



LINDA LINGLE
GOVERNOR
JAMES R. AIONA, JR.
LT. GOVERNOR

STATE OF HAWAII
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LAWRENCE M. REIFURTH
DIRECTOR
RONALD BOYER
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-FOURTH LEGISLATURE
Regular Session of 2008

Wednesday, February 27, 2008
2:30 p.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 2727, HD 1 – RELATING TO HEALTH INSURANCE.

TO THE HONORABLE MARCUS R. OSHIRO, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is J. P. Schmidt, State Insurance Commissioner (“Commissioner”), testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department takes no position on this bill, which creates a mandated benefit for people under age 21 for the diagnosis and treatment of autism spectrum disorders.

The Department does not have the medical expertise necessary to express an informed opinion on the merits of this bill. In addition, mandated benefits help some patients, but also increase premiums for consumers. Weighing these complex issues is best left to the wisdom of the Legislature. It should also be noted that prior to enacting mandatory health insurance coverage, there must be a review by the Legislative Auditor pursuant to Hawaii Revised Statutes section 23-51.

We thank this Committee for the opportunity to present testimony on this matter.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

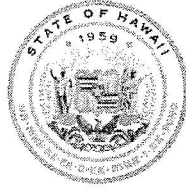
House Committee on Finance

H.B. 2727, H.D.1, Relating to Health Insurance

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 27, 2008, 2:30 p.m.

- 1 **Department's Position:** The Department of Health (DOH) cannot support this measure as written.
2 Section 6 of this bill establishes a temporary ASD Benefits and Coverage Task Force in the DOH. The
3 Department does not have the staff or funding resources to support the extensive Task Force work.
4 **Fiscal Implications:** No funds are appropriated to support the work of the ASD Task Force.
5 **Purpose and Justification:** This bill requires all health insurers, mutual benefit societies, and health
6 maintenance organizations to provide mandatory coverage for individuals under age 21 for the diagnosis
7 and treatment of ASD beginning 1/1/2009. This bill also establishes in the DOH an ASD Benefits and
8 Coverage Task Force, with the DOH responsible for administering the work of the Task Force,
9 providing a facilitator, and submitting a report to the legislature.
10 The Department is willing to be a member of the Task Force and provide information on the
11 medical aspects of ASD.
12 Thank you for the opportunity to testify.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 27, 2008

The Honorable Marcus R. Oshiro, Chair
House Committee on Finance
Twenty-Fourth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Oshiro and Members of the Committee:

SUBJECT: HB 2727 HD1 - RELATING TO HEALTH INSURANCE

The position and views expressed in this testimony do not represent nor reflect the position and views of the Department of Health (DOH).

The State Council on Developmental Disabilities recognizes the merits of this bill. The purpose of the bill is to require all health insurers, mutual benefit societies, and health maintenance organizations to provide mandatory coverage for all policyholders, members, subscribers, and individuals under age 21 for the diagnosis and treatment of autism spectrum disorders beginning January 1, 2009.

The Council does not have expertise in the area of insurance coverage and the impact that coverage for the diagnosis and treatment of autism spectrum disorders would have as a mandated benefit. It is appropriate for the Legislative Auditor to prepare and submit a report to the Legislature that assesses both the social and financial effects of the proposed mandated coverage as required under Section 23-51, Hawaii Revised Statutes.

We support the intent of Section 6 of the bill beginning on page 12 that establishes a temporary Autism Disorders Spectrum Benefits and Coverage Task Force. We defer to DOH for financial resources needed to support the work of the task force.

The Council appreciates the Legislature's interest and concern about autism spectrum disorders. Thank you for the opportunity to present testimony.

