

Health insurance coverage for individuals with autism: Enacted state legislation

State	Bill Number	Date Signed by Governor	Date Law Goes Into Effect	Statutory Provisions (bold language specific to OT)	Occupational Therapy covered? (amount of coverage)
Alabama	2009 HB 41 (Act No. 2009-295)	4/23/2009	7/1/2009	<p>(8) SERVICE PROVIDER. Any individual, <u>other than a physician licensed to practice medicine</u>, or public or private agency which does any of the following:</p> <p>a. Consults with or provides services to individuals with ASD, the parents or guardians of individuals with ASD, or both.</p> <p>b. Consults with or provides services to other ASD service providers.</p> <p>c. Assists parents or guardians of individuals with ASD and others to provide services.</p> <p><u>d. The term service provider shall not include nor refer to a physician licensed to practice medicine.</u></p>	Alabama
Alabama	2009 HB 615 (Act No. 2009-592)	5/20/2009	8/1/2009	<p>Establishment of regional autism centers; constituency board; rules and regulations.</p> <p>(a)(1) There is established in determined geographic regions of the state one or more autism centers whose purpose is to provide nonresidential resource and training services for persons of all ages and of all levels of intellectual functioning who have any of the following:</p> <p>a. Autism.</p> <p>b. A pervasive developmental disorder that is not otherwise specified.</p> <p>c. As determined by the Alabama Interagency Autism Coordinating Council, other disability populations which may receive benefit from the services and</p>	Alabama

				<p>activities of the regional centers.</p> <p>(2) Each center shall be operationally and fiscally independent, and provide evidence-based services within its geographical region of the state. Service delivery shall be consistent for all centers. Each center shall coordinate services within and between state and local agencies and school districts but may not duplicate services provided by those agencies or school districts. The respective locations and service areas of the centers shall be recommended by the Alabama Interagency Autism Coordinating Council and selected by the Governor, the Lieutenant Governor, and Speaker of the House of Representatives.</p>	
Arizona	2008 HB 2847	3/21/2008	6/30/2009	<p>1. Prohibits hospital service or medical service corporations, HCSOs, group disability insurers and blanket disability insurers from:</p> <p>a) excluding or denying coverage for a treatment, including diagnosis, assessment and services based solely on the diagnosis of ASD.</p> <p>b) imposing dollar limits, deductibles or coinsurance provisions based solely on the diagnosis of ASD.</p> <p>c) excluding or denying coverage for medically necessary behavioral therapy services.</p> <p>2. Requires behavioral therapy services to be provided or supervised by a licensed or certified provider in order to be eligible for coverage.</p> <p>3. Stipulates that coverage for ASD is subject to all the terms and conditions of the contract, policy or evidence of coverage.</p> <p>4. Allows the insurer to impose deductibles, coinsurance or other cost sharing on the coverage.</p> <p>5. Limits coverage for behavioral therapy to:</p> <p>a) a \$50,000 maximum benefit per year for an eligible person up to the age of nine.</p> <p>b) a \$25,000 maximum benefit per year for an eligible person who is between the ages of nine and 16.</p> <p>6. Exempts the following from these requirements:</p>	NO

				<p>a) individual or small employer contracts, policies or evidences of coverage. b) limited benefit coverage. c) long-term care insurance, life insurance and annuities offered by a group disability insurer. d) services provided outside of Arizona.</p> <p>"Behavioral Therapy" is a covered treatment and "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.</p> <p>No occupational therapy specific language included in bill.</p>	
Arkansas	2009 SB 938 (Act No. 1272)	4/7/2009		<p>10-3-2501. Title. This subchapter shall be known and may be cited as the "Arkansas Legislative Task Force on Autism Act". 10-3-2502. Arkansas Legislative Task Force on Autism — Creation. (a) The Arkansas Legislative Task Force on Autism is created.</p>	NO
Colorado	2009 SB 09-244	6/02/2009	7/01/2010	<p>Mandates coverage for children with autism spectrum disorders (autism, Asperger's, or PDD-NOS). Coverage includes diagnosis, assessment, and treatment of the disorder.</p> <p>Coverage includes occupational therapy in the realms of therapeutic, rehabilitative, and habilitative care.</p> <p>Maximum benefit of \$34,000 for children 8 years old and younger; \$12,000 for children ages 9-18 years. No limit on number of visits.</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p>	Yes
Connecticut	2009 SB 301	6/09/2009	1/01/2010	<p>Mandates coverage for children with autism spectrum disorders. Coverage includes diagnosis and treatment of the disorder.</p> <p>Coverage includes "occupational therapy provided by a licensed occupational therapist."</p>	Yes

