

ASSEMBLY, No. 272

STATE OF NEW JERSEY 216th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2014 SESSION

Sponsored by:

Assemblywoman DONNA M. SIMON

District 16 (Hunterdon, Mercer, Middlesex and Somerset)

Assemblyman SEAN T. KEAN

District 30 (Monmouth and Ocean)

SYNOPSIS

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

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel



(Sponsorship Updated As Of: 5/8/2015)

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
19 for 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

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 prescribed through a treatment plan and as administered directly by,
2 or under the supervision of, a practitioner, subject to the provisions
3 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
7 contract, but shall not be subject to limits on the number of visits
8 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
13 any 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 contract that is delivered, issued, executed, or renewed, or approved
25 for issuance or renewal, in the 12-month period following the date
26 on which the adjustment is promulgated.

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

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

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 hospital 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 hospital 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.

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.

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.1)

19

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

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

30 a. (1) The medical service corporation shall provide coverage
31 for expenses incurred in screening and diagnosing autism or another
32 developmental disability, including, but not limited to, central
33 auditory processing disorder, childhood apraxia of speech, sensory
34 processing disorder, 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 covered person's primary diagnosis is autism,
42 central auditory processing disorder, childhood apraxia of speech,
43 sensory processing disorder, social communication disorder, or
44 another developmental disability, the medical service corporation
45 shall provide coverage for expenses incurred for medically
46 necessary occupational therapy, physical therapy, and speech
47 therapy, as prescribed through a treatment plan. Coverage of these

1 therapies shall not be denied on the basis that the treatment is not
2 restorative or on the basis of any other exclusionary or otherwise
3 limiting language.

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

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

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

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

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

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

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

41 d. The treatment plan required pursuant to subsections b. and c.
42 of this section shall include all elements necessary for the medical
43 service corporation to appropriately provide benefits, including, but
44 not limited to: a diagnosis; proposed treatment by type, frequency,
45 and duration; the anticipated outcomes stated as goals; the
46 frequency by which the treatment plan will be updated; and the
47 treating **【physician's】** practitioner's signature. The medical service

1 corporation may only request an updated treatment plan once every
2 six months from the treating **【physician】** practitioner to review
3 medical necessity, unless the medical service corporation and the
4 treating **【physician】** practitioner agree that a more frequent review
5 is necessary due to emerging clinical circumstances.

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

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

17 g. The coverage required under this section may be subject to
18 utilization review, including periodic review, by the medical service
19 corporation of the continued medical necessity of the specified
20 therapies and interventions.

21 h. The provisions of this section shall apply to all contracts in
22 which the medical service corporation has reserved the right to
23 change the premium.

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

27 j. As used in this section:

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

44 “Central auditory processing disorder” means a disorder in the
45 perceptual processing of auditory information in the central nervous
46 system as demonstrated by poor performance in one or more of the
47 following abilities or skills: sound localization and lateralization;

1 auditory discrimination; auditory pattern recognition; temporal
2 aspects of audition, including temporal integration, temporal
3 discrimination, temporal ordering, and temporal masking; auditory
4 performance in competing acoustic signals; and auditory
5 performance with degraded acoustic signals. The disorder includes
6 any equivalent conditions classified under any version of the DSM
7 or ICD-CM published on or after January 1, 2000.

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

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

32 “Sensory processing disorder” means a condition characterized
33 by one or more of the following symptoms that impair daily
34 routines or roles: sensory modulation disorder, defined as difficulty
35 regulating responses to sensory input or as behavior that is not
36 graded relative to the degree, nature, or intensity of the sensory
37 information and including, but not limited to, sensory over-
38 responsivity, sensory under-responsivity, and sensory craving;
39 sensory discrimination disorder, defined as difficulty interpreting
40 qualities of sensory stimuli or perceiving similarities and
41 differences among stimuli and including, but not limited to, sensory
42 discrimination disorder subtypes affecting the visual, auditory,
43 olfactory, gustatory, tactile, vestibular, proprioceptive, and
44 interoceptive sensory systems; and sensory-based motor disorder,
45 defined as a sensory-based impairment of postural or motor
46 planning abilities including, but not limited to, the sensory-based
47 motor disorder subtypes of postural disorder, which involves

1 difficulties with core motor functions and balance, and motor
2 planning disorder, which involves difficulties with the ideation,
3 sequencing, and execution of novel motor actions. Sensory
4 processing disorder includes any equivalent conditions classified
5 under any version of the DSM or ICD-CM published on or after
6 January 1, 2000.

7 “Social communication disorder” means a condition
8 characterized by the following symptoms that are present from early
9 childhood and that result in functional limitations in effective
10 communication, social participation, academic achievement, or
11 occupational performance: persistent difficulties in pragmatics or
12 the social uses of verbal and nonverbal communication in
13 naturalistic contexts, which affect the development of social
14 reciprocity and social relationships and which cannot be explained
15 by low abilities in the domains of word structure and grammar or
16 general cognitive ability; persistent difficulties in the acquisition
17 and use of spoken language, written language, or other modalities
18 of language for narrative, expository, and conversational discourse;
19 and the absence of restricted and repetitive patterns of behavior,
20 interests, or activities, thereby ruling out an autism diagnosis. The
21 disorder includes any equivalent conditions classified under any
22 version of the DSM or ICD-CM published on or after January 1,
23 2000.

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

25

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

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

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

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

1 b. When the covered person's primary diagnosis is autism,
2 central auditory processing disorder, childhood apraxia of speech,
3 sensory processing disorder, social communication disorder, or
4 another developmental disability, the health service corporation
5 shall provide coverage for expenses incurred for medically
6 necessary occupational therapy, physical therapy, and speech
7 therapy, as prescribed through a treatment plan. Coverage of these
8 therapies shall not be denied on the basis that the treatment is not
9 restorative or on the basis of any other exclusionary or otherwise
10 limiting language.

11 c. When the covered person is under 21 years of age and the
12 covered person's primary diagnosis is autism or social
13 communication disorder, the health service corporation shall
14 provide coverage for expenses incurred for medically necessary
15 behavioral interventions based on the principles of applied
16 behavioral analysis and related structured behavioral programs, as
17 prescribed through a treatment plan and as administered directly by,
18 or under the supervision of, a practitioner, subject to the provisions
19 of this subsection.

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

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

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

30 (b) Commencing on January 1, 2012, the maximum benefit
31 amount shall be subject to an adjustment, to be promulgated by the
32 Commissioner of Banking and Insurance and published in the New
33 Jersey Register no later than February 1 of each calendar year,
34 which shall be equal to the change in the consumer price index for
35 all urban consumers for the nation, as prepared by the United States
36 Department of Labor, for the calendar year preceding the calendar
37 year in which the adjustment to the maximum benefit amount is
38 promulgated.

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

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

1 d. The treatment plan required pursuant to subsections b. and c.
2 of this section shall include all elements necessary for the health
3 service corporation to appropriately provide benefits, including, but
4 not limited to: a diagnosis; proposed treatment by type, frequency,
5 and duration; the anticipated outcomes stated as goals; the
6 frequency by which the treatment plan will be updated; and the
7 treating **【physician's】 practitioner's** signature. The health service
8 corporation may only request an updated treatment plan once every
9 six months from the treating **【physician】 practitioner** to review
10 medical necessity, unless the health service corporation and the
11 treating **【physician】 practitioner** agree that a more frequent review
12 is necessary due to emerging clinical circumstances.

