

SB 562 (Portantino)

Health Care Coverage: Autism

PROBLEM

Californians with Autism Spectrum Disorder (ASD) are being denied coverage for physician and psychologist prescribed evidence-based behavioral health treatment (BHT). Current law requires health insurance companies to cover all physician or psychologist prescribed medically necessary, evidence-based BHT for ASD. However, the health insurance companies are finding loopholes in the law, giving them the ability to deny coverage for the medically necessary treatment. In some cases, coverage is only being offered for one form of BHT (ABA). A shortage of network providers has created a six to twelve month wait list for BHT services. Changes to the existing law are needed in order to insure that Californians with ASD will receive the needed health coverage for all prescribed BHT.

All BHT providers (ABA and non-ABA) are constrained by other statutory provisions that serve to allow insurance denials. These include the requirement for parental participation and restraints on the location. Children of working parents can be denied coverage for medically necessary treatment simply because their parent has to work and cannot attend every treatment session. Similarly, if a child must receive treatment at an after-school daycare location (i.e. non-special ed), they can be denied coverage simply because the setting is at a school even though the child cannot travel to a clinical setting.

Additionally, the current minimum education requirement in Title 17 for a paraprofessional is a high school diploma and 30 hours of training. This requirement needs to be increased for non-ABA paraprofessionals.

BACKGROUND

While current statutes dictate that health insurance cover all medically necessary, evidence-based BHT for ASD that are prescribed by a physician or psychologist, because of the language regarding Qualified Autism Service Professionals and Paraprofessionals, insurance is

covering primarily only one form of therapy and denying children the specific treatment prescribed by the health care professional.

As a result, parents are forced to, either:

- 1) Accept the improper form of BHT from their insurance resulting in poorer results and a much longer term of therapy.
- 2) Pay for the prescribed form of therapy themselves.
- 3) Ask the regional center to pay for the prescribed therapy which would require the State to pay for medically necessary treatments.
- 4) Challenge the insurance company decision through Independent Medical Review which could take over a year. Meanwhile the medically diagnosed ASD person can go without receiving the medically prescribed treatment. Treatment delayed is treatment denied and lost time can never be made up. Parents of children with ASD have enough on their plate without asking them to needlessly navigate this medical bureaucracy if they are even aware of this course of action.

SUMMARY

SB 562 will eliminate the existing statutory obstacles and require health insurance coverage for all forms of medically necessary, evidence-based BHT for Californians with ASD without diminishing consumer protections. SB 562 expands the number of qualified professionals by authorizing already State certified professionals to administer BHT within their professional competence thereby reducing or eliminating the waiting list for services. SB 562 also details the requirements for a Qualified Autism Service Paraprofessional to insure health insurance coverage including background checks to protect California children. SB 562 protects the interests of California consumers and the State by closing the loopholes in the law and ensuring that every Californian is covered.

Office of Senator Anthony J. Portantino
SB 562 – Fact Sheet

Contact: Ben Edelstein – (916) 214-0878 or Ben.edelstein@sen.ca.gov

EXISTING LAW

The Lanterman Developmental Disabilities Services Act requires State Department of Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families.

The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Also provides the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines BHT to mean professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism services provided by a qualified autism services professional supervised and employed by a qualified autism service provider. Existing Law defines a qualified autism services professional as a person who is a behavioral service provider approved as a vendor by a California regional center to provide services as an associate behavior analyst, behavior analyst, behavior-management assistant, behavior management consultant, or behavior management program pursuant to specified regulations adopted under the Lanterman Developmental Disabilities Services Act.

SUPPORT

Sponsor: DIR/Floortime Coalition of California
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Greenhouse Therapy Center
Professional Child Development Associates

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