

SENATE, No. 1966

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED MARCH 14, 2016

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

As introduced.



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
48 the cost of services provided under an individualized family service

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

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

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

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

16 j. As used in this section:

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

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

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

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

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

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

41 “Social communication disorder” means a condition
42 characterized by the following symptoms that are present from early
43 childhood and that result in functional limitations in effective
44 communication, social participation, academic achievement, or
45 occupational performance: persistent difficulties in pragmatics or
46 the social uses of verbal and nonverbal communication in
47 naturalistic contexts, which affect the development of social
48 reciprocity and social relationships and which cannot be explained
49 by low abilities in the domains of word structure and grammar or

1 general cognitive ability; persistent difficulties in the acquisition
2 and use of spoken language, written language, or other modalities
3 of language for narrative, expository, and conversational discourse;
4 and the absence of restricted and repetitive patterns of behavior,
5 interests, or activities, thereby ruling out an autism diagnosis. The
6 disorder includes any equivalent conditions classified under any
7 version of the DSM or ICD-CM published on or after January 1,
8 2000.

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

10
11 2. Section 2 of P.L.2009, c.115 (C.17:48A-7ff) is amended to
12 read as follows:

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

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

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

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

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

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 medical 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 medical
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 medical 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 medical service corporation and the
41 treating **【physician】** practitioner agree that a more frequent review
42 is necessary due to emerging clinical circumstances.

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

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

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

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

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

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

16 j. As used in this section:

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

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

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45 speech sound disorder in which the precision and consistency of
46 movements underlying speech are impaired in the absence of
47 neuromuscular deficits. The disorder may occur as a result of
48 known neurological impairment, in association with complex
49 neurobehavioral disorders of known or unknown origin, or as an

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

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

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

41 “Social communication disorder” means a condition
42 characterized by the following symptoms that are present from early
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44 communication, social participation, academic achievement, or
45 occupational performance: persistent difficulties in pragmatics or
46 the social uses of verbal and nonverbal communication in
47 naturalistic contexts, which affect the development of social
48 reciprocity and social relationships and which cannot be explained
49 by low abilities in the domains of word structure and grammar or

1 general cognitive ability; persistent difficulties in the acquisition
2 and use of spoken language, written language, or other modalities
3 of language for narrative, expository, and conversational discourse;
4 and the absence of restricted and repetitive patterns of behavior,
5 interests, or activities, thereby ruling out an autism diagnosis. The
6 disorder includes any equivalent conditions classified under any
7 version of the DSM or ICD-CM published on or after January 1,
8 2000.

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

10
11 3. Section 3 of P.L.2009, c.115 (C.17:48E-35.33) is amended
12 to read as follows:

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

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

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

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

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

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 health 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 health
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 health 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 health service corporation and the
41 treating **【physician】** practitioner agree that a more frequent review
42 is necessary due to emerging clinical circumstances.

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

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

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

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

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

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

16 j. As used in this section:

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

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

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

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

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

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

41 “Social communication disorder” means a condition
42 characterized by the following symptoms that are present from early
43 childhood and that result in functional limitations in effective
44 communication, social participation, academic achievement, or
45 occupational performance: persistent difficulties in pragmatics or
46 the social uses of verbal and nonverbal communication in
47 naturalistic contexts, which affect the development of social
48 reciprocity and social relationships and which cannot be explained
49 by low abilities in the domains of word structure and grammar or

1 general cognitive ability; persistent difficulties in the acquisition
2 and use of spoken language, written language, or other modalities
3 of language for narrative, expository, and conversational discourse;
4 and the absence of restricted and repetitive patterns of behavior,
5 interests, or activities, thereby ruling out an autism diagnosis. The
6 disorder includes any equivalent conditions classified under any
7 version of the DSM or ICD-CM published on or after January 1,
8 2000.

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

10
11 4. Section 4 of P.L.2009, c.115 (C.17B:26-2.1cc) is amended to
12 read as follows:

