EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam.

MAY 12 2017

GL#34-17-512
Speaker Benjamin J.F. Cruz

MAY 15 2017
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Received By

Honorable Benjamin J.F. Cruz
Speaker
I Mina'trentai Kuåttro Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

2017 MAY 15 AM 8:17

Dear Mr. Speaker:

Transmitted herewith is Bill No. 16-34 (COR), **"AN ACT TO *ADD* A NEW CHAPTER 29A, AND A NEW § 29102(d) TO CHAPTER 29, BOTH OF DIVISION 2, TITLE 22, GUAM CODE ANNOTATED; AND TO *ADD* A NEW § 2912(p) OF ARTICLE 9, TITLE 10 GUAM CODE ANNOTATED, RELATIVE TO MANDATING THE PROVISION OF HEALTH CARE INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS BY INSURERS; TO BE KNOWN AND CITED AS "HUNTER'S LAW OF 2017,"** which was signed into law on May 10, 2017, as **Public Law 34-06.**

Senseramente,

RAY TENORIO
I Maga'låhen Guåhan, para pa'go
Acting Governor of Guam

I MINA'TRENTAI KUÅTTRO NA LIHESLATURAN GUÅHAN
2017 (FIRST) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LÅHEN GUÅHAN*

This is to certify that **Bill No. 16-34 (COR), "AN ACT TO ADD A NEW CHAPTER 29A, AND A NEW § 29102(d) TO CHAPTER 29, BOTH OF DIVISION 2, TITLE 22, GUAM CODE ANNOTATED; AND TO ADD A NEW § 2912(p) OF ARTICLE 9, TITLE 10 GUAM CODE ANNOTATED, RELATIVE TO MANDATING THE PROVISION OF HEALTH CARE INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS BY INSURERS; TO BE KNOWN AND CITED AS "HUNTER'S LAW OF 2017,"** was on the 27th day of April 2017, duly and regularly passed.

Benjamin J.F. Cruz
Speaker

Attested:

Régine Biscoe Lee
Legislative Secretary

This Act was received by *I Maga'låhen Guåhan* this 28 day of APRIL, 2017, at 6:02 o'clock P.M.

PDI J. RECHTUCK #735

Assistant Staff Officer
Maga'låhi's Office

APPROVED:

RAYMOND S. TENORIO
Acting Governor of Guam

Date: MAY 10 2017

Public Law No. 34-06

I MINA'TRENTAI KUÅTTRO NA LIHESLATURAN GUÅHAN
2017 (FIRST) Regular Session

Bill No. 16-34 (COR)
As amended by the Committee on Health,
Tourism, Military Affairs, and Senior Citizens;
and further amended on the Floor.

Introduced by: Dennis G. Rodriguez, Jr.
Thomas C. Ada
FRANK B. AGUON, JR.
William M. Castro
B. J.F. Cruz
James V. Espaldon
Fernando Barcinas Esteves
Régine Biscoe Lee
Tommy Morrison
Louise B. Muña
Telena Cruz Nelson
Joe S. San Agustin
Michael F.Q. San Nicolas
Therese M. Terlaje
Mary Camacho Torres

AN ACT TO *ADD* A NEW CHAPTER 29A, AND A NEW § 29102(d) TO CHAPTER 29, BOTH OF DIVISION 2, TITLE 22, GUAM CODE ANNOTATED; AND TO *ADD* A NEW § 2912(p) OF ARTICLE 9, TITLE 10 GUAM CODE ANNOTATED, RELATIVE TO MANDATING THE PROVISION OF HEALTH CARE INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS BY INSURERS; TO BE KNOWN AND CITED AS "*HUNTER'S LAW OF 2017.*"

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that the occurrences of autism spectrum disorders (ASD) are prevalent on Guam.

Forty-eight (48) states have statutes relative to providing mandatory access and coverage for health insurance for the diagnosis and treatment of autism spectrum disorder for minors.

According to the research from the Autism Society, about one percent (1%) of the world's population has an autism spectrum disorder. Estimates of the Centers for Disease Control and Prevention, the National Conference of State Legislatures and Autism Speaks, a non-profit advocacy group, indicate one (1) in sixty-eight (68) children in the United States has ASD. Some recent estimates put that figure higher at one (1) in forty-five (45), however, in the last year the estimate of the increase in incidence of ASD in the population throughout the United States has leveled off.