Sincerely,


Waynette K. Y. Cabral
Executive Administrator



February 27, 2008

To: Rep. Marcus Oshiro, M.D., Chair
Rep. Marilyn B. Lee, Vice Chair
House Finance Committee

Please deliver to:
House Finance
Comm.
2-27-2008, Wed.
2:30pm
Conf. Rm.308

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From: Cynthia Goto, M.D., President
Linda Rasmussen, M.D. and Philip Hellreich, M.D., Legislative
Co-Chairs
Paula Arcena, Executive Director
Dick Botti, Government Liaison

RE: HB 2727 HD1 Relating to Health Insurance (Requires all health insurers, mutual benefit societies, and health Maintenance organizations to provide mandatory coverage for all policyholders, member, subscribers, and individuals under age 21 for the diagnosis and treatment of Autism spectrum disorders).

The HMA supports the intent of HB 2727 HD1 to provide for needed medical care, but has concerns about adding to Hawaii's already long list of mandated health insurance benefits. The addition of more benefits increases health care costs, thereby increasing premiums and putting health care coverage out of reach for more of our residents. For that reason and those explained below, the HMA is opposed to mandated benefits.

Mandated benefits should consist of core benefits that are limited to medical needs. Many existing benefits, such as mammograms, immunizations, mental health and alcohol and drug dependence treatment, are necessary to maintain the health of Hawaii's citizens. These benefits warrant mandating because they are cost effective by preventing future illness, which would be far more costly to treat and cure. The HMA strongly believes that every member of our society needs and deserves a core group of medical and surgical benefits, including psychiatry and addition medicine.

Over and above these benefits, the HMA generally favors free market solutions and opposes mandated benefits, because they significantly increase the cost of health care and ultimately increase the number of uninsured or underinsured people. However, it is important to retain some flexibility in order to reflect advances in medical science and to address those instances in which the free market does not induce third party payers to cover new diagnostic and therapeutic services.

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(808) 528-2376 fax
www.hmaonline.net

While it is vitally important to consider the cumulative cost of mandated benefits, the delivery of quality health care should not be prohibited with an arbitrary cap.

Following the 2001 legislative session, the HMA participated in the Mandated Benefits Task Force, convened by the Insurance Commissioner, and served on committees led by former Representatives Ken Hiraki and Dennis Arakaki and Senator Brian Taniguchi. The task force and its committees spent a significant amount of time discussing this issue.

Unfortunately, the legislature did not act upon the recommendations of the task force. While the report is 6 years old, we think it would be helpful for this committee to review the Task Forces' report and re-visit this issue before adding mandated benefits.

Thank you for the opportunity to testify on this matter.



HOUSE COMMITTEE ON FINANCE

Rep. Marcus Oshiro, Chair

Conference Room 308

February 27, 2008 at 2:30 p.m. (Agenda #5)

Testimony in opposition to HB 2727 HD 1.

I am Rich Meiers, President and CEO of the Healthcare Association of Hawaii, which represents the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. Thank you for this opportunity to testify in opposition to HB 2727 HD 1, which mandates that all health care insurance plans cover the diagnosis and treatment of autism spectrum disorders.

At the outset, let me say that the intent of this bill is noteworthy since it addresses serious medical conditions. At the same time, however, Hawaii's Prepaid Health Care Act (PHCA) was never meant to provide total coverage for all illnesses, injuries, and diseases because of the high costs that would be incurred. These high costs would then be reflected in health care insurance rates paid by employers and employees. Rather, the PHCA was meant to provide basic coverage to a broad population.

It is true that this bill would affect only a small portion of those who are covered by health care insurance. As such, it would add only a small cost. However, there are many different types of mandates that have been proposed in the past, that are currently being proposed, and no doubt will be proposed in the future. In the eyes of their advocates, all of these mandates are equally worthy. However, the adoption of all of these mandates would increase health care insurance costs significantly.

For the foregoing reasons, the Healthcare Association of Hawaii opposes HB 2727 HD 1.

Testimony of
Frank P. Richardson
Executive Director of Government Relations

Before:
House Committee on Finance
The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn B. Lee, Vice Chair

February 27, 2008
2:30 pm
Conference Room 308

HB 2727, HD1 RELATING TO HEALTH INSURANCE (Autism)

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB2727, HD1 which includes diagnosis and treatment of autism spectrum disorders in health insurance coverage.

