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Health Insurance Coverage by Private Health Plans

for Individuals with Autism Spectrum Disorders (ASD)

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Recommendations:

1. Legislation - Lack of coverage results in inadequate health care and/or financial hardship

a. Coverage should not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance policy.

b. Coverage should include evidence-based treatments: Applied Behavior Analysis (ABA), Speech, Occupational, and Physical Therapy, Psychological, Psychiatric, and Medical Care, as well as diagnosis and assessments. Coverage for these treatments by health insurances should not be excluded due to the availability of other funding sources or on the basis that it is solely or partially educational. In cases where an insurance company proclaims a therapy to be partially or fully educational, the burden shall be on the insurance company to settle any dispute directly with a child's local regional center and/or school district. The resolution of such disputes should not delay appropriate treatment for the child.

c. Licensing requirements for those providers of evidence-based treatments shall not be established without public hearings. New licensing requirements above those presently in place shall not be established that would result in an insufficient supply of providers for any recommended treatment.

d. Number of visits should be based on the medical need of the child.

2. Review denied claims and the length of this process

a. Legislation should require all grievances and appeals to be resolved within 30 days of initial appeal.

b. Legislation should require oversight of private health plans to ensure they are in full compliance with existing laws and regulations. Such legislation should specifically require annual reviews of health plans and such reviews should require public hearings with opportunities for individual consumers to testify. Instances of improper denials as part of a pattern of denial shall require that legal and expert witness costs incurred by an improperly denied claimant be provided.

c. Legislation to address conflicts regarding responsibility for funding between insurance, regional center, and school district (i.e. school is 43 weeks per year, there are 2 months that should be funded by insurance).

d. A standing legislative committee on autism shall be established that shall have the overall responsibility for managing the several State departments and agencies that are involved in autism-related concerns.

3. Determine Standards of Treatment

a. Identify Evidenced Based Best Practices.

b. State to review: State of CA Best Practices for Autism Care and Best practices by National Organizations

c. State to develop criteria for quality and treatment

d. Determine method of monitoring progress to justify continuation of treatment

Establish exit criteria

4. Review available resources

a. The State should reexamine Medi-Cal rates; there is substantial evidence that inadequate compensation rates serve as a barrier for access to applied behavior analysis (ABA), speech, occupational, physical therapies, psychological, psychiatric, and medical services.

5. Assist Individuals who do not qualify for Regional Center but still need services

a. Secondary Approach

b. Define and identify specific services, providers, and funding sources

c. Outreach to community to identify individuals who fit this category

d. Determine entrance and exit criteria