				<p>Maximum benefit of \$50,000 for children 8 years old and younger; \$35,000 for children ages 9-12 years; and \$25,000 for children ages 13-14.</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p>	
Connecticut	2009 HB 6537 (Public Act No. 09-11)	5/4/2009	10/1/2009	<p>Sec. 2. Subsection (a) of section 17a-210 of the general statutes is repealed and the following is substituted in lieu thereof (<i>Effective October 1, 2009</i>):</p> <p>(a) There shall be a Department of Developmental Services. The Department of Developmental Services, with the advice of a Council on Developmental Services, shall be responsible for the planning, development and administration of complete, comprehensive and integrated state-wide services for persons with mental retardation and persons medically diagnosed as having Prader-Willi syndrome. The Department of Developmental Services shall be under the supervision of a Commissioner of Developmental Services, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive. The Council on Developmental Services may advise the Governor on the appointment. The commissioner shall be a person who has background, training, education or experience in administering programs for the care, training, education, treatment and custody of persons with mental retardation. The commissioner shall be responsible, with the advice of the council, for: (1) Planning and developing complete, comprehensive and integrated state-wide services for persons with mental retardation; (2) the implementation and where appropriate the funding of such services; and (3) the coordination of the efforts of the Department of Developmental Services with those of other state departments and agencies, municipal governments and private agencies concerned with and providing services for persons with mental retardation. The commissioner shall be responsible for the administration and operation of the state training school, state developmental services regions and all state-operated community-based residential facilities established for the diagnosis, care and training of persons with mental retardation. The commissioner shall be responsible for establishing standards, providing technical assistance and exercising the requisite</p>	Connecticut

			<p>supervision of all state-supported residential, day and program support services for persons with mental retardation and work activity programs operated pursuant to section 17a-226. The commissioner shall stimulate research by public and private agencies, institutions of higher education and hospitals, in the interest of the elimination and amelioration of <u>mental</u> retardation and care and training of persons with mental retardation. The commissioner shall conduct or monitor investigations into allegations of abuse and neglect and file reports as requested by state agencies having statutory responsibility for the conduct and oversight of such investigations. In the event of the death of a person with mental retardation for whom the department has direct or oversight responsibility for medical care, the commissioner shall ensure that a comprehensive and timely review of the events, overall care, quality of life issues and medical care preceding such death is conducted by the department and shall, as requested, provide information and assistance to the Independent Mortality Review Board established by Executive Order No. 25 of Governor John G. Rowland. The commissioner shall report to the board and the board shall review any death: (A) Involving an allegation of abuse or neglect; (B) for which the Office of <u>the</u> Chief Medical Examiner or local medical examiner has accepted jurisdiction; (C) in which an autopsy was performed; (D) which was sudden and unexpected; or (E) in which the commissioner's review raises questions about the appropriateness of care. The department's mortality review process and the Independent Mortality Review Board shall operate in accordance with the peer review provisions established under section 19a-17b for medical review teams and confidentiality of records provisions established under section 19a-25 for the Department of Public Health.</p> <p>Sec. 3. Subsection (e) of section 17a-215b of the general statutes is repealed and the following is substituted in lieu thereof (<i>Effective October 1, 2009</i>):</p> <p>(e) The Commissioner of Developmental Services shall report, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to public health not later than January 1, 2009, concerning the results of such pilot program. The report shall include [,] recommendations concerning a system for addressing the needs of persons with autism spectrum disorder, including,</p>	
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				<p>but not limited to, recommendations (1) establishing an independent council to advise the Department of Developmental Services with respect to system design, implementation and quality enhancement, (2) establishing procedural safeguards, (3) designing and implementing a quality enhancement and improvement process, and (4) designing and implementing an interagency data and information management system.</p> <p>No occupational therapy specific language included in bill.</p>	
Florida	2008 SB 2654	5/02/2008	7/01/2008	<p>Part 1: Medicaid – Home and Community Based Services “The agency is authorized to seek federal approval through a Medicaid waiver or a state plan amendment for the provision of occupational therapy, speech therapy, physical therapy, behavior analysis, and behavior assistant services to individuals who are 5 years of age and under and have a diagnosed developmental disability as defined in s. 393.063, autism spectrum disorder as defined in s. 627.6686, or Down syndrome, a genetic disorder caused by the presence of extra chromosomal material on chromosome 21.” Coverage is (a) a \$36,000 maximum benefit per year (b) a \$108,000 maximum benefit per lifetime.</p> <p>Part 2: Developmental Disabilities Compact – “Window of Opportunity Act” “The Office of Insurance Regulation shall convene a workgroup by August 31, 2008, for the purpose of negotiating a compact that includes a binding agreement among the participants relating to insurance and access to services for persons with developmental disabilities.” The compact includes: “(a) A requirement that each signatory to the agreement increase coverage for behavior analysis and behavior assistant services as defined in s. 409.815(2)(r) and speech therapy, physical therapy, and occupational therapy when medically necessary due to the presence of a developmental disability” and “(b) Procedures for clear and specific notice to policyholders identifying the amount, scope, and conditions under which coverage is provided for behavior analysis and behavior assistant services as defined in s.409.815(2)(r) and speech therapy, physical therapy, and occupational therapy when medically necessary due to the presence of a developmental disability.”</p> <p>Part 3: Requires health insurance coverage for individuals with autism spectrum disorder: All insurance policies renewed on or after April 1, 2009</p>	<p>Part 1: Yes Part 2: Yes Part 3: Yes</p>

