

MINA' TRENTAI KUATTRO NA LIHESLATURAN GUÅHAN
2017 (FIRST) Regular Session

Bill No. 16 -34 (COR)

Introduced by:

D.G. RODRIGUEZ, JR. 

AN ACT TO ADD A NEW CHAPTER 29A TO DIVISION 2 OF 22 GCA, TO ADD A NEW SUBSECTION (p) TO § 2912 OF ARTICLE 9, TITLE 10 GUAM CODE ANNOTATED, AND ADD A NEW SUBSECTION (d) TO CHAPTER 29 OF TITLE 22 GUAM CODE ANNOTATED; RELATIVE TO MANDATING THE PROVISION OF HEALTH CARE INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS BY INSURERS. THIS ACT SHALL BE KNOWN AND CITED AS HUNTER'S LAW OF 2017.

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1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Finding and Intent.** *I Liheslaturan Guåhan* finds that
3 the occurrences of autism spectrum disorders are prevalent on Guam.

4 Forty-eight states have statutes relative to providing mandatory access and
5 coverage for health insurance for the diagnosis and treatment of autism spectrum
6 disorder (ASD) for minors.

7 According to the research from the Autism Society, about One Percent (1%)
8 of the world's population has an autism spectrum disorder. The Centers for Disease
9 Control and Prevention, the National Conference of State Legislatures and Autism
10 Speaks, a non-profit advocacy group, indicate one in sixty-eight children in the
11 United States has ASD. Some recent estimates put that figure higher at one in forty-
12 five, however, in the last year the estimate of the increase in incidence of ASD in the
13 population throughout the United States has leveled off.

1 It has been established that the earlier the diagnosis of ASD and the earlier a
2 child receives treatment yields the best results outcome. Although children
3 experiencing disabilities or differences can expect specialized education programs
4 through the Department of Education, professional intervention in terms of diagnosis
5 and early intervention should occur at the earliest of ages. It is established that many
6 children with some form of the disorder can be diagnosed as early as the age of two.

7 The cost of mandatory insurance for treatment programs for ASD as tracked
8 by Autism Speaks for five states for a first and second year implementation indicates
9 a \$.15 increase in insurance cost during the first year and \$.31 increase during the
10 second year. An overall increase in cost of One Percent (1%) is estimated by the
11 Council for Affordable Health Insurance. The costs for Guam may vary depending
12 upon the number of children with the disorder on Guam and the severity of the
13 disability associated with it.

14 Bill No. 379-33, now Public Law No. 33-227, established an Autism Spectrum
15 Disorder Treatment Center to be placed within the new DISID building/commercial
16 center. This expresses the commitment of Guam to serving children with this
17 disorder in the best possible way.

18 **Section 2.** This Act shall be known and may be cited as “*Hunter’s Law of*
19 *2017.*”

20 **Section 3.** A new Chapter 29A is *added* to Division 2 of Title 22, Guam Code
21 Annotated, to read:

22 **“Chapter 29A.**

23 **Health Insurance Coverage for Autism Spectrum Disorder.**

1 **§ 29A101. Definitions.**

2 (a) For the purposes of this Chapter:

3 1. "Autism spectrum disorder" (ASD) means one of the three following
4 disorders as defined in the most recent edition of the diagnostic and statistical
5 manual of mental disorders of the American psychiatric association:

6 (A) Autistic disorder.

7 (B) Asperger's syndrome.

8 (C) "Autism spectrum disorder" shall have the same meaning and
9 interpretation as used in this Chapter.

10 2. "Behavioral therapy" means interactive therapies derived from
11 evidence based research, including applied behavior analysis, which includes
12 discrete trial training, pivotal response training, intensive intervention
13 programs and early intensive behavioral intervention.

14 3. "Behavioral health treatment" means professional services and
15 treatment programs, including applied behavior analysis and evidence-based
16 behavior intervention programs, that develop or restore, to the maximum
17 extent practicable, the functioning of an individual with autism spectrum
18 disorder and that meet all of the following criteria:

19 (A) The treatment is prescribed by a physician and surgeon duly
20 licensed to practice on Guam, or is developed by a psychiatrist or
21 psychologist, any of which shall be duly licensed to practice on Guam.

1 (B) The treatment is provided under a treatment plan prescribed by a
2 qualified ASD service provider and is administered by one of the
3 following:

4 (i) A qualified ASD service provider.

5 (ii) A qualified ASD service professional supervised and
6 employed by the qualified autism spectrum disorder service
7 provider.

