apraxia of speech, sensory  
27 processing disorder, and social communication disorder.

28 (2) Practitioners shall use the DSM IV-TR when rendering an  
29 autism diagnosis under this section, but an obligation to provide  
30 coverage for expenses pursuant to this section shall be required  
31 whether an autism diagnosis is rendered under the DSM IV-TR, the  
32 IDC-9-CM, or any other version of the DSM or ICD-CM published  
33 on or after January 1, 2000.

34 b. When the covered person's primary diagnosis is autism,  
35 central auditory processing disorder, childhood apraxia of speech,  
36 sensory processing disorder, social communication disorder, or  
37 another developmental disability, the medical service corporation  
38 shall provide coverage for expenses incurred for medically  
39 necessary occupational therapy, physical therapy, and speech  
40 therapy, as prescribed through a treatment plan. Coverage of these  
41 therapies shall not be denied on the basis that the treatment is not  
42 restorative or on the basis of any other exclusionary or otherwise  
43 limiting language.

44 c. When the covered person is under 21 years of age and the  
45 covered person's primary diagnosis is autism or social  
46 communication disorder, the medical service corporation shall  
47 provide coverage for expenses incurred for medically necessary  
48 behavioral interventions based on the principles of applied

1 behavioral analysis and related structured behavioral programs, as  
2 prescribed through a treatment plan and as administered directly by,  
3 or under the supervision of, a practitioner, subject to the provisions  
4 of this subsection.

5 (1) Except as provided in paragraph (3) of this subsection, the  
6 benefits provided pursuant to this subsection shall be provided to  
7 the same extent as for any other medical condition under the  
8 contract, but shall not be subject to limits on the number of visits  
9 that a covered person may make to a provider of behavioral  
10 interventions.

11 (2) The benefits provided pursuant to this subsection shall not  
12 be denied on the basis that the treatment is not restorative.

13 (3) (a) The maximum benefit amount for a covered person in any  
14 calendar year through 2011 shall be \$36,000.

15 (b) Commencing on January 1, 2012, the maximum benefit  
16 amount shall be subject to an adjustment, to be promulgated by the  
17 Commissioner of Banking and Insurance and published in the New  
18 Jersey Register no later than February 1 of each calendar year,  
19 which shall be equal to the change in the consumer price index for  
20 all urban consumers for the nation, as prepared by the United States  
21 Department of Labor, for the calendar year preceding the calendar  
22 year in which the adjustment to the maximum benefit amount is  
23 promulgated.

24 (c) The adjusted maximum benefit amount shall apply to a  
25 contract that is delivered, issued, executed, or renewed, or approved  
26 for issuance or renewal, in the 12-month period following the date  
27 on which the adjustment is promulgated.

28 (d) Notwithstanding the provisions of this paragraph to the  
29 contrary, a medical service corporation shall not be precluded from  
30 providing a benefit amount for a covered person in any calendar  
31 year that exceeds the benefit amounts set forth in subparagraphs (a)  
32 and (b) of this paragraph.

33 d. The treatment plan required pursuant to subsections b. and c.  
34 of this section shall include all elements necessary for the medical  
35 service corporation to appropriately provide benefits, including, but  
36 not limited to: a diagnosis; proposed treatment by type, frequency,  
37 and duration; the anticipated outcomes stated as goals; the  
38 frequency by which the treatment plan will be updated; and the  
39 treating **[physician's]** practitioner's signature. The medical service  
40 corporation may only request an updated treatment plan once every  
41 six months from the treating **[physician]** practitioner to review  
42 medical necessity, unless the medical service corporation and the  
43 treating **[physician]** practitioner agree that a more frequent review  
44 is necessary due to emerging clinical circumstances.

45 e. The provisions of subsections b. and c. of this section shall  
46 not be construed as limiting benefits otherwise available to a  
47 covered person.

1 f. The provisions of subsections b. and c. of this section shall  
2 not be construed to require that benefits be provided to reimburse  
3 the cost of services provided under an individualized family service  
4 plan or an individualized education program, or affect any  
5 requirement to provide those services; except that the benefits  
6 provided pursuant to those subsections shall include coverage for  
7 expenses incurred by participants in an individualized family  
8 service plan through a family cost share.

9 g. The coverage required under this section may be subject to  
10 utilization review, including periodic review, by the medical service  
11 corporation of the continued medical necessity of the specified  
12 therapies and interventions.

13 h. The provisions of this section shall apply to all contracts in  
14 which the medical service corporation has reserved the right to  
15 change the premium.

16 i. An attorney's fees and costs shall be awarded in favor of a  
17 successful claimant alleging failure to comply with the provisions  
18 of this section.

19 j. As used in this section:

20 "Autism" means any one of the several conditions classified  
21 under pervasive developmental disorder in the Diagnostic and  
22 Statistical Manual of Mental Disorders, Fourth Edition, Text  
23 Revision (DSM IV-TR) or the International Classification of  
24 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
25 including: autistic disorder; Asperger's disorder; childhood  
26 disintegrative disorder; pervasive developmental disorder not  
27 otherwise specified or unspecified pervasive developmental  
28 disorder; fragile X syndrome, to the extent that the condition is  
29 comorbid with pervasive developmental disorder; Rett's disorder, to  
30 the extent that the condition is comorbid with pervasive  
31 developmental disorder; autism spectrum disorder; and any  
32 equivalent conditions as classified under any version of the  
33 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
34 the International Classification of Diseases, Clinical Modification  
35 (ICD-CM) published on or after January 1, 2000.

36 "Central auditory processing disorder" means a disorder in the  
37 perceptual processing of auditory information in the central nervous  
38 system as demonstrated by poor performance in one or more of the  
39 following abilities or skills: sound localization and lateralization;  
40 auditory discrimination; auditory pattern recognition; temporal  
41 aspects of audition, including temporal integration, temporal  
42 discrimination, temporal ordering, and temporal masking; auditory  
43 performance in competing acoustic signals; and auditory  
44 performance with degraded acoustic signals. The disorder includes  
45 any equivalent conditions classified under any version of the DSM  
46 or ICD-CM published on or after January 1, 2000.

47 "Childhood apraxia of speech" means a neurological childhood  
48 speech sound disorder in which the precision and consistency of



1 movements underlying speech are impaired in the absence of  
2 neuromuscular deficits. The disorder may occur as a result of  
3 known neurological impairment, in association with complex  
4 neurobehavioral disorders of known or unknown origin, or as an  
5 idiopathic neurogenic speech sound disorder. The core impairment  
6 in planning or programming spatiotemporal parameters of  
7 movement sequences results in errors in speech sound production  
8 and prosody. The disorder includes conditions classified under  
9 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
10 classified under speech sound disorder in any version of the DSM  
11 or ICD-CM published on or after January 1, 2000, and any  
12 equivalent conditions classified under any version of the DSM or  
13 ICD-CM published on or after January 1, 2000.

14 “Practitioner” means a physician, psychologist, or other health  
15 care professional licensed pursuant to Title 45 of the Revised  
16 Statutes who is qualified by training to make a diagnosis of autism,  
17 central auditory processing disorder, childhood apraxia of speech,  
18 sensory processing disorder, social communication disorder, or  
19 another developmental disability. For the purposes of this act,  
20 “practitioner” shall also include an individual credentialed by the  
21 Behavior Analyst Certification Board as a Board Certified Behavior  
22 Analyst or as a Board Certified Behavior Analyst-Doctoral.

23 “Sensory processing disorder” means a condition characterized  
24 by one or more of the following symptoms that impair daily  
25 routines or roles: sensory modulation disorder, defined as difficulty  
26 regulating responses to sensory input or as behavior that is not  
27 graded relative to the degree, nature, or intensity of the sensory  
28 information and including, but not limited to, sensory over-  
29 responsivity, sensory under-responsivity, and sensory craving;  
30 sensory discrimination disorder, defined as difficulty interpreting  
31 qualities of sensory stimuli or perceiving similarities and  
32 differences among stimuli and including, but not limited to, sensory  
33 discrimination disorder subtypes affecting the visual, auditory,  
34 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
35 interoceptive sensory systems; and sensory-based motor disorder,  
36 defined as a sensory-based impairment of postural or motor  
37 planning abilities including, but not limited to, the sensory-based  
38 motor disorder subtypes of postural disorder, which involves  
39 difficulties with core motor functions and balance, and motor  
40 planning disorder, which involves difficulties with the ideation,  
41 sequencing, and execution of novel motor actions. Sensory  
42 processing disorder includes any equivalent conditions classified  
43 under any version of the DSM or ICD-CM published on or after  
44 January 1, 2000.

45 “Social communication disorder” means a condition  
46 characterized by the following symptoms that are present from early  
47 childhood and that result in functional limitations in effective  
48 communication, social participation, academic achievement, or

1 occupational performance: persistent difficulties in pragmatics or  
2 the social uses of verbal and nonverbal communication in  
3 naturalistic contexts, which affect the development of social  
4 reciprocity and social relationships and which cannot be explained  
5 by low abilities in the domains of word structure and grammar or  
6 general cognitive ability; persistent difficulties in the acquisition  
7 and use of spoken language, written language, or other modalities  
8 of language for narrative, expository, and conversational discourse;  
9 and the absence of restricted and repetitive patterns of behavior,  
10 interests, or activities, thereby ruling out an autism diagnosis. The  
11 disorder includes any equivalent conditions classified under any  
12 version of the DSM or ICD-CM published on or after January 1,  
13 2000.

14 (cf: P.L.2009, c.115, s.2)

15

16 3. Section 3 of P.L.2009, c.115 (C.17:48E-35.33) is amended  
17 to read as follows:

18 3. Notwithstanding any other provision of law to the contrary,  
19 every health service corporation contract that provides hospital and  
20 medical expense benefits and is delivered, issued, executed, or  
21 renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et  
22 seq.), or approved for issuance or renewal in this State by the  
23 Commissioner of Banking and Insurance, on or after the effective  
24 date of this act, shall provide coverage pursuant to the provisions of  
25 this section.

26 a. (1) The health service corporation shall provide coverage for  
27 expenses incurred in screening and diagnosing autism or another  
28 developmental disability, including, but not limited to, central  
29 auditory processing disorder, childhood apraxia of speech, sensory  
30 processing disorder, and social communication disorder.

31 (2) Practitioners shall use the DSM IV-TR when rendering an  
32 autism diagnosis under this section, but an obligation to provide  
33 coverage for expenses pursuant to this section shall be required  
34 whether an autism diagnosis is rendered under the DSM IV-TR, the  
35 IDC-9-CM, or any other version of the DSM or ICD-CM published  
36 on or after January 1, 2000.

37 b. When the covered person's primary diagnosis is autism,  
38 central auditory processing disorder, childhood apraxia of speech,  
39 sensory processing disorder, social communication disorder, or  
40 another developmental disability, the health service corporation  
41 shall provide coverage for expenses incurred for medically  
42 necessary occupational therapy, physical therapy, and speech  
43 therapy, as prescribed through a treatment plan. Coverage of these  
44 therapies shall not be denied on the basis that the treatment is not  
45 restorative or on the basis of any other exclusionary or otherwise  
46 limiting language.

47 c. When the covered person is under 21 years of age and the  
48 covered person's primary diagnosis is autism or social

1 communication disorder, the health service corporation shall  
2 provide coverage for expenses incurred for medically necessary  
3 behavioral interventions based on the principles of applied  
4 behavioral analysis and related structured behavioral programs, as  
5 prescribed through a treatment plan and as administered directly by,  
6 or under the supervision of, a practitioner, subject to the provisions  
7 of this subsection.

