

January 2026: HB 453 Strengthens Ohio’s Insurance-Funded Framework for Treatments for Autism by:

1. Giving children and teens a fair shot at making it through the insurer’s authorization process for coverage and,
2. Increasing in-network autism service providers close to their communities.

Key Acronyms:

<i>ABA - Applied Behavior Analysis (most prescribed, evidence-based treatment for autism)</i>	<i>AMA - American Medical Association</i>	<i>ACA - Affordable Care Act</i>
<i>COBA - Certified Ohio Behavior Analyst (doctoral or master’s level, designs and supervises care, and Technician. (ORC Section 4783.02)</i>	<i>HB - House Bill in Ohio’s State Legislature</i>	<i>CMS - Centers for Medicaid and Medicare.</i>
<i>RBT -certified Registered Behavior Technician (direct care staff)</i>	<i>ACA - Affordable Care Act</i>	<i>MHPAEA – Federal Mental Health Parity Laws</i>

(1) How does HB 453 give autistic children and teens a fair shot at approval for coverage for treatment?

This bill will increase access to the most prescribed treatment for autism, called *Applied Behavior Analysis* or *ABA*. It will require insurers to use the nonprofit, industry-developed treatment standards of care, called the *ABA Practice Guidelines*¹, alongside a health plan's ABA medical policy without preset, arbitrary treatment limitations or caps.

HB453 will require insurers to:

- Utilize generally accepted standards of care as the benchmark for all ABA medical necessity determinations. The *ABA Practice Guidelines* were developed by subject-matter experts, not insurers. Children and teens with autism need a shot at a fair process for medical necessity determinations by insurers using these standards.
- Remove unfair, preset treatment limitations related to age and hour/visit caps² within Ohio law and some insurers’ medical policies on treatment hours or visits for ABA, speech, and occupational therapies that are found in some state-regulated commercial health plans. Arbitrary caps hurt a child's shot at getting individualized care, and for children with autism, the intensity of evidence-based treatment is a key element in driving meaningful outcomes in adaptive skills, cognitive functioning, and decreasing autism symptom severity.

Early access to care is crucial for young children prescribed ABA treatment for treating symptoms of autism

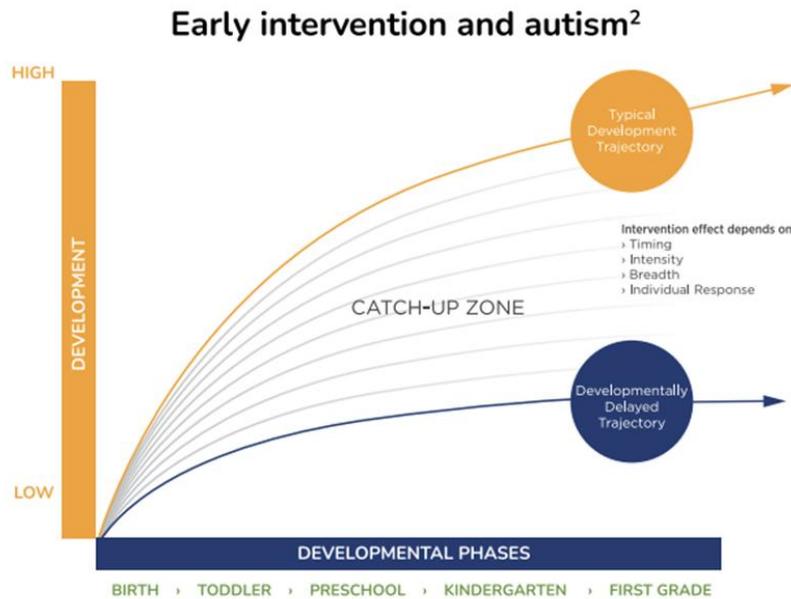
- Children not receiving intensive Comprehensive ABA Interventions (intensive treatment for multiple developmental domains) before seven years old have less of a chance to catch up or reduce their deficits in adaptive skills and cognitive abilities compared to typically developing peers.
- Research shows a direct correlation between Comprehensive ABA Intervention services and meaningful outcomes in increasing adaptive skills and cognitive functioning, and decreasing the severity of autism. ³
- Preset treatment limitations on age, hours, and visits rob the child of the right intensity of treatment for them.

¹ Council for Autism Service Providers (2024). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Manager*, (Standards of Care) <https://www.casproviders.org/standards-and-guideline>.

² ORC Section 1751.84 & 3923.84 | Coverage for autism spectrum disorder. Treatment Limitations cited

³ Council for Autism Service Providers (CASP) (2024). *Evidence About ABA Treatment for Youth Children with Autism*. The Impact of Treatment Intensity on Outcomes. <https://www.casproviders.org/evidence-intensive-early-aba>

- The graph below and the graph on page 3 are from the Council for Autism Service Providers (CASP) (2024). *Evidence About ABA Treatment for Youth Children with Autism. The Impact of Treatment Intensity on Outcomes.* <https://www.casproviders.org/evidence-intensive-early-aba>



Autism does not go away at age 8 or 14. Adolescents and young adults need access to prescribed care.

