

ASSEMBLY, No. 349

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

Assemblyman SEAN T. KEAN

District 30 (Monmouth and Ocean)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

SYNOPSIS

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

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



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

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

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

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

42 “Social communication disorder” means a condition
43 characterized by the following symptoms that are present from early
44 childhood and that result in functional limitations in effective
45 communication, social participation, academic achievement, or
46 occupational performance: persistent difficulties in pragmatics or
47 the social uses of verbal and nonverbal communication in
48 naturalistic contexts, which affect the development of social

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

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

12

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

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

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

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

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

44 c. When the covered person is under 21 years of age and the
45 covered person's primary diagnosis is autism or social
46 communication disorder, the medical service corporation shall
47 provide coverage for expenses incurred for medically necessary
48 behavioral interventions based on the principles of applied

1 behavioral analysis and related structured behavioral programs, as
2 prescribed through a treatment plan and as administered directly by,
3 or under the supervision of, a practitioner, subject to the provisions
4 of this subsection.

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

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

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

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

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

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

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

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

1 f. The provisions of subsections b. and c. of this section shall
2 not be construed to require that benefits be provided to reimburse
3 the cost of services provided under an individualized family service
4 plan or an individualized education program, or affect any
5 requirement to provide those services; except that the benefits
6 provided pursuant to those subsections shall include coverage for
7 expenses incurred by participants in an individualized family
8 service plan through a family cost share.

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

13 h. The provisions of this section shall apply to all contracts in
14 which the medical service corporation has reserved the right to
15 change the premium.

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

19 j. As used in this section:

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

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

47 "Childhood apraxia of speech" means a neurological childhood
48 speech sound disorder in which the precision and consistency of

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

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

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

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

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

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

15

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

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

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

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

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

47 c. When the covered person is under 21 years of age and the
48 covered person's primary diagnosis is autism or social

1 communication disorder, the health service corporation shall
2 provide coverage for expenses incurred for medically necessary
3 behavioral interventions based on the principles of applied
4 behavioral analysis and related structured behavioral programs, as
5 prescribed through a treatment plan and as administered directly by,
6 or under the supervision of, a practitioner, subject to the provisions
7 of this subsection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19
20 4. Section 4 of P.L.2009, c.115 (C.17B:26-2.1cc) is amended to
21 read as follows:

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

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

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

41 b. When the insured's primary diagnosis is autism, central
42 auditory processing disorder, childhood apraxia of speech, sensory
43 processing disorder, social communication disorder, or another
44 developmental disability, the insurer shall provide coverage for
45 expenses incurred for medically necessary occupational therapy,
46 physical therapy, and speech therapy, as prescribed through a
47 treatment plan. Coverage of these therapies shall not be denied on

1 the basis that the treatment is not restorative or on the basis of any
2 other exclusionary or otherwise limiting language.

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

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

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

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

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

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

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

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

1 e. The provisions of subsections b. and c. of this section shall
2 not be construed as limiting benefits otherwise available to an
3 insured.

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

12 g. The coverage required under this section may be subject to
13 utilization review, including periodic review, by the insurer of the
14 continued medical necessity of the specified therapies and
15 interventions.

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

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

21 j. As used in this section:

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

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

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

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

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

47 “Social communication disorder” means a condition
48 characterized by the following symptoms that are present from early

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

46 e. The provisions of subsections b. and c. of this section shall
47 not be construed as limiting benefits otherwise available to an
48 insured.

1 f. The provisions of subsections b. and c. of this section shall
2 not be construed to require that benefits be provided to reimburse
3 the cost of services provided under an individualized family service
4 plan or an individualized education program, or affect any
5 requirement to provide those services; except that the benefits
6 provided pursuant to those subsections shall include coverage for
7 expenses incurred by participants in an individualized family
8 service plan through a family cost share.

9 g. The coverage required under this section may be subject to
10 utilization review, including periodic review, by the insurer of the
11 continued medical necessity of the specified therapies and
12 interventions.

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

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

18 j. As used in this section:

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

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

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

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

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

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

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

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

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

14

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

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

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

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

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

45 c. When the covered person is under 21 years of age and the
46 covered person's primary diagnosis is autism or social
47 communication disorder, the carrier shall provide coverage for
48 expenses incurred for medically necessary behavioral interventions

1 based on the principles of applied behavioral analysis and related
2 structured behavioral programs, as prescribed through a treatment
3 plan and as administered directly by, or under the supervision of, a
4 practitioner, subject to the provisions of this subsection.