Kaiser Permanente Hawaii provides the following comments on this bill.

Kaiser Permanente's position on proposed legislative mandates of health coverage is that they are usually not a good idea, for several reasons:

1. First, because they generally tend to raise the cost of delivering health care, thereby resulting in higher premiums and increased cost to the purchasers and payors of health plan coverage, whether they be employer groups or individuals;
2. Second, because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and usurps the role and expertise of the practicing physician and other health care professionals who provide medical treatment and services; and
3. Finally, because they often lock in statutory requirements that become outdated and do not keep pace with the ever evolving and advancing fields of medicine and medical technology.

Kaiser also notes that an impact assessment report is required pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes to assess, among other things:

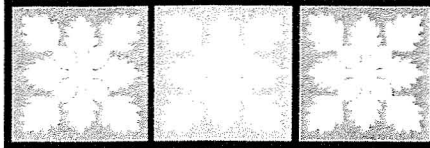
- a) the extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders; and
- b) the impact of this mandated coverage on the total cost of health care.

Additionally, Kaiser notes that this bill proposes a mandate that could cost, by law, up to \$75,000 per patient per year when passed, with the potential to rise over time. This could create a significant financial impact that should be reviewed prior to passing this law.

This bill also proposes definitions that differ from those already existing in Hawaii law. For example, "medical necessity" is defined at Sections 432E-1 and 432E-1.4 of the Hawaii Revised Statutes, in a definition that differs in significant respects from the definition of "medically necessary" in this bill. Such inconsistencies in law are better avoided.

Finally, Section 6 of this bill proposes an autism disorder spectrum benefits and coverage task force attached to the Department of Health to report to the legislature prior to the 2009 legislative session. Due to Kaiser Permanente's unique structure and method of providing services we request that someone from Kaiser Permanente be appointed to the task force. With approximately 20 percent of Hawaii's residents receiving care from Kaiser Permanente, it is important that any proposal for changes in benefits take into account the impact on these residents.

Thank you for the opportunity to comment.



Hawaii Association of Health Plans

February 27, 2008

The Honorable Marcus Oshiro, Chair
The Honorable Marilyn Lee, Vice Chair

House Committee on Finance

Re: HB 2727 HD1 – Relating to Health Insurance

Dear Chair Oshiro, Vice Chair Lee and Members of the Committee:

My name is Rick Jackson and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of seven (7) member organizations:

AlohaCare
Hawaii Medical Assurance Association
HMSA
Hawaii-Western Management Group, Inc.

MDX Hawai‘i
University Health Alliance
UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

Thank you for the opportunity to testify on HB 2727 HD1 which would require health plans to cover screening for diagnosis and treatment of autism spectrum disorders for individuals under the age of twenty one “when ordered by a physician, psychologist or certified registered nurse practitioner.” HAHP recognizes that legislative health mandates are often driven by the desire for improved health care services to the community; as health plans, our member organizations are committed to the same ideal.

This bill, however, would seem to have the intended effect to shift 100% of treatment responsibility and cost for autism spectral disorder to licensed health plans, including all of HAHP’s member organizations. Currently, a broad range of organizations and support groups assist in dealing with this developmental disorder: Department of Education (DOE), Department of Health – Developmental Disabilities Division, the Department of Human Services through Medicaid and other community-based organizations. As we understand the bill, treatment “prescribed, provided, or ordered for an individual diagnosed with an autism

spectrum disorder by a licensed physician, licensed psychologist, or certified registered nurse practitioner if the care is determined to be medically necessary” will be mandated to be covered by health plans. Additionally, we would point out that the bill’s broad definition of medical necessity is not consistent with the one stated in the Patient Bill of Rights.

