

**First Regular Session**  
**Sixty-seventh General Assembly**  
**STATE OF COLORADO**  
**UNOFFICIAL PREAMENDED VERSION**

<b>Unofficial preamend for SB 244_L.005</b>
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LLS NO. 09-0894.01 Debbie Haskins

SENATE BILL 09-244

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**SENATE SPONSORSHIP**

Shaffer B.,

**HOUSE SPONSORSHIP**

Primavera,

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**Senate Committees**  
Health and Human Services

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING HEALTH INSURANCE BENEFITS FOR THE TREATMENT OF**  
102 **AUTISM SPECTRUM DISORDERS.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

Directs that all individual and group sickness and accident insurance policies, health service or indemnity contracts, and managed care plans providing coverage in Colorado (policy or policies) that are issued or renewed on or after July 1, 2010, shall provide coverage for the assessment, diagnosis, and treatment of autism spectrum disorders (ASD). Defines what type of coverage is required for the treatment of ASD, including applied behavior analysis. States that nothing in the statute

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.

*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

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shall be construed to require or permit a carrier to reduce benefits provided for ASD if a policy already provides coverage that exceeds the requirements of the statute and that nothing shall be construed to prevent an insurance carrier from increasing benefits provided for ASD. States that nothing in the statute shall be construed to limit coverage for physical or mental health benefits covered under a policy.

States that coverage for ASD is subject to the same copayment, deductible, and coinsurance provisions that are applicable under the policy for other medical services for physical injury or sickness covered by the policy. Directs that benefits provided by an insurance carrier for care or treatment of a health condition not diagnosed as ASD are not to be applied toward any ASD maximum benefit amount established under the policy.

Prohibits a carrier from denying or refusing to provide otherwise covered services, refusing to renew or reissue, or otherwise restricting or terminating coverage under a policy to an individual because the individual or his or her dependent is diagnosed with ASD or due to utilization of services for which coverage is mandated. Requires prescribed treatment to be continued during a treatment review or appeal of a decision regarding treatment.

Specifies that services for the treatment of ASD are the primary services for a child who is also eligible for early intervention services, and that early intervention services supplement, but do not replace, services provided under the required coverage for ASD.

Makes issuance or renewal of a policy that excludes coverage for the assessment, diagnosis, and treatment of ASD by an insurance carrier that is subject to the mandated coverage requirement for the treatment for ASD an unfair method of competition and unfair or deceptive act or practice in the business of insurance.

Repeals the statute that provides that treatment for autism was not mandated and, if covered by a policy, was not to be treated as a mental illness.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** 10-16-104 (1.3), Colorado Revised Statutes, is  
3 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

4 **10-16-104. Mandatory coverage provisions - definitions.**

5 (1.3) **Early intervention services.** (f) EARLY INTERVENTION SERVICES  
6 SHALL BE PROVIDED AS SPECIFIED IN THE ELIGIBLE CHILD'S IFSP, AND  
7 SUCH SERVICES SHALL NOT DUPLICATE OR REPLACE TREATMENT FOR

1 AUTISM SPECTRUM DISORDERS PROVIDED IN ACCORDANCE WITH  
2 SUBSECTION (1.4) OF THIS SECTION. SERVICES FOR THE TREATMENT OF  
3 AUTISM SPECTRUM DISORDERS PROVIDED IN ACCORDANCE WITH  
4 SUBSECTION (1.4) OF THIS SECTION SHALL BE CONSIDERED THE PRIMARY  
5 SERVICE TO AN ELIGIBLE CHILD, AND EARLY INTERVENTION SERVICES  
6 PROVIDED UNDER THIS SUBSECTION (1.3) SHALL SUPPLEMENT, BUT NOT  
7 REPLACE, SERVICES PROVIDED UNDER SUBSECTION (1.4) OF THIS SECTION.

8 **SECTION 2.** 10-16-104, Colorado Revised Statutes, is amended  
9 BY THE ADDITION OF A NEW SUBSECTION to read:

10 **10-16-104. Mandatory coverage provisions - definitions.**

11 (1.4) **Autism spectrum disorders.** (a) AS USED IN THIS SUBSECTION  
12 (1.4), UNLESS THE CONTEXT OTHERWISE REQUIRES:

13 (I) "APPLIED BEHAVIOR ANALYSIS" MEANS THE USE OF BEHAVIOR  
14 ANALYTIC METHODS AND RESEARCH FINDINGS TO CHANGE SOCIALLY  
15 IMPORTANT BEHAVIORS IN MEANINGFUL WAYS.