8 (iii) A qualified ASD service paraprofessional supervised and
9 employed by a qualified ASD service provider.

10 (C) The treatment plan has measurable goals over a specific timeline
11 that is developed and approved by the qualified ASD service provider
12 for the specific patient being treated. The treatment plan shall be
13 reviewed no less than once every six months by the qualified autism
14 spectrum disorder service provider and modified whenever appropriate,
15 and shall be consistent with which the qualified autism spectrum
16 disorder service provider does all of the following:

17 (i) Describes the patient's behavioral health impairments to be
18 treated.

19 (ii) Designs an intervention plan that includes the service type,
20 number of hours, and parent participation needed to achieve the
21 plan's goal and objectives, and the frequency at which the
22 patient's progress is evaluated and reported.

1 (iii) Provides intervention plans that utilize evidence-based
2 practices, with demonstrated clinical efficacy in treating autism
3 spectrum disorder.

4 (iv) Discontinues intensive behavioral intervention services
5 when the treatment goals and objectives are achieved or no
6 longer appropriate.

7 (D) The treatment plan is not used for purposes of providing or for the
8 reimbursement of respite, day care, or educational services and is not
9 used to reimburse a parent for participating in the treatment program.
10 The treatment plan shall be made available to the health care insurance
11 service plan upon request.

12 (5) "Qualified autism spectrum disorder service provider" means either
13 of the following:

14 (A) A person, entity, or group that is certified by a national entity, such
15 as the Behavior Analyst Certification Board, that is accredited by the
16 National Commission for Certifying Agencies, and who designs,
17 supervises, or provides treatment for autism spectrum disorder,
18 provided the services are within the experience and competence of the
19 person, entity, or group that is nationally certified.

20 (B) A person licensed pursuant to Part 1 or Part 2 of Chapter 12, of 10
21 GCA as a physician and surgeon, physical therapist, occupational
22 therapist, psychologist, marriage and family therapist, educational
23 psychologist, clinical social worker, professional clinical counselor,
24 speech-language pathologist, or audiologist who designs, supervises, or

1 provides treatment for autism spectrum disorder, provided the services
2 are within the experience and competence of the licensee.

3 6. "Small employer" shall mean a business with less than ten (10)
4 employees.

5 7. "Bundling" or combining various limited benefit insurance policies
6 and advertising or indicating in any manner that these policies are major
7 medical expense coverage policies or could be substituted for major medical
8 expense coverage.

9 8. "Limited benefit coverage" means an insurance policy that is
10 designed, advertised and marketed to supplement major medical insurance
11 and that includes accident only, dental only, vision only, disability income
12 only, fixed or hospital indemnity, specified disease insurance, credit insurance
13 or Taft-Hartley trusts.

14 **§ 29A103. Mandate.** (a) Every health care insurance service or health maintenance
15 organization plan contract that provides hospital, medical, or surgical coverage shall
16 also provide coverage for behavioral health treatment for autism spectrum disorder
17 no later than October 1, 2017. The coverage shall be provided in the same manner
18 and shall be subject to the same requirements as provided in Chapter 29 of 22 GCA.

19 (b) Every insurer, which *shall* include all insurance companies, fraternal
20 benefit societies, health care service plans, health maintenance organizations, and
21 any other entity delivering or issuing for delivery in Guam Medicare supplement
22 policies or certificates licensed to do business on Guam, *shall* be subject to the
23 provisions of this Chapter.

1 (c) Every health care insurance service or health maintenance organization
2 plan subject to this Chapter *shall* maintain an adequate network that includes
3 qualified autism spectrum disorder service providers who supervise and employ
4 qualified autism spectrum disorder service professionals or paraprofessionals who
5 provide and administer behavioral health treatment. Nothing shall prevent a health
6 care service plan from selectively contracting with providers within these
7 requirements.

8 **§ 29A104. Subscription contracts for healthcare insurance; autism spectrum**
9 **disorder; coverage; exceptions.**

10 (a) Health care insurance service plans issued by a health insurance carrier,
11 hospital service corporation, medical service corporation, insurance company,
12 fraternal benefit society, health maintenance organization, and any other entity
13 delivering or issuing for delivery in Guam Medicare supplement policies or
14 certificates issued pursuant to 22 GCA Chapter 29 *shall not*:

15 1. Exclude or deny coverage for a treatment or impose dollar limits,
16 deductibles and coinsurance provisions based solely on the diagnosis of
17 autism spectrum disorder. For the purposes of this paragraph, "treatment"
18 includes diagnosis, assessment and services.