Health plans already are, by Division of Insurance rules, responsible for reimbursing diagnostic testing for autistic disorders. Cost-shifting the entire treatment responsibility to health plans away from the current Government-sponsored programs to private plans may appeal to the family members of autistic children, but not to HAHP members or the employers who pay the premiums for their employees.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Jackson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rick Jackson
President

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 27, 2008

The Honorable Marcus Oshiro, Chair
The Honorable Marilyn Lee, Vice Chair

House Committee on Finance

Re: HB 2727 HD1 – Relating to Health Insurance

Dear Chair Oshiro, Vice Chair Lee and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2727 HD1 which would require health plans to provide coverage for the diagnosis and treatment of autism spectrum disorders for covered individuals less than twenty-one years of age.

The first problem with HB 2727 HD1 is the language in the measure itself. We believe that it is flawed in its definition of medical necessity and treatment. The term “medical necessity” is already statutorily defined in HRS 432E-1.4 in the Patient’s Bill of Rights and Responsibilities Act. This definition was designed not only to protect a health plan’s members but to allow the plan the ability to ensure that services and treatments provided meet a scientific standard for effectiveness, are necessary and appropriate. The definition of “medical necessity” and “treatment” in this measure differs significantly from what already exists including the removal of the scientific standard.

The current language in the measure would create an Autism Disorders Spectrum Benefits and Coverage Task Force. While HMSA appreciates the inclusion on such a Task Force, we also believe that prior to this group being convened the legislature should request an Auditor’s study as required under Hawaii Revised Statutes 23-51 and 23-52. This study would provide Task Force members with objective information and the groundwork with which to begin the discussion on what can be done to ensure proper services are provided through public and private resources for children with autism. Without a report of this type, the Task Force would be responsible for gathering what could be a lot of information with limited time and resources.

We would request that rather than pass HB 2727 HD1, the Committee consider holding this measure and instead request an Auditor’s study be completed. The language concerning the Task Force could be reintroduced next legislative session requesting that this group specifically examine the Auditor’s findings. We believe that a study of this type will provide the Task Force with an objective document with which to begin its work.

Additionally, there seems to be incorrect language on page 12, lines 13-14 referring to an early childhood task force which should be amended to reflect the name of the autism task force.

Thank you for the opportunity to provide testimony on HB 2727 HD1.

Sincerely,

A handwritten signature in black ink, appearing to be 'JD' with a flourish extending to the right.

Jennifer Diesman
Director, Government Relations

Cure Autism Now

**WALK
NOW**

Kalma K. Wong
46-220 Alaloa Place
Kaneohe, Hawaii 96744
(808) 393-5218

February 26, 2008

Representative Marcus Oshiro
Chair, House Committee on Finance
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, HI 96813

Representative Marilyn Lee
Vice-Chair, House Committee on Finance
Hawaii State Capitol, Room 434
415 South Beretania Street
Honolulu, HI 96813

Re: Testimony in STRONG SUPPORT for HB2727 HD1, Relating to Health Insurance Coverage for Autism Spectrum Disorders
House Committee on Finance, February 27, 2008, Room 308, 2:30 p.m.

Dear Chair Oshiro and Vice-Chair Lee, and the members of the Finance Committee:

I am writing to express my strong support for House Bill 2727, otherwise known as Dylan's Law. This important bill mandates health insurance coverage for autism spectrum disorders.

Autism is a complex neurobiological disorder that currently affects 1 in 150 children, according to the Center for Disease Control. This disorder affects boys four times more likely than girls. Autism impairs a person's ability to communicate and relate to others, and is often associated with repetitive behaviors, poor eye contact, and rigidity in routines.

Children with autism often have co-occurring conditions, such as behavioral problems, speech disorders, anxiety, muscle or joint problems, ear infections, gastro-intestinal problems, vision and hearing problems, and allergies. The wide range of co-occurring problems leads to their need for services from trained medical professionals and for a full-range of therapies.