16 (II) "AUTISM SERVICES PROVIDER" MEANS ANY PERSON, ENTITY,  
17 OR GROUP THAT PROVIDES SERVICES AS DESCRIBED IN SUBPARAGRAPHS  
18 (IX) TO (XII) OF THIS PARAGRAPH (a) AS MEDICALLY NECESSARY FOR THE  
19 TREATMENT OF AUTISM SPECTRUM DISORDERS. WHEN THE TREATMENT  
20 PROVIDED BY THE AUTISM SERVICES PROVIDER IS APPLIED BEHAVIOR  
21 ANALYSIS, SUCH PROVIDER SHALL BE PROFESSIONALLY CERTIFIED AS A  
22 BEHAVIOR ANALYST BY THE NATIONAL BEHAVIOR ANALYST  
23 CERTIFICATION BOARD OR ITS SUCCESSOR ORGANIZATION. WHEN  
24 THE THERAPEUTIC CARE PROVIDED BY THE AUTISM SERVICES PROVIDER IS  
25 APPLIED BEHAVIOR ANALYSIS, AN INDIVIDUAL WHO IS DIRECTLY  
26 SUPERVISED BY THE PERSON PROFESSIONALLY CERTIFIED AS A BEHAVIOR  
27 ANALYST MAY PROVIDE THERAPY AND IMPLEMENT SERVICES TO THE

1 COVERED MEMBER WITH AN AUTISM SPECTRUM DISORDER AS INSTRUCTED  
2 BY THE APPLIED BEHAVIOR ANALYST.

3 (III) "AUTISM SPECTRUM DISORDERS" OR "ASD" INCLUDES THE  
4 FOLLOWING NEUROBIOLOGICAL DISORDERS: AUTISTIC DISORDER,  
5 ASPERGER'S DISORDER, AND PERVASIVE DEVELOPMENTAL DISORDER NOT  
6 OTHERWISE SPECIFIED.

7 (IV) "HEALTH BENEFIT PLAN" SHALL HAVE THE SAME MEANING AS  
8 PROVIDED IN SECTION 10-16-102 (21). IN ADDITION, THE TERM "HEALTH  
9 BENEFIT PLAN", AS USED IN THIS SUBSECTION (1.4), EXCLUDES  
10 SHORT-TERM LIMITED DURATION HEALTH INSURANCE POLICIES AS DEFINED  
11 IN SECTION 10-16-102 (21) (b).

12 (V) "INDIVIDUALIZED EDUCATION PLAN" SHALL HAVE THE SAME  
13 MEANING AS PROVIDED IN SECTION 22-20-103, C.R.S.

14 (VI) "INDIVIDUALIZED FAMILY SERVICE PLAN" SHALL HAVE THE  
15 SAME MEANING AS PROVIDED IN SECTION 27-10.5-102, C.R.S.

16 (VII) "INDIVIDUALIZED PLAN" SHALL HAVE THE SAME MEANING AS  
17 PROVIDED IN SECTION 27-10.5-102, C.R.S.

18 \_\_\_\_\_  
19 (VIII) "PHARMACY CARE" MEANS MEDICATIONS PRESCRIBED BY A  
20 PHYSICIAN LICENSED BY THE STATE BOARD OF MEDICAL EXAMINERS  
21 UNDER THE "COLORADO MEDICAL PRACTICE ACT", ARTICLE 36 OF TITLE  
22 12, C.R.S.

23 \_\_\_\_\_  
24 (IX) "PSYCHIATRIC CARE" MEANS DIRECT OR CONSULTATIVE  
25 SERVICES PROVIDED BY A PSYCHIATRIST LICENSED BY THE STATE BOARD  
26 OF MEDICAL EXAMINERS UNDER THE "COLORADO MEDICAL PRACTICE  
27 ACT", ARTICLE 36 OF TITLE 12, C.R.S.

