First Regular Session
Sixty-seventh General Assembly
STATE OF COLORADO

REENGROSSED
This Version Includes All Amendments
Adopted in the House of Introduction

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

CONCERNING HEALTH INSURANCE BENEFITS FOR THE TREATMENT OF 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

SENATE
3rd Reading Unamended
April 27, 2009

SENATE
Amended 2nd Reading
April 24, 2009

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.

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

SECTION 1. Legislative declaration. The general assembly acknowledges that when mandated coverages are added to private insurance plans that the services covered by the children's basic health plan and the health benefit plans for state employees are often adjusted and revised to include such mandated coverages. However, the general assembly hereby declares that due to the budgetary issues facing the state

of Colorado during fiscal years 2008-09 and 2009-10, the general assembly cannot at this time fund an expansion of the children's basic health plan and the health benefits plans for state employees to include comparable provisions. It is the hope that such programs may be able to include comparable services for autism spectrum disorders in the future.

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

10-16-104. Mandatory coverage provisions - definitions. (1.3) **Early intervention services.** (f) EARLY INTERVENTION SERVICES SHALL BE PROVIDED AS SPECIFIED IN THE ELIGIBLE CHILD'S IFSP, AND SUCH SERVICES SHALL NOT DUPLICATE OR REPLACE TREATMENT FOR AUTISM SPECTRUM DISORDERS PROVIDED IN ACCORDANCE WITH SUBSECTION (1.4) OF THIS SECTION. SERVICES FOR THE TREATMENT OF AUTISM SPECTRUM DISORDERS PROVIDED IN ACCORDANCE WITH SUBSECTION (1.4) OF THIS SECTION SHALL BE CONSIDERED THE PRIMARY SERVICE TO AN ELIGIBLE CHILD, AND EARLY INTERVENTION SERVICES PROVIDED UNDER THIS SUBSECTION (1.3) SHALL SUPPLEMENT, BUT NOT REPLACE, SERVICES PROVIDED UNDER SUBSECTION (1.4) OF THIS SECTION.

SECTION 3. 10-16-104, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

10-16-104. Mandatory coverage provisions - definitions. (1.4) **Autism spectrum disorders.** (a) AS USED IN THIS SUBSECTION (1.4), UNLESS THE CONTEXT OTHERWISE REQUIRES:

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

(II) "AUTISM SERVICES PROVIDER" MEANS ANY PERSON WHO IS AN

APPROPRIATELY QUALIFIED HEALTH CARE PROFESSIONAL AS DEFINED BY RULES OF THE COMMISSIONER AND WHO PROVIDES SERVICES AS DESCRIBED IN SUBPARAGRAPHS (IX) TO (XII) OF THIS PARAGRAPH (a) AS MEDICALLY NECESSARY FOR THE TREATMENT OF AUTISM SPECTRUM DISORDERS. THE COMMISSIONER SHALL ADOPT REASONABLE RULES THAT SET FORTH THE QUALIFICATIONS FOR AUTISM SERVICES PROVIDERS, INCLUDING THE EDUCATIONAL AND EXPERIENCE QUALIFICATIONS FOR PERSONS WHO PROVIDE DIAGNOSES OF AUTISM SPECTRUM DISORDERS AND PROVIDE TREATMENT FOR AUTISM SPECTRUM DISORDERS, INCLUDING APPLIED BEHAVIOR ANALYSIS.

(III) "AUTISM SPECTRUM DISORDERS" OR "ASD" INCLUDES THE FOLLOWING NEUROBIOLOGICAL DISORDERS: AUTISTIC DISORDER, ASPERGER'S DISORDER, AND ATYPICAL AUTISM AS A DIAGNOSIS WITHIN PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED, AS DEFINED IN THE MOST RECENT EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, AT THE TIME OF THE DIAGNOSIS.

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

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

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

(VII) "INDIVIDUALIZED PLAN" SHALL HAVE THE SAME MEANING AS

PROVIDED IN SECTION 27-10.5-102, C.R.S.

