

South Carolina General Assembly
117th Session, 2007-2008

A65, R85, S20

STATUS INFORMATION

General Bill

Sponsors: Senators Elliott, Mescher, Cleary, Hutto, Lourie, Moore, Sheheen, Reese, Knotts, Leventis, Land, McGill, Rankin, Campsen, Grooms, Hawkins, Short and Scott

Document Path: l:\council\bills\ncbd\11052ac07.doc

Companion/Similar bill(s): 3468

Introduced in the Senate on January 9, 2007

Introduced in the House on May 1, 2007

Last Amended on April 26, 2007

Passed by the General Assembly on May 25, 2007

Governor's Action: June 6, 2007, Vetoed

Legislative veto action(s): Veto overridden

Summary: Pervasive developmental disorder

HISTORY OF LEGISLATIVE ACTIONS

<u>Date</u>	<u>Body</u>	<u>Action Description with journal page number</u>
11/29/2006	Senate	Prefiled
11/29/2006	Senate	Referred to Committee on Banking and Insurance
1/9/2007	Senate	Introduced and read first time SJ-35
1/9/2007	Senate	Referred to Committee on Banking and Insurance SJ-35
3/15/2007	Senate	Committee report: Favorable with amendment Banking and Insurance SJ-8
3/19/2007		Scrivener's error corrected
4/26/2007	Senate	Committee Amendment Tabled SJ-18
4/26/2007	Senate	Amended SJ-18
4/26/2007	Senate	Read second time SJ-18
4/26/2007	Senate	Unanimous consent for third reading on next legislative day SJ-18
4/27/2007	Senate	Read third time and sent to House SJ-1
4/27/2007		Scrivener's error corrected
5/1/2007	House	Introduced and read first time HJ-6
5/1/2007	House	Referred to Committee on Labor, Commerce and Industry HJ-6
5/23/2007	House	Committee report: Favorable Labor, Commerce and Industry HJ-7
5/24/2007	House	Read second time HJ-28
5/24/2007	House	Unanimous consent for third reading on next legislative day HJ-29
5/25/2007	House	Read third time and enrolled
5/31/2007		Ratified R 85
6/6/2007		Vetoed by Governor
6/7/2007	Senate	Veto overridden by originating body Yeas-43 Nays-0
6/7/2007	House	Veto overridden Yeas-114 Nays-0 HJ-47
6/18/2007		Copies available
6/18/2007		Effective date See Act for Effective Date
6/18/2007		Act No. 65

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VERSIONS OF THIS BILL

[11/29/2006](#)

[3/15/2007](#)

[3/19/2007](#)

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[4/27/2007](#)

[5/23/2007](#)

AN ACT TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38-71-280 SO AS TO REQUIRE HEALTH INSURANCE COVERAGE, INCLUDING COVERAGE UNDER THE STATE HEALTH PLAN, FOR AUTISM SPECTRUM DISORDER AND TO DEFINE "AUTISM SPECTRUM DISORDER" AS AUTISTIC DISORDER, ASPERGER'S SYNDROME, AND NOT OTHERWISE SPECIFIED PERVERSIVE DEVELOPMENTAL DISORDER.

Be it enacted by the General Assembly of the State of South Carolina:

Coverage required for autism spectrum disorder

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38-71-280. (A) As used in this section:

(1) ‘Autism spectrum disorder’ means one of the three following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- (a) Autistic Disorder;
- (b) Asperger’s Syndrome;
- (c) Pervasive Developmental Disorder - Not Otherwise Specified.

(2) ‘Insurer’ means an insurance company, a health maintenance organization, and any other entity providing health insurance coverage, as defined in Section 38-71-670(6), which is licensed to engage in the business of insurance in this State and which is subject to state insurance regulation.

(3) ‘Health maintenance organization’ means an organization as defined in Section 38-33-20(8).

(4) ‘Health insurance plan’ means a group health insurance policy or group health benefit plan offered by an insurer. It includes the State Health Plan, but does not otherwise include any health insurance plan offered in the individual market as defined in Section 38-71-670(11), any health insurance plan that is individually underwritten, or any health insurance plan provided to a small employer, as defined by Section 38-71-1330(17) of the 1976 Code.

(5) ‘State Health Plan’ means the employee and retiree insurance program provided for in Article 5, Chapter 11, Title 1.

(B) A health insurance plan as defined in this section must provide coverage for the treatment of autism spectrum disorder. Coverage provided under this section is limited to treatment that is prescribed by the insured's treating medical doctor in accordance with a treatment plan. With regards to a health insurance plan as defined in this section an insurer may not deny or refuse to issue coverage on, refuse to contract with, or refuse to renew or refuse to reissue or otherwise terminate or restrict coverage on an individual solely because the individual is diagnosed with autism spectrum disorder.

(C) The coverage required pursuant to subsection (B) must not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally under the health insurance plan, except as otherwise provided for in subsection (E). However, the coverage required pursuant to subsection (B) may be subject to other general exclusions and limitations of the health insurance plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, utilization review of health care services including review of medical necessity, case management, and other managed care provisions.

(D) The treatment plan required pursuant to subsection (B) must include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, proposed treatment by type, frequency, and duration of treatment, the anticipated outcomes stated as goals, the frequency by which the treatment plan will be updated, and the treating medical doctor's signature. The health insurance plan may only request an updated treatment plan once every six months from the treating medical doctor to review medical necessity, unless the health insurance plan and the treating medical doctor agree that a more frequent review is necessary due to emerging clinical circumstances.

(E) To be eligible for benefits and coverage under this section, an individual must be diagnosed with autistic spectrum disorder at age eight or younger. The benefits and coverage provided pursuant to this section must be provided to any eligible person under sixteen years of age. Coverage for behavioral therapy is subject to a fifty thousand dollar maximum benefit per year. Beginning one year after the effective date of this act, this maximum benefit shall be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the current Consumer Price Index, All Urban Consumers, as published by the United States Department of Labor's Bureau of Labor Statistics."

Time effective

SECTION 2. This act takes effect July 1, 2008, and applies to health insurance plans issued, renewed, delivered, or entered into on or after this act's effective date.

Ratified the 31st day of May, 2007.

Vetoed by the Governor -- 6/6/07.

Veto overridden by Senate -- 6/7/07.

Veto overridden by House -- 6/7/07.