				<p>must include coverage of well-baby and well-child screenings for autism spectrum disorder as well as “Treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services shall be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.” Treatment includes rehabilitative as well as habilitative services. Coverage is \$36,000 annually and \$200,000 lifetime (amounts to be adjusted with inflation beginning 1/01/2011). Covers individuals “under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.”</p>	
Illinois	Public Act 095-1049 (2009 SB 101)	4/07/2009	4/07/2009	<p>Amends the Illinois Insurance Code to define “habilitative services for children.”</p> <p>Coverage must be extended to children younger than 19 years “with a congenital, genetic, or early acquired disorder” that has been diagnosed by a licensed physician; habilitative services are provided by licensed professionals. This includes licensed occupational therapists.</p> <p>Habilitative services include occupational therapy: ““habilitative services” means occupational therapy, physical therapy, speech therapy, and other services prescribed by the insured's treating physician pursuant to a treatment plan to enhance the ability of a child to function with a congenital, genetic, or early acquired disorder. A congenital or genetic disorder includes, but is not limited to, hereditary disorders. An early acquired disorder refers to a disorder resulting from illness, trauma, injury, or some other event or condition suffered by a child prior to that child developing functional life skills such as, but not limited to, walking, talking, or self-help skills. Congenital, genetic, and early acquired disorders may include, but are not limited to, autism or an autism spectrum disorder, cerebral palsy, and other disorders resulting from early childhood illness, trauma, or injury.”</p>	Yes
Illinois	Public Act 095-1005 (2008 SB 934)	12/15/2008	12/15/2008	<p>Health Insurance must cover diagnosis and treatment of individuals with autism spectrum disorders who are under 21 years of age.</p> <p>Maximum benefit is \$36,000 per year for autism-related services but number</p>	Yes

				<p>of visits is not limited. The yearly maximum will be adjusted for inflation each year.</p> <p>Occupational therapy is covered: "Therapeutic care, including behavioral, speech, occupational, and physical therapies that provide treatment in the following areas: (i) self care and feeding, (ii) pragmatic, receptive, and expressive language, (iii) cognitive functioning, (iv) applied behavior analysis, intervention, and modification, (v) motor planning, and (vi) sensory processing."</p> <p>Coverage cannot be denied to individuals with ASD.</p> <p>Coverage for ASD subject to same deductibles, coinsurance or other cost sharing as other covered conditions.</p>	
Indiana	<p>2001 HB 1122</p> <p>(Indiana Code 27-8-14.2)</p>	5/03/2001	7/01/2001	<p>Covers treatment of pervasive developmental disorders, including autism. Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other physical illness; treatment must be prescribed by physician.</p>	OT not specifically mentioned but OT services are included in the mandate, but subject to limitations.
Louisiana	2008 HB 589	7/01/2008	8/15/2008	<p>Coverage of autism spectrum disorders for individuals less than 17 years of age.</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p> <p>Number of visits are not limited. Annual maximum coverage of \$36,000; lifetime maximum coverage of \$144,000.</p> <p>Treatment includes "Therapeutic care" which is defined as "services</p>	Yes