8 (1) Except as provided in paragraph (3) of this subsection, the  
9 benefits provided pursuant to this subsection shall be provided to  
10 the same extent as for any other medical condition under the  
11 contract, but shall not be subject to limits on the number of visits  
12 that a covered person may make to a provider of behavioral  
13 interventions.

14 (2) The benefits provided pursuant to this subsection shall not  
15 be denied on the basis that the treatment is not restorative.

16 (3) (a) The maximum benefit amount for a covered person in any  
17 calendar year through 2011 shall be \$36,000.

18 (b) Commencing on January 1, 2012, the maximum benefit  
19 amount shall be subject to an adjustment, to be promulgated by the  
20 Commissioner of Banking and Insurance and published in the New  
21 Jersey Register no later than February 1 of each calendar year,  
22 which shall be equal to the change in the consumer price index for  
23 all urban consumers for the nation, as prepared by the United States  
24 Department of Labor, for the calendar year preceding the calendar  
25 year in which the adjustment to the maximum benefit amount is  
26 promulgated.

27 (c) The adjusted maximum benefit amount shall apply to a  
28 contract that is delivered, issued, executed, or renewed, or approved  
29 for issuance or renewal, in the 12-month period following the date  
30 on which the adjustment is promulgated.

31 (d) Notwithstanding the provisions of this paragraph to the  
32 contrary, a health service corporation shall not be precluded from  
33 providing a benefit amount for a covered person in any calendar  
34 year that exceeds the benefit amounts set forth in subparagraphs (a)  
35 and (b) of this paragraph.

36 d. The treatment plan required pursuant to subsections b. and c.  
37 of this section shall include all elements necessary for the health  
38 service corporation to appropriately provide benefits, including, but  
39 not limited to: a diagnosis; proposed treatment by type, frequency,  
40 and duration; the anticipated outcomes stated as goals; the  
41 frequency by which the treatment plan will be updated; and the  
42 treating **[physician's]** practitioner's signature. The health service  
43 corporation may only request an updated treatment plan once every  
44 six months from the treating **[physician]** practitioner to review  
45 medical necessity, unless the health service corporation and the  
46 treating **[physician]** practitioner agree that a more frequent review  
47 is necessary due to emerging clinical circumstances.

1 e. The provisions of subsections b. and c. of this section shall  
2 not be construed as limiting benefits otherwise available to a  
3 covered person.

4 f. The provisions of subsections b. and c. of this section shall  
5 not be construed to require that benefits be provided to reimburse  
6 the cost of services provided under an individualized family service  
7 plan or an individualized education program, or affect any  
8 requirement to provide those services; except that the benefits  
9 provided pursuant to those subsections shall include coverage for  
10 expenses incurred by participants in an individualized family  
11 service plan through a family cost share.

12 g. The coverage required under this section may be subject to  
13 utilization review, including periodic review, by the health service  
14 corporation of the continued medical necessity of the specified  
15 therapies and interventions.

16 h. The provisions of this section shall apply to all contracts in  
17 which the health service corporation has reserved the right to  
18 change the premium.

19 i. An attorney's fees and costs shall be awarded in favor of a  
20 successful claimant alleging failure to comply with the provisions  
21 of this section.

22 j. As used in this section:

23 "Autism" means any one of the several conditions classified  
24 under pervasive developmental disorder in the Diagnostic and  
25 Statistical Manual of Mental Disorders, Fourth Edition, Text  
26 Revision (DSM IV-TR) or the International Classification of  
27 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
28 including: autistic disorder; Asperger's disorder; childhood  
29 disintegrative disorder; pervasive developmental disorder not  
30 otherwise specified or unspecified pervasive developmental  
31 disorder; fragile X syndrome, to the extent that the condition is  
32 comorbid with pervasive developmental disorder; Rett's disorder, to  
33 the extent that the condition is comorbid with pervasive  
34 developmental disorder; autism spectrum disorder; and any  
35 equivalent conditions as classified under any version of the  
36 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
37 the International Classification of Diseases, Clinical Modification  
38 (ICD-CM) published on or after January 1, 2000.

39 "Central auditory processing disorder" means a disorder in the  
40 perceptual processing of auditory information in the central nervous  
41 system as demonstrated by poor performance in one or more of the  
42 following abilities or skills: sound localization and lateralization;  
43 auditory discrimination; auditory pattern recognition; temporal  
44 aspects of audition, including temporal integration, temporal  
45 discrimination, temporal ordering, and temporal masking; auditory  
46 performance in competing acoustic signals; and auditory  
47 performance with degraded acoustic signals. The disorder includes

1 any equivalent conditions classified under any version of the DSM  
2 or ICD-CM published on or after January 1, 2000.

3 “Childhood apraxia of speech” means a neurological childhood  
4 speech sound disorder in which the precision and consistency of  
5 movements underlying speech are impaired in the absence of  
6 neuromuscular deficits. The disorder may occur as a result of  
7 known neurological impairment, in association with complex  
8 neurobehavioral disorders of known or unknown origin, or as an  
9 idiopathic neurogenic speech sound disorder. The core impairment  
10 in planning or programming spatiotemporal parameters of  
11 movement sequences results in errors in speech sound production  
12 and prosody. The disorder includes conditions classified under  
13 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
14 classified under speech sound disorder in any version of the DSM  
15 or ICD-CM published on or after January 1, 2000, and any  
16 equivalent conditions classified under any version of the DSM or  
17 ICD-CM published on or after January 1, 2000.

18 “Practitioner” means a physician, psychologist, or other health  
19 care professional licensed pursuant to Title 45 of the Revised  
20 Statutes who is qualified by training to make a diagnosis of autism,  
21 central auditory processing disorder, childhood apraxia of speech,  
22 sensory processing disorder, social communication disorder, or  
23 another developmental disability. For the purposes of this act,  
24 “practitioner” shall also include an individual credentialed by the  
25 Behavior Analyst Certification Board as a Board Certified Behavior  
26 Analyst or as a Board Certified Behavior Analyst-Doctoral.

27 “Sensory processing disorder” means a condition characterized  
28 by one or more of the following symptoms that impair daily  
29 routines or roles: sensory modulation disorder, defined as difficulty  
30 regulating responses to sensory input or as behavior that is not  
31 graded relative to the degree, nature, or intensity of the sensory  
32 information and including, but not limited to, sensory over-  
33 responsivity, sensory under-responsivity, and sensory craving;  
34 sensory discrimination disorder, defined as difficulty interpreting  
35 qualities of sensory stimuli or perceiving similarities and  
36 differences among stimuli and including, but not limited to, sensory  
37 discrimination disorder subtypes affecting the visual, auditory,  
38 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
39 interoceptive sensory systems; and sensory-based motor disorder,  
40 defined as a sensory-based impairment of postural or motor  
41 planning abilities including, but not limited to, the sensory-based  
42 motor disorder subtypes of postural disorder, which involves  
43 difficulties with core motor functions and balance, and motor  
44 planning disorder, which involves difficulties with the ideation,  
45 sequencing, and execution of novel motor actions. Sensory  
46 processing disorder includes any equivalent conditions classified  
47 under any version of the DSM or ICD-CM published on or after  
48 January 1, 2000.

1     “Social communication disorder” means a condition  
2 characterized by the following symptoms that are present from early  
3 childhood and that result in functional limitations in effective  
4 communication, social participation, academic achievement, or  
5 occupational performance: persistent difficulties in pragmatics or  
6 the social uses of verbal and nonverbal communication in  
7 naturalistic contexts, which affect the development of social  
8 reciprocity and social relationships and which cannot be explained  
9 by low abilities in the domains of word structure and grammar or  
10 general cognitive ability; persistent difficulties in the acquisition  
11 and use of spoken language, written language, or other modalities  
12 of language for narrative, expository, and conversational discourse;  
13 and the absence of restricted and repetitive patterns of behavior,  
14 interests, or activities, thereby ruling out an autism diagnosis. The  
15 disorder includes any equivalent conditions classified under any  
16 version of the DSM or ICD-CM published on or after January 1,  
17 2000.

18 (cf: P.L.2009, c.115, s.3)

19

20     4. Section 4 of P.L.2009, c.115 (C.17B:26-2.1cc) is amended to  
21 read as follows:

22     4. Notwithstanding any other provision of law to the contrary,  
23 every individual health insurance policy that provides hospital and  
24 medical expense benefits and is delivered, issued, executed, or  
25 renewed in this State pursuant to chapter 26 of Title 17B of the New  
26 Jersey Statutes, or approved for issuance or renewal in this State by  
27 the Commissioner of Banking and Insurance, on or after the  
28 effective date of this act, shall provide coverage pursuant to the  
29 provisions of this section.

30     a. (1) The insurer shall provide coverage for expenses incurred in  
31 screening and diagnosing autism or another developmental  
32 disability, including, but not limited to, central auditory processing  
33 disorder, childhood apraxia of speech, sensory processing disorder,  
34 and social communication disorder.

35     (2) Practitioners shall use the DSM IV-TR when rendering an  
36 autism diagnosis under this section, but an obligation to provide  
37 coverage for expenses pursuant to this section shall be required  
38 whether an autism diagnosis is rendered under the DSM IV-TR, the  
39 IDC-9-CM, or any other version of the DSM or ICD-CM published  
40 on or after January 1, 2000.

41     b. When the insured's primary diagnosis is autism, central  
42 auditory processing disorder, childhood apraxia of speech, sensory  
43 processing disorder, social communication disorder, or another  
44 developmental disability, the insurer shall provide coverage for  
45 expenses incurred for medically necessary occupational therapy,  
46 physical therapy, and speech therapy, as prescribed through a  
47 treatment plan. Coverage of these therapies shall not be denied on

1 the basis that the treatment is not restorative or on the basis of any  
2 other exclusionary or otherwise limiting language.

3 c. When the insured is under 21 years of age and the insured's  
4 primary diagnosis is autism or social communication disorder, the  
5 insurer shall provide coverage for expenses incurred for medically  
6 necessary behavioral interventions based on the principles of  
7 applied behavioral analysis and related structured behavioral  
8 programs, as prescribed through a treatment plan and as  
9 administered directly by, or under the supervision of, a practitioner,  
10 subject to the provisions of this subsection.

11 (1) Except as provided in paragraph (3) of this subsection, the  
12 benefits provided pursuant to this subsection shall be provided to  
13 the same extent as for any other medical condition under the policy,  
14 but shall not be subject to limits on the number of visits that an  
15 insured may make to a provider of behavioral interventions.

16 (2) The benefits provided pursuant to this subsection shall not  
17 be denied on the basis that the treatment is not restorative.

18 (3) (a) The maximum benefit amount for an insured in any  
19 calendar year through 2011 shall be \$36,000.

20 (b) Commencing on January 1, 2012, the maximum benefit  
21 amount shall be subject to an adjustment, to be promulgated by the  
22 Commissioner of Banking and Insurance and published in the New  
23 Jersey Register no later than February 1 of each calendar year,  
24 which shall be equal to the change in the consumer price index for  
25 all urban consumers for the nation, as prepared by the United States  
26 Department of Labor, for the calendar year preceding the calendar  
27 year in which the adjustment to the maximum benefit amount is  
28 promulgated.

29 (c) The adjusted maximum benefit amount shall apply to a  
30 policy that is delivered, issued, executed, or renewed, or approved  
31 for issuance or renewal, in the 12-month period following the date  
32 on which the adjustment is promulgated.

33 (d) Notwithstanding the provisions of this paragraph to the  
34 contrary, an insurer shall not be precluded from providing a benefit  
35 amount for an insured in any calendar year that exceeds the benefit  
36 amounts set forth in subparagraphs (a) and (b) of this paragraph.