Unfortunately, children with autism are often denied coverage for necessary therapies by private health insurance companies. The therapies

**cure
Autism
now**
FOUNDATION

5455 Wilshire Blvd.
Suite 2250
Los Angeles, CA
90036-4234

888.8AUTISM
323.549.0500
323.549.0547 fax
www.cureautismnow.org

frequently denied include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA). Speech therapy is often denied because coverage generally only includes rehabilitative, as opposed to habilitative care. In other words, if a child never had the ability to talk, they don't need to teach him how to speak. But children with autism are delayed in development and require therapy to DEVELOP skills, such as the ability to speak and communicate.

Applied Behavior Analysis (ABA) has a decades-long record of efficacy. ABA is a data-based intervention for autism that has over forty years of research behind it. ABA therapy has shown to increase educational placements and increased IQ levels of those with autism. This therapy is recognized by the U.S. Surgeon General's 2001 Report on Mental Health as being widely accepted as the effective treatment for autism, and the National Institute of Child Health and Human Development acknowledges that Applied Behavior Analysis is an effective treatment for autism. Although ABA is the treatment most often sought by parent of children with autism, insurers frequently deny it as a benefit. As a result, families are often forced to pay for these costly services out of pocket

The current policy of denying necessary treatments for autism is inexcusable. Autism is a treatable condition, and with proper medical intervention and intensive therapies children with autism can improve to such an extent that they can enter mainstream classrooms unassisted. Given the proper treatments and therapies, a child with autism can become a functioning and independent person.

The failure of insurance companies to provide coverage for effective treatments for autism is not only an injustice to families affected by autism, it is also a gross disservice to Hawaii and to the citizens of this state. It has been estimated that the cost of caring for someone with autism is \$3 million over his or her lifetime, and the cost to the country per year is \$13 billion. However, with effective treatments, it has been estimated that the cost savings per child is \$2.4 to \$2.8 million per year to age 55. Mandated insurance coverage for autism will result in a huge cost savings for everyone in the long run.

Yet, the cost of autism is more than just financial. Yes, too many families with children affected by autism are deeply in debt as a result of the lack of insurance coverage for these necessary therapies. Yes, there is a huge financial cost to the state. But autism also results in heavy emotional distress for those directly affected. For many of these families, the stress is more than they can bear and many (in fact, 80 %) of the marriages end in divorce. There is also the heavy burden placed upon the siblings of those affected by autism. These siblings not only are forced to grow up too soon because they must help out with their autistic brother or sister, they also lose the time they should have had with their parents because their parents are physically and emotionally exhausted .

And still, let us not lose sight of the fact that the focus of this issue is, and should always be, the CHILDREN with autism. In spite of the cost of autism to the insurance companies, the government, the families, and even to society as a whole, the fact remains that the highest cost of autism is felt by the innocent children who must work a thousand times harder than anyone else to do the simplest things. The children with autism deserve

so much more than they have been receiving from a society that chooses to ignore them, that chooses to toss them aside simply because they are too much trouble. They deserve every opportunity to thrive. Dylan's Law is about all children with autism who deserve to have a better quality of life.

Please pass HB2727 HD1 and help improve the lives of children with autism.

Thank you very much for your time. If you have any questions, please feel free to contact me at 393-5218 or flute866@gmail.com.

Sincerely,



Kalma K. Wong
Hawaii Chapter President
Autism Speaks (formerly Cure Autism Now)
Chapter Advocacy Chair, Autism Speaks



TESTIMONY TO THE TWENTY-FOURTH STATE LEGISLATURE, 2008 SESSION

To: House Committee on Finance

From: Gary L. Smith, President
Hawaii Disability Rights Center

Re: House Bill 2727, HD1
Relating to Health Insurance

Hearing: Wednesday, February 27, 2008 2:30 AM
Conference Room 308, State Capitol

Members of the Committee on Finance:

Thank you for the opportunity to provide testimony supporting House Bill 2727, HD1 Relating to Health Insurance.

I am Gary L. Smith, President of the Hawaii Disability Rights Center, formerly known as the Protection and Advocacy Agency of Hawaii (P&A). As you may know, we are the agency mandated by federal law and designated by Executive Order to protect and advocate for the human, civil and legal rights of Hawaii's estimated 180,000 people with disabilities.

