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The Affordable Care Act: Healthcare Provisions for Autism and Related Conditions

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According to the US Department of Health and Human Services, the Affordable Care Act (ACA) contains important provisions for individuals with autism and related conditions and their families. Now is the time for families impacted by autism to



understand what this means for them. Healthcare marketplaces were to be operational by October 1, 2013 because the ACA went into effect across the nation on January 1, 2014. The goal of this nationwide program is to increase the number of Americans with health coverage and cut the overall cost of healthcare.

Health reform matters for the autism community because those with autism spectrum disorders face more serious coverage and benefit gaps than others, and previous coverage often did not meet the needs of most families.

Some Provisions Affecting Citizens with Autism/Related Issues Under the Affordable Care Act

- Job-based and new individual health insurance plans can no longer deny, limit, or exclude coverage to any person based on a pre-existing condition, including children on the autism spectrum.
- New health insurance plans or insurance policies must cover preventative services without cost-sharing, including autism screenings for children at 18 and 24 months.
- Insurance companies can no longer impose lifetime dollar amounts on coverage. Prior to the Affordable Care Act, many plans set a dollar limit on covered benefits during the time of enrollment in the plan, leaving those and their families to pay the cost of all care exceeding that limit. The law also restricts annual dollar limits and prohibits them for new plans.
- Young adults can remain on their parents' insurance up to age 26. For young adults with autism or related conditions and their family, that means more flexibility, more options, and hopefully a greater peace of mind for all concerned.
- Individuals on the autism spectrum and families of children on the autism spectrum will have greater access to



affordable insurance options through Health Insurance Marketplaces and expansions in Medicaid.

- Health insurers will also have annual outof-pocket limits to protect a family's income against the high cost of health care services.
- Health plans sold in the individual and small group markets, including Marketplaces, will cover "essential health benefits" to help make sure that health insurance is comprehensive. These essential health benefits include rehabilitative and habilitative services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills. Speech, occupational (OT), and physical therapy (PT) services are included in this category.
- However, plan coverage requirements vary state-by-state. For example, some plans may only cover a specific, predetermined number of visits, require copays for therapy services, or have special rules about whether the policy's deductible applies to visits. A 2019 AOTA-sponsored analysis of 677 Marketplace plans showed

that many plans still do not clearly define coverage details concerning speech, OT, and PT services on the summaries provided for consumers who are actively shopping for healthcare coverage.

For more information on how the Affordable Care Act affects coverage for those with autism and other related conditions within your family, for questions about the new Health Insurance Marketplaces, or how coverage will work in your state, visit https://www.healthcare.gov/ or call the hotline (available 24/7) at 1-800-318-2596.



Resources:

American Occupational Therapy Association (AOTA). 2019. *Analysis of rehabilitation and habilitation benefits in qualified health plans*. Retrieved April 16, 2024 from https://www.aota.org/advocacy/issues/health-care-reform/health-care-reform---hab-rehab-in-aca-plans.

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U.S. Department of Health & Human Services. 2013. The Affordable Health Care Act and Autism and Related Services.

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