

# SENATE, No. 144

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## STATE OF NEW JERSEY 216th LEGISLATURE

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PRE-FILED FOR INTRODUCTION IN THE 2014 SESSION

**Sponsored by:**

**Senator CHRISTOPHER "KIP" BATEMAN**

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

**SYNOPSIS**

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

**CURRENT VERSION OF TEXT**

Introduced Pending Technical Review by Legislative Counsel



S144 BATEMAN

2

1 AN ACT requiring certain health benefits coverage for the diagnosis  
2 and treatment of autism and other developmental disabilities and  
3 amending P.L.2009, c.115.  
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:  
7

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

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

18 a. (1) The hospital service corporation shall provide coverage  
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  
45 prescribed through a treatment plan and as administered directly by,

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

Matter underlined thus is new matter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 j. As used in this section:

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

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

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

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

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

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

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

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

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

15

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 treating **[physician]** practitioner agree that a more frequent review  
2 is necessary due to emerging clinical circumstances.
- 3 e. The provisions of subsections b. and c. of this section shall  
4 not be construed as limiting benefits otherwise available to a  
5 covered person.
- 6 f. The provisions of subsections b. and c. of this section shall  
7 not be construed to require that benefits be provided to reimburse  
8 the cost of services provided under an individualized family service  
9 plan or an individualized education program, or affect any  
10 requirement to provide those services; except that the benefits  
11 provided pursuant to those subsections shall include coverage for  
12 expenses incurred by participants in an individualized family  
13 service plan through a family cost share.
- 14 g. The coverage required under this section may be subject to  
15 utilization review, including periodic review, by the medical service  
16 corporation of the continued medical necessity of the specified  
17 therapies and interventions.
- 18 h. The provisions of this section shall apply to all contracts in  
19 which the medical service corporation has reserved the right to  
20 change the premium.
- 21 i. An attorney's fees and costs shall be awarded in favor of a  
22 successful claimant alleging failure to comply with the provisions  
23 of this section.
- 24 j. As used in this section:
- 25 "Autism" means any one of the several conditions classified  
26 under pervasive developmental disorder in the Diagnostic and  
27 Statistical Manual of Mental Disorders, Fourth Edition, Text  
28 Revision (DSM IV-TR) or the International Classification of  
29 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),  
30 including: autistic disorder; Asperger's disorder; childhood  
31 disintegrative disorder; pervasive developmental disorder not  
32 otherwise specified or unspecified pervasive developmental  
33 disorder; fragile X syndrome, to the extent that the condition is  
34 comorbid with pervasive developmental disorder; Rett's disorder, to  
35 the extent that the condition is comorbid with pervasive  
36 developmental disorder; autism spectrum disorder; and any  
37 equivalent conditions as classified under any version of the  
38 Diagnostic and Statistical Manual of Mental Disorders (DSM) or  
39 the International Classification of Diseases, Clinical Modification  
40 (ICD-CM) published on or after January 1, 2000.
- 41 "Central auditory processing disorder" means a disorder in the  
42 perceptual processing of auditory information in the central nervous  
43 system as demonstrated by poor performance in one or more of the  
44 following abilities or skills: sound localization and lateralization;  
45 auditory discrimination; auditory pattern recognition; temporal  
46 aspects of audition, including temporal integration, temporal  
47 discrimination, temporal ordering, and temporal masking; auditory



1 performance in competing acoustic signals; and auditory  
2 performance with degraded acoustic signals. The disorder includes  
3 any equivalent conditions classified under any version of the DSM  
4 or ICD-CM published on or after January 1, 2000.

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

20 “Practitioner” means a physician, psychologist, or other health  
21 care professional licensed pursuant to Title 45 of the Revised  
22 Statutes who is qualified by training to make a diagnosis of autism,  
23 central auditory processing disorder, childhood apraxia of speech,  
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28 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

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

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

22

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

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

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

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

44 b. When the covered person's primary diagnosis is autism,  
45 central auditory processing disorder, childhood apraxia of speech,  
46 sensory processing disorder, social communication disorder, or  
47 another developmental disability, the health service corporation

1 shall provide coverage for expenses incurred for medically  
2 necessary occupational therapy, physical therapy, and speech  
3 therapy, as prescribed through a treatment plan. Coverage of these  
4 therapies shall not be denied on the basis that the treatment is not  
5 restorative or on the basis of any other exclusionary or otherwise  
6 limiting language.

