

Issues	
Effective Date	Must allow carriers enough time to implement (18 months). Considerable changes that will be required including possible alterations to coding, credentialing of providers, etc. Carriers need time to update systems, build networks, update payment & clinical policies, etc. ASD providers/therapists need to time to contract with carriers and learn how to interface with the carriers (i.e. proper billing).
Large group only	Apply any coverage requirements to the fully-funded large group market.
Age Limits	ABA therapy should be covered up to age 6, the age to which it is proven to be most effective
Benefit Maximum	There should be an annual benefit maximum on ABA therapy of \$32,000 up to age 6.
Medical Management/UR/Managed Care Techniques	Mandate should preserve carriers' ability to perform medical management, utilization review, and to use managed care techniques.
Written Treatment Plan	An individualized written treatment plan that preserves a carrier's right to review and amend should be required. Treating physician (affiliated with health plan) prescribes services, develops and monitors treatment plan and periodic review of plan. Written treatment plan subject to carrier review and adjustment to avoid service duplication and to conform to contract requirements.
Licensed or Certified Providers	Practitioners providing services to autistic children must be licensed by the state. This is a safety issue for children.
Credentialing	Credentialing requirements apply. This allows carriers to ensure that providers are licensed.
Education	Specific services covered by a school pursuant to the Individuals with Disabilities Act (IDEA) should be excluded from insurance coverage.
Clarity	There should be clarity about expected covered treatment modalities.
Current law	Law should avoid enacting separate requirements that create duplicate coverage or double payment of the same treatments.
Systems Consideration	Should consider current health insurance systems and not create needless administrative costs. Avoid additional system modifications for benefit administration. Should be covered similarly to other medical conditions. Coverage should be subject to copayment, deductible, and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the health insurance policy are subject to these provisions.
Medical Necessity	Medical necessity criteria apply as specified in policy, certificate or contract.
Evidence-based	Treatment modalities should be evidence-based.