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

16 f. The provisions of subsections b. and c. of this section shall
17 not be construed to require that benefits be provided to reimburse
18 the cost of services provided under an individualized family service
19 plan or an individualized education program, or affect any
20 requirement to provide those services; except that the benefits
21 provided pursuant to those subsections shall include coverage for
22 expenses incurred by participants in an individualized family
23 service plan through a family cost share.

24 g. The coverage required under this section may be subject to
25 utilization review, including periodic review, by the health service
26 corporation of the continued medical necessity of the specified
27 therapies and interventions.

28 h. The provisions of this section shall apply to all contracts in
29 which the health service corporation has reserved the right to
30 change the premium.

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

34 j. As used in this section:

35 "Autism" means any one of the several conditions classified
36 under pervasive developmental disorder in the Diagnostic and
37 Statistical Manual of Mental Disorders, Fourth Edition, Text
38 Revision (DSM IV-TR) or the International Classification of
39 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
40 including: autistic disorder; Asperger's disorder; childhood
41 disintegrative disorder; pervasive developmental disorder not
42 otherwise specified or unspecified pervasive developmental
43 disorder; fragile X syndrome, to the extent that the condition is
44 comorbid with pervasive developmental disorder; Rett's disorder, to
45 the extent that the condition is comorbid with pervasive
46 developmental disorder; autism spectrum disorder; and any
47 equivalent conditions as classified under any version of the

1 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
2 the International Classification of Diseases, Clinical Modification
3 (ICD-CM) published on or after January 1, 2000.

4 “Central auditory processing disorder” means a disorder in the
5 perceptual processing of auditory information in the central nervous
6 system as demonstrated by poor performance in one or more of the
7 following abilities or skills: sound localization and lateralization;
8 auditory discrimination; auditory pattern recognition; temporal
9 aspects of audition, including temporal integration, temporal
10 discrimination, temporal ordering, and temporal masking; auditory
11 performance in competing acoustic signals; and auditory
12 performance with degraded acoustic signals. The disorder includes
13 any equivalent conditions classified under any version of the DSM
14 or ICD-CM published on or after January 1, 2000.

15 “Childhood apraxia of speech” means a neurological childhood
16 speech sound disorder in which the precision and consistency of
17 movements underlying speech are impaired in the absence of
18 neuromuscular deficits. The disorder may occur as a result of
19 known neurological impairment, in association with complex
20 neurobehavioral disorders of known or unknown origin, or as an
21 idiopathic neurogenic speech sound disorder. The core impairment
22 in planning or programming spatiotemporal parameters of
23 movement sequences results in errors in speech sound production
24 and prosody. The disorder includes conditions classified under
25 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
26 classified under speech sound disorder in any version of the DSM
27 or ICD-CM published on or after January 1, 2000, and any
28 equivalent conditions classified under any version of the DSM or
29 ICD-CM published on or after January 1, 2000.

30 “Practitioner” means a physician, psychologist, or other health
31 care professional licensed pursuant to Title 45 of the Revised
32 Statutes who is qualified by training to make a diagnosis of autism,
33 central auditory processing disorder, childhood apraxia of speech,
34 sensory processing disorder, social communication disorder, or
35 another developmental disability. For the purposes of this act,
36 “practitioner” shall also include an individual credentialed by the
37 Behavior Analyst Certification Board as a Board Certified Behavior
38 Analyst or as a Board Certified Behavior Analyst-Doctoral.

39 “Sensory processing disorder” means a condition characterized
40 by one or more of the following symptoms that impair daily
41 routines or roles: sensory modulation disorder, defined as difficulty
42 regulating responses to sensory input or as behavior that is not
43 graded relative to the degree, nature, or intensity of the sensory
44 information and including, but not limited to, sensory over-
45 responsivity, sensory under-responsivity, and sensory craving;
46 sensory discrimination disorder, defined as difficulty interpreting
47 qualities of sensory stimuli or perceiving similarities and

1 differences among stimuli and including, but not limited to, sensory
2 discrimination disorder subtypes affecting the visual, auditory,
3 olfactory, gustatory, tactile, vestibular, proprioceptive, and
4 interoceptive sensory systems; and sensory-based motor disorder,
5 defined as a sensory-based impairment of postural or motor
6 planning abilities including, but not limited to, the sensory-based
7 motor disorder subtypes of postural disorder, which involves
8 difficulties with core motor functions and balance, and motor
9 planning disorder, which involves difficulties with the ideation,
10 sequencing, and execution of novel motor actions. Sensory
11 processing disorder includes any equivalent conditions classified
12 under any version of the DSM or ICD-CM published on or after
13 January 1, 2000.

14 “Social communication disorder” means a condition
15 characterized by the following symptoms that are present from early
16 childhood and that result in functional limitations in effective
17 communication, social participation, academic achievement, or
18 occupational performance: persistent difficulties in pragmatics or
19 the social uses of verbal and nonverbal communication in
20 naturalistic contexts, which affect the development of social
21 reciprocity and social relationships and which cannot be explained
22 by low abilities in the domains of word structure and grammar or
23 general cognitive ability; persistent difficulties in the acquisition
24 and use of spoken language, written language, or other modalities
25 of language for narrative, expository, and conversational discourse;
26 and the absence of restricted and repetitive patterns of behavior,
27 interests, or activities, thereby ruling out an autism diagnosis. The
28 disorder includes any equivalent conditions classified under any
29 version of the DSM or ICD-CM published on or after January 1,
30 2000.

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

32

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

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

43 a. (1) The insurer shall provide coverage for expenses incurred
44 in screening and diagnosing autism or another developmental
45 disability, including, but not limited to, central auditory processing
46 disorder, childhood apraxia of speech, sensory processing disorder,
47 and social communication disorder.

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

7 b. When the insured's primary diagnosis is autism, central
8 auditory processing disorder, childhood apraxia of speech, sensory
9 processing disorder, social communication disorder, or another
10 developmental disability, the insurer shall provide coverage for
11 expenses incurred for medically necessary occupational therapy,
12 physical therapy, and speech therapy, as prescribed through a
13 treatment plan. Coverage of these therapies shall not be denied on
14 the basis that the treatment is not restorative or on the basis of any
15 other exclusionary or otherwise limiting language.

16 c. When the insured is under 21 years of age and the insured's
17 primary diagnosis is autism or social communication disorder, the
18 insurer shall provide coverage for expenses incurred for medically
19 necessary behavioral interventions based on the principles of
20 applied behavioral analysis and related structured behavioral
21 programs, as prescribed through a treatment plan and as
22 administered directly by, or under the supervision of, a practitioner,
23 subject to the provisions of this subsection.

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

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

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

33 (b) Commencing on January 1, 2012, the maximum benefit
34 amount shall be subject to an adjustment, to be promulgated by the
35 Commissioner of Banking and Insurance and published in the New
36 Jersey Register no later than February 1 of each calendar year,
37 which shall be equal to the change in the consumer price index for
38 all urban consumers for the nation, as prepared by the United States
39 Department of Labor, for the calendar year preceding the calendar
40 year in which the adjustment to the maximum benefit amount is
41 promulgated.

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

46 (d) Notwithstanding the provisions of this paragraph to the
47 contrary, an insurer shall not be precluded from providing a benefit

1 amount for an insured in any calendar year that exceeds the benefit
2 amounts set forth in subparagraphs (a) and (b) of this paragraph.

3 d. The treatment plan required pursuant to subsections b. and c.
4 of this section shall include all elements necessary for the insurer to
5 appropriately provide benefits, including, but not limited to: a
6 diagnosis; proposed treatment by type, frequency, and duration; the
7 anticipated outcomes stated as goals; the frequency by which the
8 treatment plan will be updated; and the treating **[physician's]**
9 practitioner's signature. The insurer may only request an updated
10 treatment plan once every six months from the treating **[physician]**
11 practitioner to review medical necessity, unless the insurer and the
12 treating **[physician]** practitioner agree that a more frequent review
13 is necessary due to emerging clinical circumstances.