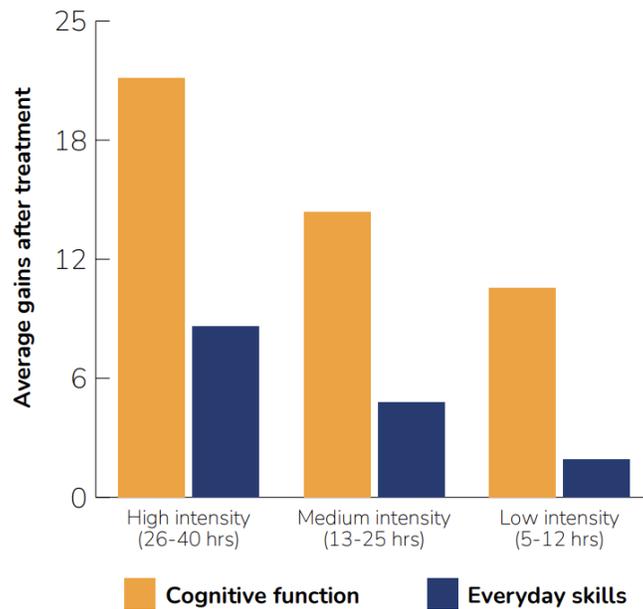
- Many of these individuals most likely never had access to ABA treatment. Most may only need Focused ABA Interventions (targeted on a limited number of behavior goals).
- Many face an increase in challenging behaviors and increased emotional dysregulation during puberty. Some may engage in harmful and risky behaviors and/or have substantial deficits in skills that jeopardize their health, safety, and independence.⁴ Maintaining functioning and not regressing or losing gained skills, is a key element for consideration within medical necessity, per the AMA.
- Age 14 is a treatment limitation/cap currently in Ohio law⁵ for fully funded commercial and employer-based plans, and age 21 in marketplace ACA plans. The Department of Insurance regulates these plans. Even with the Department's commitment to mental health parity education, some insurers continue to use the preset age cap, which clearly takes away an autistic adolescent's fair shot at approval for coverage.
- CMS released a bulletin in 2014⁶ sharing how state Medicaid needed to offer ABA coverage. However, most states did not until many years later, allowing many with Medicaid coverage to miss crucial treatment.

⁴ Council for Autism Service Providers (2024). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Manager, (Standards of Care)) <https://www.casproviders.org/standards-and-guideline>.

⁵ ORC Section 1751.84 & 3923.84 | Coverage for autism spectrum disorder. Treatment Limitations cited

⁶ CMS (2014) Bulletin, Clarification of Medicaid Coverage of services to Children with Autism <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-07-07-14.pdf>

Impact of ABA intensity on gains in children's cognitive function and everyday skills



Why is HB 453 important to all autistic children, teens, and young adults in Ohio?

- The AMA's updated definition of medical necessity⁷ states that treatments must be delivered in accordance with the standards of care developed for that condition by subject-matter experts in the field.
- Ohio must bring state-regulated commercial insurers into compliance with federal mental health parity laws⁸ to ensure an individualized medical necessity determination without preset age and hour caps.
- Families and advocates have asked the Ohio Department of Insurance to issue a bulletin to tell commercial insurers to stop using preset treatment limitations or caps. Virginia, New Mexico, New Hampshire, North Dakota, and Wyoming recently issued bulletins from their departments of insurance to stop this practice.

HB 453 will save the state of Ohio and its insurers financially.

- In a study that included Dr. Mulick from The Ohio State University, a cost savings of \$203,000 per child up to 22 years old and cost savings of \$1,082,000 up to age 55 were found when children received early, intensive Comprehensive ABA treatment. (Jacobson, Mulick, Green, 1998; *Behavior Interventions*).
- If not treated early, autism care costs are high. The average per capita lifetime costs have been estimated to range between \$2 and \$4 million (Ganz, 2007; *Newschaffer et al.*, 2007).
- Reduce reliance on Medicaid: If commercial and employer-based insurance do not cover ABA for ages 14 and older, this just cost shifts these key services into Medicaid coverage, driving up state expenditures.
- Reduce costly ER visits and out-of-home placements: Without access to ABA treatment, some may need more costly care and possible enrollment in the OhioRise program or very expensive residential treatment.