1           (X) "PSYCHOLOGICAL CARE" MEANS DIRECT OR CONSULTATIVE  
2 SERVICES PROVIDED BY A PSYCHOLOGIST LICENSED BY THE STATE BOARD  
3 OF PSYCHOLOGIST EXAMINERS PURSUANT TO PART 3 OF ARTICLE 43 OF  
4 TITLE 12, C.R.S., OR A SOCIAL WORKER LICENSED BY THE STATE BOARD OF  
5 SOCIAL WORK EXAMINERS PURSUANT TO PART 4 OF ARTICLE 43 OF TITLE  
6 12, C.R.S. \_\_\_\_\_

7           (XI) "THERAPEUTIC CARE" MEANS SERVICES PROVIDED BY A  
8 SPEECH THERAPIST, AN OCCUPATIONAL THERAPIST REGISTERED TO  
9 PRACTICE OCCUPATIONAL THERAPY PURSUANT TO ARTICLE 40.5 OF TITLE  
10 12, C.R.S., A PHYSICAL THERAPIST LICENSED TO PRACTICE PHYSICAL  
11 THERAPY PURSUANT TO ARTICLE 41 OF TITLE 12, C.R.S., OR AN AUTISM  
12 SERVICES PROVIDER WHO IS PROFESSIONALLY CERTIFIED AS A BEHAVIOR  
13 ANALYST. THERAPEUTIC CARE INCLUDES, BUT IS NOT LIMITED TO, SPEECH,  
14 OCCUPATIONAL, AND APPLIED BEHAVIOR ANALYTIC AND PHYSICAL  
15 THERAPIES.

16 \_\_\_\_\_  
17           (XII) "TREATMENT FOR AUTISM SPECTRUM DISORDERS" SHALL  
18 INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING CARE:

19           (A) EVALUATION AND ASSESSMENT SERVICES;

20           (B) BEHAVIOR TRAINING AND BEHAVIOR MANAGEMENT,  
21 INCLUDING BUT NOT LIMITED TO CONSULTATIONS OR DIRECT CARE OR  
22 TREATMENT OR ANY COMBINATION THEREOF FOR AUTISM SPECTRUM  
23 DISORDERS PROVIDED BY AUTISM SERVICE PROVIDERS. \_\_\_\_\_

24           (C) HABILITATIVE OR REHABILITATIVE CARE, INCLUDING, BUT NOT  
25 LIMITED TO, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, OR SPEECH  
26 THERAPY, OR ANY COMBINATION OF THOSE THERAPIES. FOR A PERSON  
27 WHO IS ALSO COVERED UNDER SUBSECTION (1.7) OF THIS SECTION, THE

1 LEVEL OF BENEFITS FOR OCCUPATIONAL THERAPY, PHYSICAL THERAPY, OR  
2 SPEECH THERAPY SHALL EXCEED THE LIMIT OF TWENTY VISITS FOR EACH  
3 THERAPY IF SUCH THERAPY IS MEDICALLY NECESSARY TO TREAT AUTISM  
4 SPECTRUM DISORDERS UNDER THIS SUBSECTION (1.4).

5 (D) PHARMACY CARE AND MEDICATION, IF COVERED BY THE  
6 HEALTH BENEFIT PLAN;

7 (E) PSYCHIATRIC CARE;

8 (F) PSYCHOLOGICAL CARE, INCLUDING FAMILY COUNSELING; AND

9 (G) THERAPEUTIC CARE.

10 (XIII) "TREATMENT PLAN" MEANS A PLAN DEVELOPED FOR AN  
11 INDIVIDUAL BY A LICENSED PHYSICIAN OR A LICENSED CLINICAL  
12 PSYCHOLOGIST PURSUANT TO A COMPREHENSIVE EVALUATION OR  
13 REEVALUATION FOR AN INDIVIDUAL CONSISTING OF THE INDIVIDUAL'S  
14 DIAGNOSIS; PROPOSED TREATMENT BY TYPE, FREQUENCY, AND  
15 ANTICIPATED TREATMENT; THE ANTICIPATED OUTCOMES STATED AS  
16 GOALS; AND THE FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE  
17 UPDATED. THE LICENSED PHYSICIAN OR LICENSED CLINICAL  
18 PSYCHOLOGIST SHALL DETERMINE WHAT IS MEDICALLY NECESSARY OR IS  
19 A MEDICAL NECESSITY ON AN INDIVIDUAL BASIS.