14 e. The provisions of subsections b. and c. of this section shall
15 not be construed as limiting benefits otherwise available to an
16 insured.

17 f. The provisions of subsections b. and c. of this section shall
18 not be construed to require that benefits be provided to reimburse
19 the cost of services provided under an individualized family service
20 plan or an individualized education program, or affect any
21 requirement to provide those services; except that the benefits
22 provided pursuant to those subsections shall include coverage for
23 expenses incurred by participants in an individualized family
24 service plan through a family cost share.

25 g. The coverage required under this section may be subject to
26 utilization review, including periodic review, by the insurer of the
27 continued medical necessity of the specified therapies and
28 interventions.

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

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

34 j. As used in this section:

35 "Autism" means any one of the several conditions classified
36 under pervasive developmental disorder in the Diagnostic and
37 Statistical Manual of Mental Disorders, Fourth Edition, Text
38 Revision (DSM IV-TR) or the International Classification of
39 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
40 including: autistic disorder; Asperger's disorder; childhood
41 disintegrative disorder; pervasive developmental disorder not
42 otherwise specified or unspecified pervasive developmental
43 disorder; fragile X syndrome, to the extent that the condition is
44 comorbid with pervasive developmental disorder; Rett's disorder, to
45 the extent that the condition is comorbid with pervasive
46 developmental disorder; autism spectrum disorder; and any
47 equivalent conditions as classified under any version of the

1 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
2 the International Classification of Diseases, Clinical Modification
3 (ICD-CM) published on or after January 1, 2000.

4 “Central auditory processing disorder” means a disorder in the
5 perceptual processing of auditory information in the central nervous
6 system as demonstrated by poor performance in one or more of the
7 following abilities or skills: sound localization and lateralization;
8 auditory discrimination; auditory pattern recognition; temporal
9 aspects of audition, including temporal integration, temporal
10 discrimination, temporal ordering, and temporal masking; auditory
11 performance in competing acoustic signals; and auditory
12 performance with degraded acoustic signals. The disorder includes
13 any equivalent conditions classified under any version of the DSM
14 or ICD-CM published on or after January 1, 2000.

15 “Childhood apraxia of speech” means a neurological childhood
16 speech sound disorder in which the precision and consistency of
17 movements underlying speech are impaired in the absence of
18 neuromuscular deficits. The disorder may occur as a result of
19 known neurological impairment, in association with complex
20 neurobehavioral disorders of known or unknown origin, or as an
21 idiopathic neurogenic speech sound disorder. The core impairment
22 in planning or programming spatiotemporal parameters of
23 movement sequences results in errors in speech sound production
24 and prosody. The disorder includes conditions classified under
25 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
26 classified under speech sound disorder in any version of the DSM
27 or ICD-CM published on or after January 1, 2000, and any
28 equivalent conditions classified under any version of the DSM or
29 ICD-CM published on or after January 1, 2000.

30 “Practitioner” means a physician, psychologist, or other health
31 care professional licensed pursuant to Title 45 of the Revised
32 Statutes who is qualified by training to make a diagnosis of autism,
33 central auditory processing disorder, childhood apraxia of speech,
34 sensory processing disorder, social communication disorder, or
35 another developmental disability. For the purposes of this act,
36 “practitioner” shall also include an individual credentialed by the
37 Behavior Analyst Certification Board as a Board Certified Behavior
38 Analyst or as a Board Certified Behavior Analyst-Doctoral.

39 “Sensory processing disorder” means a condition characterized
40 by one or more of the following symptoms that impair daily
41 routines or roles: sensory modulation disorder, defined as difficulty
42 regulating responses to sensory input or as behavior that is not
43 graded relative to the degree, nature, or intensity of the sensory
44 information and including, but not limited to, sensory over-
45 responsivity, sensory under-responsivity, and sensory craving;
46 sensory discrimination disorder, defined as difficulty interpreting
47 qualities of sensory stimuli or perceiving similarities and

1 differences among stimuli and including, but not limited to, sensory
2 discrimination disorder subtypes affecting the visual, auditory,
3 olfactory, gustatory, tactile, vestibular, proprioceptive, and
4 interoceptive sensory systems; and sensory-based motor disorder,
5 defined as a sensory-based impairment of postural or motor
6 planning abilities including, but not limited to, the sensory-based
7 motor disorder subtypes of postural disorder, which involves
8 difficulties with core motor functions and balance, and motor
9 planning disorder, which involves difficulties with the ideation,
10 sequencing, and execution of novel motor actions. Sensory
11 processing disorder includes any equivalent conditions classified
12 under any version of the DSM or ICD-CM published on or after
13 January 1, 2000.

14 “Social communication disorder” means a condition
15 characterized by the following symptoms that are present from early
16 childhood and that result in functional limitations in effective
17 communication, social participation, academic achievement, or
18 occupational performance: persistent difficulties in pragmatics or
19 the social uses of verbal and nonverbal communication in
20 naturalistic contexts, which affect the development of social
21 reciprocity and social relationships and which cannot be explained
22 by low abilities in the domains of word structure and grammar or
23 general cognitive ability; persistent difficulties in the acquisition
24 and use of spoken language, written language, or other modalities
25 of language for narrative, expository, and conversational discourse;
26 and the absence of restricted and repetitive patterns of behavior,
27 interests, or activities, thereby ruling out an autism diagnosis. The
28 disorder includes any equivalent conditions classified under any
29 version of the DSM or ICD-CM published on or after January 1,
30 2000.

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

32

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

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

43 a. (1) The insurer shall provide coverage for expenses incurred
44 in screening and diagnosing autism or another developmental
45 disability, including, but not limited to, central auditory processing
46 disorder, childhood apraxia of speech, sensory processing disorder,
47 and social communication disorder.

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

7 b. When the insured's primary diagnosis is autism, central
8 auditory processing disorder, childhood apraxia of speech, sensory
9 processing disorder, social communication disorder, or another
10 developmental disability, the insurer shall provide coverage for
11 expenses incurred for medically necessary occupational therapy,
12 physical therapy, and speech therapy, as prescribed through a
13 treatment plan. Coverage of these therapies shall not be denied on
14 the basis that the treatment is not restorative or on the basis of any
15 other exclusionary or otherwise limiting language.

16 c. When the insured is under 21 years of age and the insured's
17 primary diagnosis is autism or social communication disorder, the
18 insurer shall provide coverage for expenses incurred for medically
19 necessary behavioral interventions based on the principles of
20 applied behavioral analysis and related structured behavioral
21 programs, as prescribed through a treatment plan and as
22 administered directly by, or under the supervision of, a practitioner,
23 subject to the provisions of this subsection.

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

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

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

33 (b) Commencing on January 1, 2012, the maximum benefit
34 amount shall be subject to an adjustment, to be promulgated by the
35 Commissioner of Banking and Insurance and published in the New
36 Jersey Register no later than February 1 of each calendar year,
37 which shall be equal to the change in the consumer price index for
38 all urban consumers for the nation, as prepared by the United States
39 Department of Labor, for the calendar year preceding the calendar
40 year in which the adjustment to the maximum benefit amount is
41 promulgated.

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

46 (d) Notwithstanding the provisions of this paragraph to the
47 contrary, an insurer shall not be precluded from providing a benefit

1 amount for an insured in any calendar year that exceeds the benefit
2 amounts set forth in subparagraphs (a) and (b) of this paragraph.

