

# Frequently Asked Questions about the State Autism Insurance Law

## 1. State Autism Insurance Law History

Autism Insurance Reform in Maryland resulted from regulatory changes to its existing [Habilitative Services Mandate](#) which were finalized on March 7, 2017.

[SB 694](#) was enacted on May 5, creating a state licensing process for behavior analysts and improving access to a larger pool of practitioners qualified ABA providers.

## 2. To which plan types does the State autism insurance law apply and what is the effective date of coverage?

Plan Type*	Subject to Terms of Bill?	Effective Date	Comments
State Employee Health Plans	yes	Jan 1, 2015	
Individual Plans	yes	Jan 1, 2015	
Fully insured large group plans	yes	Jan 1, 2015	
Fully insured small group plans	yes	Jan 1, 2015	

## 3. Which autism services are required to be covered by the law?

- Behavioral health treatment, including applied behavior analysis (ABA). ABA may not be denied on the assertion that it is “experimental” or “investigational”
- Psychological care, including direct or consultative services and psychotherapy
- Therapeutic care, including speech therapy, physical therapy and occupational therapy

## 4. Does the law impose age limits or annual dollar caps on coverage?

A carrier may not deny coverage based solely on the number of hours of habilitative services prescribed above, for:

- Less than or equal to *25 hours per week* in the case of a child who is a least *18 months of age and who has not reached the child’s sixth birthday*, or
- Less than or equal to *10 hours per week* in the case of a child who has reached the child’s *sixth birthday and who has not reached the child’s nineteenth birthday*

## 5. Where can I find more details about the State autism insurance law?

A copy of the regulatory changes related to habilitative services for autism can be found [here](#).

## 6. Other comments about the law.

According to the Maryland Insurance Administration, the regulations do not establish caps or limits, but instead establish **a floor for coverage** that carriers may not deny based solely on the number of hours of habilitative services prescribed, which differs depending on the age of the child, consistent with the [Autism Technical Advisory Group’s report](#).

A carrier may limit payment for habilitative services to payment for services provided by individuals who are licensed, certified or otherwise authorized under the Maryland Health Occupations Article or similar requirements of another state.