



**An Act Concerning
Health Benefits Coverage
for Certain Therapies
for the Treatment of Autism and Other
Developmental Disabilities**

A2238 - Sponsored by Assemblyman Vincent Prieto

S1651 - Sponsored by Senator Joseph Vitale

- Requires health insurers to provide coverage for expenses incurred for medically necessary treatments when prescribed by the covered person's physician upon a diagnosis of autism or other developmental disability.
- Covered treatments include
 - physical therapy
 - speech therapy
 - occupational therapy
 - evidence-based behavioral interventions (up to \$36,000 per year for individuals up to the age of 21).
- Does not affect educational services provided under an IFSP, IEP or ISP.
- Estimated claim cost per covered person according to Oliver Wyman's independent actuarial analysis would be \$16.60 annually or approximately \$1.38 per month.
- Ten states require private health insurers to cover evidence-based treatment of Autism Spectrum Disorder, and more than twenty-seven states are pursuing similar legislation.
- According to a 2007 study conducted by the Harvard School of Public Health, the estimated cost of caring for a person with Autism Spectrum Disorder over their lifetime is \$3.2 million. Insurance coverage for evidence-based treatment is the fiscally responsible thing to do.
- Providing access to evidence-based treatment endorsed by the AAP and the U.S. Surgeon General will help improve the quality of life of families in New Jersey dealing with the extreme challenges related to Autism Spectrum Disorder.