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

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

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

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

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

- 1 (1) Except as provided in paragraph (3) of this subsection, the
2 benefits provided pursuant to this subsection shall be provided to
3 the same extent as for any other medical condition under the policy,
4 but shall not be subject to limits on the number of visits that an
5 insured may make to a provider of behavioral interventions.
- 6 (2) The benefits provided pursuant to this subsection shall not
7 be denied on the basis that the treatment is not restorative.
- 8 (3) (a) The maximum benefit amount for an insured in any
9 calendar year through 2011 shall be \$36,000.
- 10 (b) Commencing on January 1, 2012, the maximum benefit
11 amount shall be subject to an adjustment, to be promulgated by the
12 Commissioner of Banking and Insurance and published in the New
13 Jersey Register no later than February 1 of each calendar year,
14 which shall be equal to the change in the consumer price index for
15 all urban consumers for the nation, as prepared by the United States
16 Department of Labor, for the calendar year preceding the calendar
17 year in which the adjustment to the maximum benefit amount is
18 promulgated.
- 19 (c) The adjusted maximum benefit amount shall apply to a
20 policy that is delivered, issued, executed, or renewed, or approved
21 for issuance or renewal, in the 12-month period following the date
22 on which the adjustment is promulgated.
- 23 (d) Notwithstanding the provisions of this paragraph to the
24 contrary, an insurer shall not be precluded from providing a benefit
25 amount for an insured in any calendar year that exceeds the benefit
26 amounts set forth in subparagraphs (a) and (b) of this paragraph.
- 27 d. The treatment plan required pursuant to subsections b. and c.
28 of this section shall include all elements necessary for the insurer to
29 appropriately provide benefits, including, but not limited to: a
30 diagnosis; proposed treatment by type, frequency, and duration; the
31 anticipated outcomes stated as goals; the frequency by which the
32 treatment plan will be updated; and the treating **【physician's】**
33 practitioner's signature. The insurer may only request an updated
34 treatment plan once every six months from the treating **【physician】**
35 practitioner to review medical necessity, unless the insurer and the
36 treating **【physician】** practitioner agree that a more frequent review
37 is necessary due to emerging clinical circumstances.
- 38 e. The provisions of subsections b. and c. of this section shall
39 not be construed as limiting benefits otherwise available to an
40 insured.
- 41 f. The provisions of subsections b. and c. of this section shall
42 not be construed to require that benefits be provided to reimburse
43 the cost of services provided under an individualized family service
44 plan or an individualized education program, or affect any
45 requirement to provide those services; except that the benefits
46 provided pursuant to those subsections shall include coverage for
47 expenses incurred by participants in an individualized family
48 service plan through a family cost share.

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

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

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

10 j. As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 e. The provisions of subsections b. and c. of this section shall
34 not be construed as limiting benefits otherwise available to an
35 insured.

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

44 g. The coverage required under this section may be subject to
45 utilization review, including periodic review, by the insurer of the
46 continued medical necessity of the specified therapies and
47 interventions.

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

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

6 j. As used in this section:

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

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

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

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

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

32 “Social communication disorder” means a condition
33 characterized by the following symptoms that are present from early
34 childhood and that result in functional limitations in effective
35 communication, social participation, academic achievement, or
36 occupational performance: persistent difficulties in pragmatics or
37 the social uses of verbal and nonverbal communication in
38 naturalistic contexts, which affect the development of social
39 reciprocity and social relationships and which cannot be explained
40 by low abilities in the domains of word structure and grammar or
41 general cognitive ability; persistent difficulties in the acquisition
42 and use of spoken language, written language, or other modalities
43 of language for narrative, expository, and conversational discourse;
44 and the absence of restricted and repetitive patterns of behavior,
45 interests, or activities, thereby ruling out an autism diagnosis. The
46 disorder includes any equivalent conditions classified under any
47 version of the DSM or ICD-CM published on or after January 1,
48 2000.

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

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

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

11 a. (1) The carrier shall provide coverage for expenses incurred
12 in screening and diagnosing autism or another developmental
13 disability, including, but not limited to, central auditory processing
14 disorder, childhood apraxia of speech, sensory processing disorder,
15 and social communication disorder.

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

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

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

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

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

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

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

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

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

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

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

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

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

45 h. The provisions of this section shall apply to those health
46 benefits plans in which the carrier has reserved the right to change
47 the premium.