3 d. The treatment plan required pursuant to subsections b. and c.
4 of this section shall include all elements necessary for the insurer to
5 appropriately provide benefits, including, but not limited to: a
6 diagnosis; proposed treatment by type, frequency, and duration; the
7 anticipated outcomes stated as goals; the frequency by which the
8 treatment plan will be updated; and the treating **[physician's]**
9 practitioner's signature. The insurer may only request an updated
10 treatment plan once every six months from the treating **[physician]**
11 practitioner to review medical necessity, unless the insurer and the
12 treating **[physician]** practitioner agree that a more frequent review
13 is necessary due to emerging clinical circumstances.

14 e. The provisions of subsections b. and c. of this section shall
15 not be construed as limiting benefits otherwise available to an
16 insured.

17 f. The provisions of subsections b. and c. of this section shall
18 not be construed to require that benefits be provided to reimburse
19 the cost of services provided under an individualized family service
20 plan or an individualized education program, or affect any
21 requirement to provide those services; except that the benefits
22 provided pursuant to those subsections shall include coverage for
23 expenses incurred by participants in an individualized family
24 service plan through a family cost share.

25 g. The coverage required under this section may be subject to
26 utilization review, including periodic review, by the insurer of the
27 continued medical necessity of the specified therapies and
28 interventions.

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

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

34 j. As used in this section:

35 "Autism" means any one of the several conditions classified
36 under pervasive developmental disorder in the Diagnostic and
37 Statistical Manual of Mental Disorders, Fourth Edition, Text
38 Revision (DSM IV-TR) or the International Classification of
39 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
40 including: autistic disorder; Asperger's disorder; childhood
41 disintegrative disorder; pervasive developmental disorder not
42 otherwise specified or unspecified pervasive developmental
43 disorder; fragile X syndrome, to the extent that the condition is
44 comorbid with pervasive developmental disorder; Rett's disorder, to
45 the extent that the condition is comorbid with pervasive
46 developmental disorder; autism spectrum disorder; and any
47 equivalent conditions as classified under any version of the

1 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
2 the International Classification of Diseases, Clinical Modification
3 (ICD-CM) published on or after January 1, 2000.

4 “Central auditory processing disorder” means a disorder in the
5 perceptual processing of auditory information in the central nervous
6 system as demonstrated by poor performance in one or more of the
7 following abilities or skills: sound localization and lateralization;
8 auditory discrimination; auditory pattern recognition; temporal
9 aspects of audition, including temporal integration, temporal
10 discrimination, temporal ordering, and temporal masking; auditory
11 performance in competing acoustic signals; and auditory
12 performance with degraded acoustic signals. The disorder includes
13 any equivalent conditions classified under any version of the DSM
14 or ICD-CM published on or after January 1, 2000.

15 “Childhood apraxia of speech” means a neurological childhood
16 speech sound disorder in which the precision and consistency of
17 movements underlying speech are impaired in the absence of
18 neuromuscular deficits. The disorder may occur as a result of
19 known neurological impairment, in association with complex
20 neurobehavioral disorders of known or unknown origin, or as an
21 idiopathic neurogenic speech sound disorder. The core impairment
22 in planning or programming spatiotemporal parameters of
23 movement sequences results in errors in speech sound production
24 and prosody. The disorder includes conditions classified under
25 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
26 classified under speech sound disorder in any version of the DSM
27 or ICD-CM published on or after January 1, 2000, and any
28 equivalent conditions classified under any version of the DSM or
29 ICD-CM published on or after January 1, 2000.

30 “Practitioner” means a physician, psychologist, or other health
31 care professional licensed pursuant to Title 45 of the Revised
32 Statutes who is qualified by training to make a diagnosis of autism,
33 central auditory processing disorder, childhood apraxia of speech,
34 sensory processing disorder, social communication disorder, or
35 another developmental disability. For the purposes of this act,
36 “practitioner” shall also include an individual credentialed by the
37 Behavior Analyst Certification Board as a Board Certified Behavior
38 Analyst or as a Board Certified Behavior Analyst-Doctoral.

39 “Sensory processing disorder” means a condition characterized
40 by one or more of the following symptoms that impair daily
41 routines or roles: sensory modulation disorder, defined as difficulty
42 regulating responses to sensory input or as behavior that is not
43 graded relative to the degree, nature, or intensity of the sensory
44 information and including, but not limited to, sensory over-
45 responsivity, sensory under-responsivity, and sensory craving;
46 sensory discrimination disorder, defined as difficulty interpreting
47 qualities of sensory stimuli or perceiving similarities and

1 differences among stimuli and including, but not limited to, sensory
2 discrimination disorder subtypes affecting the visual, auditory,
3 olfactory, gustatory, tactile, vestibular, proprioceptive, and
4 interoceptive sensory systems; and sensory-based motor disorder,
5 defined as a sensory-based impairment of postural or motor
6 planning abilities including, but not limited to, the sensory-based
7 motor disorder subtypes of postural disorder, which involves
8 difficulties with core motor functions and balance, and motor
9 planning disorder, which involves difficulties with the ideation,
10 sequencing, and execution of novel motor actions. Sensory
11 processing disorder includes any equivalent conditions classified
12 under any version of the DSM or ICD-CM published on or after
13 January 1, 2000.

14 “Social communication disorder” means a condition
15 characterized by the following symptoms that are present from early
16 childhood and that result in functional limitations in effective
17 communication, social participation, academic achievement, or
18 occupational performance: persistent difficulties in pragmatics or
19 the social uses of verbal and nonverbal communication in
20 naturalistic contexts, which affect the development of social
21 reciprocity and social relationships and which cannot be explained
22 by low abilities in the domains of word structure and grammar or
23 general cognitive ability; persistent difficulties in the acquisition
24 and use of spoken language, written language, or other modalities
25 of language for narrative, expository, and conversational discourse;
26 and the absence of restricted and repetitive patterns of behavior,
27 interests, or activities, thereby ruling out an autism diagnosis. The
28 disorder includes any equivalent conditions classified under any
29 version of the DSM or ICD-CM published on or after January 1,
30 2000.

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

32

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

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

43 a. (1) The carrier shall provide coverage for expenses incurred
44 in screening and diagnosing autism or another developmental
45 disability, including, but not limited to, central auditory processing
46 disorder, childhood apraxia of speech, sensory processing disorder,
47 and social communication disorder.

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

7 b. When the covered person's primary diagnosis is autism,
8 central auditory processing disorder, childhood apraxia of speech,
9 sensory processing disorder, social communication disorder, or
10 another developmental disability, the carrier shall provide coverage
11 for expenses incurred for medically necessary occupational therapy,
12 physical therapy, and speech therapy, as prescribed through a
13 treatment plan. Coverage of these therapies shall not be denied on
14 the basis that the treatment is not restorative or on the basis of any
15 other exclusionary or otherwise limiting language.

16 c. When the covered person is under 21 years of age and the
17 covered person's primary diagnosis is autism or social
18 communication disorder, the carrier shall provide coverage for
19 expenses incurred for medically necessary behavioral interventions
20 based on the principles of applied behavioral analysis and related
21 structured behavioral programs, as prescribed through a treatment
22 plan and as administered directly by, or under the supervision of, a
23 practitioner, subject to the provisions of this subsection.

24 (1) Except as provided in paragraph (3) of this subsection, the
25 benefits provided pursuant to this subsection shall be provided to
26 the same extent as for any other medical condition under the health
27 benefits plan, but shall not be subject to limits on the number of
28 visits that a covered person may make to a provider of behavioral
29 interventions.

