

What is the AUTISM INSURANCE ACT?

In Pennsylvania, your child's autism-related services may be covered by private health insurance, Medical Assistance (MA) or the Children's Health Insurance Program (CHIP) under **Pennsylvania's Autism Insurance Act (ACT 62)**. ACT 62 is a statewide insurance mandate specific to services provided to children and adolescents with Autism Spectrum Disorder (ASD).



Who is covered?

• Children and adolescents under age 21 with ASD who:

- are covered under an employer group health insurance policy (including HMOs & PPOs) issued in PA to groups of 51 or more employees;*
- are on MA; or
- are covered by CHIP.

**Act 62 does not apply to policies issued outside of PA or that are "self-funded" or "ERISA" policies.*

What services are covered?

- Medically necessary services that are for the assessment and treatment of ASD, including:
 - pharmacy care;
 - psychological care;
 - rehabilitative care, which included applied behavioral analysis (ABA);
 - and therapeutic care, including services provided by speech language pathologists, occupational therapists, and physical therapists.
- Services must be identified in a treatment plan developed by a licensed physician or licensed psychologist;
- Services must be prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner; and
- Services must be provided by an ASD service provider or a person, entity or group that works under the direction of an ASD service provider. ASD service provider includes behavior specialists licensed by DOS.

Why does it matter?

- Accessing autism services through private insurance results in significant cost savings to publicly-funded state programs.

COVERAGE INFORMATION & CAP

The maximum amount private health insurance companies are required to pay as a result of Act 62 for the diagnostic assessment and treatment of ASD is known as the "cap." The amount of the cap is adjusted annually. Coverage is subject to copayment, deductible, coinsurance, and other exclusions or limitations to the same extent as other medical services covered by the policy. Some plans do not impose any cap. Be sure to check your plan.

FOR MORE INFORMATION

Check out the Department of Human Services [Fact Sheet](#) and other resources on the Autism Insurance Act.

REQUIREMENTS

- Requires certain private health insurance companies to cover some of the costs of the diagnostic assessment and treatment of ASD for children and adolescents under the age of 21.
- Requires the Department of Human Services (DHS) to cover services for children and adolescents with ASD who are enrolled in MA and do not have private insurance coverage, or whose cost of services are more than the Act 62 limits in one year.
- DHS will cover any cost sharing applied to services, i.e. out-of-pocket costs such as copays, co-insurance, or deductibles, up to the MA allowable fee.
- Requires the Pennsylvania Department of State (DOS) to license professional behavior specialists who provide services to children and adolescents with ASD.

Questions about this resource, and all other questions about the Autism Insurance Act (ACT 62), can be submitted to the PA Department of Human Services: RA-PWACT62@pa.gov or the PA Insurance Department-Consumer Services: ra-in-consumer@pa.gov.

This resource was developed by [the ASERT Collaborative](#) for the Pennsylvania Department of Human Services.

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