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

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

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

(XI) "THERAPEUTIC CARE" MEANS SERVICES PROVIDED BY A SPEECH THERAPIST, AN OCCUPATIONAL THERAPIST REGISTERED TO PRACTICE OCCUPATIONAL THERAPY PURSUANT TO ARTICLE 40.5 OF TITLE 12, C.R.S., A PHYSICAL THERAPIST LICENSED TO PRACTICE PHYSICAL THERAPY PURSUANT TO ARTICLE 41 OF TITLE 12, C.R.S., OR AN AUTISM SERVICES PROVIDER WHO IS AN APPROPRIATELY QUALIFIED HEALTH CARE PROFESSIONAL AS DEFINED BY RULE OF THE COMMISSIONER. THERAPEUTIC CARE INCLUDES, BUT IS NOT LIMITED TO, SPEECH, OCCUPATIONAL, AND APPLIED BEHAVIOR ANALYTIC AND PHYSICAL THERAPIES.

(XII) "TREATMENT FOR AUTISM SPECTRUM DISORDERS" SHALL BE

FOR TREATMENTS THAT ARE MEDICALLY NECESSARY, APPROPRIATE, EFFECTIVE, OR EFFICIENT. THE TREATMENTS LISTED IN THIS SUBPARAGRAPH (XII) ARE FOUND TO BE MEDICALLY NECESSARY, APPROPRIATE, EFFECTIVE, OR EFFICIENT. "TREATMENT FOR AUTISM SPECTRUM DISORDERS" SHALL INCLUDE, BUT IS NOT LIMITED TO THE FOLLOWING:

(A) EVALUATION AND ASSESSMENT SERVICES;

(B) BEHAVIOR TRAINING AND BEHAVIOR MANAGEMENT AND APPLIED BEHAVIOR ANALYSIS, INCLUDING BUT NOT LIMITED TO CONSULTATIONS, DIRECT CARE, SUPERVISION, OR TREATMENT, OR ANY COMBINATION THEREOF, FOR AUTISM SPECTRUM DISORDERS PROVIDED BY AUTISM SERVICES PROVIDERS.

(C) HABILITATIVE OR REHABILITATIVE CARE, INCLUDING, BUT NOT LIMITED TO, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, OR SPEECH THERAPY, OR ANY COMBINATION OF THOSE THERAPIES. FOR A PERSON WHO IS ALSO COVERED UNDER SUBSECTION (1.7) OF THIS SECTION, THE LEVEL OF BENEFITS FOR OCCUPATIONAL THERAPY, PHYSICAL THERAPY, OR SPEECH THERAPY SHALL EXCEED THE LIMIT OF TWENTY VISITS FOR EACH THERAPY IF SUCH THERAPY IS MEDICALLY NECESSARY TO TREAT AUTISM SPECTRUM DISORDERS UNDER THIS SUBSECTION (1.4).

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

(E) PSYCHIATRIC CARE;

(F) PSYCHOLOGICAL CARE, INCLUDING FAMILY COUNSELING; AND

(G) THERAPEUTIC CARE.

(XIII) "TREATMENT PLAN" MEANS A PLAN DEVELOPED FOR AN INDIVIDUAL BY AN APPROPRIATELY QUALIFIED HEALTH CARE

PROFESSIONAL AS DEFINED BY RULE OF THE COMMISSIONER AND PRESCRIBED BY A LICENSED PHYSICIAN OR A LICENSED PSYCHOLOGIST PURSUANT TO A COMPREHENSIVE EVALUATION OR REEVALUATION FOR AN INDIVIDUAL CONSISTING OF THE INDIVIDUAL'S DIAGNOSIS; PROPOSED TREATMENT BY TYPE, FREQUENCY, AND ANTICIPATED TREATMENT; THE ANTICIPATED OUTCOMES STATED AS GOALS; AND THE FREQUENCY BY WHICH THE TREATMENT PLAN WILL BE UPDATED. THE LICENSED PHYSICIAN, ACTING WITHIN THE SCOPE OF PRACTICE AS DEFINED IN ARTICLE 36 OF TITLE 12, C.R.S., OR THE LICENSED PSYCHOLOGIST, ACTING WITHIN THE SCOPE OF PRACTICE AS DEFINED IN PART 3 OF ARTICLE 43 OF TITLE 12, C.R.S., SHALL DETERMINE WHAT IS MEDICALLY NECESSARY OR IS A MEDICAL NECESSITY ON AN INDIVIDUAL BASIS. THE TREATMENT PLAN SHALL BE DEVELOPED IN ACCORDANCE WITH THE PATIENT-CENTERED MEDICAL HOME AS DEFINED IN SECTION 25.5-1-103 (5.5), C.R.S.