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

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

34 (b) Commencing on January 1, 2012, the maximum benefit
35 amount shall be subject to an adjustment, to be promulgated by the
36 Commissioner of Banking and Insurance and published in the New
37 Jersey Register no later than February 1 of each calendar year,
38 which shall be equal to the change in the consumer price index for
39 all urban consumers for the nation, as prepared by the United States
40 Department of Labor, for the calendar year preceding the calendar
41 year in which the adjustment to the maximum benefit amount is
42 promulgated.

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

1 (d) Notwithstanding the provisions of this paragraph to the
2 contrary, a carrier shall not be precluded from providing a benefit
3 amount for a covered person in any calendar year that exceeds the
4 benefit amounts set forth in subparagraphs (a) and (b) of this
5 paragraph.

6 d. The treatment plan required pursuant to subsections b. and c.
7 of this section shall include all elements necessary for the carrier to
8 appropriately provide benefits, including, but not limited to: a
9 diagnosis; proposed treatment by type, frequency, and duration; the
10 anticipated outcomes stated as goals; the frequency by which the
11 treatment plan will be updated; and the treating **【physician's】**
12 practitioner's signature. The carrier may only request an updated
13 treatment plan once every six months from the treating **【physician】**
14 practitioner to review medical necessity, unless the carrier and the
15 treating **【physician】** practitioner agree that a more frequent review
16 is necessary due to emerging clinical circumstances.

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

20 f. The provisions of subsections b. and c. of this section shall
21 not be construed to require that benefits be provided to reimburse
22 the cost of services provided under an individualized family service
23 plan or an individualized education program, or affect any
24 requirement to provide those services; except that the benefits
25 provided pursuant to those subsections shall include coverage for
26 expenses incurred by participants in an individualized family
27 service plan through a family cost share.

28 g. The coverage required under this section may be subject to
29 utilization review, including periodic review, by the carrier of the
30 continued medical necessity of the specified therapies and
31 interventions.

32 h. The provisions of this section shall apply to those health
33 benefits plans in which the carrier has reserved the right to change
34 the premium.

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

38 j. As used in this section:

39 "Autism" means any one of the several conditions classified
40 under pervasive developmental disorder in the Diagnostic and
41 Statistical Manual of Mental Disorders, Fourth Edition, Text
42 Revision (DSM IV-TR) or the International Classification of
43 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
44 including: autistic disorder; Asperger's disorder; childhood
45 disintegrative disorder; pervasive developmental disorder not
46 otherwise specified or unspecified pervasive developmental
47 disorder; fragile X syndrome, to the extent that the condition is

1 comorbid with pervasive developmental disorder; Rett’s disorder, to
2 the extent that the condition is comorbid with pervasive
3 developmental disorder; autism spectrum disorder; and any
4 equivalent conditions as classified under any version of the
5 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
6 the International Classification of Diseases, Clinical Modification
7 (ICD-CM) published on or after January 1, 2000.

8 “Central auditory processing disorder” means a disorder in the
9 perceptual processing of auditory information in the central nervous
10 system as demonstrated by poor performance in one or more of the
11 following abilities or skills: sound localization and lateralization;
12 auditory discrimination; auditory pattern recognition; temporal
13 aspects of audition, including temporal integration, temporal
14 discrimination, temporal ordering, and temporal masking; auditory
15 performance in competing acoustic signals; and auditory
16 performance with degraded acoustic signals. The disorder includes
17 any equivalent conditions classified under any version of the DSM
18 or ICD-CM published on or after January 1, 2000.

19 “Childhood apraxia of speech” means a neurological childhood
20 speech sound disorder in which the precision and consistency of
21 movements underlying speech are impaired in the absence of
22 neuromuscular deficits. The disorder may occur as a result of
23 known neurological impairment, in association with complex
24 neurobehavioral disorders of known or unknown origin, or as an
25 idiopathic neurogenic speech sound disorder. The core impairment
26 in planning or programming spatiotemporal parameters of
27 movement sequences results in errors in speech sound production
28 and prosody. The disorder includes conditions classified under
29 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
30 classified under speech sound disorder in any version of the DSM
31 or ICD-CM published on or after January 1, 2000, and any
32 equivalent conditions classified under any version of the DSM or
33 ICD-CM published on or after January 1, 2000.

34 “Practitioner” means a physician, psychologist, or other health
35 care professional licensed pursuant to Title 45 of the Revised
36 Statutes who is qualified by training to make a diagnosis of autism,
37 central auditory processing disorder, childhood apraxia of speech,
38 sensory processing disorder, social communication disorder, or
39 another developmental disability. For the purposes of this act,
40 “practitioner” shall also include an individual credentialed by the
41 Behavior Analyst Certification Board as a Board Certified Behavior
42 Analyst or as a Board Certified Behavior Analyst-Doctoral.

43 “Sensory processing disorder” means a condition characterized
44 by one or more of the following symptoms that impair daily
45 routines or roles: sensory modulation disorder, defined as difficulty
46 regulating responses to sensory input or as behavior that is not
47 graded relative to the degree, nature, or intensity of the sensory

1 information and including, but not limited to, sensory over-
2 responsivity, sensory under-responsivity, and sensory craving;
3 sensory discrimination disorder, defined as difficulty interpreting
4 qualities of sensory stimuli or perceiving similarities and
5 differences among stimuli and including, but not limited to, sensory
6 discrimination disorder subtypes affecting the visual, auditory,
7 olfactory, gustatory, tactile, vestibular, proprioceptive, and
8 interoceptive sensory systems; and sensory-based motor disorder,
9 defined as a sensory-based impairment of postural or motor
10 planning abilities including, but not limited to, the sensory-based
11 motor disorder subtypes of postural disorder, which involves
12 difficulties with core motor functions and balance, and motor
13 planning disorder, which involves difficulties with the ideation,
14 sequencing, and execution of novel motor actions. Sensory
15 processing disorder includes any equivalent conditions classified
16 under any version of the DSM or ICD-CM published on or after
17 January 1, 2000.

18 “Social communication disorder” means a condition
19 characterized by the following symptoms that are present from early
20 childhood and that result in functional limitations in effective
21 communication, social participation, academic achievement, or
22 occupational performance: persistent difficulties in pragmatics or
23 the social uses of verbal and nonverbal communication in
24 naturalistic contexts, which affect the development of social
25 reciprocity and social relationships and which cannot be explained
26 by low abilities in the domains of word structure and grammar or
27 general cognitive ability; persistent difficulties in the acquisition
28 and use of spoken language, written language, or other modalities
29 of language for narrative, expository, and conversational discourse;
30 and the absence of restricted and repetitive patterns of behavior,
31 interests, or activities, thereby ruling out an autism diagnosis. The
32 disorder includes any equivalent conditions classified under any
33 version of the DSM or ICD-CM published on or after January 1,
34 2000.

