The Autism Equity Act
Breaking It Down

The Autism Equity Act (AEA) represents a first step toward greater coverage and better treatment of Autism Spectrum Disorders in Tennessee; however, it is only a first step. It will provide greater access to therapies for many children with Autism while parents and advocates continue to push for greater levels of coverage in the years to come.

It is based on ideals of equity which demand that children with Autism should have access to the same therapies provided to other children with neurological disorders with no extra hoops to jump through for families. Furthermore the law prohibits insurers from refusing to reissue or renew policies solely because a child has been diagnosed with an Autism Spectrum Disorder.

Who is Covered
There are two primary considerations when determining who is covered: 1) the age of the child and 2) the type of insurance coverage. The legislation applies to children through age 11 and it applies to private and group health insurance policies, including state and local policies. However, it does not apply to certain self-funded insurance policies regulated under the federal Employee Retirement Income Security Act (ERISA). Policies of these types are outside the reach of most state laws and it would take federal legislation to require coverage of Autism.

If you are unsure whether your policy is covered by ERISA, then contact your employer or health insurance representative. It is possible that if your policy is not covered by the Autism Equity Act that you could petition your employer to consider adding future coverage by citing the fact that Tennessee has recognized that the therapies are legitimate and beneficial to children with Autism.

What is Covered?
The legislation expresses the legislature’s intent that coverage include physical, occupational, speech/language, and behavioral therapies. Coverage must include whatever therapies are already provided for other neurological disorders and the level of coverage should be just as good as that provided for other neurological disorders. Therefore if a child requires and a plan provides up to 30 therapeutic visits for speech/language treatment of one neurological disorder, then it must provide at least that much for treatment of a child with Autism.

In addition, parents should not have to pay more in deductibles or co-payments for treatment of Autism than the parents of any other child with a neurological disorder. And, as stated above, the limits on coverage such as the number of visits or the types of therapy must be no more stringent than those placed on the treatment of other neurological disorders.

What is Not Covered?
Coverage extends only to treatments that are provided for neurological disorders generally, it does not necessarily require coverage of novel therapies or therapies that have not been used to treat other neurological disorders.

When Does Coverage Begin?
The effective date for coverage will vary from family to family, policy to policy. According to the legislation coverage, “shall be effective upon any contract, policy, or plan which is delivered, issued for delivery, amended or renewed on or after January 1, 2007.” This means that coverage does not necessarily begin on January 1st, 2007.

Instead, coverage will begin immediately for new policies issued anytime after January 1st, 2007 and for existing policies coverage will kick in after it has been renewed which typically happens in the Spring or Fall. If you have questions about when your policy will be renewed then speak with your employer or health insurance representative. Of course, the legislation does not prevent an insurer from providing coverage earlier if it chooses.

The Future of Autism Coverage in Tennessee?
It will take some time to realize the full impact of this law and determine what steps may be needed to supplement it; however, we hope that in future years the legislature will consider raising the age of coverage to 18 so that children of all ages can benefit. Furthermore, families should be aware of federal legislation that could impact laws such as the AEA. This spring federal legislation was introduced that would have exempted an even greater number of insurance policies from complying with not only the AEA but other state regulations as well.

In the coming years it will be crucial for families to document the successes and shortcomings of the AEA as well as report problems to the Department of Commerce and Insurance so that the Autism Community can build a record of evidence to support future legislation. In addition, it will be important to maintain and build upon the relationships that have been established with state legislators who embraced this legislation and made it a reality.