37 d. The treatment plan required pursuant to subsections b. and c.  
38 of this section shall include all elements necessary for the insurer to  
39 appropriately provide benefits, including, but not limited to: a  
40 diagnosis; proposed treatment by type, frequency, and duration; the  
41 anticipated outcomes stated as goals; the frequency by which the  
42 treatment plan will be updated; and the treating **[physician's]**  
43 practitioner's signature. The insurer may only request an updated  
44 treatment plan once every six months from the treating **[physician]**  
45 practitioner to review medical necessity, unless the insurer and the  
46 treating **[physician]** practitioner agree that a more frequent review  
47 is necessary due to emerging clinical circumstances.

1 e. The provisions of subsections b. and c. of this section shall  
2 not be construed as limiting benefits otherwise available to an  
3 insured.

4 f. The provisions of subsections b. and c. of this section shall  
5 not be construed to require that benefits be provided to reimburse  
6 the cost of services provided under an individualized family service  
7 plan or an individualized education program, or affect any  
8 requirement to provide those services; except that the benefits  
9 provided pursuant to those subsections shall include coverage for  
10 expenses incurred by participants in an individualized family  
11 service plan through a family cost share.

12 g. The coverage required under this section may be subject to  
13 utilization review, including periodic review, by the insurer of the  
14 continued medical necessity of the specified therapies and  
15 interventions.

16 h. The provisions of this section shall apply to all policies in  
17 which the insurer has reserved the right to change the premium.

18 i. An attorney's fees and costs shall be awarded in favor of a  
19 successful claimant alleging failure to comply with the provisions  
20 of this section.

21 j. As used in this section:

22 "Autism" means any one of the several conditions classified  
23 under pervasive developmental disorder in the Diagnostic and  
24 Statistical Manual of Mental Disorders, Fourth Edition, Text  
25 Revision (DSM IV-TR) or the International Classification of  
26 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
27 including: autistic disorder; Asperger's disorder; childhood  
28 disintegrative disorder; pervasive developmental disorder not  
29 otherwise specified or unspecified pervasive developmental  
30 disorder; fragile X syndrome, to the extent that the condition is  
31 comorbid with pervasive developmental disorder; Rett's disorder, to  
32 the extent that the condition is comorbid with pervasive  
33 developmental disorder; autism spectrum disorder; and any  
34 equivalent conditions as classified under any version of the  
35 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
36 the International Classification of Diseases, Clinical Modification  
37 (ICD-CM) published on or after January 1, 2000.

38 "Central auditory processing disorder" means a disorder in the  
39 perceptual processing of auditory information in the central nervous  
40 system as demonstrated by poor performance in one or more of the  
41 following abilities or skills: sound localization and lateralization;  
42 auditory discrimination; auditory pattern recognition; temporal  
43 aspects of audition, including temporal integration, temporal  
44 discrimination, temporal ordering, and temporal masking; auditory  
45 performance in competing acoustic signals; and auditory  
46 performance with degraded acoustic signals. The disorder includes  
47 any equivalent conditions classified under any version of the DSM  
48 or ICD-CM published on or after January 1, 2000.



1     “Childhood apraxia of speech” means a neurological childhood  
2 speech sound disorder in which the precision and consistency of  
3 movements underlying speech are impaired in the absence of  
4 neuromuscular deficits. The disorder may occur as a result of  
5 known neurological impairment, in association with complex  
6 neurobehavioral disorders of known or unknown origin, or as an  
7 idiopathic neurogenic speech sound disorder. The core impairment  
8 in planning or programming spatiotemporal parameters of  
9 movement sequences results in errors in speech sound production  
10 and prosody. The disorder includes conditions classified under  
11 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
12 classified under speech sound disorder in any version of the DSM  
13 or ICD-CM published on or after January 1, 2000, and any  
14 equivalent conditions classified under any version of the DSM or  
15 ICD-CM published on or after January 1, 2000.

16     “Practitioner” means a physician, psychologist, or other health  
17 care professional licensed pursuant to Title 45 of the Revised  
18 Statutes who is qualified by training to make a diagnosis of autism,  
19 central auditory processing disorder, childhood apraxia of speech,  
20 sensory processing disorder, social communication disorder, or  
21 another developmental disability. For the purposes of this act,  
22 “practitioner” shall also include an individual credentialed by the  
23 Behavior Analyst Certification Board as a Board Certified Behavior  
24 Analyst or as a Board Certified Behavior Analyst-Doctoral.

25     “Sensory processing disorder” means a condition characterized  
26 by one or more of the following symptoms that impair daily  
27 routines or roles: sensory modulation disorder, defined as difficulty  
28 regulating responses to sensory input or as behavior that is not  
29 graded relative to the degree, nature, or intensity of the sensory  
30 information and including, but not limited to, sensory over-  
31 responsivity, sensory under-responsivity, and sensory craving;  
32 sensory discrimination disorder, defined as difficulty interpreting  
33 qualities of sensory stimuli or perceiving similarities and  
34 differences among stimuli and including, but not limited to, sensory  
35 discrimination disorder subtypes affecting the visual, auditory,  
36 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
37 interoceptive sensory systems; and sensory-based motor disorder,  
38 defined as a sensory-based impairment of postural or motor  
39 planning abilities including, but not limited to, the sensory-based  
40 motor disorder subtypes of postural disorder, which involves  
41 difficulties with core motor functions and balance, and motor  
42 planning disorder, which involves difficulties with the ideation,  
43 sequencing, and execution of novel motor actions. Sensory  
44 processing disorder includes any equivalent conditions classified  
45 under any version of the DSM or ICD-CM published on or after  
46 January 1, 2000.

47     “Social communication disorder” means a condition  
48 characterized by the following symptoms that are present from early

1 childhood and that result in functional limitations in effective  
2 communication, social participation, academic achievement, or  
3 occupational performance: persistent difficulties in pragmatics or  
4 the social uses of verbal and nonverbal communication in  
5 naturalistic contexts, which affect the development of social  
6 reciprocity and social relationships and which cannot be explained  
7 by low abilities in the domains of word structure and grammar or  
8 general cognitive ability; persistent difficulties in the acquisition  
9 and use of spoken language, written language, or other modalities  
10 of language for narrative, expository, and conversational discourse;  
11 and the absence of restricted and repetitive patterns of behavior,  
12 interests, or activities, thereby ruling out an autism diagnosis. The  
13 disorder includes any equivalent conditions classified under any  
14 version of the DSM or ICD-CM published on or after January 1,  
15 2000.

16 (cf: P.L.2009, c.115, s.4)

17

18 5. Section 5 of P.L.2009, c.115 (C.17B:27-46.1ii) is amended  
19 to read as follows:

20 5. Notwithstanding any other provision of law to the contrary,  
21 every group health insurance policy that provides hospital and  
22 medical expense benefits and is delivered, issued, executed, or  
23 renewed in this State pursuant to chapter 27 of Title 17B of the New  
24 Jersey Statutes, or approved for issuance or renewal in this State by  
25 the Commissioner of Banking and Insurance, on or after the  
26 effective date of this act, shall provide coverage pursuant to the  
27 provisions of this section.

28 a. (1) The insurer shall provide coverage for expenses incurred in  
29 screening and diagnosing autism or another developmental  
30 disability, including, but not limited to, central auditory processing  
31 disorder, childhood apraxia of speech, sensory processing disorder,  
32 and social communication disorder.

33 (2) Practitioners shall use the DSM IV-TR when rendering an  
34 autism diagnosis under this section, but an obligation to provide  
35 coverage for expenses pursuant to this section shall be required  
36 whether an autism diagnosis is rendered under the DSM IV-TR, the  
37 IDC-9-CM, or any other version of the DSM or ICD-CM published  
38 on or after January 1, 2000.

39 b. When the insured's primary diagnosis is autism, central  
40 auditory processing disorder, childhood apraxia of speech, sensory  
41 processing disorder, social communication disorder, or another  
42 developmental disability, the insurer shall provide coverage for  
43 expenses incurred for medically necessary occupational therapy,  
44 physical therapy, and speech therapy, as prescribed through a  
45 treatment plan. Coverage of these therapies shall not be denied on  
46 the basis that the treatment is not restorative or on the basis of any  
47 other exclusionary or otherwise limiting language.

1 c. When the insured is under 21 years of age and the insured's  
2 primary diagnosis is autism or social communication disorder, the  
3 insurer shall provide coverage for expenses incurred for medically  
4 necessary behavioral interventions based on the principles of  
5 applied behavioral analysis and related structured behavioral  
6 programs, as prescribed through a treatment plan and as  
7 administered directly by, or under the supervision of, a practitioner,  
8 subject to the provisions of this subsection.

9 (1) Except as provided in paragraph (3) of this subsection, the  
10 benefits provided pursuant to this subsection shall be provided to  
11 the same extent as for any other medical condition under the policy,  
12 but shall not be subject to limits on the number of visits that an  
13 insured may make to a provider of behavioral interventions.

14 (2) The benefits provided pursuant to this subsection shall not  
15 be denied on the basis that the treatment is not restorative.

16 (3) (a) The maximum benefit amount for an insured in any  
17 calendar year through 2011 shall be \$36,000.

18 (b) Commencing on January 1, 2012, the maximum benefit  
19 amount shall be subject to an adjustment, to be promulgated by the  
20 Commissioner of Banking and Insurance and published in the New  
21 Jersey Register no later than February 1 of each calendar year,  
22 which shall be equal to the change in the consumer price index for  
23 all urban consumers for the nation, as prepared by the United States  
24 Department of Labor, for the calendar year preceding the calendar  
25 year in which the adjustment to the maximum benefit amount is  
26 promulgated.

27 (c) The adjusted maximum benefit amount shall apply to a  
28 policy that is delivered, issued, executed, or renewed, or approved  
29 for issuance or renewal, in the 12-month period following the date  
30 on which the adjustment is promulgated.

31 (d) Notwithstanding the provisions of this paragraph to the  
32 contrary, an insurer shall not be precluded from providing a benefit  
33 amount for an insured in any calendar year that exceeds the benefit  
34 amounts set forth in subparagraphs (a) and (b) of this paragraph.

35 d. The treatment plan required pursuant to subsections b. and c.  
36 of this section shall include all elements necessary for the insurer to  
37 appropriately provide benefits, including, but not limited to: a  
38 diagnosis; proposed treatment by type, frequency, and duration; the  
39 anticipated outcomes stated as goals; the frequency by which the  
40 treatment plan will be updated; and the treating **[physician's]**  
41 practitioner's signature. The insurer may only request an updated  
42 treatment plan once every six months from the treating **[physician]**  
43 practitioner to review medical necessity, unless the insurer and the  
44 treating **[physician]** practitioner agree that a more frequent review  
45 is necessary due to emerging clinical circumstances.

46 e. The provisions of subsections b. and c. of this section shall  
47 not be construed as limiting benefits otherwise available to an  
48 insured.

1 f. The provisions of subsections b. and c. of this section shall  
2 not be construed to require that benefits be provided to reimburse  
3 the cost of services provided under an individualized family service  
4 plan or an individualized education program, or affect any  
5 requirement to provide those services; except that the benefits  
6 provided pursuant to those subsections shall include coverage for  
7 expenses incurred by participants in an individualized family  
8 service plan through a family cost share.

9 g. The coverage required under this section may be subject to  
10 utilization review, including periodic review, by the insurer of the  
11 continued medical necessity of the specified therapies and  
12 interventions.

13 h. The provisions of this section shall apply to all policies in  
14 which the insurer has reserved the right to change the premium.