19 2. Exclude or deny coverage for medically necessary behavioral
20 therapy services. To be eligible for coverage, behavioral therapy services shall
21 be provided or supervised by a licensed or certified autism spectrum disorder
22 provider.

23 (b) This Chapter does not:

1 1. Apply to a health insurance subscription contract that is issued to an
2 individual or through a small employer.

3 2. Apply to bundled or limited benefit coverage as defined in § 29A101
4 of this Chapter.

5 3. Require coverage for services provided outside of Guam.

6 (c) The coverage required by this Chapter is subject to all the terms and
7 conditions of the subscription contract. Nothing in this Chapter prevents a
8 corporation from imposing deductibles, coinsurance or other cost sharing in relation
9 to the coverage required by this Chapter.

10 (d) Coverage for diagnosis, treatment and behavioral therapy is subject to:

11 1. A fifty thousand dollars (\$50,000.00) maximum benefit per year for
12 an eligible person up to the age of nine.

13 2. A twenty-five thousand dollars (\$25,000.00) maximum benefit per
14 year for an eligible person who is between the ages of nine and twenty-one.

15 **§ 29A105. Autism Spectrum Disorder Task Force.** (a) The Department of
16 Public Health and Social Services (Department), in consultation with the Insurance
17 Commissioner of the Department of Revenue and Taxation, shall convene an Autism
18 Spectrum Disorder Advisory Task Force by May 1, 2017, in collaboration with other
19 agencies, departments, advocates, autism spectrum disorder experts, health plan and
20 health insurer representatives, and other entities and stakeholders that it deems
21 appropriate. The Autism Spectrum Disorder Advisory Task Force shall develop
22 recommendations regarding behavioral health treatment that is medically necessary

1 for the treatment of individuals with autism spectrum disorder. The Autism
2 Spectrum Disorder Advisory Task Force shall address at the following:

3 (1) Interventions that have been scientifically validated and have
4 demonstrated clinical efficacy.

5 (2) Interventions that have measurable treatment outcomes.

6 (3) Patient selection, monitoring, and duration of therapy.

7 (4) Qualifications, training, and supervision of providers.

8 (5) Adequate networks of providers.

9 (b) The Autism Spectrum Disorder Advisory Task Force shall also develop
10 recommendations regarding the education, training, and experience requirements
11 that unlicensed individuals providing autism spectrum disorder services shall meet
12 in order to secure a license from the state.

13 (c) The Department shall submit a report of the Autism Spectrum Disorder
14 Advisory Task Force to the Governor, the Speaker of *I Liheslaturan Guåhan*, and
15 the Chairperson of the Committee on Health by December 3, 2017, on which date
16 the task force shall cease to exist.

17 **Section 4.** A new Subsection (p) is *added* to § 2912 of Article 9, Chapter 2 of
18 Division 1, Title 10, Guam Code Annotated, to read:

19 “(p) Autism Spectrum Disorder (ASD). A fifty thousand dollar (\$50,000.00)
20 maximum benefit per year for an eligible person up to the age of nine. The treatment
21 of an autism spectrum disorder *shall* be limited to a maximum of twenty-five

1 dollar (\$25,000) maximum benefit per year for an eligible person who is between
2 the ages of nine and twenty-one.”

3 **Section 5.** A new Subsection (d) is *added* to § 29102 of Chapter 29 of Title
4 22, Guam Code Annotated, to read:

5 “(d) All health care insurance service plans, health insurance subscription
6 contract, policy, certificate or supplement plan issued pursuant to this Chapter *shall*
7 be subject to the provisions of Chapter 29A of Title 22, Guam Code Annotated,
8 relative to health care insurance the coverage for autism spectrum disorder.”

9 **Section 6. Funding.** The insurance coverage mandated in this legislation
10 that is provided by the government for its employees shall be funded through the
11 rates established by the insurance negotiating committees of the three branches of
12 the government, or any subdivision of the government, and by the General
13 Appropriation Act of 2018. Such insurance coverage in the private sector shall be
14 established by the rates of the insurance provider.

15 **Section 7. Affordable Care Act.** The insurance coverage requirements
16 of this legislation shall be in effect regardless of any repeal or change in provisions
17 of the Affordable Care Act, as it may affect any individuals.

18 **Section 8. Severability.** If any provision of this Act or its application to any
19 person or circumstance is found to be invalid or contrary to law, such invalidity shall
20 not affect other provisions or applications of this Act which can be given effect
21 without the invalid provisions or application, and to this end the provisions of this
22 Act are severable.

23 **Section 9. Effective Date.** This Act shall become immediately effective upon
24 enactment.