It has been established that the earlier the diagnosis of ASD and the earlier a child receives treatment will yield the best results and outcome. Although children experiencing disabilities or differences can expect specialized education programs through the Department of Education, professional intervention in terms of diagnosis and early intervention should occur at the earliest of ages. It is established that many children with some form of the disorder can be diagnosed as early as the age of two (2).

The cost of mandatory insurance for treatment programs for ASD as tracked by Autism Speaks for five (5) states for a first and second year implementation indicates a Fifteen Cent ($.15) increase in insurance cost during the first year and a Thirty-one Cent ($.31) increase during the second year. An overall increase in cost of one percent (1%) is estimated by the Council for Affordable Health Insurance. The costs for Guam may vary depending upon the number of children with the disorder on Guam and the severity of the disability associated with it.

Bill No. 379-33, now Public Law No. 33-227, established an Autism Spectrum Disorder Treatment Center to be placed within the new DISID building/commercial

center. This expresses the commitment of Guam to serving children with this disorder in the best possible way.

Section 2. This Act *shall* be known and may be cited as "*Hunter's Law of 2017.*"

Section 3. A new Chapter 29A is *added* to Division 2 of Title 22, Guam Code Annotated, to read:

"CHAPTER 29A

HEALTH INSURANCE COVERAGE FOR

AUTISM SPECTRUM DISORDER

§ 29A101. Definitions.

For the purposes of this Chapter:

(a) *Autism spectrum disorder* (ASD) means one (1) of the three (3) following disorders as defined in the most recent edition of the diagnostic and statistical manual of mental disorders of the American Psychiatric Association:

(1) Autistic disorder;

(2) Asperger's syndrome; or

(3) Pervasive developmental disorder—not otherwise specified.

(b) *Behavioral therapy* means interactive therapies derived from evidence-based research, including applied behavior analysis, which includes discrete trial training, pivotal response training, intensive intervention programs, and early intensive behavioral intervention.

(c) *Behavioral health treatment* means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum

extent practicable, the functioning of an individual with autism spectrum disorder, and that meet all of the following criteria:

(1) The treatment is prescribed by a physician or surgeon duly licensed to practice on Guam, or is developed by a psychiatrist or psychologist, any of which *shall* be duly licensed to practice on Guam.

(2) The treatment is provided under a treatment plan prescribed by a qualified ASD service provider and is administered by one (1) of the following:

(A) a qualified ASD service provider;

(B) a qualified ASD service professional supervised and employed by the qualified autism spectrum disorder service provider; or

(C) an ASD service paraprofessional supervised and employed by a qualified ASD service provider.

(3) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified ASD service provider for the specific patient being treated. The treatment plan *shall* be reviewed no less than once every six (6) months by the qualified autism spectrum disorder service provider and modified whenever appropriate, and *shall* be consistent with all of the following items performed by the qualified autism spectrum disorder service provider, who:

(A) describes the patient's behavioral health impairments to be treated;

(B) designs an intervention plan that includes the service type, number of hours, and parent participation needed to

achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported;

(C) provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating autism spectrum disorder; and

(D) discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(4) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services, and is not used to reimburse a parent for participating in the treatment program. The treatment plan *shall* be made available to the health care insurance service plan upon request.

(d) *Qualified autism spectrum disorder service provider* means either of the following:

(1) a person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for autism spectrum disorder, provided the services are within the experience and competence of the person, entity, or group that is nationally certified; or

(2) a person licensed pursuant to Part 1 or Part 2 of Chapter 12, 10 GCA as a physician or surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist who designs, supervises, or

provides treatment or services for autism spectrum disorder, provided the services are within the experience and competence of the licensee.

(e) *Small employer shall* mean a business with less than ten (10) employees.

(f) *Bundling* means combining various limited benefit insurance policies, and advertising or indicating in any manner that these policies are major medical expense coverage policies or could be substituted for major medical expense coverage.

