

**As Introduced**

**134th General Assembly  
Regular Session  
2021-2022**

**H. B. No. 742**

**Representative Lipps**

**Cosponsors: Representatives Baldrige, Seitz, Carruthers**



**A BILL**

To enact section 5162.137 of the Revised Code to 1  
require data collection, reporting, and outreach 2  
regarding applied behavior analysis for children 3  
with autism who are Medicaid enrollees. 4

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That section 5162.137 of the Revised Code be 5  
enacted to read as follows: 6

**Sec. 5162.137.** (A) "Applied behavior analysis" and "autism 7  
spectrum disorder" have the same meanings as in section 3923.84 8  
of the Revised Code. 9

(B) Beginning in the calendar year following the effective 10  
date of this section, and not later than the last day of 11  
December of each year, the department of medicaid shall submit a 12  
report to the general assembly regarding access to applied 13  
behavior analysis for enrolled children diagnosed with autism 14  
spectrum disorder. The data in the report shall be organized by 15  
current procedural terminology (CPT) code, including all applied 16  
behavior analysis category I and III codes. The report shall be 17  
submitted in accordance with section 101.68 of the Revised Code 18

and shall include the following information from the immediately 19  
preceding fiscal year regarding the medicaid program: 20

(1) The number of certified behavior analysts practicing 21  
in this state who are medicaid providers, including both board 22  
certified behavior analysts and, as defined in section 4781.01 23  
of the Revised Code, certified Ohio behavior analysts; 24

(2) The number of medicaid enrollees who are children with 25  
an autism spectrum disorder diagnosis who received applied 26  
behavior analysis during the immediately preceding fiscal year; 27

(3) The number of medicaid enrollees who are children with 28  
an autism spectrum disorder diagnosis who did not receive 29  
applied behavior analysis, despite it being recommended by the 30  
child's health care provider; 31

(4) The number of prior authorization requests for applied 32  
behavior analysis that were denied and the number of appeals 33  
resulting from those denials and partial denials; 34

(5) The median of recommended hours and the median of 35  
received hours of applied behavior analysis for medicaid 36  
enrollees who are children with an autism spectrum disorder 37  
diagnosis who were approved for and received applied behavior 38  
analysis but did not receive the number of hours of treatment 39  
recommended by the child's health care provider; 40

(6) The median of recommended hours and the median of 41  
covered hours of applied behavior analysis for medicaid 42  
enrollees who are children with an autism spectrum disorder 43  
diagnosis for whom the medicaid program covered fewer behavior 44  
analysis hours than were recommended by the child's health care 45  
provider; 46

(7) Recommendations to improve the adequacy of the network 47

<u>of applied behavior analysis providers who are medicaid</u>	48
<u>providers;</u>	49
<u>(8) Other recommendations to improve access to applied</u>	50
<u>behavior analysis.</u>	51
<u>(C) The department shall make every effort to collect,</u>	52
<u>from applied behavior analysis providers and enrollees, any</u>	53
<u>information necessary to compile the report required by this</u>	54
<u>section.</u>	55
<u>(D) The department shall develop education and outreach</u>	56
<u>materials that do both of the following:</u>	57
<u>(1) Inform and educate parents and legal guardians of</u>	58
<u>enrolled children with an autism spectrum disorder diagnosis</u>	59
<u>about relevant services for which those children are eligible;</u>	60
<u>(2) Explain how to access those services.</u>	61