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

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

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

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29 Jersey Register no later than February 1 of each calendar year,  
30 which shall be equal to the change in the consumer price index for  
31 all urban consumers for the nation, as prepared by the United States  
32 Department of Labor, for the calendar year preceding the calendar  
33 year in which the adjustment to the maximum benefit amount is  
34 promulgated.

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

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

44 d. The treatment plan required pursuant to subsections b. and c.  
45 of this section shall include all elements necessary for the health  
46 service corporation to appropriately provide benefits, including, but  
47 not limited to: a diagnosis; proposed treatment by type, frequency,

1 and duration; the anticipated outcomes stated as goals; the  
2 frequency by which the treatment plan will be updated; and the  
3 treating **【physician's】** practitioner's signature. The health service  
4 corporation may only request an updated treatment plan once every  
5 six months from the treating **【physician】** practitioner to review  
6 medical necessity, unless the health service corporation and the  
7 treating **【physician】** practitioner agree that a more frequent review  
8 is necessary due to emerging clinical circumstances.

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

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

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

24 h. The provisions of this section shall apply to all contracts in  
25 which the health service corporation has reserved the right to  
26 change the premium.

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

30 j. As used in this section:

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

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

12       “Childhood apraxia of speech” means a neurological childhood  
13 speech sound disorder in which the precision and consistency of  
14 movements underlying speech are impaired in the absence of  
15 neuromuscular deficits. The disorder may occur as a result of  
16 known neurological impairment, in association with complex  
17 neurobehavioral disorders of known or unknown origin, or as an  
18 idiopathic neurogenic speech sound disorder. The core impairment  
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22 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions  
23 classified under speech sound disorder in any version of the DSM  
24 or ICD-CM published on or after January 1, 2000, and any  
25 equivalent conditions classified under any version of the DSM or  
26 ICD-CM published on or after January 1, 2000.

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

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

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

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

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

29

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

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

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

45 (2) Practitioners shall use the DSM IV-TR when rendering an  
46 autism diagnosis under this section, but an obligation to provide  
47 coverage for expenses pursuant to this section shall be required

1 whether an autism diagnosis is rendered under the DSM IV-TR, the  
2 IDC-9-CM, or any other version of the DSM or ICD-CM published  
3 on or after January 1, 2000.

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

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

21 (1) Except as provided in paragraph (3) of this subsection, the  
22 benefits provided pursuant to this subsection shall be provided to  
23 the same extent as for any other medical condition under the policy,  
24 but shall not be subject to limits on the number of visits that an  
25 insured may make to a provider of behavioral 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 an insured in any  
29 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 policy 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, an insurer shall not be precluded from providing a benefit  
45 amount for an insured in any calendar year that exceeds the benefit  
46 amounts set forth in subparagraphs (a) 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 insurer to  
3 appropriately provide benefits, including, but not limited to: a  
4 diagnosis; proposed treatment by type, frequency, and duration; the  
5 anticipated outcomes stated as goals; the frequency by which the  
6 treatment plan will be updated; and the treating **【physician's】**  
7 practitioner's signature. The insurer may only request an updated  
8 treatment plan once every six months from the treating **【physician】**  
9 practitioner to review medical necessity, unless the insurer and the  
10 treating **【physician】** practitioner agree that a more frequent review  
11 is necessary due to emerging clinical circumstances.

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

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

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

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

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

32 j. As used in this section:

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



1 the International Classification of Diseases, Clinical Modification  
2 (ICD-CM) published on or after January 1, 2000.

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

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

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

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

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

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

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

31

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

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

42 a. (1) The insurer shall provide coverage for expenses incurred  
43 in screening and diagnosing autism or another developmental  
44 disability, including, but not limited to, central auditory processing  
45 disorder, childhood apraxia of speech, sensory processing disorder,  
46 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 any  
38 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)

43  
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.