15 i. An attorney's fees and costs shall be awarded in favor of a  
16 successful claimant alleging failure to comply with the provisions  
17 of this section.

18 j. As used in this section:

19 "Autism" means any one of the several conditions classified  
20 under pervasive developmental disorder in the Diagnostic and  
21 Statistical Manual of Mental Disorders, Fourth Edition, Text  
22 Revision (DSM IV-TR) or the International Classification of  
23 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
24 including: autistic disorder; Asperger's disorder; childhood  
25 disintegrative disorder; pervasive developmental disorder not  
26 otherwise specified or unspecified pervasive developmental  
27 disorder; fragile X syndrome, to the extent that the condition is  
28 comorbid with pervasive developmental disorder; Rett's disorder, to  
29 the extent that the condition is comorbid with pervasive  
30 developmental disorder; autism spectrum disorder; and any  
31 equivalent conditions as classified under any version of the  
32 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
33 the International Classification of Diseases, Clinical Modification  
34 (ICD-CM) published on or after January 1, 2000.

35 "Central auditory processing disorder" means a disorder in the  
36 perceptual processing of auditory information in the central nervous  
37 system as demonstrated by poor performance in one or more of the  
38 following abilities or skills: sound localization and lateralization;  
39 auditory discrimination; auditory pattern recognition; temporal  
40 aspects of audition, including temporal integration, temporal  
41 discrimination, temporal ordering, and temporal masking; auditory  
42 performance in competing acoustic signals; and auditory  
43 performance with degraded acoustic signals. The disorder includes  
44 any equivalent conditions classified under any version of the DSM  
45 or ICD-CM published on or after January 1, 2000.

46 "Childhood apraxia of speech" means a neurological childhood  
47 speech sound disorder in which the precision and consistency of  
48 movements underlying speech are impaired in the absence of

1 neuromuscular deficits. The disorder may occur as a result of  
2 known neurological impairment, in association with complex  
3 neurobehavioral disorders of known or unknown origin, or as an  
4 idiopathic neurogenic speech sound disorder. The core impairment  
5 in planning or programming spatiotemporal parameters of  
6 movement sequences results in errors in speech sound production  
7 and prosody. The disorder includes conditions classified under  
8 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
9 classified under speech sound disorder in any version of the DSM  
10 or ICD-CM published on or after January 1, 2000, and any  
11 equivalent conditions classified under any version of the DSM or  
12 ICD-CM published on or after January 1, 2000.

13 “Practitioner” means a physician, psychologist, or other health  
14 care professional licensed pursuant to Title 45 of the Revised  
15 Statutes who is qualified by training to make a diagnosis of autism,  
16 central auditory processing disorder, childhood apraxia of speech,  
17 sensory processing disorder, social communication disorder, or  
18 another developmental disability. For the purposes of this act,  
19 “practitioner” shall also include an individual credentialed by the  
20 Behavior Analyst Certification Board as a Board Certified Behavior  
21 Analyst or as a Board Certified Behavior Analyst-Doctoral.

22 “Sensory processing disorder” means a condition characterized  
23 by one or more of the following symptoms that impair daily  
24 routines or roles: sensory modulation disorder, defined as difficulty  
25 regulating responses to sensory input or as behavior that is not  
26 graded relative to the degree, nature, or intensity of the sensory  
27 information and including, but not limited to, sensory over-  
28 responsivity, sensory under-responsivity, and sensory craving;  
29 sensory discrimination disorder, defined as difficulty interpreting  
30 qualities of sensory stimuli or perceiving similarities and  
31 differences among stimuli and including, but not limited to, sensory  
32 discrimination disorder subtypes affecting the visual, auditory,  
33 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
34 interoceptive sensory systems; and sensory-based motor disorder,  
35 defined as a sensory-based impairment of postural or motor  
36 planning abilities including, but not limited to, the sensory-based  
37 motor disorder subtypes of postural disorder, which involves  
38 difficulties with core motor functions and balance, and motor  
39 planning disorder, which involves difficulties with the ideation,  
40 sequencing, and execution of novel motor actions. Sensory  
41 processing disorder includes any equivalent conditions classified  
42 under any version of the DSM or ICD-CM published on or after  
43 January 1, 2000.

44 “Social communication disorder” means a condition  
45 characterized by the following symptoms that are present from early  
46 childhood and that result in functional limitations in effective  
47 communication, social participation, academic achievement, or  
48 occupational performance: persistent difficulties in pragmatics or

1 the social uses of verbal and nonverbal communication in  
2 naturalistic contexts, which affect the development of social  
3 reciprocity and social relationships and which cannot be explained  
4 by low abilities in the domains of word structure and grammar or  
5 general cognitive ability; persistent difficulties in the acquisition  
6 and use of spoken language, written language, or other modalities  
7 of language for narrative, expository, and conversational discourse;  
8 and the absence of restricted and repetitive patterns of behavior,  
9 interests, or activities, thereby ruling out an autism diagnosis. The  
10 disorder includes any equivalent conditions classified under any  
11 version of the DSM or ICD-CM published on or after January 1,  
12 2000.

13 (cf: P.L.2009, c.115, s.5)

14

15 6. Section 6 of P.L.2009, c.115 (C.17B:27A-7.16) is amended  
16 to read as follows:

17 6. Notwithstanding any other provision of law to the contrary,  
18 an individual health benefits plan that provides hospital and medical  
19 expense benefits and is delivered, issued, executed, renewed, or  
20 approved for issuance or renewal in this State pursuant to P.L.1992,  
21 c.161 (C.17B:27A-2 et seq.), or approved for issuance or renewal in  
22 this State by the Commissioner of Banking and Insurance, on or  
23 after the effective date of this act, shall provide coverage pursuant  
24 to the provisions of this section.

25 a. (1) The carrier shall provide coverage for expenses incurred in  
26 screening and diagnosing autism or another developmental  
27 disability, including, but not limited to, central auditory processing  
28 disorder, childhood apraxia of speech, sensory processing disorder,  
29 and social communication disorder.

30 (2) Practitioners shall use the DSM IV-TR when rendering an  
31 autism diagnosis under this section, but an obligation to provide  
32 coverage for expenses pursuant to this section shall be required  
33 whether an autism diagnosis is rendered under the DSM IV-TR, the  
34 IDC-9-CM, or any other version of the DSM or ICD-CM published  
35 on or after January 1, 2000.

36 b. When the covered person's primary diagnosis is autism,  
37 central auditory processing disorder, childhood apraxia of speech,  
38 sensory processing disorder, social communication disorder, or  
39 another developmental disability, the carrier shall provide coverage  
40 for expenses incurred for medically necessary occupational therapy,  
41 physical therapy, and speech therapy, as prescribed through a  
42 treatment plan. Coverage of these therapies shall not be denied on  
43 the basis that the treatment is not restorative or on the basis of any  
44 other exclusionary or otherwise limiting language.

45 c. When the covered person is under 21 years of age and the  
46 covered person's primary diagnosis is autism or social  
47 communication disorder, the carrier shall provide coverage for  
48 expenses incurred for medically necessary behavioral interventions

1 based on the principles of applied behavioral analysis and related  
2 structured behavioral programs, as prescribed through a treatment  
3 plan and as administered directly by, or under the supervision of, a  
4 practitioner, subject to the provisions of this subsection.

5 (1) Except as provided in paragraph (3) of this subsection, the  
6 benefits provided pursuant to this subsection shall be provided to  
7 the same extent as for any other medical condition under the health  
8 benefits plan, but shall not be subject to limits on the number of  
9 visits that a covered person may make to a provider of behavioral  
10 interventions.

11 (2) The benefits provided pursuant to this subsection shall not  
12 be denied on the basis that the treatment is not restorative.

13 (3) (a) The maximum benefit amount for a covered person in  
14 any calendar year through 2011 shall be \$36,000.

15 (b) Commencing on January 1, 2012, the maximum benefit  
16 amount shall be subject to an adjustment, to be promulgated by the  
17 Commissioner of Banking and Insurance and published in the New  
18 Jersey Register no later than February 1 of each calendar year,  
19 which shall be equal to the change in the consumer price index for  
20 all urban consumers for the nation, as prepared by the United States  
21 Department of Labor, for the calendar year preceding the calendar  
22 year in which the adjustment to the maximum benefit amount is  
23 promulgated.

24 (c) The adjusted maximum benefit amount shall apply to a  
25 health benefits plan that is delivered, issued, executed, or renewed,  
26 or approved for issuance or renewal, in the 12-month period  
27 following the date on which the adjustment is promulgated.

28 (d) Notwithstanding the provisions of this paragraph to the  
29 contrary, a carrier shall not be precluded from providing a benefit  
30 amount for a covered person in any calendar year that exceeds the  
31 benefit amounts set forth in subparagraphs (a) and (b) of this  
32 paragraph.

33 d. The treatment plan required pursuant to subsections b. and c.  
34 of this section shall include all elements necessary for the carrier to  
35 appropriately provide benefits, including, but not limited to: a  
36 diagnosis; proposed treatment by type, frequency, and duration; the  
37 anticipated outcomes stated as goals; the frequency by which the  
38 treatment plan will be updated; and the treating **【physician's】**  
39 practitioner's signature. The carrier may only request an updated  
40 treatment plan once every six months from the treating **【physician】**  
41 practitioner to review medical necessity, unless the carrier and the  
42 treating **【physician】** practitioner agree that a more frequent review  
43 is necessary due to emerging clinical circumstances.

44 e. The provisions of subsections b. and c. of this section shall  
45 not be construed as limiting benefits otherwise available to a  
46 covered person.

47 f. The provisions of subsections b. and c. of this section shall  
48 not be construed to require that benefits be provided to reimburse

1 the cost of services provided under an individualized family service  
2 plan or an individualized education program, or affect any  
3 requirement to provide those services; except that the benefits  
4 provided pursuant to those subsections shall include coverage for  
5 expenses incurred by participants in an individualized family  
6 service plan through a family cost share.

7 g. The coverage required under this section may be subject to  
8 utilization review, including periodic review, by the carrier of the  
9 continued medical necessity of the specified therapies and  
10 interventions.

11 h. The provisions of this section shall apply to those health  
12 benefits plans in which the carrier has reserved the right to change  
13 the premium.

14 i. An attorney's fees and costs shall be awarded in favor of a  
15 successful claimant alleging failure to comply with the provisions  
16 of this section.

17 j. As used in this section:

18 "Autism" means any one of the several conditions classified  
19 under pervasive developmental disorder in the Diagnostic and  
20 Statistical Manual of Mental Disorders, Fourth Edition, Text  
21 Revision (DSM IV-TR) or the International Classification of  
22 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
23 including: autistic disorder; Asperger's disorder; childhood  
24 disintegrative disorder; pervasive developmental disorder not  
25 otherwise specified or unspecified pervasive developmental  
26 disorder; fragile X syndrome, to the extent that the condition is  
27 comorbid with pervasive developmental disorder; Rett's disorder, to  
28 the extent that the condition is comorbid with pervasive  
29 developmental disorder; autism spectrum disorder; and any  
30 equivalent conditions as classified under any version of the  
31 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
32 the International Classification of Diseases, Clinical Modification  
33 (ICD-CM) published on or after January 1, 2000.

34 "Central auditory processing disorder" means a disorder in the  
35 perceptual processing of auditory information in the central nervous  
36 system as demonstrated by poor performance in one or more of the  
37 following abilities or skills: sound localization and lateralization;  
38 auditory discrimination; auditory pattern recognition; temporal  
39 aspects of audition, including temporal integration, temporal  
40 discrimination, temporal ordering, and temporal masking; auditory  
41 performance in competing acoustic signals; and auditory  
42 performance with degraded acoustic signals. The disorder includes  
43 any equivalent conditions classified under any version of the DSM  
44 or ICD-CM published on or after January 1, 2000.