20 (b) (I) ON OR AFTER JULY 1, 2010, ALL HEALTH BENEFIT PLANS  
21 ISSUED OR RENEWED IN THIS STATE SHALL PROVIDE COVERAGE FOR THE  
22 ASSESSMENT, DIAGNOSIS, AND TREATMENT OF AUTISM SPECTRUM  
23 DISORDERS. FOR A CHILD FROM BIRTH THROUGH TEN YEARS OF AGE UP TO,  
24 BUT NOT INCLUDING, ELEVEN YEARS OF AGE, THE ANNUAL MAXIMUM  
25 BENEFIT SHALL BE IN AN AMOUNT NOT TO EXCEED SEVENTY-FIVE  
26 THOUSAND DOLLARS; FOR A CHILD ELEVEN YEARS OF AGE OR OLDER AND  
27 UNDER TWENTY-ONE YEARS OF AGE, THE ANNUAL MAXIMUM BENEFIT

1 SHALL BE IN AN AMOUNT NOT TO EXCEED TWENTY-FIVE THOUSAND  
2 DOLLARS; AND FOR PERSONS TWENTY-ONE YEARS OF AGE OR OLDER, THE  
3 ANNUAL MAXIMUM BENEFIT SHALL BE IN AN AMOUNT NOT TO EXCEED  
4 FIFTEEN THOUSAND DOLLARS.

5 (II) NOTHING IN THIS SUBSECTION (1.4) SHALL BE CONSTRUED TO:

6 (A) REQUIRE OR PERMIT A CARRIER TO REDUCE BENEFITS  
7 PROVIDED FOR AUTISM SPECTRUM DISORDERS IF A HEALTH BENEFIT PLAN  
8 ALREADY PROVIDES COVERAGE THAT EXCEEDS THE REQUIREMENTS OF  
9 THIS SUBSECTION (1.4);

10 (B) PREVENT A CARRIER FROM INCREASING BENEFITS PROVIDED  
11 FOR AUTISM SPECTRUM DISORDERS; OR

12 (C) LIMIT COVERAGE FOR PHYSICAL OR MENTAL HEALTH BENEFITS  
13 COVERED UNDER A HEALTH BENEFIT PLAN.

14 (c) TREATMENT FOR AUTISM SPECTRUM DISORDERS SHALL BE  
15 PRESCRIBED OR ORDERED BY A LICENSED PHYSICIAN OR LICENSED  
16 CLINICAL PSYCHOLOGIST. \_\_\_\_\_

17 (d) A HEALTH BENEFIT PLAN OFFERED TO RESIDENTS OF THIS STATE  
18 PROVIDING BASIC HEALTH CARE SERVICES THAT IS DELIVERED, ISSUED FOR  
19 DELIVERY, OR RENEWED IN THIS STATE SHALL NOT EXCLUDE AUTISM  
20 SPECTRUM DISORDERS OR IMPOSE ADDITIONAL REQUIREMENTS FOR  
21 AUTHORIZATION OF SERVICES THAT OPERATE TO EXCLUDE COVERAGE FOR  
22 THE ASSESSMENT, DIAGNOSIS, AND TREATMENT OF AUTISM SPECTRUM  
23 DISORDERS. A VIOLATION OF THIS PARAGRAPH (d) SHALL BE AN UNFAIR  
24 AND DECEPTIVE PRACTICE PURSUANT TO SECTION 10-3-1104 (1) (gg).

25 (e) COVERAGE UNDER THIS SUBSECTION (1.4) SHALL BE SUBJECT  
26 TO COPAYMENT, DEDUCTIBLE, \_\_\_\_\_ AND COINSURANCE PROVISIONS OF A  
27 HEALTH BENEFIT PLAN TO THE SAME EXTENT THAT OTHER MEDICAL

1 SERVICES OR PHYSICAL INJURY OR ILLNESS COVERED BY THE HEALTH  
2 BENEFIT PLAN ARE SUBJECT TO THESE PROVISIONS.

3 (f) BENEFITS PROVIDED BY A CARRIER ON BEHALF OF A COVERED  
4 INDIVIDUAL FOR ANY CARE, TREATMENT, INTERVENTION, SERVICE, OR  
5 ITEM, THE PROVISION OF WHICH WAS FOR THE TREATMENT OF A HEALTH  
6 CONDITION NOT DIAGNOSED AS AN AUTISM SPECTRUM DISORDER, SHALL  
7 NOT BE APPLIED TOWARD ANY MAXIMUM BENEFIT AMOUNT ESTABLISHED  
8 UNDER THIS SUBSECTION (1.4).