We support this bill. It is not clear to us that there is a legal basis for a medical insurance policy to not cover the treatments described in this bill for autism spectrum disorder. Yet, there are many advocates in the community for the needs of autistic children who have relayed experiences of that nature. If that is true, then the legislature should in our view mandate such coverage. This is a serious condition which can be ameliorated with proper treatment.

We realize that under state law, a Report from the Legislative Auditor may be required before the legislature can mandate such coverage. In that event, we hope the Committee will entertain an appropriate Concurrent Resolution to that effect at a later time during this session.

Thank you for the opportunity to provide testimony in support of this bill.

from the DOE's Performance Reports for the quarters October 2007-December 2007, 2006, 2005 and 2004.

Count as of 12/30/Year	# Children under Autism Category (DOE)
2002	646
2003	788
2004	897
2005	975
2006	1025
2007	1133

The official DOE enrollment for School Year 2007-2008 is 171,712 children. **However, with 1133 children in the Autism category currently within the DOE, 0.66 percent (1133 out of 171,712) compared to the CDC's estimate of 0.55 percent (5.5 in 1000 School Aged children) with autism, Hawaii's children are being diagnosed at a rate HIGHER than the national average.**

Given these alarming statistics, Hawaii's health insurers **NEED** to recognize Autism as a disease that is medically treatable with medically necessary therapies. The DOE currently provides minimal services including speech, occupational therapy and physical therapy; however, these services are not medically based. They are educationally based and **SINCE** they are educationally based, these services are too narrowly focused to help the child to gain the skills needed to function in a community based or society based environment where the child can actually survive independently as an adult.

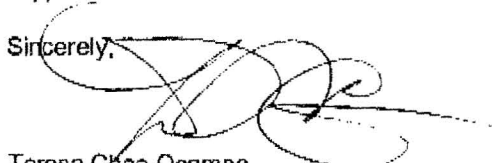
This is why HB 2727 HD1 is so important to our children. Our children deserve a chance to become independent, contributing individuals in our society. The time frame upon which to apply these medical interventions is very narrow. If left untreated, these children may end up relying on the State for support as adults beginning at age 21 including their room and board at a day care facility, a living stipend, medical and dental insurance, transportation and other daily living expenses. This could easily add up to an additional 60 years until 80 years of age, the average life expectancy of Hawaii residents.

Doesn't it make economical sense to have health insurers cover relatively short term the medically necessary therapies in the treatment of Autism especially given that Autism, a medical condition, SHOULD be a benefit to these children in the first place? Or is it more economically practical to ask the State to provide social services to these untreated adults so that they can coexist in society and remain totally dependent on state services for up to an additional 60 years throughout their entire adulthood?

Based on statistics from the US Department of Education and other governmental agencies, Autism is growing at a rate of 10 to 17 percent per year. At these rates, it is estimated that the prevalence of Autism could reach 4 million Americans in the next decade. Obviously, at some point in time, Autism could overcome the prevalence of diabetes or asthma.

Again, please remember, Autism **DOES NOT** require a lifetime of treatment. Please provide your support in favor of HB 2727 HD1. Our children's' livelihood may depend on it.

Sincerely,



Teresa Chao Ocampo
Parent of an Autistic Child

Unfortunately, children with autism are often denied coverage for necessary therapies by private health insurance companies. One important therapy denied by insurers is Applied Behavior Analysis (ABA). ABA has a decades-long record of efficacy. It is a data-based intervention for autism that has over forty years of research behind it. In a 1987 study by Ivar Lovaas, the children who underwent early intensive ABA therapy achieved higher educational placement and increased IQ levels than those who did not. ABA is recognized by The U.S. Surgeon General's 2001 Report on Mental Health as the treatment that is widely accepted as being effective for autism, and the National Institute of Child Health and Human Development acknowledges that Applied Behavior Analysis is an effective treatment for autism. Although ABA is the single intervention most often sought by parents of children with autism, insurers frequently deny it as a benefit. As a result, families are often forced to pay for these costly services out of pocket.

