

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

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 09-0894.01 Debbie Haskins

SENATE BILL 09-244

SENATE SPONSORSHIP

Shaffer B.,

HOUSE SPONSORSHIP

Primavera,

Senate Committees

Health and Human Services
Appropriations

House Committees

A BILL FOR AN ACT

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

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.*

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.

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

18 (A) EVALUATION AND ASSESSMENT SERVICES;
19 (B) BEHAVIOR TRAINING AND BEHAVIOR MANAGEMENT,
20 INCLUDING BUT NOT LIMITED TO CONSULTATIONS OR DIRECT CARE OR
21 TREATMENT OR ANY COMBINATION THEREOF FOR AUTISM SPECTRUM
22 DISORDERS PROVIDED BY AUTISM SERVICE PROVIDERS. ==

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

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

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

6 (E) PSYCHIATRIC CARE;

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

8 (G) THERAPEUTIC CARE.

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

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

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

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

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

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

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

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

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

24 (e) COVERAGE UNDER THIS SUBSECTION (1.4) SHALL BE SUBJECT
25 TO COPAYMENT, DEDUCTIBLE, AND COINSURANCE PROVISIONS OF A
26 HEALTH BENEFIT PLAN TO THE SAME EXTENT THAT OTHER MEDICAL
27 SERVICES OR PHYSICAL INJURY OR ILLNESS COVERED BY THE HEALTH

1 BENEFIT PLAN ARE SUBJECT TO THESE PROVISIONS.

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

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

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

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

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

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

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

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

9 **10-16-104.5. Autism - treatment - not mental illness.** (1) Any
10 sickness and accident insurance policy providing indemnity for disability
11 due to sickness issued by an entity subject to the provisions of part 2 of
12 this article and any individual ~~or group service or indemnity contracts~~
13 POLICIES issued by an entity subject to the provisions of part 3 or 4 of this
14 article which provide coverage for autism shall provide such coverage in
15 the same manner as for any other accident or sickness, other than mental
16 illness, otherwise covered under such policy.

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

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

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

26 **10-3-1104. Unfair methods of competition and unfair or**
27 **deceptive acts or practices.** (1) The following are defined as unfair

1 methods of competition and unfair or deceptive acts or practices in the
2 business of insurance:

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

10 SECTION 5. 25.5-6-802 (1), Colorado Revised Statutes, is
11 amended to read:

12 25.5-6-802. Definitions. As used in this part 8, unless the context
13 otherwise requires:

14 (1) "Eligible child" means a child who:

15 (a) Is eligible for the state's medicaid program pursuant to section
16 25.5-5-101, 25.5-5-201, or 25.5-5-203;

17 (b) Is age birth to ~~six~~ TWENTY-ONE years;

18 (c) Has a diagnosis of autism;

19 (d) Is at risk of institutionalization in either an intermediate care
20 facility for the mentally retarded, a hospital, or a nursing facility; and

21 (e) Is not receiving services from any of the alternatives to
22 long-term care waiver programs established in this title.

23 SECTION 6. 25.5-6-804 (1), Colorado Revised Statutes, is
24 amended to read:

25 25.5-6-804. Services - duties of the state department - rules.

26 (1) Subject to the provisions of this part 8, home- and community-based
27 services for children with autism shall include ~~only~~ the following

1 services, as specified in the eligible child's care plan, AND SERVICES
2 EQUIVALENT TO THE SAME TYPES OF SERVICES AND COVERAGE REQUIRED
3 TO BE PROVIDED BY PRIVATE HEALTH INSURANCE CARRIERS PURSUANT TO
4 SECTION 10-16-104 (1.4), C.R.S.:

- 5 (a) Occupational therapy;
- 6 (b) Speech therapy;
- 7 (c) Psychological and psychiatric services;
- 8 (d) Physical therapy;
- 9 (e) Behavioral therapy; and
- 10 (f) Services provided under the consumer-directed care service
11 model, part 11 of this article.

12 **SECTION 7. 25.5-8-107 (1) (a), Colorado Revised Statutes, is**
13 **amended BY THE ADDITION OF A NEW SUBPARAGRAPH to read:**

14 **25.5-8-107. Duties of the department - schedule of services -**
15 **premiums - copayments - subsidies. (1) In addition to any other duties**
16 **pursuant to this article, the department shall have the following duties:**

- 17 (a) (IV) **IN ADDITION TO THE ITEMS SPECIFIED IN SUBPARAGRAPH**
18 **(I), (II), AND (III) OF THIS PARAGRAPH (a), THE MEDICAL SERVICES BOARD**
19 **SHALL INCLUDE COVERAGE FOR AUTISM SPECTRUM DISORDERS**
20 **EQUIVALENT TO THE SAME COVERAGE REQUIRED TO BE PROVIDED BY**
21 **PRIVATE HEALTH INSURANCE CARRIERS PURSUANT TO SECTION 10-16-104**
22 **(1.4), C.R.S.**

23 **SECTION 8. Act subject to petition - effective date -**
24 **applicability. (1) This act shall take effect July 1, 2010.**

25 (2) However, if a referendum petition is filed against this act or
26 an item, section, or part of this act during the ninety-day period after final
27 adjournment of the general assembly that is allowed for submitting a

1 referendum petition pursuant to article V, section 1 (3) of the state
2 constitution, then the act, item, section, or part, shall not take effect unless
3 approved by the people at a biennial regular general election and shall
4 take effect on the date specified in subsection (1) or on the date of the
5 official declaration of the vote thereon by proclamation of the governor,
6 whichever is later.

7 (3) The provisions of this act shall apply to health insurance
8 policies, health care service or indemnity contracts, or managed care
9 plans issued or renewed on or after the applicable effective date of this
10 act.