(b) (I) ON OR AFTER JULY 1, 2010, ALL HEALTH BENEFIT PLANS ISSUED OR RENEWED IN THIS STATE SHALL PROVIDE COVERAGE FOR THE ASSESSMENT, DIAGNOSIS, AND TREATMENT OF AUTISM SPECTRUM DISORDERS. FOR A CHILD FROM BIRTH THROUGH TEN YEARS OF AGE UP TO, BUT NOT INCLUDING, ELEVEN YEARS OF AGE, THE ANNUAL MAXIMUM BENEFIT FOR AUTISM SPECTRUM DISORDERS SHALL BE IN AN AMOUNT NOT TO EXCEED SIXTY-FIVE THOUSAND DOLLARS; FOR A CHILD ELEVEN YEARS OF AGE OR OLDER AND UNDER TWENTY-ONE YEARS OF AGE, THE ANNUAL MAXIMUM BENEFIT FOR AUTISM SPECTRUM DISORDERS SHALL BE IN AN AMOUNT NOT TO EXCEED TWENTY THOUSAND DOLLARS; AND FOR PERSONS TWENTY-ONE YEARS OF AGE OR OLDER UNTIL THE PERSON IS ELIGIBLE FOR MEDICARE, THE ANNUAL MAXIMUM BENEFIT FOR AUTISM SPECTRUM DISORDERS SHALL BE IN AN AMOUNT NOT TO EXCEED FIFTEEN THOUSAND

DOLLARS.

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

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

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

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

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

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

(e) EXCEPT AS OTHERWISE PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (1.4), THE COVERAGE REQUIRED UNDER THIS SUBSECTION (1.4) SHALL 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

BENEFIT PLAN.

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

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

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

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

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

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

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

SECTION 4. 10-16-104.5, Colorado Revised Statutes, is amended to read:

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

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

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

SECTION 5. 10-3-1104 (1), Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW PARAGRAPH to read:

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

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

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

SECTION 6. 24-50-605 (1) (f), Colorado Revised Statutes, is amended to read:

24-50-605. Group benefit plans - specifications - contracts. (1) (f) (I) EXCEPT AS OTHERWISE PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH (f), the specifications drawn by the director for any group benefit plans shall include the mandated coverages required by section 10-16-104, C.R.S. The director shall provide to the legislative committee of reference a financial impact statement for any proposed mandated coverage that relates to either the state's share of the employee benefit premium or the state employee's share of the premium.

(II) THE SPECIFICATIONS DRAWN BY THE DIRECTOR FOR ANY GROUP BENEFIT PLANS SHALL NOT INCLUDE THE MANDATED COVERAGE SPECIFIED IN SECTION 10-16-104 (1.4), C.R.S. IN ADDITION, NOTHING IN THIS SECTION OR ANY OTHER STATE LAW SHALL BE CONSTRUED TO MAKE THE MANDATED COVERAGE SPECIFIED IN SECTION 10-16-104 (1.4), C.R.S., APPLY TO HEALTH BENEFIT PLANS OFFERED OR PROVIDED BY INSTITUTIONS OF HIGHER EDUCATION IN THIS STATE.

SECTION 7. 25.5-8-107 (1) (a), Colorado Revised Statutes, is

amended BY THE ADDITION OF A NEW SUBPARAGRAPH, to read:

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

(a) (IV) THE SCHEDULE OF HEALTH CARE SERVICES INCLUDED IN THE PLAN SHALL NOT INCLUDE COVERAGE PURSUANT TO THE MANDATORY COVERAGE PROVISIONS OF SECTION 10-16-104 (1.4), C.R.S.

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

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

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