(g) *Limited benefit coverage* means an insurance policy that is designed, advertised, and marketed to supplement major medical insurance; and that includes accident only, dental only, vision only, disability income only, fixed or hospital indemnity, specified disease insurance, credit insurance, or Taft-Hartley trusts.

§ 29A102. Mandate.

(a) Except for those offered by a fraternal benefit society, every health care insurance service or health maintenance organization plan contract that provides hospital, medical, or surgical coverage *shall* also provide coverage for behavioral health treatment for autism spectrum disorder no later than October 1, 2017. The coverage *shall* be provided in the same manner and *shall* be subject to the same requirements as provided in 22 GCA Chapter 29.

(b) Except for a fraternal benefit society, every insurer, which *shall* include all insurance companies, health care service plans, health maintenance organizations, and any other entity delivering or issuing for delivery in Guam Medicare supplement policies or certificates licensed to do business on Guam, *shall* be subject to the provisions of this Chapter.

§ 29A103. Subscription Contracts for Healthcare Insurance; Autism Spectrum Disorder; Coverage; Exceptions.

(a) Except for those offered by a fraternal benefit society, health care insurance service plans issued by a health insurance carrier, hospital service corporation, medical service corporation, insurance company, health maintenance organization, and any other entity delivering or issuing for delivery in Guam Medicare supplement policies or certificates issued pursuant to 22 GCA Chapter 29 *shall not*:

(1) exclude or deny coverage for a treatment or impose dollar limits, deductibles and coinsurance provisions based solely on the diagnosis of autism spectrum disorder. For the purposes of this Subsection, "treatment" includes diagnosis, assessment, and services; or

(2) exclude or deny coverage for medically necessary behavioral therapy services. To be eligible for coverage, behavioral therapy services *shall* be provided or supervised by a licensed or certified autism spectrum disorder provider.

(b) This Chapter does not:

(1) apply to a health insurance subscription contract that is issued to an individual or through a small employer; or

(2) apply to bundled or limited benefit coverage as defined in § 29A101(f) of this Chapter.

(c) The coverage required by this Chapter is subject to all the terms and conditions of the subscription contract. Nothing in this Chapter prevents a corporation from imposing deductibles, coinsurance or other cost sharing in relation to the coverage required by this Chapter.

(d) Coverage for diagnosis, treatment and behavioral therapy is subject to:

(1) a Fifty Thousand Dollars ($50,000) maximum benefit per year for an eligible person up to the age of nine (9); or

(2) a Twenty-five Thousand Dollars ($25,000) maximum benefit per year for an eligible person who is between the ages of nine (9) and twenty-one (21)."

Section 4. A new Subsection (p) is *added* to § 2912 of Article 9, Chapter 2 of Division 1, Title 10, Guam Code Annotated, to read:

"(p) Autism Spectrum Disorder (ASD). A Fifty Thousand Dollars ($50,000) maximum benefit per year for an eligible person up to the age of nine (9). The treatment of an autism spectrum disorder *shall* be limited to a Twenty-five Thousand Dollars ($25,000) maximum benefit per year for an eligible person who is between the ages of nine (9) and twenty-one (21)."

Section 5. A new Subsection (d) is *added* to § 29102 of Chapter 29, Title 22, Guam Code Annotated, to read:

"(d) Except for those offered by a fraternal benefit society, all health care insurance service plans, health insurance subscription contracts, policies, certificates or supplement plans issued pursuant to this Chapter *shall* be subject to the provisions of 22 GCA Chapter 29A, relative to health care insurance for the coverage for autism spectrum disorder."

Section 6. Funding. The insurance coverage mandated in this legislation that is provided by the government of Guam for its employees *shall* be funded through the rates established by the insurance negotiating committees of the three (3) branches of the government of Guam, or any subdivision of the government of Guam, and by the General Appropriations Act of 2018. Such insurance coverage in the private sector *shall* be established by the rates of the insurance provider.

Section 7. Affordable Care Act. The insurance coverage requirements of this Act shall be in effect regardless of any repeal or change in provisions of the Affordable Care Act, as it may affect any individuals.

Section 8. Severability. If any provision of this act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity *shall not* affect other provisions or applications of this act which can be given effect without the invalid provisions or application, and to this end the provisions of this act are severable.

Section 9. Effective Date. This Act *shall* be effective upon enactment.