9 (g) A CARRIER MAY NOT DENY OR REFUSE TO PROVIDE OTHERWISE  
10 COVERED SERVICES, REFUSE TO RENEW OR REISSUE, OR OTHERWISE  
11 RESTRICT OR TERMINATE COVERAGE UNDER A HEALTH BENEFIT PLAN  
12 BECAUSE THE INDIVIDUAL OR HIS OR HER COVERED DEPENDENT IS  
13 DIAGNOSED WITH AN AUTISM SPECTRUM DISORDER OR DUE TO THE  
14 INDIVIDUAL'S OR DEPENDENT'S UTILIZATION OF SERVICES FOR WHICH  
15 BENEFITS ARE MANDATED BY THIS SUBSECTION (1.4).

16 (h) UPON REQUEST OF THE CARRIER, AN AUTISM SERVICES  
17 PROVIDER SHALL FURNISH MEDICAL RECORDS, CLINICAL NOTES, OR OTHER  
18 NECESSARY DATA THAT SUBSTANTIATE THAT CONTINUED MEDICAL  
19 TREATMENT IS MEDICALLY NECESSARY AND CONSISTENT WITH THE GOALS  
20 OF THE INDIVIDUALIZED TREATMENT PLAN. WHEN TREATMENT IS  
21 ANTICIPATED TO REQUIRE CONTINUED SERVICES TO ACHIEVE PROGRESS,  
22 THE CARRIER MAY REQUEST A TREATMENT PLAN EXCEPT FOR INPATIENT  
23 SERVICES, A CARRIER SHALL HAVE THE RIGHT TO REQUEST A REVIEW OF  
24 THE TREATMENT PLAN ONCE EVERY SIX MONTHS, THE COST OF WHICH  
25 SHALL BE BORNE BY THE AUTISM SERVICES PROVIDER. IF THE CARRIER  
26 REQUESTS A REVIEW MORE FREQUENTLY THAN SIX MONTHS, THE AUTISM  
27 SERVICES PROVIDER MAY BILL THE CARRIER FOR THE REASONABLE COSTS

1 ASSOCIATED WITH GENERATING ADDITIONAL REPORTS. DURING THE  
2 PENDENCY OF ANY TREATMENT REVIEW OR ANY APPEAL OF A DECISION  
3 REGARDING TREATMENT, A CARRIER SHALL NOT SUSPEND OR TERMINATE  
4 COVERAGE, AND THE CARRIER SHALL CONTINUE TO COVER THE  
5 PRESCRIBED TREATMENT UNTIL THERE IS A RESOLUTION OF THE  
6 TREATMENT REVIEW OR THE APPEAL.

7 (i) WHEN MAKING A DETERMINATION THAT A TREATMENT  
8 MODALITY FOR AUTISM SPECTRUM DISORDERS IS MEDICALLY NECESSARY,  
9 A CARRIER SHALL MAKE THE DETERMINATION IN A MANNER THAT IS  
10 CONSISTENT WITH THE MANNER USED TO MAKE THAT DETERMINATION  
11 WITH RESPECT TO OTHER DISEASES OR ILLNESSES COVERED UNDER THE  
12 HEALTH BENEFIT PLAN, INCLUDING AN APPEALS PROCESS. A CARRIER  
13 SHALL NOT DENY COVERAGE FOR APPLIED BEHAVIOR ANALYSIS OR FOR  
14 PHYSICAL, SPEECH, OR OCCUPATIONAL THERAPY FOR TREATMENT OF  
15 AUTISM SPECTRUM DISORDERS ON THE GROUNDS THAT IT IS NOT  
16 MEDICALLY NECESSARY UNLESS IT HAS COMPLETED A TREATMENT REVIEW  
17 WITHIN SIXTY DAYS PRECEDING THE DENIAL. SUCH TREATMENT REVIEW  
18 SHALL BE CONDUCTED BY A PHYSICIAN WITH EXPERTISE IN THE MOST  
19 CURRENT AND EFFECTIVE TREATMENT MODALITIES FOR AUTISM SPECTRUM  
20 DISORDERS.