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

36
37 7. Section 7 of P.L.2009, c.115 (C.17B:27A-19.20) is amended
38 to read as follows:

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

- 1 a. (1) The carrier shall provide coverage for expenses incurred
2 in screening and diagnosing autism or another developmental
3 disability, including, but not limited to, central auditory processing
4 disorder, childhood apraxia of speech, sensory processing disorder,
5 and social communication disorder.
- 6 (2) Practitioners shall use the DSM IV-TR when rendering an
7 autism diagnosis under this section, but an obligation to provide
8 coverage for expenses pursuant to this section shall be required
9 whether an autism diagnosis is rendered under the DSM IV-TR, the
10 IDC-9-CM, or any other version of the DSM or ICD-CM published
11 on or after January 1, 2000.
- 12 b. When the covered person's primary diagnosis is autism,
13 central auditory processing disorder, childhood apraxia of speech,
14 sensory processing disorder, social communication disorder, or
15 another developmental disability, the carrier shall provide coverage
16 for expenses incurred for medically necessary occupational therapy,
17 physical therapy, and speech therapy, as prescribed through a
18 treatment plan. Coverage of these therapies shall not be denied on
19 the basis that the treatment is not restorative or on the basis of any
20 other exclusionary or otherwise limiting language.
- 21 c. When the covered person is under 21 years of age and the
22 covered person's primary diagnosis is autism or social
23 communication disorder, the carrier shall provide coverage for
24 expenses incurred for medically necessary behavioral interventions
25 based on the principles of applied behavioral analysis and related
26 structured behavioral programs, as prescribed through a treatment
27 plan and as administered directly by, or under the supervision of, a
28 practitioner, subject to the provisions of this subsection.
- 29 (1) Except as provided in paragraph (3) of this subsection, the
30 benefits provided pursuant to this subsection shall be provided to
31 the same extent as for any other medical condition under the health
32 benefits plan, but shall not be subject to limits on the number of
33 visits that a covered person may make to a provider of behavioral
34 interventions.
- 35 (2) The benefits provided pursuant to this subsection shall not
36 be denied on the basis that the treatment is not restorative.
- 37 (3) (a) The maximum benefit amount for a covered person in
38 any calendar year through 2011 shall be \$36,000.
- 39 (b) Commencing on January 1, 2012, the maximum benefit
40 amount shall be subject to an adjustment, to be promulgated by the
41 Commissioner of Banking and Insurance and published in the New
42 Jersey Register no later than February 1 of each calendar year,
43 which shall be equal to the change in the consumer price index for
44 all urban consumers for the nation, as prepared by the United States
45 Department of Labor, for the calendar year preceding the calendar
46 year in which the adjustment to the maximum benefit amount is
47 promulgated.

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

5 (d) Notwithstanding the provisions of this paragraph to the
6 contrary, a carrier shall not be precluded from providing a benefit
7 amount for a covered person in any calendar year that exceeds the
8 benefit amounts set forth in subparagraphs (a) and (b) of this
9 paragraph.

10 d. The treatment plan required pursuant to subsections b. and c.
11 of this section shall include all elements necessary for the carrier to
12 appropriately provide benefits, including, but not limited to: a
13 diagnosis; proposed treatment by type, frequency, and duration; the
14 anticipated outcomes stated as goals; the frequency by which the
15 treatment plan will be updated; and the treating **[physician's]**
16 practitioner's signature. The carrier may only request an updated
17 treatment plan once every six months from the treating **[physician]**
18 practitioner to review medical necessity, unless the carrier and the
19 treating **[physician]** practitioner agree that a more frequent review
20 is necessary due to emerging clinical circumstances.

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

24 f. The provisions of subsections b. and c. of this section shall
25 not be construed to require that benefits be provided to reimburse
26 the cost of services provided under an individualized family service
27 plan or an individualized education program, or affect any
28 requirement to provide those services; except that the benefits
29 provided pursuant to those subsections shall include coverage for
30 expenses incurred by participants in an individualized family
31 service plan through a family cost share.

32 g. The coverage required under this section may be subject to
33 utilization review, including periodic review, by the carrier of the
34 continued medical necessity of the specified therapies and
35 interventions.

36 h. The provisions of this section shall apply to those health
37 benefits plans in which the carrier has reserved the right to change
38 the premium.

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

42 j. As used in this section:

43 "Autism" means any one of the several conditions classified
44 under pervasive developmental disorder in the Diagnostic and
45 Statistical Manual of Mental Disorders, Fourth Edition, Text
46 Revision (DSM IV-TR) or the International Classification of
47 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),

1 including: autistic disorder; Asperger's disorder; childhood
2 disintegrative disorder; pervasive developmental disorder not
3 otherwise specified or unspecified pervasive developmental
4 disorder; fragile X syndrome, to the extent that the condition is
5 comorbid with pervasive developmental disorder; Rett's disorder, to
6 the extent that the condition is comorbid with pervasive
7 developmental disorder; autism spectrum disorder; and any
8 equivalent conditions as classified under any version of the
9 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
10 the International Classification of Diseases, Clinical Modification
11 (ICD-CM) published on or after January 1, 2000.

12 "Central auditory processing disorder" means a disorder in the
13 perceptual processing of auditory information in the central nervous
14 system as demonstrated by poor performance in one or more of the
15 following abilities or skills: sound localization and lateralization;
16 auditory discrimination; auditory pattern recognition; temporal
17 aspects of audition, including temporal integration, temporal
18 discrimination, temporal ordering, and temporal masking; auditory
19 performance in competing acoustic signals; and auditory
20 performance with degraded acoustic signals. The disorder includes
21 any equivalent conditions classified under any version of the DSM
22 or ICD-CM published on or after January 1, 2000.

23 "Childhood apraxia of speech" means a neurological childhood
24 speech sound disorder in which the precision and consistency of
25 movements underlying speech are impaired in the absence of
26 neuromuscular deficits. The disorder may occur as a result of
27 known neurological impairment, in association with complex
28 neurobehavioral disorders of known or unknown origin, or as an
29 idiopathic neurogenic speech sound disorder. The core impairment
30 in planning or programming spatiotemporal parameters of
31 movement sequences results in errors in speech sound production
32 and prosody. The disorder includes conditions classified under
33 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
34 classified under speech sound disorder in any version of the DSM
35 or ICD-CM published on or after January 1, 2000, and any
36 equivalent conditions classified under any version of the DSM or
37 ICD-CM published on or after January 1, 2000.

38 "Practitioner" means a physician, psychologist, or other health
39 care professional licensed pursuant to Title 45 of the Revised
40 Statutes who is qualified by training to make a diagnosis of autism,
41 central auditory processing disorder, childhood apraxia of speech,
42 sensory processing disorder, social communication disorder, or
43 another developmental disability. For the purposes of this act,
44 "practitioner" shall also include an individual credentialed by the
45 Behavior Analyst Certification Board as a Board Certified Behavior
46 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

23 “Social communication disorder” means a condition
24 characterized by the following symptoms that are present from early
25 childhood and that result in functional limitations in effective
26 communication, social participation, academic achievement, or
27 occupational performance: persistent difficulties in pragmatics or
28 the social uses of verbal and nonverbal communication in
29 naturalistic contexts, which affect the development of social
30 reciprocity and social relationships and which cannot be explained
31 by low abilities in the domains of word structure and grammar or
32 general cognitive ability; persistent difficulties in the acquisition
33 and use of spoken language, written language, or other modalities
34 of language for narrative, expository, and conversational discourse;
35 and the absence of restricted and repetitive patterns of behavior,
36 interests, or activities, thereby ruling out an autism diagnosis. The
37 disorder includes any equivalent conditions classified under any
38 version of the DSM or ICD-CM published on or after January 1,
39 2000.

