



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

**BULLETIN HC-96**

**April 22, 2014**

**TO: All Health Insurance Companies and Health Care Centers Authorized to Conduct Business in Connecticut**

**RE: Health Insurance Coverage for Autism Spectrum Disorders and Early Intervention Services**

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The purpose of this Bulletin is to clarify Connecticut's mandated coverage for autism spectrum disorders and early intervention services in relation to changes brought about under the Patient Protection and Affordable Care Act, Pub.L.111-48, as amended by the Health Care and Education Reconciliation Act of 2010, Pub.L.111-152 (collectively "ACA")

Connecticut Public Act 09-115 amended Conn. Gen. Stat. § 38a-514b to broaden what a group health insurance policy is required to cover regarding autism spectrum disorders by including behavioral therapy to a yearly benefit of (1) \$ 50,000 for a child who is less than nine years of age, (2) \$ 35,000 for a child between nine and 13 years of age, and (3) \$ 25,000 for a child age 13 or 14.

Conn. Gen. Stat. §38a-490a and §38a-516b provide coverage under individual and group policies for early intervention services provided as part of an individualized family service plan for a child from birth until the child's third birthday to a maximum of \$6,400 per child per year and an aggregate benefit of \$19,200 per child over a three-year period.

Beginning January 1, 2014 autism and early intervention services became part of Connecticut's Essential Health Benefit package under the ACA. Section 2711 of the ACA prohibits annual dollar limits on Essential Health Benefits. This federal prohibition preempts the Connecticut statutory annual dollar limit mandates as codified in Conn. Gen. Stat. §38a-514b for autism spectrum disorders and §38a-490a and §38a-516b for early intervention services. However, the Department of Health & Human Services ("HHS"), charged with implementing and enforcing ACA, has provided guidance that health plans are permitted, instead, to provide non-dollar limits that are at least actuarially equivalent to the annual dollar limits in a state mandate.

Because the behavioral therapy benefits are classified as habilitative benefits, they are not considered subject to mental health parity. This is consistent with HHS guidance and with the approach taken by other states.

In view of the annual limit prohibition as provided in Section 2711 of the ACA, the Connecticut Insurance Department ("Department") will approve filings from health insurers and health care centers that include non-dollar limits on autism benefits and

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early intervention services, such as hour limits or units of service limits, provided they are actuarially equivalent to the dollar amounts cited above. The health insurers and health care centers must submit to the Department annually a certification and demonstration that the substitution of hour limits or unit limits is actuarially equivalent. Such certification and demonstration is reviewed by a Department actuary for accuracy before approval.

All health insurance companies and health care centers (HMOs) must disclose any specific limits for these services in their health insurance policies, certificates or amendments. Enrollees are being advised that they may (1) contact their health insurer or HMO for such information, or (2) check their policy, certificate or any amendments to get specific information about the hour limits or units of service limits under their plans.

Please contact the Insurance Department Life and Health Division at [cid.lh@ct.gov](mailto:cid.lh@ct.gov) with any questions.

A handwritten signature in blue ink, appearing to read "Thomas B. Leonardi", positioned above a horizontal line.

Thomas B. Leonardi  
Insurance Commissioner