

Health Insurance

The Autism Society of North Carolina believes that people should have access to affordable health care that includes treatment and services that address autism spectrum disorder. The United States has a fragmented health care system that is based on an insurance model. Health insurance plans are purchased by individuals, employers, the government, or a combination of these. Every plan provides a different set of health care services, though most are required to provide a basic benefit package that includes things like diagnosis, preventative care, doctor's visits, mental health services and emergency care. Individuals are responsible for paying part of the cost of care with premium payments, co-pays, deductibles and/or co-insurance.

Depending on the kind of health insurance plan a person has and the source of the health insurance, **different laws apply**. The Federal government (Congress, Federal Administration) determine laws and regulations for insurance plans for Federal employees and retirees, the military, railway employees and retirees, Medicaid, Medicare, and for private companies that self-insure* or those that operate in more than one state or country. **Generally large private companies are regulated by the Federal government, and state health care laws do not affect them.** State government (The General Assembly/State Legislature and Governor's Administration) regulate health care laws for companies that operate only in a particular state and who purchase group health insurance plans for their employees, as well as a tiny number of individually purchased plans.

These days, many people buy health plans through The Healthcare Marketplace/Health Care Exchange under the Affordable Care Act. These are individual plans regulated by the Federal government and by states. Some state laws apply to them: state laws passed prior to December 31, 2010, are grandfathered into those plans. Laws passed after that date which require insurance companies to add additional benefits do apply to ACA plans, but the state itself must pay for the cost of additional coverage and cannot pass the cost onto the Federal government or insurance companies. States that do not want to cover the cost of additional coverage are either not passing new laws or are exempting those ACA plans from the new required coverage.

The Autism Society of North Carolina and its partner organizations passed legislation in North Carolina that would require health plans sold in NC to cover autism treatment. Several types of plans are NOT covered by the law: Group plans sold to large companies that operate in more than one state, military health care, Medicaid, Medicare, state and local employees covered under the State Employees Health Plan, companies with 50 or fewer employees and plans sold on the health care exchange under the ACA. Some of these plans cannot be regulated by state law and others have been exempted from the law. The State Employees Health Plan sets its own benefit package and has already voluntarily adopted an autism treatment benefit; because of that their benefit may be different from other plans covered under state law.

Even though state laws cannot require every plan to cover autism treatments, once a law has passed many companies that are not covered by the law will voluntarily adopt coverage for their employees that live and work in that state.

One of the best ways to ensure coverage of autism in health insurance plans is for Congress to require all plans to cover screening, diagnosis, and treatment of autism spectrum disorder, for Federal Agencies to change regulations under the Affordable Care Act to require autism coverage, AND to spread the costs of additional coverage across a nationwide risk pool to reduce costs for purchasers and states.

**Self-insured health plans: Some companies provide their own health insurance plans under a self-insurance model. In this, the private employer is its own insurance "company" and pays the health care costs of its employees directly rather than paying insurance premiums to an insurance company. While these companies might use a medical management company to deal with bill payment and customer service, as well as connect to a network of providers, these private employers/companies are still paying for the health care directly and not paying health insurance premiums. Some private employers/companies will carry additional insurance to cover their losses in potentially catastrophic health care cases.*