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

41

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

44 8. Notwithstanding any other provision of law to the contrary,
45 a health maintenance organization enrollee agreement that provides
46 health care services and is delivered, issued, executed, or renewed
47 in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or

- 1 approved for issuance or renewal in this State by the Commissioner
2 of Banking and Insurance, on or after the effective date of this act,
3 shall provide coverage pursuant to the provisions of this section.
- 4 a. (1) The health maintenance organization shall provide
5 coverage for health care services for screening and diagnosing
6 autism or another developmental disability, including, but not
7 limited to, central auditory processing disorder, childhood apraxia
8 of speech, sensory processing disorder, and social communication
9 disorder.
- 10 (2) Practitioners shall use the DSM IV-TR when rendering an
11 autism diagnosis under this section, but an obligation to provide
12 coverage for health care services pursuant to this section shall be
13 required whether an autism diagnosis is rendered under the DSM
14 IV-TR, the IDC-9-CM, or any other version of the DSM or ICD-
15 CM published on or after January 1, 2000.
- 16 b. When the enrollee's primary diagnosis is autism, central
17 auditory processing disorder, childhood apraxia of speech, sensory
18 processing disorder, social communication disorder, or another
19 developmental disability, the health maintenance organization shall
20 provide coverage for medically necessary occupational therapy,
21 physical therapy, and speech therapy services, as prescribed through
22 a treatment plan. Coverage of these therapies shall not be denied on
23 the basis that the treatment is not restorative or on the basis of any
24 other exclusionary or otherwise limiting language.
- 25 c. When the enrollee is under 21 years of age and the enrollee's
26 primary diagnosis is autism or social communication disorder, the
27 health maintenance organization shall provide coverage for
28 medically necessary behavioral interventions based on the
29 principles of applied behavioral analysis and related structured
30 behavioral programs, as prescribed through a treatment plan and as
31 administered directly by, or under the supervision of, a practitioner,
32 subject to the provisions of this subsection.
- 33 (1) Except as provided in paragraph (3) of this subsection, the
34 coverage provided pursuant to this subsection shall be provided to
35 the same extent as for any other medical condition under the
36 contract, but shall not be subject to limits on the number of visits
37 that an enrollee may make to a provider of behavioral interventions.
- 38 (2) The coverage provided pursuant to this subsection shall not
39 be denied on the basis that the treatment is not restorative.
- 40 (3) (a) The maximum coverage amount for an enrollee in any
41 calendar year through 2011 shall be \$36,000.
- 42 (b) Commencing on January 1, 2012, the maximum coverage
43 amount shall be subject to an adjustment, to be promulgated by the
44 Commissioner of Banking and Insurance and published in the New
45 Jersey Register no later than February 1 of each calendar year,
46 which shall be equal to the change in the consumer price index for
47 all urban consumers for the nation, as prepared by the United States

1 Department of Labor, for the calendar year preceding the calendar
2 year in which the adjustment to the maximum benefit amount is
3 promulgated.

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

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

13 d. The treatment plan required pursuant to subsections b. and c.
14 of this section shall include all elements necessary for the health
15 maintenance organization to appropriately provide coverage for
16 health care services, including, but not limited to: a diagnosis;
17 proposed treatment by type, frequency, and duration; the anticipated
18 outcomes stated as goals; the frequency by which the treatment plan
19 will be updated; and the treating **【physician's】** practitioner's
20 signature. The health maintenance organization may only request
21 an updated treatment plan once every six months from the treating
22 **【physician】** practitioner to review medical necessity, unless the
23 health maintenance organization and the treating **【physician】**
24 practitioner agree that a more frequent review is necessary due to
25 emerging clinical circumstances.

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

29 f. The provisions of subsections b. and c. of this section shall
30 not be construed to require that benefits be provided to reimburse
31 the cost of services provided under an individualized family service
32 plan or an individualized education program, or affect any
33 requirement to provide those services; except that the benefits
34 provided pursuant to those subsections shall include coverage for
35 expenses incurred by participants in an individualized family
36 service plan through a family cost share.

37 g. The coverage required under this section may be subject to
38 utilization review, including periodic review, by the health
39 maintenance organization of the continued medical necessity of the
40 specified therapies and interventions.

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

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

47 j. As used in this section:

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

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

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

43 “Practitioner” means a physician, psychologist, or other health
44 care professional licensed pursuant to Title 45 of the Revised
45 Statutes who is qualified by training to make a diagnosis of autism,
46 central auditory processing disorder, childhood apraxia of speech,
47 sensory processing disorder, social communication disorder, or

1 another developmental disability. For the purposes of this act,
2 “practitioner” shall also include an individual credentialed by the
3 Behavior Analyst Certification Board as a Board Certified Behavior
4 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

27 “Social communication disorder” means a condition
28 characterized by the following symptoms that are present from early
29 childhood and that result in functional limitations in effective
30 communication, social participation, academic achievement, or
31 occupational performance: persistent difficulties in pragmatics or
32 the social uses of verbal and nonverbal communication in
33 naturalistic contexts, which affect the development of social
34 reciprocity and social relationships and which cannot be explained
35 by low abilities in the domains of word structure and grammar or
36 general cognitive ability; persistent difficulties in the acquisition
37 and use of spoken language, written language, or other modalities
38 of language for narrative, expository, and conversational discourse;
39 and the absence of restricted and repetitive patterns of behavior,
40 interests, or activities, thereby ruling out an autism diagnosis. The
41 disorder includes any equivalent conditions classified under any
42 version of the DSM or ICD-CM published on or after January 1,
43 2000.

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

45

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

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

6 a. (1) The contract shall provide coverage for expenses
7 incurred in screening and diagnosing autism or another
8 developmental disability, including, but not limited to, central
9 auditory processing disorder, childhood apraxia of speech, sensory
10 processing disorder, and social communication disorder.

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

17 b. When the covered person's primary diagnosis is autism,
18 central auditory processing disorder, childhood apraxia of speech,
19 sensory processing disorder, social communication disorder, or
20 another developmental disability, the contract shall provide
21 coverage for expenses incurred for medically necessary
22 occupational therapy, physical therapy, and speech therapy, as
23 prescribed through a treatment plan. Coverage of these therapies
24 shall not be denied on the basis that the treatment is not restorative
25 or on the basis of any other exclusionary or otherwise limiting
26 language.

27 c. When the covered person is under 21 years of age and the
28 covered person's primary diagnosis is autism or social
29 communication disorder, the contract shall provide coverage for
30 expenses incurred for medically necessary behavioral interventions
31 based on the principles of applied behavioral analysis and related
32 structured behavioral programs, as prescribed through a treatment
33 plan and as administered directly by, or under the supervision of, a
34 practitioner, subject to the provisions of this subsection.

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

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

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

45 (b) Commencing on January 1, 2012, the maximum benefit
46 amount shall be subject to an adjustment, to be promulgated by the
47 Commissioner of Banking and Insurance and published in the New

1 Jersey Register no later than February 1 of each calendar year,
2 which shall be equal to the change in the consumer price index for
3 all urban consumers for the nation, as prepared by the United States
4 Department of Labor, for the calendar year preceding the calendar
5 year in which the adjustment to the maximum benefit amount is
6 promulgated.

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

11 (d) Notwithstanding the provisions of this paragraph to the
12 contrary, the commission shall not be precluded from providing a
13 benefit amount for a covered person in any calendar year that
14 exceeds the benefit amounts set forth in subparagraphs (a) and (b)
15 of this paragraph.

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

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

30 f. The provisions of subsections b. and c. of this section shall
31 not be construed to require that benefits be provided to reimburse
32 the cost of services provided under an individualized family service
33 plan or an individualized education program, or affect any
34 requirement to provide those services; except that the benefits
35 provided pursuant to those subsections shall include coverage for
36 expenses incurred by participants in an individualized family
37 service plan through a family cost share.

38 g. The coverage required under this section may be subject to
39 utilization review, including periodic review, by the carrier of the
40 continued medical necessity of the specified therapies and
41 interventions.