⁷ American Medical Association, 2024, *CPT Codes Manual*, <https://www.ama-assn.org/practice-management/cpt>

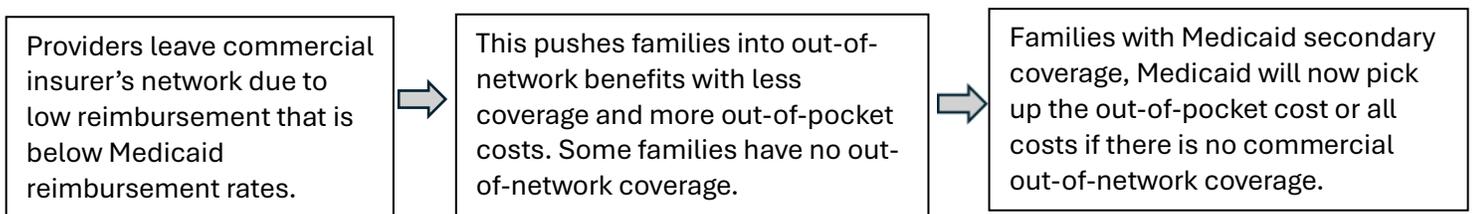
⁸ Mental Health Parity Law, (2024) <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity>

- Reduce Educational Cost: Students with autism can be some of the most extensively staffed and expensive for educational services. Access to early treatment services will lessen educational costs due to increased adaptive and cognitive functioning skills and less severity of autism.
- Reduce adult developmental disability service cost: ABA helps achieve large, comprehensive developmental gains that can be sustained well into adulthood, reducing costs of Ohio’s waiver services.

(2) HB 453 will increase access to in-network ABA care in more communities while creating jobs for Ohioans.

Autistic individuals are facing a strained and inadequate provider network within most of the state’s employer-based health plans (commercial) and Medicaid plans (public).

Many children with some commercial insurance plans receive a substantial portion of their ABA treatment coverage through Medicaid because of age or hour caps, and because providers are reimbursed at or below the Medicaid fee schedule, depicted in the scenario below:



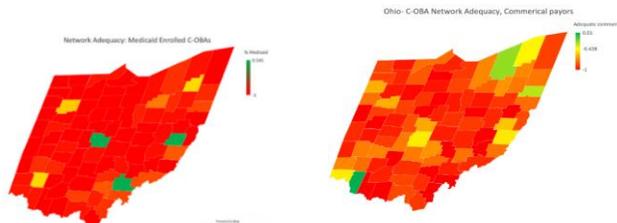
To build an adequate network, Ohio’s ABA providers need reimbursement rates that cover costs to attract and develop more ABA practitioners in Ohio. ABA providers are struggling to offer competitive wages and health insurance. Currently, Ohio has 1,581 behavior analysts (COBA) for 71,586 children with autism, per census data⁹.

HB453 will ensure:

- **All commercial and employer-based insurers reimburse at least 100% of the current Medicaid rates.**
- **Medicaid begins reimbursing at the new, actuary-developed reimbursement schedule¹⁰ that offers sustainable, cost-covering rates.**
- **Exam-eligible technicians deemed competent by a COBA can begin providing direct treatment services while achieving their RBT certification within 120 days.**

The inadequate provider networks in Ohio’s Medicaid and Commercial ABA networks are easy to see in the heat maps¹¹ below. The data showed that 3 counties (green) in the left map for Medicaid and only 3 counties (green) in the right map for Commercial plans had an adequate provider network.

State Certified Behavior Analyst Practitioners (COBA) in Medicaid Networks. Note: State data showed that only 8% of children with autism are getting access to ABA.¹²



State Certified Behavior Analyst Practitioners (COBA) in Commercial Networks.

⁹ Ohio Census (2020), <https://censusreporter.org/profiles/04000US39-ohio/>

¹⁰ Ohio Department of Medicaid (2024) *Milliman Actuarial Developed Reimbursement Schedule for ABA treatment*. Ohio Department of Medicaid (2024) *Draft ABA Coverage Rules and Milliman Actuarial Developed Reimbursement Schedule for ABA*. <https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Stakeholders%2C%20Partners/LegalandContracts/Rules/ERF188422B.pdf>

¹¹ Council for Autism Service Providers (CASP) (2024) Heat Map Development

HB 453 will work to ensure that commercial plans provide full coverage when ABA is medically necessary, without preset caps and within in-network coverage, and that Medicaid covers only deductibles and copays for Medicaid-eligible children with commercial insurance, resulting in cost savings for Ohio's budget.

- Reduce Medicaid expenditure on ABA services for children with primary commercial insurance.
- Reduce wait times and early access to care in a child's life, which will reduce future service needs in special education, Medicaid waivers, and adult developmental disabilities services.
- Timely access to care for adolescents and young adults will reduce both commercial and Medicaid insurers' coverage of emergency room visits and costly residential mental health treatment facilities.

Please support the passage of HB 453 to strengthen Ohio's insurance-funded framework and ensure accessible, medically necessary autism care with no preset treatment limits and an adequate provider network in our communities.

For more information, please contact Marla Root with the Ohio Autism Insurance Coalition by email Help@ASDOHIO.com or by phone at (614) 565-5765.

Please watch our 2-minute video about HB 453 here <https://www.asdohio.com/hb-453/#why-hb-453>