21 (j) NOTHING IN THIS SUBSECTION (1.4) SHALL BE CONSTRUED AS  
22 AFFECTING ANY OBLIGATION TO PROVIDE SERVICES TO AN INDIVIDUAL  
23 UNDER AN INDIVIDUALIZED FAMILY SERVICE PLAN, AN INDIVIDUALIZED  
24 EDUCATION PROGRAM, OR AN INDIVIDUALIZED PLAN. THE SERVICES  
25 REQUIRED TO BE COVERED BY THIS SUBSECTION (1.4) SHALL BE IN  
26 ADDITION TO ANY SERVICES PROVIDED TO AN INDIVIDUAL UNDER AN  
27 INDIVIDUALIZED FAMILY SERVICE PLAN, AN INDIVIDUALIZED EDUCATION

1 PROGRAM, OR AN INDIVIDUALIZED PLAN.

2 (k) COVERAGE UNDER THIS SUBSECTION (1.4) IS SUBJECT TO ALL  
3 TERMS AND CONDITIONS, DEFINITIONS, RESTRICTIONS, EXCLUSIONS, AND  
4 LIMITATIONS THAT APPLY TO ANY OTHER COVERAGE UNDER THE HEALTH  
5 BENEFIT PLAN, INCLUDING THE TREATMENT UNDER THE HEALTH BENEFIT  
6 PLAN OF SERVICES PERFORMED BY PARTICIPATING AND NONPARTICIPATING  
7 PROVIDERS.

8 **SECTION 3.** 10-16-104.5, Colorado Revised Statutes, is  
9 amended to read:

10 **10-16-104.5. Autism - treatment - not mental illness.** (1) Any  
11 sickness and accident insurance policy providing indemnity for disability  
12 due to sickness issued by an entity subject to the provisions of part 2 of  
13 this article and any individual or group service or indemnity contracts  
14 POLICIES issued by an entity subject to the provisions of part 3 or 4 of this  
15 article which provide coverage for autism shall provide such coverage in  
16 the same manner as for any other accident or sickness, other than mental  
17 illness, otherwise covered under such policy.

18 (2) Nothing in this section shall mandate or be construed or  
19 interpreted to mandate that any INDIVIDUAL policy hospital service or  
20 indemnity contract, or evidence of coverage must provide coverage for  
21 autism.

22 (3) NOTHING IN THIS SECTION SHALL PROHIBIT OR PREVENT A  
23 PERSON WITH AN AUTISM SPECTRUM DISORDER FROM RECEIVING MENTAL  
24 HEALTH BENEFITS IN HIS OR HER HEALTH BENEFIT PLAN.

25 **SECTION 4.** 10-3-1104 (1), Colorado Revised Statutes, is  
26 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

27 **10-3-1104. Unfair methods of competition and unfair or**

1 **deceptive acts or practices.** (1) The following are defined as unfair  
2 methods of competition and unfair or deceptive acts or practices in the  
3 business of insurance:

4 (gg) ISSUING OR RENEWING A HEALTH BENEFIT PLAN AS DEFINED  
5 IN SECTION 10-16-104 (1.4) (a) (IV) THAT IS SUBJECT TO THE  
6 REQUIREMENTS OF SECTION 10-16-104 (1.4) IF THE HEALTH BENEFIT PLAN  
7 EXCLUDES AUTISM SPECTRUM DISORDERS OR IMPOSES ADDITIONAL  
8 REQUIREMENTS FOR AUTHORIZATION OF SERVICES THAT OPERATE TO  
9 EXCLUDE COVERAGE FOR THE ASSESSMENT, DIAGNOSIS, AND TREATMENT  
10 OF AUTISM SPECTRUM DISORDERS.

11 **SECTION 5. Act subject to petition - effective date -**  
12 **applicability.** (1) This act shall take effect July 1, 2010.

13 (2) However, if a referendum petition is filed against this act or  
14 an item, section, or part of this act during the ninety-day period after final  
15 adjournment of the general assembly that is allowed for submitting a  
16 referendum petition pursuant to article V, section 1 (3) of the state  
17 constitution, then the act, item, section, or part, shall not take effect unless  
18 approved by the people at a biennial regular general election and shall  
19 take effect on the date specified in subsection (1) or on the date of the  
20 official declaration of the vote thereon by proclamation of the governor,  
21 whichever is later.

22 (3) The provisions of this act shall apply to health insurance  
23 policies, health care service or indemnity contracts, or managed care  
24 plans issued or renewed on or after the applicable effective date of this  
25 act.