				provided by licensed or certified speech therapists, occupational therapists , or physical therapists licensed or certified in this state.”	
Montana	2009 SB 234	4/24/2009	1/01/2010	<p>Mandates coverage for children with autism, Asperger’s, or PDD-NOS.</p> <p>Coverage includes therapeutic care: “that is provided by a speech-language pathologist, audiologist, occupational therapist, or physical therapist licensed in this state.”</p> <p>Occupational therapy is mentioned under therapeutic care, but not under habilitative or rehabilitative care.</p> <p>Maximum benefit of \$50,000 for children 8 years old and younger; \$20,000 for children ages 9-18 years.</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p>	Yes
Nevada	2009 AB 162	5/29/2009	1/01/2011	<p>Mandates coverage for children with autism spectrum disorders. Coverage includes screening for, diagnosis, and treatment of the disorder.</p> <p>Coverage includes occupational therapy under therapeutic care.</p> <p>Covers individuals under age 18, or through age 22 if enrolled in high school.</p> <p>Maximum yearly benefit of \$36,000 for applied behavioral analysis treatment. No mention of limits for therapeutic care services.</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p>	Yes

New Jersey	2009 A 2238 (Chapter 115)	8/3/2009		<p>C.17:48-6ii Hospital service corporation to provide benefits for treatment of autism or other developmental disability.</p> <p>1. Notwithstanding any other provision of law to the contrary, every hospital service corporation contract that provides hospital and medical expense benefits and is delivered, issued, executed, or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.), or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage pursuant to the provisions of this section.</p> <p>a. The hospital service corporation shall provide coverage for expenses incurred in screening and diagnosing autism or another developmental disability.</p> <p>b. When the covered person's primary diagnosis is autism or another developmental disability, the hospital service corporation shall provide coverage for expenses incurred for medically necessary occupational therapy, physical therapy, and speech therapy, as prescribed through a treatment plan. Coverage of these therapies shall not be denied on the basis that the treatment is not restorative.</p> <p>c. When the covered person is under 21 years of age and the covered person's primary diagnosis is autism, the hospital service corporation shall provide coverage for expenses incurred for medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs, as prescribed through a treatment plan, subject to the provisions of this subsection.</p> <p>(1) Except as provided in paragraph (3) of this subsection, the benefits provided pursuant to this subsection shall be provided to the same extent as for any other medical condition under the contract, but shall not be subject to limits on the number of visits that a covered person may make to a provider of behavioral interventions.</p> <p>(2) The benefits provided pursuant to this subsection shall not be denied on the basis that the treatment is not restorative.</p> <p>(3) (a) The maximum benefit amount for a covered person in any calendar year through 2011 shall be \$36,000.</p> <p>(b) Commencing on January 1, 2012, the maximum benefit amount shall be subject to an adjustment, to be promulgated by the Commissioner of Banking and Insurance and published in the New Jersey Register no later than February 1 of each calendar year, which shall be equal to the change</p>	New Jersey
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New Mexico	2009 SB 39	4/02/2009	6/19/2009	<p>Requires private health insurance to include annual coverage up to \$36,000 a year for diagnosis and treatment of autism spectrum disorder</p> <p>Coverage until age nineteen, or age twenty-two if the individual is enrolled in high school</p> <p>Maximum lifetime coverage limit of \$200,000; maximum per year benefit will be adjusted annually for inflation</p> <p>No limit on the number of visits to any covered service provider</p> <p>Coverage includes: "Treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy and applied behavioral analysis"</p>	Yes
North Dakota	2009 SB 2174	4/8/2009	8/18/2009	<p>SECTION 1. Autism spectrum disorder task force - Appointment - Duties - Annual reports.</p> <p>1. The autism spectrum disorder task force consists of:</p> <p>a. (1) The state health officer, or the officer's designee;</p> <p>(2) The director of the department of human services, or the director's designee;</p> <p>(3) The director of special education, or the director's designee;</p> <p>and</p> <p>(4) The executive director of the protection and advocacy project, or the director's designee; and</p> <p>b. The following members appointed by the governor:</p> <p>(1) A pediatrician with expertise in the area of autism spectrum disorder;</p> <p>(2) A psychologist with expertise in the area of autism spectrum disorder;</p> <p>(3) A college of education faculty member with expertise in the area of autism spectrum disorder;</p> <p>(4) A licensed teacher with expertise in the area of autism spectrum disorder;</p>	North Dakota