45 "Childhood apraxia of speech" means a neurological childhood  
46 speech sound disorder in which the precision and consistency of  
47 movements underlying speech are impaired in the absence of  
48 neuromuscular deficits. The disorder may occur as a result of



1 known neurological impairment, in association with complex  
2 neurobehavioral disorders of known or unknown origin, or as an  
3 idiopathic neurogenic speech sound disorder. The core impairment  
4 in planning or programming spatiotemporal parameters of  
5 movement sequences results in errors in speech sound production  
6 and prosody. The disorder includes conditions classified under  
7 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
8 classified under speech sound disorder in any version of the DSM  
9 or ICD-CM published on or after January 1, 2000, and any  
10 equivalent conditions classified under any version of the DSM or  
11 ICD-CM published on or after January 1, 2000.

12 “Practitioner” means a physician, psychologist, or other health  
13 care professional licensed pursuant to Title 45 of the Revised  
14 Statutes who is qualified by training to make a diagnosis of autism,  
15 central auditory processing disorder, childhood apraxia of speech,  
16 sensory processing disorder, social communication disorder, or  
17 another developmental disability. For the purposes of this act,  
18 “practitioner” shall also include an individual credentialed by the  
19 Behavior Analyst Certification Board as a Board Certified Behavior  
20 Analyst or as a Board Certified Behavior Analyst-Doctoral.

21 “Sensory processing disorder” means a condition characterized  
22 by one or more of the following symptoms that impair daily  
23 routines or roles: sensory modulation disorder, defined as difficulty  
24 regulating responses to sensory input or as behavior that is not  
25 graded relative to the degree, nature, or intensity of the sensory  
26 information and including, but not limited to, sensory over-  
27 responsivity, sensory under-responsivity, and sensory craving;  
28 sensory discrimination disorder, defined as difficulty interpreting  
29 qualities of sensory stimuli or perceiving similarities and  
30 differences among stimuli and including, but not limited to, sensory  
31 discrimination disorder subtypes affecting the visual, auditory,  
32 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
33 interoceptive sensory systems; and sensory-based motor disorder,  
34 defined as a sensory-based impairment of postural or motor  
35 planning abilities including, but not limited to, the sensory-based  
36 motor disorder subtypes of postural disorder, which involves  
37 difficulties with core motor functions and balance, and motor  
38 planning disorder, which involves difficulties with the ideation,  
39 sequencing, and execution of novel motor actions. Sensory  
40 processing disorder includes any equivalent conditions classified  
41 under any version of the DSM or ICD-CM published on or after  
42 January 1, 2000.

43 “Social communication disorder” means a condition  
44 characterized by the following symptoms that are present from early  
45 childhood and that result in functional limitations in effective  
46 communication, social participation, academic achievement, or  
47 occupational performance: persistent difficulties in pragmatics or  
48 the social uses of verbal and nonverbal communication in

1 naturalistic contexts, which affect the development of social  
2 reciprocity and social relationships and which cannot be explained  
3 by low abilities in the domains of word structure and grammar or  
4 general cognitive ability; persistent difficulties in the acquisition  
5 and use of spoken language, written language, or other modalities  
6 of language for narrative, expository, and conversational discourse;  
7 and the absence of restricted and repetitive patterns of behavior,  
8 interests, or activities, thereby ruling out an autism diagnosis. The  
9 disorder includes any equivalent conditions classified under any  
10 version of the DSM or ICD-CM published on or after January 1,  
11 2000.

12 (cf: P.L.2009, c.115, s.6)

13

14 7. Section 7 of P.L.2009, c.115 (C.17B:27A-19.20) is amended  
15 to read as follows:

16 7. Notwithstanding any other provision of law to the contrary,  
17 a small employer health benefits plan that provides hospital and  
18 medical expense benefits and is delivered, issued, executed,  
19 renewed, or approved for issuance or renewal in this State pursuant  
20 to P.L.1992, c.162 (C.17B:27A-17 et seq.), or approved for  
21 issuance or renewal in this State by the Commissioner of Banking  
22 and Insurance, on or after the effective date of this act, shall provide  
23 coverage pursuant to the provisions of this section.

24 a. (1) The carrier shall provide coverage for expenses incurred in  
25 screening and diagnosing autism or another developmental  
26 disability, including, but not limited to, central auditory processing  
27 disorder, childhood apraxia of speech, sensory processing disorder,  
28 and social communication disorder.

29 (2) Practitioners shall use the DSM IV-TR when rendering an  
30 autism diagnosis under this section, but an obligation to provide  
31 coverage for expenses pursuant to this section shall be required  
32 whether an autism diagnosis is rendered under the DSM IV-TR, the  
33 IDC-9-CM, or any other version of the DSM or ICD-CM published  
34 on or after January 1, 2000.

35 b. When the covered person's primary diagnosis is autism,  
36 central auditory processing disorder, childhood apraxia of speech,  
37 sensory processing disorder, social communication disorder, or  
38 another developmental disability, the carrier shall provide coverage  
39 for expenses incurred for medically necessary occupational therapy,  
40 physical therapy, and speech therapy, as prescribed through a  
41 treatment plan. Coverage of these therapies shall not be denied on  
42 the basis that the treatment is not restorative or on the basis of any  
43 other exclusionary or otherwise limiting language.

44 c. When the covered person is under 21 years of age and the  
45 covered person's primary diagnosis is autism or social  
46 communication disorder, the carrier shall provide coverage for  
47 expenses incurred for medically necessary behavioral interventions  
48 based on the principles of applied behavioral analysis and related

1 structured behavioral programs, as prescribed through a treatment  
2 plan and as administered directly by, or under the supervision of, a  
3 practitioner, subject to the provisions of this subsection.

4 (1) Except as provided in paragraph (3) of this subsection, the  
5 benefits provided pursuant to this subsection shall be provided to  
6 the same extent as for any other medical condition under the health  
7 benefits plan, but shall not be subject to limits on the number of  
8 visits that a covered person may make to a provider of behavioral  
9 interventions.

10 (2) The benefits provided pursuant to this subsection shall not  
11 be denied on the basis that the treatment is not restorative.

12 (3) (a) The maximum benefit amount for a covered person in any  
13 calendar year through 2011 shall be \$36,000.

14 (b) Commencing on January 1, 2012, the maximum benefit  
15 amount shall be subject to an adjustment, to be promulgated by the  
16 Commissioner of Banking and Insurance and published in the New  
17 Jersey Register no later than February 1 of each calendar year,  
18 which shall be equal to the change in the consumer price index for  
19 all urban consumers for the nation, as prepared by the United States  
20 Department of Labor, for the calendar year preceding the calendar  
21 year in which the adjustment to the maximum benefit amount is  
22 promulgated.

23 (c) The adjusted maximum benefit amount shall apply to a  
24 health benefits plan that is delivered, issued, executed, or renewed,  
25 or approved for issuance or renewal, in the 12-month period  
26 following the date on which the adjustment is promulgated.

27 (d) Notwithstanding the provisions of this paragraph to the  
28 contrary, a carrier shall not be precluded from providing a benefit  
29 amount for a covered person in any calendar year that exceeds the  
30 benefit amounts set forth in subparagraphs (a) and (b) of this  
31 paragraph.

32 d. The treatment plan required pursuant to subsections b. and c.  
33 of this section shall include all elements necessary for the carrier to  
34 appropriately provide benefits, including, but not limited to: a  
35 diagnosis; proposed treatment by type, frequency, and duration; the  
36 anticipated outcomes stated as goals; the frequency by which the  
37 treatment plan will be updated; and the treating **[physician's]**  
38 practitioner's signature. The carrier may only request an updated  
39 treatment plan once every six months from the treating **[physician]**  
40 practitioner to review medical necessity, unless the carrier and the  
41 treating **[physician]** practitioner agree that a more frequent review  
42 is necessary due to emerging clinical circumstances.

43 e. The provisions of subsections b. and c. of this section shall  
44 not be construed as limiting benefits otherwise available to a  
45 covered person.

46 f. The provisions of subsections b. and c. of this section shall  
47 not be construed to require that benefits be provided to reimburse  
48 the cost of services provided under an individualized family service

1 plan or an individualized education program, or affect any  
2 requirement to provide those services; except that the benefits  
3 provided pursuant to those subsections shall include coverage for  
4 expenses incurred by participants in an individualized family  
5 service plan through a family cost share.

6 g. The coverage required under this section may be subject to  
7 utilization review, including periodic review, by the carrier of the  
8 continued medical necessity of the specified therapies and  
9 interventions.

10 h. The provisions of this section shall apply to those health  
11 benefits plans in which the carrier has reserved the right to change  
12 the premium.

13 i. An attorney's fees and costs shall be awarded in favor of a  
14 successful claimant alleging failure to comply with the provisions  
15 of this section.

16 j. As used in this section:

17 "Autism" means any one of the several conditions classified  
18 under pervasive developmental disorder in the Diagnostic and  
19 Statistical Manual of Mental Disorders, Fourth Edition, Text  
20 Revision (DSM IV-TR) or the International Classification of  
21 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
22 including: autistic disorder; Asperger's disorder; childhood  
23 disintegrative disorder; pervasive developmental disorder not  
24 otherwise specified or unspecified pervasive developmental  
25 disorder; fragile X syndrome, to the extent that the condition is  
26 comorbid with pervasive developmental disorder; Rett's disorder, to  
27 the extent that the condition is comorbid with pervasive  
28 developmental disorder; autism spectrum disorder; and any  
29 equivalent conditions as classified under any version of the  
30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
31 the International Classification of Diseases, Clinical Modification  
32 (ICD-CM) published on or after January 1, 2000.

33 "Central auditory processing disorder" means a disorder in the  
34 perceptual processing of auditory information in the central nervous  
35 system as demonstrated by poor performance in one or more of the  
36 following abilities or skills: sound localization and lateralization;  
37 auditory discrimination; auditory pattern recognition; temporal  
38 aspects of audition, including temporal integration, temporal  
39 discrimination, temporal ordering, and temporal masking; auditory  
40 performance in competing acoustic signals; and auditory  
41 performance with degraded acoustic signals. The disorder includes  
42 any equivalent conditions classified under any version of the DSM  
43 or ICD-CM published on or after January 1, 2000.

44 "Childhood apraxia of speech" means a neurological childhood  
45 speech sound disorder in which the precision and consistency of  
46 movements underlying speech are impaired in the absence of  
47 neuromuscular deficits. The disorder may occur as a result of  
48 known neurological impairment, in association with complex

1 neurobehavioral disorders of known or unknown origin, or as an  
2 idiopathic neurogenic speech sound disorder. The core impairment  
3 in planning or programming spatiotemporal parameters of  
4 movement sequences results in errors in speech sound production  
5 and prosody. The disorder includes conditions classified under  
6 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
7 classified under speech sound disorder in any version of the DSM  
8 or ICD-CM published on or after January 1, 2000, and any  
9 equivalent conditions classified under any version of the DSM or  
10 ICD-CM published on or after January 1, 2000.

11 “Practitioner” means a physician, psychologist, or other health  
12 care professional licensed pursuant to Title 45 of the Revised  
13 Statutes who is qualified by training to make a diagnosis of autism,  
14 central auditory processing disorder, childhood apraxia of speech,  
15 sensory processing disorder, social communication disorder, or  
16 another developmental disability. For the purposes of this act,  
17 “practitioner” shall also include an individual credentialed by the  
18 Behavior Analyst Certification Board as a Board Certified Behavior  
19 Analyst or as a Board Certified Behavior Analyst-Doctoral.