- 1 i. An attorney's fees and costs shall be awarded in favor of a
2 successful claimant alleging failure to comply with the provisions
3 of this section.
- 4 j. As used in this section:
- 5 "Autism" means any one of the several conditions classified
6 under pervasive developmental disorder in the Diagnostic and
7 Statistical Manual of Mental Disorders, Fourth Edition, Text
8 Revision (DSM IV-TR) or the International Classification of
9 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
10 including: autistic disorder; Asperger's disorder; childhood
11 disintegrative disorder; pervasive developmental disorder not
12 otherwise specified or unspecified pervasive developmental
13 disorder; fragile X syndrome, to the extent that the condition is
14 comorbid with pervasive developmental disorder; Rett's disorder, to
15 the extent that the condition is comorbid with pervasive
16 developmental disorder; autism spectrum disorder; and any
17 equivalent conditions as classified under any version of the
18 Diagnostic and Statistical Manual of Mental Disorders (DSM) or
19 the International Classification of Diseases, Clinical Modification
20 (ICD-CM) published on or after January 1, 2000.
- 21 "Central auditory processing disorder" means a disorder in the
22 perceptual processing of auditory information in the central nervous
23 system as demonstrated by poor performance in one or more of the
24 following abilities or skills: sound localization and lateralization;
25 auditory discrimination; auditory pattern recognition; temporal
26 aspects of audition, including temporal integration, temporal
27 discrimination, temporal ordering, and temporal masking; auditory
28 performance in competing acoustic signals; and auditory
29 performance with degraded acoustic signals. The disorder includes
30 any equivalent conditions classified under any version of the DSM
31 or ICD-CM published on or after January 1, 2000.
- 32 "Childhood apraxia of speech" means a neurological childhood
33 speech sound disorder in which the precision and consistency of
34 movements underlying speech are impaired in the absence of
35 neuromuscular deficits. The disorder may occur as a result of
36 known neurological impairment, in association with complex
37 neurobehavioral disorders of known or unknown origin, or as an
38 idiopathic neurogenic speech sound disorder. The core impairment
39 in planning or programming spatiotemporal parameters of
40 movement sequences results in errors in speech sound production
41 and prosody. The disorder includes conditions classified under
42 phonological disorder in the DSM IV-TR or ICD-9-CM, conditions
43 classified under speech sound disorder in any version of the DSM
44 or ICD-CM published on or after January 1, 2000, and any
45 equivalent conditions classified under any version of the DSM or
46 ICD-CM published on or after January 1, 2000.
- 47 "Practitioner" means a physician, psychologist, or other health
48 care professional licensed pursuant to Title 45 of the Revised
49 Statutes who is qualified by training to make a diagnosis of autism.

1 central auditory processing disorder, childhood apraxia of speech,
2 sensory processing disorder, social communication disorder, or
3 another developmental disability. For the purposes of this act,
4 “practitioner” shall also include an individual credentialed by the
5 Behavior Analyst Certification Board as a Board Certified Behavior
6 Analyst or as a Board Certified Behavior Analyst-Doctoral.

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

29 “Social communication disorder” means a condition
30 characterized by the following symptoms that are present from early
31 childhood and that result in functional limitations in effective
32 communication, social participation, academic achievement, or
33 occupational performance: persistent difficulties in pragmatics or
34 the social uses of verbal and nonverbal communication in
35 naturalistic contexts, which affect the development of social
36 reciprocity and social relationships and which cannot be explained
37 by low abilities in the domains of word structure and grammar or
38 general cognitive ability; persistent difficulties in the acquisition
39 and use of spoken language, written language, or other modalities
40 of language for narrative, expository, and conversational discourse;
41 and the absence of restricted and repetitive patterns of behavior,
42 interests, or activities, thereby ruling out an autism diagnosis. The
43 disorder includes any equivalent conditions classified under any
44 version of the DSM or ICD-CM published on or after January 1,
45 2000.

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

47
48 7. Section 7 of P.L.2009, c.115 (C.17B:27A-19.20) is amended
49 to read as follows:

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

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

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

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

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

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

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

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

47 (b) Commencing on January 1, 2012, the maximum benefit
48 amount shall be subject to an adjustment, to be promulgated by the
49 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 health benefits plan that is delivered, issued, executed, or renewed,
9 or approved for issuance or renewal, in the 12-month period
10 following the date on which the adjustment is promulgated.

11 (d) Notwithstanding the provisions of this paragraph to the
12 contrary, a carrier shall not be precluded from providing a benefit
13 amount for a covered person in any calendar year that exceeds the
14 benefit amounts set forth in subparagraphs (a) and (b) of this
15 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. The provisions of this section shall apply to those health
43 benefits plans in which the carrier has reserved the right to change
44 the premium.

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

48 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
48 another developmental disability. For the purposes of this act,
49 “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.7)

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

46 8. Notwithstanding any other provision of law to the contrary,
47 a health maintenance organization enrollee agreement that provides
48 health care services and is delivered, issued, executed, or renewed
49 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
48 Department of Labor, for the calendar year preceding the calendar

1 year in which the adjustment to the maximum benefit amount is
2 promulgated.

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

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

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

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

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

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

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

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

46 j. As used in this section:

47 "Autism" means any one of the several conditions classified
48 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
48 Behavior Analyst Certification Board as a Board Certified Behavior
49 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.8)

41
42 9. Section 9 of P.L.2009, c.115 (C.52:14-17.29p) is amended to
43 read as follows:

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

1 a. (1) The contract shall provide coverage for expenses
2 incurred in screening and diagnosing autism or another
3 developmental disability, including, but not limited to, central
4 auditory processing disorder, childhood apraxia of speech, sensory
5 processing disorder, 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 contract shall provide
16 coverage for expenses incurred for medically necessary
17 occupational therapy, physical therapy, and speech therapy, as
18 prescribed through a treatment plan. Coverage of these therapies
19 shall not be denied on the basis that the treatment is not restorative
20 or on the basis of any other exclusionary or otherwise limiting
21 language.