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

45 i. As used in this section:

46 "Autism" means any one of the several conditions classified
47 under pervasive developmental disorder in the Diagnostic and

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

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

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

41 "Practitioner" means a physician, psychologist, or other health
42 care professional licensed pursuant to Title 45 of the Revised
43 Statutes who is qualified by training to make a diagnosis of autism,
44 central auditory processing disorder, childhood apraxia of speech,
45 sensory processing disorder, social communication disorder, or
46 another developmental disability. For the purposes of this act,
47 "practitioner" shall also include an individual credentialed by the

1 Behavior Analyst Certification Board as a Board Certified Behavior
2 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

25 “Social communication disorder” means a condition
26 characterized by the following symptoms that are present from early
27 childhood and that result in functional limitations in effective
28 communication, social participation, academic achievement, or
29 occupational performance: persistent difficulties in pragmatics or
30 the social uses of verbal and nonverbal communication in
31 naturalistic contexts, which affect the development of social
32 reciprocity and social relationships and which cannot be explained
33 by low abilities in the domains of word structure and grammar or
34 general cognitive ability; persistent difficulties in the acquisition
35 and use of spoken language, written language, or other modalities
36 of language for narrative, expository, and conversational discourse;
37 and the absence of restricted and repetitive patterns of behavior,
38 interests, or activities, thereby ruling out an autism diagnosis. The
39 disorder includes any equivalent conditions classified under any
40 version of the DSM or ICD-CM published on or after January 1,
41 2000.

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

43
44 10. Section 10 of P.L.2009, c.115 (C.52:14-17.46.6b) is
45 amended to read as follows:

46 10. Notwithstanding any other provision of law to the contrary,
47 the School Employees' Health Benefits Commission shall ensure

1 that every contract purchased by the commission on or after the
2 effective date of this act that provides hospital or medical expense
3 benefits shall provide coverage pursuant to the provisions of this
4 section.

5 a. (1) The contract shall provide coverage for expenses
6 incurred in screening and diagnosing autism or another
7 developmental disability, including, but not limited to, central
8 auditory processing disorder, childhood apraxia of speech, sensory
9 processing disorder, and social communication disorder.

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

16 b. When the covered person's primary diagnosis is autism,
17 central auditory processing disorder, childhood apraxia of speech,
18 sensory processing disorder, social communication disorder, or
19 another developmental disability, the contract shall provide
20 coverage for expenses incurred for medically necessary
21 occupational therapy, physical therapy, and speech therapy, as
22 prescribed through a treatment plan. Coverage of these therapies
23 shall not be denied on the basis that the treatment is not restorative
24 or on the basis of any other exclusionary or otherwise limiting
25 language.

26 c. When the covered person is under 21 years of age and the
27 covered person's primary diagnosis is autism or social
28 communication disorder, the contract shall provide coverage for
29 expenses incurred for medically necessary behavioral interventions
30 based on the principles of applied behavioral analysis and related
31 structured behavioral programs, as prescribed through a treatment
32 plan and as administered directly by, or under the supervision of, a
33 practitioner, subject to the provisions of this subsection.

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

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

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

44 (b) Commencing on January 1, 2012, the maximum benefit
45 amount shall be subject to an adjustment, to be promulgated by the
46 Commissioner of Banking and Insurance and published in the New
47 Jersey Register no later than February 1 of each calendar year,

1 which shall be equal to the change in the consumer price index for
2 all urban consumers for the nation, as prepared by the United States
3 Department of Labor, for the calendar year preceding the calendar
4 year in which the adjustment to the maximum benefit amount is
5 promulgated.

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

10 (d) Notwithstanding the provisions of this paragraph to the
11 contrary, the commission shall not be precluded from providing a
12 benefit amount for a covered person in any calendar year that
13 exceeds the benefit amounts set forth in subparagraphs (a) and (b)
14 of this paragraph.

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

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

29 f. The provisions of subsections b. and c. of this section shall
30 not be construed to require that benefits be provided to reimburse
31 the cost of services provided under an individualized family service
32 plan or an individualized education program, or affect any
33 requirement to provide those services; except that the benefits
34 provided pursuant to those subsections shall include coverage for
35 expenses incurred by participants in an individualized family
36 service plan through a family cost share.

37 g. The coverage required under this section may be subject to
38 utilization review, including periodic review, by the carrier of the
39 continued medical necessity of the specified therapies and
40 interventions.

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

44 i. As used in this section:

45 "Autism" means any one of the several conditions classified
46 under pervasive developmental disorder in the Diagnostic and
47 Statistical Manual of Mental Disorders, Fourth Edition, Text

1 Revision (DSM IV-TR) or the International Classification of
2 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
3 including: autistic disorder; Asperger's disorder; childhood
4 disintegrative disorder; pervasive developmental disorder not
5 otherwise specified or unspecified pervasive developmental
6 disorder; fragile X syndrome, to the extent that the condition is
7 comorbid with pervasive developmental disorder; Rett's disorder, to
8 the extent that the condition is comorbid with pervasive
9 developmental disorder; autism spectrum disorder; and any
10 equivalent conditions as classified under any version of the
11 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
12 the International Classification of Diseases, Clinical Modification
13 (ICD-CM) published on or after January 1, 2000.

14 "Central auditory processing disorder" means a disorder in the
15 perceptual processing of auditory information in the central nervous
16 system as demonstrated by poor performance in one or more of the
17 following abilities or skills: sound localization and lateralization;
18 auditory discrimination; auditory pattern recognition; temporal
19 aspects of audition, including temporal integration, temporal
20 discrimination, temporal ordering, and temporal masking; auditory
21 performance in competing acoustic signals; and auditory
22 performance with degraded acoustic signals. The disorder includes
23 any equivalent conditions classified under any version of the DSM
24 or ICD-CM published on or after January 1, 2000.

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

40 "Practitioner" means a physician, psychologist, or other health
41 care professional licensed pursuant to Title 45 of the Revised
42 Statutes who is qualified by training to make a diagnosis of autism,
43 central auditory processing disorder, childhood apraxia of speech,
44 sensory processing disorder, social communication disorder, or
45 another developmental disability. For the purposes of this act,
46 "practitioner" shall also include an individual credentialed by the

1 Behavior Analyst Certification Board as a Board Certified Behavior
2 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

25 “Social communication disorder” means a condition
26 characterized by the following symptoms that are present from early
27 childhood and that result in functional limitations in effective
28 communication, social participation, academic achievement, or
29 occupational performance: persistent difficulties in pragmatics or
30 the social uses of verbal and nonverbal communication in
31 naturalistic contexts, which affect the development of social
32 reciprocity and social relationships and which cannot be explained
33 by low abilities in the domains of word structure and grammar or
34 general cognitive ability; persistent difficulties in the acquisition
35 and use of spoken language, written language, or other modalities
36 of language for narrative, expository, and conversational discourse;
37 and the absence of restricted and repetitive patterns of behavior,
38 interests, or activities, thereby ruling out an autism diagnosis. The
39 disorder includes any equivalent conditions classified under any
40 version of the DSM or ICD-CM published on or after January 1,
41 2000.

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

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44 11. This act shall take effect on the first day of the seventh
45 month next following the date of enactment and shall apply to all
46 policies and contracts issued or renewed on or after the effective
47 date.

STATEMENT

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

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

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

The insurers and programs to which the provisions of this bill apply include: health, hospital and medical service corporations; commercial individual and group health insurers; health benefits plans issued pursuant to the New Jersey Individual Health Coverage and Small Employer Health Benefits Programs; health maintenance organizations; the State Health Benefits Program; and the School Employees’ Health Benefits Program. The bill requires attorneys’ fees to be awarded under successful claims demonstrating that an insurer or program has failed to comply with the provisions of the bill.