20 “Sensory processing disorder” means a condition characterized  
21 by one or more of the following symptoms that impair daily  
22 routines or roles: sensory modulation disorder, defined as difficulty  
23 regulating responses to sensory input or as behavior that is not  
24 graded relative to the degree, nature, or intensity of the sensory  
25 information and including, but not limited to, sensory over-  
26 responsivity, sensory under-responsivity, and sensory craving;  
27 sensory discrimination disorder, defined as difficulty interpreting  
28 qualities of sensory stimuli or perceiving similarities and  
29 differences among stimuli and including, but not limited to, sensory  
30 discrimination disorder subtypes affecting the visual, auditory,  
31 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
32 interoceptive sensory systems; and sensory-based motor disorder,  
33 defined as a sensory-based impairment of postural or motor  
34 planning abilities including, but not limited to, the sensory-based  
35 motor disorder subtypes of postural disorder, which involves  
36 difficulties with core motor functions and balance, and motor  
37 planning disorder, which involves difficulties with the ideation,  
38 sequencing, and execution of novel motor actions. Sensory  
39 processing disorder includes any equivalent conditions classified  
40 under any version of the DSM or ICD-CM published on or after  
41 January 1, 2000.

42 “Social communication disorder” means a condition  
43 characterized by the following symptoms that are present from early  
44 childhood and that result in functional limitations in effective  
45 communication, social participation, academic achievement, or  
46 occupational performance: persistent difficulties in pragmatics or  
47 the social uses of verbal and nonverbal communication in  
48 naturalistic contexts, which affect the development of social

1 reciprocity and social relationships and which cannot be explained  
2 by low abilities in the domains of word structure and grammar or  
3 general cognitive ability; persistent difficulties in the acquisition  
4 and use of spoken language, written language, or other modalities  
5 of language for narrative, expository, and conversational discourse;  
6 and the absence of restricted and repetitive patterns of behavior,  
7 interests, or activities, thereby ruling out an autism diagnosis. The  
8 disorder includes any equivalent conditions classified under any  
9 version of the DSM or ICD-CM published on or after January 1,  
10 2000.

11 (cf: P.L.2009, c.115, s.7)

12

13 8. Section 8 of P.L.2009, c.115 (C.26:2J-4.34) is amended to  
14 read as follows:

15 8. Notwithstanding any other provision of law to the contrary,  
16 a health maintenance organization enrollee agreement that provides  
17 health care services and is delivered, issued, executed, or renewed  
18 in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or  
19 approved for issuance or renewal in this State by the Commissioner  
20 of Banking and Insurance, on or after the effective date of this act,  
21 shall provide coverage pursuant to the provisions of this section.

22 a. (1) The health maintenance organization shall provide  
23 coverage for health care services for screening and diagnosing  
24 autism or another developmental disability, including, but not  
25 limited to, central auditory processing disorder, childhood apraxia  
26 of speech, sensory processing disorder, and social communication  
27 disorder.

28 (2) Practitioners shall use the DSM IV-TR when rendering an  
29 autism diagnosis under this section, but an obligation to provide  
30 coverage for health care services pursuant to this section shall be  
31 required whether an autism diagnosis is rendered under the DSM  
32 IV-TR, the IDC-9-CM, or any other version of the DSM or ICD-  
33 CM published on or after January 1, 2000.

34 b. When the enrollee's primary diagnosis is autism, central  
35 auditory processing disorder, childhood apraxia of speech, sensory  
36 processing disorder, social communication disorder, or another  
37 developmental disability, the health maintenance organization shall  
38 provide coverage for medically necessary occupational therapy,  
39 physical therapy, and speech therapy services, as prescribed through  
40 a treatment plan. Coverage of these therapies shall not be denied on  
41 the basis that the treatment is not restorative or on the basis of any  
42 other exclusionary or otherwise limiting language.

43 c. When the enrollee is under 21 years of age and the enrollee's  
44 primary diagnosis is autism or social communication disorder, the  
45 health maintenance organization shall provide coverage for  
46 medically necessary behavioral interventions based on the  
47 principles of applied behavioral analysis and related structured  
48 behavioral programs, as prescribed through a treatment plan and as

1 administered directly by, or under the supervision of, a practitioner,  
2 subject to the provisions of this subsection.

3 (1) Except as provided in paragraph (3) of this subsection, the  
4 coverage provided pursuant to this subsection shall be provided to  
5 the same extent as for any other medical condition under the  
6 contract, but shall not be subject to limits on the number of visits  
7 that an enrollee may make to a provider of behavioral interventions.

8 (2) The coverage provided pursuant to this subsection shall not  
9 be denied on the basis that the treatment is not restorative.

10 (3) (a) The maximum coverage amount for an enrollee in any  
11 calendar year through 2011 shall be \$36,000.

12 (b) Commencing on January 1, 2012, the maximum coverage  
13 amount shall be subject to an adjustment, to be promulgated by the  
14 Commissioner of Banking and Insurance and published in the New  
15 Jersey Register no later than February 1 of each calendar year,  
16 which shall be equal to the change in the consumer price index for  
17 all urban consumers for the nation, as prepared by the United States  
18 Department of Labor, for the calendar year preceding the calendar  
19 year in which the adjustment to the maximum benefit amount is  
20 promulgated.

21 (c) The adjusted maximum coverage amount shall apply to a  
22 contract that is delivered, issued, executed, or renewed, or approved  
23 for issuance or renewal, in the 12-month period following the date  
24 on which the adjustment is promulgated.

25 (d) Notwithstanding the provisions of this paragraph to the  
26 contrary, a health maintenance organization shall not be precluded  
27 from providing a coverage amount for an enrollee in any calendar  
28 year that exceeds the coverage amounts set forth in subparagraphs  
29 (a) and (b) of this paragraph.

30 d. The treatment plan required pursuant to subsections b. and c.  
31 of this section shall include all elements necessary for the health  
32 maintenance organization to appropriately provide coverage for  
33 health care services, including, but not limited to: a diagnosis;  
34 proposed treatment by type, frequency, and duration; the anticipated  
35 outcomes stated as goals; the frequency by which the treatment plan  
36 will be updated; and the treating **[physician's]** practitioner's  
37 signature. The health maintenance organization may only request  
38 an updated treatment plan once every six months from the treating  
39 **[physician]** practitioner to review medical necessity, unless the  
40 health maintenance organization and the treating **[physician]**  
41 practitioner agree that a more frequent review is necessary due to  
42 emerging clinical circumstances.

43 e. The provisions of subsections b. and c. of this section shall  
44 not be construed as limiting coverage for health care services  
45 otherwise available to an enrollee.

46 f. The provisions of subsections b. and c. of this section shall  
47 not be construed to require that benefits be provided to reimburse  
48 the cost of services provided under an individualized family service

1 plan or an individualized education program, or affect any  
2 requirement to provide those services; except that the benefits  
3 provided pursuant to those subsections shall include coverage for  
4 expenses incurred by participants in an individualized family  
5 service plan through a family cost share.

6 g. The coverage required under this section may be subject to  
7 utilization review, including periodic review, by the health  
8 maintenance organization of the continued medical necessity of the  
9 specified therapies and interventions.

10 h. The provisions of this section shall apply to those enrollee  
11 agreements in which the health maintenance organization has  
12 reserved the right to change the premium.

13 i. An attorney's fees and costs shall be awarded in favor of a  
14 successful claimant alleging failure to comply with the provisions  
15 of this section.

16 j. As used in this section:

17 "Autism" means any one of the several conditions classified  
18 under pervasive developmental disorder in the Diagnostic and  
19 Statistical Manual of Mental Disorders, Fourth Edition, Text  
20 Revision (DSM IV-TR) or the International Classification of  
21 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
22 including: autistic disorder; Asperger's disorder; childhood  
23 disintegrative disorder; pervasive developmental disorder not  
24 otherwise specified or unspecified pervasive developmental  
25 disorder; fragile X syndrome, to the extent that the condition is  
26 comorbid with pervasive developmental disorder; Rett's disorder, to  
27 the extent that the condition is comorbid with pervasive  
28 developmental disorder; autism spectrum disorder; and any  
29 equivalent conditions as classified under any version of the  
30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
31 the International Classification of Diseases, Clinical Modification  
32 (ICD-CM) published on or after January 1, 2000.

33 "Central auditory processing disorder" means a disorder in the  
34 perceptual processing of auditory information in the central nervous  
35 system as demonstrated by poor performance in one or more of the  
36 following abilities or skills: sound localization and lateralization;  
37 auditory discrimination; auditory pattern recognition; temporal  
38 aspects of audition, including temporal integration, temporal  
39 discrimination, temporal ordering, and temporal masking; auditory  
40 performance in competing acoustic signals; and auditory  
41 performance with degraded acoustic signals. The disorder includes  
42 any equivalent conditions classified under any version of the DSM  
43 or ICD-CM published on or after January 1, 2000.

44 "Childhood apraxia of speech" means a neurological childhood  
45 speech sound disorder in which the precision and consistency of  
46 movements underlying speech are impaired in the absence of  
47 neuromuscular deficits. The disorder may occur as a result of  
48 known neurological impairment, in association with complex



1 neurobehavioral disorders of known or unknown origin, or as an  
2 idiopathic neurogenic speech sound disorder. The core impairment  
3 in planning or programming spatiotemporal parameters of  
4 movement sequences results in errors in speech sound production  
5 and prosody. The disorder includes conditions classified under  
6 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
7 classified under speech sound disorder in any version of the DSM  
8 or ICD-CM published on or after January 1, 2000, and any  
9 equivalent conditions classified under any version of the DSM or  
10 ICD-CM published on or after January 1, 2000.

11 “Practitioner” means a physician, psychologist, or other health  
12 care professional licensed pursuant to Title 45 of the Revised  
13 Statutes who is qualified by training to make a diagnosis of autism,  
14 central auditory processing disorder, childhood apraxia of speech,  
15 sensory processing disorder, social communication disorder, or  
16 another developmental disability. For the purposes of this act,  
17 “practitioner” shall also include an individual credentialed by the  
18 Behavior Analyst Certification Board as a Board Certified Behavior  
19 Analyst or as a Board Certified Behavior Analyst-Doctoral.

20 “Sensory processing disorder” means a condition characterized  
21 by one or more of the following symptoms that impair daily  
22 routines or roles: sensory modulation disorder, defined as difficulty  
23 regulating responses to sensory input or as behavior that is not  
24 graded relative to the degree, nature, or intensity of the sensory  
25 information and including, but not limited to, sensory over-  
26 responsivity, sensory under-responsivity, and sensory craving;  
27 sensory discrimination disorder, defined as difficulty interpreting  
28 qualities of sensory stimuli or perceiving similarities and  
29 differences among stimuli and including, but not limited to, sensory  
30 discrimination disorder subtypes affecting the visual, auditory,  
31 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
32 interoceptive sensory systems; and sensory-based motor disorder,  
33 defined as a sensory-based impairment of postural or motor  
34 planning abilities including, but not limited to, the sensory-based  
35 motor disorder subtypes of postural disorder, which involves  
36 difficulties with core motor functions and balance, and motor  
37 planning disorder, which involves difficulties with the ideation,  
38 sequencing, and execution of novel motor actions. Sensory  
39 processing disorder includes any equivalent conditions classified  
40 under any version of the DSM or ICD-CM published on or after  
41 January 1, 2000.