				<p>(5) An occupational therapist; (6) A representative of a health insurance company doing business in this state; (7) A representative of a licensed residential care facility for individuals with autism spectrum disorder; (8) A parent of a child with autism spectrum disorder; (9) A family member of an adult with autism spectrum disorder; and (10) A member of the legislative assembly.</p> <p>2. The director of the department of human services, or the director's designee, shall serve as the chairman. The task force shall meet at the call of the chairman, at least quarterly.</p> <p>3. The task force shall examine early intervention services, family support services that would enable an individual with autism spectrum disorder to remain in the least restrictive home-based or community setting, programs transitioning an individual with autism spectrum disorder from a school-based setting to adult day programs and workforce development programs, the cost of providing services, and the nature and extent of federal resources that can be directed to the provision of services for individuals with autism spectrum disorder.</p> <p>4. The task force shall develop a state autism spectrum disorder plan and present the plan to the governor and the legislative council before July 1, 2010. Thereafter, the task force shall continue to review and periodically update or otherwise amend the state plan so that it best serves the needs of individuals with autism spectrum disorder. The task force shall provide an annual report to the governor and the legislative council regarding the status of the state autism spectrum disorder plan.</p>	
Pennsylvania	2008 HB 1150	7/09/2008	7/01/2009	<p>Coverage for assessment and treatment of individuals with autism spectrum disorders under 21 years of age.</p> <p>Maximum yearly benefit \$36,000; this is adjusted to inflation beginning in 2011.</p> <p>No limit on the number of visits to any covered service provider.</p> <p>Coverage cannot be denied because of this condition; dollar limits,</p>	Yes

				deductibles, and co-pays cannot be more than for any other covered condition. Coverage includes: ""Therapeutic care" means services provided by speech language pathologists, occupational therapists or physical therapists."	
South Carolina	2007 SB 20	6/07/2007	7/01/2008	Coverage for treatment of individuals with autism spectrum disorders: the individuals must have been diagnosed by age 8; treatment is covered until age 16. Maximum yearly benefit for behavioral therapy is \$50,000; this is adjusted to inflation beginning one year after the law is enacted. Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition. No mention of any services other than behavioral therapy; no mention of limit on number of visits. Treatment must be prescribed by a licensed physician.	NO
Texas	2007 HB 1919	6/15/2007	9/01/2007	Coverage for treatment of individuals with autism spectrum disorders: at a minimum, health insurance must cover children ages 2-6; if a child older than 6 continues to need services, these should be covered as well. Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition. "The health benefit plan must provide coverage under this section to the enrollee for all generally recognized services prescribed in relation to autism spectrum disorder by the enrollee 's primary care physician in the treatment plan recommended by that physician." "Generally recognized services" includes occupational therapy . No mention of maximum yearly benefit or limits on number of visits to covered service providers.	Yes

Texas	2009 HB 451 (Chapter No. 1107)	6/19/2009	9/1/2009	<p>SECTION 2. Section 1355.015(a), Insurance Code, is amended to read as follows:</p> <p>(a) At a minimum, a health benefit plan must provide coverage as provided by this section to an enrollee [older than two years of age and younger than six years of age] who is diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee completes nine years of age. If an enrollee who is being treated for autism spectrum disorder becomes 10 [six] years of age or older and continues to need treatment, this subsection does not preclude coverage of treatment and services described by Subsection (b).</p> <p>SECTION 3. This Act applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2010. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2010, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.</p>	Texas
Wisconsin	2009 AB 75 (Budget Bill Sec. 3197 w.)	6/29/2009	11/01/2009	<p>Mandates coverage for children with autism spectrum disorders (autism, Asperger's, and PDD-NOS).</p> <p>This bill refers to coverage for treatment of the disorder.</p> <p>Differentiates intensive-level and non-intensive-level services.</p> <p>Coverage includes occupational therapy.</p> <p>Coverage includes "\$50,000 for intensive-level services per insured per year, with a minimum of 30 to 35 hours of care per week for a minimum duration of 4 years, and at least \$25,000 for nonintensive-level services per insured per year."</p> <p>Coverage cannot be denied because of this condition; dollar limits, deductibles, and co-pays cannot be more than for any other covered condition.</p>	Yes