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

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

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

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

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

- 1 (c) The adjusted maximum benefit amount shall apply to a
2 contract that is delivered, issued, executed, or renewed, or approved
3 for issuance or renewal, in the 12-month period following the date
4 on which the adjustment is promulgated.
- 5 (d) Notwithstanding the provisions of this paragraph to the
6 contrary, the commission shall not be precluded from providing a
7 benefit amount for a covered person in any calendar year that
8 exceeds the benefit amounts set forth in subparagraphs (a) and (b)
9 of this 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. An attorney's fees and costs shall be awarded in favor of a
37 successful claimant alleging failure to comply with the provisions
38 of this section.
- 39 i. As used in this section:
40 "Autism" means any one of the several conditions classified
41 under pervasive developmental disorder in the Diagnostic and
42 Statistical Manual of Mental Disorders, Fourth Edition, Text
43 Revision (DSM IV-TR) or the International Classification of
44 Diseases, Ninth Revision, Clinical Modification (ICD-9-CM),
45 including: autistic disorder; Asperger's disorder; childhood
46 disintegrative disorder; pervasive developmental disorder not
47 otherwise specified or unspecified pervasive developmental
48 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
48 information and including, but not limited to, sensory over-
49 responsivity, sensory under-responsivity, and sensory craving;

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

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

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

34

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

37 10. Notwithstanding any other provision of law to the contrary,
38 the School Employees' Health Benefits Commission shall ensure
39 that every contract purchased by the commission on or after the
40 effective date of this act that provides hospital or medical expense
41 benefits shall provide coverage pursuant to the provisions of this
42 section.

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

48 (2) Practitioners shall use the DSM IV-TR when rendering an
49 autism diagnosis under this section, but an obligation to provide

1 coverage for expenses pursuant to this section shall be required
2 whether an autism diagnosis is rendered under the DSM IV-TR, the
3 IDC-9-CM, or any other version of the DSM or ICD-CM published
4 on or after January 1, 2000.

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

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

23 (1) Except as provided in paragraph (3) of this subsection, the
24 benefits provided pursuant to this subsection shall be provided to
25 the same extent as for any other medical condition under the
26 contract, but shall not be subject to limits on the number of visits
27 that a covered person may make to a provider of behavioral
28 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 a covered person in
32 any 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 contract 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, the commission shall not be precluded from providing a
48 benefit amount for a covered person in any calendar year that

1 exceeds the benefit amounts set forth in subparagraphs (a) and (b)
2 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 carrier 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 carrier may only request an updated
10 treatment plan once every six months from the treating **【physician】**
11 practitioner to review medical necessity, unless the carrier 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 a
16 covered person.

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 carrier of the
27 continued medical necessity of the specified therapies and
28 interventions.

29 h. 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 i. 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
47 the International Classification of Diseases, Clinical Modification
48 (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
19 in planning or programming spatiotemporal parameters of
20 movement sequences results in errors in speech sound production
21 and prosody. The disorder includes conditions classified under
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
48 interoceptive sensory systems; and sensory-based motor disorder,
49 defined as a sensory-based impairment of postural or motor

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

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

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

27
28 11. This act shall take effect on the first day of the seventh
29 month next following the date of enactment and shall apply to all
30 policies and contracts issued or renewed on or after the effective
31 date.

32 33 34 STATEMENT

35
36 This bill defines “autism” and adds certain requirements
37 concerning health benefits coverage for autism and other
38 developmental disabilities. The bill also adds requirements
39 concerning health benefits coverage for central auditory processing
40 disorder, childhood apraxia of speech, sensory processing disorder,
41 and social communication disorder.

42 The bill amends P.L.2009, c.115, which requires certain health
43 benefits coverage for diagnosing and treating autism and other
44 developmental disabilities, by defining “autism” to include any one
45 of several related conditions commonly classified under pervasive
46 developmental disorder in the Diagnostic and Statistical Manual of
47 Mental Disorders, Fourth Edition, Text Revision (DSM IV-TR) or
48 the International Classification of Diseases, Ninth Revision,
49 Clinical Modification (ICD-9-CM). These related conditions

1 include: autism spectrum disorder; autistic disorder; Asperger's
2 disorder; childhood disintegrative disorder; pervasive
3 developmental disorder not otherwise specified or unspecified
4 pervasive developmental disorder; fragile X syndrome and Rett's
5 disorder, to the extent that either condition is comorbid with
6 pervasive developmental disorder; and any other equivalent
7 conditions. The bill also requires that health care practitioners, as
8 defined pursuant to the bill, use the DSM IV-TR to render an autism
9 diagnosis, and that health insurers maintain an individual's
10 eligibility for health benefits coverage even if an autism diagnosis
11 is rendered under an updated version of the DSM IV-TR.

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

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