42 “Social communication disorder” means a condition  
43 characterized by the following symptoms that are present from early  
44 childhood and that result in functional limitations in effective  
45 communication, social participation, academic achievement, or  
46 occupational performance: persistent difficulties in pragmatics or  
47 the social uses of verbal and nonverbal communication in  
48 naturalistic contexts, which affect the development of social

1 reciprocity and social relationships and which cannot be explained  
2 by low abilities in the domains of word structure and grammar or  
3 general cognitive ability; persistent difficulties in the acquisition  
4 and use of spoken language, written language, or other modalities  
5 of language for narrative, expository, and conversational discourse;  
6 and the absence of restricted and repetitive patterns of behavior,  
7 interests, or activities, thereby ruling out an autism diagnosis. The  
8 disorder includes any equivalent conditions classified under any  
9 version of the DSM or ICD-CM published on or after January 1,  
10 2000.

11 (cf: P.L.2009, c.115, s.8)

12

13 9. Section 9 of P.L.2009, c.115 (C.52:14-17.29p) is amended to  
14 read as follows:

15 9. Notwithstanding any other provision of law to the contrary,  
16 the State Health Benefits Commission shall ensure that every  
17 contract purchased by the commission on or after the effective date  
18 of this act that provides hospital or medical expense benefits shall  
19 provide coverage pursuant to the provisions of this section.

20 a. (1) The contract shall provide coverage for expenses incurred  
21 in screening and diagnosing autism or another developmental  
22 disability, including, but not limited to, central auditory processing  
23 disorder, childhood apraxia of speech, sensory processing disorder,  
24 and social communication disorder.

25 (2) Practitioners shall use the DSM IV-TR when rendering an  
26 autism diagnosis under this section, but an obligation to provide  
27 coverage for expenses pursuant to this section shall be required  
28 whether an autism diagnosis is rendered under the DSM IV-TR, the  
29 IDC-9-CM, or any other version of the DSM or ICD-CM published  
30 on or after January 1, 2000.

31 b. When the covered person's primary diagnosis is autism,  
32 central auditory processing disorder, childhood apraxia of speech,  
33 sensory processing disorder, social communication disorder, or  
34 another developmental disability, the contract shall provide  
35 coverage for expenses incurred for medically necessary  
36 occupational therapy, physical therapy, and speech therapy, as  
37 prescribed through a treatment plan. Coverage of these therapies  
38 shall not be denied on the basis that the treatment is not restorative  
39 or on the basis of any other exclusionary or otherwise limiting  
40 language.

41 c. When the covered person is under 21 years of age and the  
42 covered person's primary diagnosis is autism or social  
43 communication disorder, the contract shall provide coverage for  
44 expenses incurred for medically necessary behavioral interventions  
45 based on the principles of applied behavioral analysis and related  
46 structured behavioral programs, as prescribed through a treatment  
47 plan and as administered directly by, or under the supervision of, a  
48 practitioner, subject to the provisions of this subsection.

1 (1) Except as provided in paragraph (3) of this subsection, the  
2 benefits provided pursuant to this subsection shall be provided to  
3 the same extent as for any other medical condition under the  
4 contract, but shall not be subject to limits on the number of visits  
5 that a covered person may make to a provider of behavioral  
6 interventions.

7 (2) The benefits provided pursuant to this subsection shall not  
8 be denied on the basis that the treatment is not restorative.

9 (3) (a) The maximum benefit amount for a covered person in any  
10 calendar year through 2011 shall be \$36,000.

11 (b) Commencing on January 1, 2012, the maximum benefit  
12 amount shall be subject to an adjustment, to be promulgated by the  
13 Commissioner of Banking and Insurance and published in the New  
14 Jersey Register no later than February 1 of each calendar year,  
15 which shall be equal to the change in the consumer price index for  
16 all urban consumers for the nation, as prepared by the United States  
17 Department of Labor, for the calendar year preceding the calendar  
18 year in which the adjustment to the maximum benefit amount is  
19 promulgated.

20 (c) The adjusted maximum benefit amount shall apply to a  
21 contract that is delivered, issued, executed, or renewed, or approved  
22 for issuance or renewal, in the 12-month period following the date  
23 on which the adjustment is promulgated.

24 (d) Notwithstanding the provisions of this paragraph to the  
25 contrary, the commission shall not be precluded from providing a  
26 benefit amount for a covered person in any calendar year that  
27 exceeds the benefit amounts set forth in subparagraphs (a) and (b)  
28 of this paragraph.

29 d. The treatment plan required pursuant to subsections b. and c.  
30 of this section shall include all elements necessary for the carrier to  
31 appropriately provide benefits, including, but not limited to: a  
32 diagnosis; proposed treatment by type, frequency, and duration; the  
33 anticipated outcomes stated as goals; the frequency by which the  
34 treatment plan will be updated; and the treating **【physician's】**  
35 practitioner's signature. The carrier may only request an updated  
36 treatment plan once every six months from the treating **【physician】**  
37 practitioner to review medical necessity, unless the carrier and the  
38 treating **【physician】** practitioner agree that a more frequent review  
39 is necessary due to emerging clinical circumstances.

40 e. The provisions of subsections b. and c. of this section shall  
41 not be construed as limiting benefits otherwise available to a  
42 covered person.

43 f. The provisions of subsections b. and c. of this section shall  
44 not be construed to require that benefits be provided to reimburse  
45 the cost of services provided under an individualized family service  
46 plan or an individualized education program, or affect any  
47 requirement to provide those services; except that the benefits  
48 provided pursuant to those subsections shall include coverage for

1 expenses incurred by participants in an individualized family  
2 service plan through a family cost share.

3 g. The coverage required under this section may be subject to  
4 utilization review, including periodic review, by the carrier of the  
5 continued medical necessity of the specified therapies and  
6 interventions.

7 h. An attorney's fees and costs shall be awarded in favor of a  
8 successful claimant alleging failure to comply with the provisions  
9 of this section.

10 i. As used in this section:

11 "Autism" means any one of the several conditions classified  
12 under pervasive developmental disorder in the Diagnostic and  
13 Statistical Manual of Mental Disorders, Fourth Edition, Text  
14 Revision (DSM IV-TR) or the International Classification of  
15 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
16 including: autistic disorder; Asperger's disorder; childhood  
17 disintegrative disorder; pervasive developmental disorder not  
18 otherwise specified or unspecified pervasive developmental  
19 disorder; fragile X syndrome, to the extent that the condition is  
20 comorbid with pervasive developmental disorder; Rett's disorder, to  
21 the extent that the condition is comorbid with pervasive  
22 developmental disorder; autism spectrum disorder; and any  
23 equivalent conditions as classified under any version of the  
24 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
25 the International Classification of Diseases, Clinical Modification  
26 (ICD-CM) published on or after January 1, 2000.

27 "Central auditory processing disorder" means a disorder in the  
28 perceptual processing of auditory information in the central nervous  
29 system as demonstrated by poor performance in one or more of the  
30 following abilities or skills: sound localization and lateralization;  
31 auditory discrimination; auditory pattern recognition; temporal  
32 aspects of audition, including temporal integration, temporal  
33 discrimination, temporal ordering, and temporal masking; auditory  
34 performance in competing acoustic signals; and auditory  
35 performance with degraded acoustic signals. The disorder includes  
36 any equivalent conditions classified under any version of the DSM  
37 or ICD-CM published on or after January 1, 2000.

38 "Childhood apraxia of speech" means a neurological childhood  
39 speech sound disorder in which the precision and consistency of  
40 movements underlying speech are impaired in the absence of  
41 neuromuscular deficits. The disorder may occur as a result of  
42 known neurological impairment, in association with complex  
43 neurobehavioral disorders of known or unknown origin, or as an  
44 idiopathic neurogenic speech sound disorder. The core impairment  
45 in planning or programming spatiotemporal parameters of  
46 movement sequences results in errors in speech sound production  
47 and prosody. The disorder includes conditions classified under  
48 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions

1 classified under speech sound disorder in any version of the DSM  
2 or ICD-CM published on or after January 1, 2000, and any  
3 equivalent conditions classified under any version of the DSM or  
4 ICD-CM published on or after January 1, 2000.

5 “Practitioner” means a physician, psychologist, or other health  
6 care professional licensed pursuant to Title 45 of the Revised  
7 Statutes who is qualified by training to make a diagnosis of autism,  
8 central auditory processing disorder, childhood apraxia of speech,  
9 sensory processing disorder, social communication disorder, or  
10 another developmental disability. For the purposes of this act,  
11 “practitioner” shall also include an individual credentialed by the  
12 Behavior Analyst Certification Board as a Board Certified Behavior  
13 Analyst or as a Board Certified Behavior Analyst-Doctoral.

14 “Sensory processing disorder” means a condition characterized  
15 by one or more of the following symptoms that impair daily  
16 routines or roles: sensory modulation disorder, defined as difficulty  
17 regulating responses to sensory input or as behavior that is not  
18 graded relative to the degree, nature, or intensity of the sensory  
19 information and including, but not limited to, sensory over-  
20 responsivity, sensory under-responsivity, and sensory craving;  
21 sensory discrimination disorder, defined as difficulty interpreting  
22 qualities of sensory stimuli or perceiving similarities and  
23 differences among stimuli and including, but not limited to, sensory  
24 discrimination disorder subtypes affecting the visual, auditory,  
25 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
26 interoceptive sensory systems; and sensory-based motor disorder,  
27 defined as a sensory-based impairment of postural or motor  
28 planning abilities including, but not limited to, the sensory-based  
29 motor disorder subtypes of postural disorder, which involves  
30 difficulties with core motor functions and balance, and motor  
31 planning disorder, which involves difficulties with the ideation,  
32 sequencing, and execution of novel motor actions. Sensory  
33 processing disorder includes any equivalent conditions classified  
34 under any version of the DSM or ICD-CM published on or after  
35 January 1, 2000.

36 “Social communication disorder” means a condition  
37 characterized by the following symptoms that are present from early  
38 childhood and that result in functional limitations in effective  
39 communication, social participation, academic achievement, or  
40 occupational performance: persistent difficulties in pragmatics or  
41 the social uses of verbal and nonverbal communication in  
42 naturalistic contexts, which affect the development of social  
43 reciprocity and social relationships and which cannot be explained  
44 by low abilities in the domains of word structure and grammar or  
45 general cognitive ability; persistent difficulties in the acquisition  
46 and use of spoken language, written language, or other modalities  
47 of language for narrative, expository, and conversational discourse;  
48 and the absence of restricted and repetitive patterns of behavior,

1 interests, or activities, thereby ruling out an autism diagnosis. The  
2 disorder includes any equivalent conditions classified under any  
3 version of the DSM or ICD-CM published on or after January 1,  
4 2000.

5 (cf: P.L.2009, c.115, s.9)

6  
7 10. Section 10 of P.L.2009, c.115 (C.52:14-17.46.6b) is  
8 amended to read as follows:

9 10. Notwithstanding any other provision of law to the contrary,  
10 the School Employees' Health Benefits Commission shall ensure  
11 that every contract purchased by the commission on or after the  
12 effective date of this act that provides hospital or medical expense  
13 benefits shall provide coverage pursuant to the provisions of this  
14 section.

15 a. (1) The contract shall provide coverage for expenses incurred  
16 in screening and diagnosing autism or another developmental  
17 disability, including, but not limited to, central auditory processing  
18 disorder, childhood apraxia of speech, sensory processing disorder,  
19 and social communication disorder.

20 (2) Practitioners shall use the DSM IV-TR when rendering an  
21 autism diagnosis under this section, but an obligation to provide  
22 coverage for expenses pursuant to this section shall be required  
23 whether an autism diagnosis is rendered under the DSM IV-TR, the  
24 IDC-9-CM, or any other version of the DSM or ICD-CM published  
25 on or after January 1, 2000.