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

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

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

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

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

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

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

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

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

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

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

11 h. The provisions of this section shall apply to those health
12 benefits plans in which the carrier has reserved the right to change
13 the premium.

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

17 j. As used in this section:

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

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

45 "Childhood apraxia of speech" means a neurological childhood
46 speech sound disorder in which the precision and consistency of
47 movements underlying speech are impaired in the absence of
48 neuromuscular deficits. The disorder may occur as a result of

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

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

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

43 “Social communication disorder” means a condition
44 characterized by the following symptoms that are present from early
45 childhood and that result in functional limitations in effective
46 communication, social participation, academic achievement, or
47 occupational performance: persistent difficulties in pragmatics or
48 the social uses of verbal and nonverbal communication in

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

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

13

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

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

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

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

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

44 c. When the covered person is under 21 years of age and the
45 covered person's primary diagnosis is autism or social
46 communication disorder, the carrier shall provide coverage for
47 expenses incurred for medically necessary behavioral interventions
48 based on the principles of applied behavioral analysis and related

- 1 structured behavioral programs, as prescribed through a treatment
2 plan and as administered directly by, or under the supervision of, a
3 practitioner, subject to the provisions of this subsection.
- 4 (1) Except as provided in paragraph (3) of this subsection, the
5 benefits provided pursuant to this subsection shall be provided to
6 the same extent as for any other medical condition under the health
7 benefits plan, but shall not be subject to limits on the number of
8 visits that a covered person may make to a provider of behavioral
9 interventions.
- 10 (2) The benefits provided pursuant to this subsection shall not
11 be denied on the basis that the treatment is not restorative.
- 12 (3) (a) The maximum benefit amount for a covered person in
13 any calendar year through 2011 shall be \$36,000.
- 14 (b) Commencing on January 1, 2012, the maximum benefit
15 amount shall be subject to an adjustment, to be promulgated by the
16 Commissioner of Banking and Insurance and published in the New
17 Jersey Register no later than February 1 of each calendar year,
18 which shall be equal to the change in the consumer price index for
19 all urban consumers for the nation, as prepared by the United States
20 Department of Labor, for the calendar year preceding the calendar
21 year in which the adjustment to the maximum benefit amount is
22 promulgated.
- 23 (c) The adjusted maximum benefit amount shall apply to a
24 health benefits plan that is delivered, issued, executed, or renewed,
25 or approved for issuance or renewal, in the 12-month period
26 following the date on which the adjustment is promulgated.
- 27 (d) Notwithstanding the provisions of this paragraph to the
28 contrary, a carrier shall not be precluded from providing a benefit
29 amount for a covered person in any calendar year that exceeds the
30 benefit amounts set forth in subparagraphs (a) and (b) of this
31 paragraph.
- 32 d. The treatment plan required pursuant to subsections b. and c.
33 of this section shall include all elements necessary for the carrier to
34 appropriately provide benefits, including, but not limited to: a
35 diagnosis; proposed treatment by type, frequency, and duration; the
36 anticipated outcomes stated as goals; the frequency by which the
37 treatment plan will be updated; and the treating **【physician's**
38 practitioner's signature. The carrier may only request an updated
39 treatment plan once every six months from the treating **【physician**
40 practitioner to review medical necessity, unless the carrier 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 carrier of the
8 continued medical necessity of the specified therapies and
9 interventions.

10 h. The provisions of this section shall apply to those health
11 benefits plans in which the carrier has reserved the right to change
12 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

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

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

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

42 “Social communication disorder” means a condition
43 characterized by the following symptoms that are present from early
44 childhood and that result in functional limitations in effective
45 communication, social participation, academic achievement, or
46 occupational performance: persistent difficulties in pragmatics or
47 the social uses of verbal and nonverbal communication in
48 naturalistic contexts, which affect the development of social

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

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

12

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

15 8. Notwithstanding any other provision of law to the contrary,
16 a health maintenance organization enrollee agreement that provides
17 health care services and is delivered, issued, executed, or renewed
18 in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.), or
19 approved for issuance or renewal in this State by the Commissioner
20 of Banking and Insurance, on or after the effective date of this act,
21 shall provide coverage pursuant to the provisions of this section.

22 a. (1) The health maintenance organization shall provide
23 coverage for health care services for screening and diagnosing
24 autism or another developmental disability, including, but not
25 limited to, central auditory processing disorder, childhood apraxia
26 of speech, sensory processing disorder, and social communication
27 disorder.

