

Department of Legislative Services
Maryland General Assembly
2016 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 644
Finance

(Senator King)

Early Identification of Autism Act

This bill requires the Secretary of Health and Mental Hygiene to require health care practitioners, when providing a well-child examination at 18 and 24 months of age, to administer a standardized screening tool for autism spectrum disorder (ASD). An insurer, nonprofit health service plan, or health maintenance organization (HMO) that provides hospital, medical, or surgical benefits must provide coverage for administration of the screening tool. If a child has a positive result on the screening tool, the Secretary must require that the child be referred for a comprehensive ASD evaluation, early intervention services through the Maryland Infants and Toddlers Program (MITP), and an audiologic evaluation.

The insurance mandate provisions of the bill apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2017.

Fiscal Summary

State Effect: Special fund revenues for the Maryland Insurance Administration (MIA) increase in FY 2017 from the \$125 rate and form filing fee. Review of filings can likely be handled with existing MIA resources. To the extent referrals to MITP increase, expenditures for the Maryland State Department of Education (general and federal funds) may increase beginning in FY 2017. The Secretary can impose the requirements on health care practitioners specified in the bill, presumably through regulations, using existing budgeted resources.

Local Effect: To the extent referrals to local Infants and Toddlers Programs increase, local expenditures likely increase as evaluations are required to be performed.

Small Business Effect: Potential minimal.

Analysis

Current Law: Under Maryland law, there are 49 mandated health insurance benefits that certain carriers must provide to their enrollees, including coverage for child wellness services. The minimum package of child wellness services must cover, among other items, all visits and costs of developmental screening as recommended by the American Academy of Pediatrics (AAP), including a physical examination, developmental assessment, and parental anticipatory guidance at such visits. HMOs are not subject to the child wellness services mandate. However, under § 19-705.1(c)(4) of the Health-General Article, an HMO must offer or arrange for preventive services that include health education and counseling, early disease detection, immunization, and hearing loss screening.

The federal Patient Protection and Affordable Care Act (ACA) requires nongrandfathered health plans to cover 10 essential health benefits, which include items and services in the following categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including dental and vision care. Preventive services for children includes screening for ASD at 18 and 24 months of age for all health benefit plans subject to ACA regulation.

Under the federal Individuals with Disabilities Act (better known as IDEA), once a referral to MITP is received, an evaluation of the child *must* be conducted to determine a child's eligibility for early intervention services.

Background: ASD affects an estimated 1 in 68 children in the United States. This represents a 23% increase from 2008. According to AAP, early identification and referral for appropriate intervention are critical to ensuring that children with ASD have access to effective therapies. AAP recommends that all children be screened for ASD at ages 18 and 24 months, along with regular developmental surveillance.

In February 2016, the U.S. Preventive Services Task Force concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for ASD in children aged 18 to 30 months for whom no concerns of ASD have been raised by their parent or a clinician.

MITP provides early intervention services for young children with developmental delays and disabilities through 24 local Infants and Toddlers Programs. State regulations specify that a child, birth through age two, is eligible for early intervention through the program if the child meets any of three criteria: (1) has a 25% delay in at least one or more of

five developmental areas; (2) manifests atypical development or behavior in one or more of the five developmental areas that interferes with current development and is likely to result in a subsequent delay; or (3) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Services may include audiology, physical therapy, occupational therapy, transportation, speech-language pathology, family training, special instruction, assistive technology, health services, and home visits.

Additional Comments: The federal Employee Retirement Income Security Act preempts states' ability to require private employers to offer insurance coverage and exempts the coverage offered by self-insured entities from state insurance regulation. Thus, insured health benefit plans (those purchased directly from a carrier) are subject to Maryland's mandated benefits law, while other (self-insured) employment-based plans are not.

In 2015, a total of 2,899,428 lives (younger than age 65) were covered through commercial health benefit plans in Maryland. However, only 36% were covered under insured health benefit plans subject to State regulation. The remaining 64% were covered through group self-insured plans or the Federal Employees Health Benefit Plan, which are not regulated by MIA and are, for the most part, not subject to Maryland law.

Additional Information

Prior Introductions: None.

Cross File: HB 715 (Delegate Kramer, *et al.*) - Health and Government Operations.

Information Source(s): American Academy of Pediatrics, U.S. Centers for Disease Control and Prevention, U.S. Preventive Services Task Force, Maryland State Department of Education, Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Legislative Services

Fiscal Note History: First Reader - February 26, 2016
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