26 b. When the covered person's primary diagnosis is autism,  
27 central auditory processing disorder, childhood apraxia of speech,  
28 sensory processing disorder, social communication disorder, or  
29 another developmental disability, the contract shall provide  
30 coverage for expenses incurred for medically necessary  
31 occupational therapy, physical therapy, and speech therapy, as  
32 prescribed through a treatment plan. Coverage of these therapies  
33 shall not be denied on the basis that the treatment is not restorative  
34 or on the basis of any other exclusionary or otherwise limiting  
35 language.

36 c. When the covered person is under 21 years of age and the  
37 covered person's primary diagnosis is autism or social  
38 communication disorder, the contract shall provide coverage for  
39 expenses incurred for medically necessary behavioral interventions  
40 based on the principles of applied behavioral analysis and related  
41 structured behavioral programs, as prescribed through a treatment  
42 plan and as administered directly by, or under the supervision of, a  
43 practitioner, subject to the provisions of this subsection.

44 (1) Except as provided in paragraph (3) of this subsection, the  
45 benefits provided pursuant to this subsection shall be provided to  
46 the same extent as for any other medical condition under the  
47 contract, but shall not be subject to limits on the number of visits

1 that a covered person may make to a provider of behavioral  
2 interventions.

3 (2) The benefits provided pursuant to this subsection shall not  
4 be denied on the basis that the treatment is not restorative.

5 (3) (a) The maximum benefit amount for a covered person in any  
6 calendar year through 2011 shall be \$36,000.

7 (b) Commencing on January 1, 2012, the maximum benefit  
8 amount shall be subject to an adjustment, to be promulgated by the  
9 Commissioner of Banking and Insurance and published in the New  
10 Jersey Register no later than February 1 of each calendar year,  
11 which shall be equal to the change in the consumer price index for  
12 all urban consumers for the nation, as prepared by the United States  
13 Department of Labor, for the calendar year preceding the calendar  
14 year in which the adjustment to the maximum benefit amount is  
15 promulgated.

16 (c) The adjusted maximum benefit amount shall apply to a  
17 contract that is delivered, issued, executed, or renewed, or approved  
18 for issuance or renewal, in the 12-month period following the date  
19 on which the adjustment is promulgated.

20 (d) Notwithstanding the provisions of this paragraph to the  
21 contrary, the commission shall not be precluded from providing a  
22 benefit amount for a covered person in any calendar year that  
23 exceeds the benefit amounts set forth in subparagraphs (a) and (b)  
24 of this paragraph.

25 d. The treatment plan required pursuant to subsections b. and c.  
26 of this section shall include all elements necessary for the carrier to  
27 appropriately provide benefits, including, but not limited to: a  
28 diagnosis; proposed treatment by type, frequency, and duration; the  
29 anticipated outcomes stated as goals; the frequency by which the  
30 treatment plan will be updated; and the treating **[physician's]**  
31 practitioner's signature. The carrier may only request an updated  
32 treatment plan once every six months from the treating **[physician]**  
33 practitioner to review medical necessity, unless the carrier and the  
34 treating **[physician]** practitioner agree that a more frequent review  
35 is necessary due to emerging clinical circumstances.

36 e. The provisions of subsections b. and c. of this section shall  
37 not be construed as limiting benefits otherwise available to a  
38 covered person.

39 f. The provisions of subsections b. and c. of this section shall  
40 not be construed to require that benefits be provided to reimburse  
41 the cost of services provided under an individualized family service  
42 plan or an individualized education program, or affect any  
43 requirement to provide those services; except that the benefits  
44 provided pursuant to those subsections shall include coverage for  
45 expenses incurred by participants in an individualized family  
46 service plan through a family cost share.

47 g. The coverage required under this section may be subject to  
48 utilization review, including periodic review, by the carrier of the

1 continued medical necessity of the specified therapies and  
2 interventions.

3 h. An attorney's fees and costs shall be awarded in favor of a  
4 successful claimant alleging failure to comply with the provisions  
5 of this section.

6 i. As used in this section:

7 "Autism" means any one of the several conditions classified  
8 under pervasive developmental disorder in the Diagnostic and  
9 Statistical Manual of Mental Disorders, Fourth Edition, Text  
10 Revision (DSM IV-TR) or the International Classification of  
11 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
12 including: autistic disorder; Asperger's disorder; childhood  
13 disintegrative disorder; pervasive developmental disorder not  
14 otherwise specified or unspecified pervasive developmental  
15 disorder; fragile X syndrome, to the extent that the condition is  
16 comorbid with pervasive developmental disorder; Rett's disorder, to  
17 the extent that the condition is comorbid with pervasive  
18 developmental disorder; autism spectrum disorder; and any  
19 equivalent conditions as classified under any version of the  
20 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
21 the International Classification of Diseases, Clinical Modification  
22 (ICD-CM) published on or after January 1, 2000.

23 "Central auditory processing disorder" means a disorder in the  
24 perceptual processing of auditory information in the central nervous  
25 system as demonstrated by poor performance in one or more of the  
26 following abilities or skills: sound localization and lateralization;  
27 auditory discrimination; auditory pattern recognition; temporal  
28 aspects of audition, including temporal integration, temporal  
29 discrimination, temporal ordering, and temporal masking; auditory  
30 performance in competing acoustic signals; and auditory  
31 performance with degraded acoustic signals. The disorder includes  
32 any equivalent conditions classified under any version of the DSM  
33 or ICD-CM published on or after January 1, 2000.

34 "Childhood apraxia of speech" means a neurological childhood  
35 speech sound disorder in which the precision and consistency of  
36 movements underlying speech are impaired in the absence of  
37 neuromuscular deficits. The disorder may occur as a result of  
38 known neurological impairment, in association with complex  
39 neurobehavioral disorders of known or unknown origin, or as an  
40 idiopathic neurogenic speech sound disorder. The core impairment  
41 in planning or programming spatiotemporal parameters of  
42 movement sequences results in errors in speech sound production  
43 and prosody. The disorder includes conditions classified under  
44 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
45 classified under speech sound disorder in any version of the DSM  
46 or ICD-CM published on or after January 1, 2000, and any  
47 equivalent conditions classified under any version of the DSM or  
48 ICD-CM published on or after January 1, 2000.



1       “Practitioner” means a physician, psychologist, or other health  
2 care professional licensed pursuant to Title 45 of the Revised  
3 Statutes who is qualified by training to make a diagnosis of autism,  
4 central auditory processing disorder, childhood apraxia of speech,  
5 sensory processing disorder, social communication disorder, or  
6 another developmental disability. For the purposes of this act,  
7 “practitioner” shall also include an individual credentialed by the  
8 Behavior Analyst Certification Board as a Board Certified Behavior  
9 Analyst or as a Board Certified Behavior Analyst-Doctoral.

10       “Sensory processing disorder” means a condition characterized  
11 by one or more of the following symptoms that impair daily  
12 routines or roles: sensory modulation disorder, defined as difficulty  
13 regulating responses to sensory input or as behavior that is not  
14 graded relative to the degree, nature, or intensity of the sensory  
15 information and including, but not limited to, sensory over-  
16 responsivity, sensory under-responsivity, and sensory craving;  
17 sensory discrimination disorder, defined as difficulty interpreting  
18 qualities of sensory stimuli or perceiving similarities and  
19 differences among stimuli and including, but not limited to, sensory  
20 discrimination disorder subtypes affecting the visual, auditory,  
21 olfactory, gustatory, tactile, vestibular, proprioceptive, and  
22 interoceptive sensory systems; and sensory-based motor disorder,  
23 defined as a sensory-based impairment of postural or motor  
24 planning abilities including, but not limited to, the sensory-based  
25 motor disorder subtypes of postural disorder, which involves  
26 difficulties with core motor functions and balance, and motor  
27 planning disorder, which involves difficulties with the ideation,  
28 sequencing, and execution of novel motor actions. Sensory  
29 processing disorder includes any equivalent conditions classified  
30 under any version of the DSM or ICD-CM published on or after  
31 January 1, 2000.

32       “Social communication disorder” means a condition  
33 characterized by the following symptoms that are present from early  
34 childhood and that result in functional limitations in effective  
35 communication, social participation, academic achievement, or  
36 occupational performance: persistent difficulties in pragmatics or  
37 the social uses of verbal and nonverbal communication in  
38 naturalistic contexts, which affect the development of social  
39 reciprocity and social relationships and which cannot be explained  
40 by low abilities in the domains of word structure and grammar or  
41 general cognitive ability; persistent difficulties in the acquisition  
42 and use of spoken language, written language, or other modalities  
43 of language for narrative, expository, and conversational discourse;  
44 and the absence of restricted and repetitive patterns of behavior,  
45 interests, or activities, thereby ruling out an autism diagnosis. The  
46 disorder includes any equivalent conditions classified under any

1 version of the DSM or ICD-CM published on or after January 1,  
2 2000.

3 (cf: P.L.2009, c.115, s.10)

4

5 11. This act shall take effect on the first day of the seventh  
6 month next following the date of enactment and shall apply to all  
7 policies and contracts issued or renewed on or after the effective  
8 date.

9

10

11

#### STATEMENT

12

13 This bill defines “autism” and adds certain requirements  
14 concerning health benefits coverage for autism and other  
15 developmental disabilities. The bill also adds requirements  
16 concerning health benefits coverage for central auditory processing  
17 disorder, childhood apraxia of speech, sensory processing disorder,  
18 and social communication disorder.

19 The bill amends P.L.2009, c.115, which requires certain health  
20 benefits coverage for diagnosing and treating autism and other  
21 developmental disabilities, by defining “autism” to include any one  
22 of several related conditions commonly classified under pervasive  
23 developmental disorder in the Diagnostic and Statistical Manual of  
24 Mental Disorders, Fourth Edition, Text Revision (DSM IV-TR) or  
25 the International Classification of Diseases, Ninth Revision,  
26 Clinical Modification (ICD-9-CM). These related conditions  
27 include: autism spectrum disorder; autistic disorder; Asperger’s  
28 disorder; childhood disintegrative disorder; pervasive  
29 developmental disorder not otherwise specified or unspecified  
30 pervasive developmental disorder; fragile X syndrome and Rett’s  
31 disorder, to the extent that either condition is comorbid with  
32 pervasive developmental disorder; and any other equivalent  
33 conditions. The bill also requires that health care practitioners, as  
34 defined pursuant to the bill, use the DSM IV-TR to render an autism  
35 diagnosis and requires that health insurers maintain an individual’s  
36 eligibility for health benefits coverage even if an autism diagnosis  
37 is rendered under an updated version of the DSM IV-TR.

38 The bill newly requires health insurers to provide coverage for  
39 occupational therapy, physical therapy, and speech therapy related  
40 to treating central auditory processing disorder, childhood apraxia  
41 of speech, sensory processing disorder, and social communication  
42 disorder. The bill also newly requires health insurers to provide  
43 coverage for applied behavioral analysis interventions related to  
44 treating social communication disorder.

45 The insurers and programs to which the provisions of this bill  
46 apply include: health, hospital and medical service corporations;  
47 commercial individual and group health insurers; health benefits  
48 plans issued pursuant to the New Jersey Individual Health Coverage

**A3981 SIMON**

43

1 and Small Employer Health Benefits Programs; health maintenance  
2 organizations; the State Health Benefits Program; and the School  
3 Employees' Health Benefits Program. The bill requires attorneys'  
4 fees to be awarded under successful claims demonstrating that an  
5 insurer or program has failed to comply with the provisions of the  
6 bill.