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

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

43 c. When the enrollee is under 21 years of age and the enrollee's
44 primary diagnosis is autism or social communication disorder, the
45 health maintenance organization shall provide coverage for
46 medically necessary behavioral interventions based on the
47 principles of applied behavioral analysis and related structured
48 behavioral programs, as prescribed through a treatment plan and as

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

10 h. The provisions of this section shall apply to those enrollee
11 agreements in which the health maintenance organization has
12 reserved the right to 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

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

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

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

42 “Social communication disorder” means a condition
43 characterized by the following symptoms that are present from early
44 childhood and that result in functional limitations in effective
45 communication, social participation, academic achievement, or
46 occupational performance: persistent difficulties in pragmatics or
47 the social uses of verbal and nonverbal communication in
48 naturalistic contexts, which affect the development of social

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

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

12

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

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

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

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

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

41 c. When the covered person is under 21 years of age and the
42 covered person's primary diagnosis is autism or social
43 communication disorder, the contract shall provide coverage for
44 expenses incurred for medically necessary behavioral interventions
45 based on the principles of applied behavioral analysis and related
46 structured behavioral programs, as prescribed through a treatment
47 plan and as administered directly by, or under the supervision of, a
48 practitioner, 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
4 contract, but shall not be subject to limits on the number of visits
5 that a covered person may make to a provider of behavioral
6 interventions.

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

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

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

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

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

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

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

43 f. The provisions of subsections b. and c. of this section shall
44 not be construed to require that benefits be provided to reimburse
45 the cost of services provided under an individualized family service
46 plan or an individualized education program, or affect any
47 requirement to provide those services; except that the benefits
48 provided pursuant to those subsections shall include coverage for

1 expenses incurred by participants in an individualized family
2 service plan through a family cost share.

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

7 h. 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 i. 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,

1 interests, or activities, thereby ruling out an autism diagnosis. The
2 disorder includes any equivalent conditions classified under any
3 version of the DSM or ICD-CM published on or after January 1,
4 2000.

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

6
7 10. Section 10 of P.L.2009, c.115 (C.52:14-17.46.6b) is
8 amended to read as follows:

9 10. Notwithstanding any other provision of law to the contrary,
10 the School Employees' Health Benefits Commission shall ensure
11 that every contract purchased by the commission on or after the
12 effective date of this act that provides hospital or medical expense
13 benefits shall provide coverage pursuant to the provisions of this
14 section.

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

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

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

36 c. When the covered person is under 21 years of age and the
37 covered person's primary diagnosis is autism or social
38 communication disorder, the contract shall provide coverage for
39 expenses incurred for medically necessary behavioral interventions
40 based on the principles of applied behavioral analysis and related
41 structured behavioral programs, as prescribed through a treatment
42 plan and as administered directly by, or under the supervision of, a
43 practitioner, 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
47 contract, but shall not be subject to limits on the number of visits

1 that a covered person may make to a provider of behavioral
2 interventions.

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

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

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

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

20 (d) Notwithstanding the provisions of this paragraph to the
21 contrary, the commission shall not be precluded from providing a
22 benefit amount for a covered person in any calendar year that
23 exceeds the benefit amounts set forth in subparagraphs (a) and (b)
24 of this paragraph.

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

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

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

47 g. The coverage required under this section may be subject to

1 utilization review, including periodic review, by the carrier of the
2 continued medical necessity of the specified therapies and
3 interventions.

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

7 i. As used in this section:

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

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

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

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

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

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

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

1 version of the DSM or ICD-CM published on or after January 1,
2 2000.

3 (cf: P.L.2009, c.115, s.10)
4

5 11. This act shall take effect on the first day of the seventh
6 month next following the date of enactment and shall apply to all
7 policies and contracts issued or renewed on or after the effective
8 date.
9

10
11 STATEMENT
12

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

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

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

45 The insurers and programs to which the provisions of this bill
46 apply include: health, hospital and medical service corporations;
47 commercial individual and group health insurers; health benefits
48 plans issued pursuant to the New Jersey Individual Health Coverage

1 and Small Employer Health Benefits Programs; health maintenance
2 organizations; the State Health Benefits Program; and the School
3 Employees' Health Benefits Program. The bill requires attorneys'
4 fees to be awarded under successful claims demonstrating that an
5 insurer or program has failed to comply with the provisions of the
6 bill.