Too many families of children with autism are deeply in debt as a result of the lack of insurance coverage for these necessary therapies. However, the cost of paying for the therapies out of pocket not only causes financial strain for the families, but it also causes heavy emotional distress. For many of these families, the stress is more than they can bear and many of the marriages end in divorce. But in spite of the burdens of autism on the insurance companies, the government, the families, and even on society as a whole, the most important point in this issue is the CHILD. Dylan's Law is about all children with autism who deserve to have a better quality of life.

From our own experience, we have seen dramatic improvements in our 5 year old autistic son, who has attended an intensive ABA program (40+ hours/week) and receives aggressive biomedical interventions for the past two years. Our child's program costs over \$100,000 a year and if we had to pay out-of-pocket, he would not be able to receive the program that fits his individual needs. Unfortunately, we were forced to file for hearing against the Department of Education to receive the appropriate education that our son desperately needed. The stress and emotional anguish of "fighting" for your child's education is one that many parents cannot handle, and often, accept a substandard placement or program for their child instead.

We cannot put a price tag on our child's future but, I do know that, if more therapies and treatments were covered by insurance companies, more autistic children in Hawaii, would be improving at much faster rates.

I urge you to pass Dylan's Law House Bill 2727 and make insurance coverage for autism a reality. The children with autism in Hawaii deserve to have the opportunity to thrive.

Thank you for your consideration.

Sincerely,
Tina Chorman



FINtestimony

From: Andrea Jepson [jepsona001@hawaii.rr.com]
Sent: Sunday, February 24, 2008 10:04 AM
To: FINtestimony
Subject: 2/27/2008 HB2727 Agenda #5

COMMITTEE ON FINANCE
Rep. Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee, Vice Chair

Re: HB2727 - In support

A parent or guardian dealing with autism needs to focus all their attention on healing their child. It is a job that requires constant attention and strength. I have seen how the cost of paying for treatments that are prescribed is an overwhelming financial burden and adds great stress to the household.

This is important legislation that will offer help to many families in Hawaii.

Thank you.

Andrea Jepson
1111 Koohoo Place
Kailua, HI 96734

Kerri Wong
46-312C Haiku Rd.
Kaneohe, HI 96744
247-5956

25 February 2008

Representative Marcus Oshiro
Chair, House Committee on Finance
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, Hawaii 96813

Representative Marilyn B. Lee
Vice-Chair, House Committee on Finance
Hawaii State Capitol, Room 434
415 South Beretania Street
Honolulu, Hawaii 96813

Re: Support of Dylan's Law HB2727, Relating to Health Insurance Coverage for Autism
Spectrum Disorders
House Committee on Finance, February 25, 2008, 2:30 p.m., Room 308
Agenda #5

Dear Chair Oshiro, Vice-Chair Lee, and members of the House Health Committee:

I am writing as a concerned parent and citizen to express support of House Bill 2727, otherwise known as Dylan's Law. This bill mandates health insurance coverage for autism spectrum disorders.

I am a parent of a 4 year old son on the autism spectrum named Billy. Billy was diagnosed with autism by a Department of Health psychologist days before his third birthday. He had been receiving services for developmental delay from the Department of Health. On his 3rd birthday, the Department of Education assumed responsibility of his services and he attended a DOE Special Education Preschool for 5 months. Unfortunately, together with our team of experts in the fields of psychology and autism, we felt that the "Free Appropriate Public Education" (FAPE) guaranteed to my son by federal IDEA law, was not appropriate for my son's unique learning needs. We therefore were forced to remove Billy from the DOE school, place him in a private preschool, provide the Applied Behavior Analysis (ABA) therapy that we felt was appropriate for his disabling condition out of pocket, and file for due process in an attempt to help pay for these services.

With the changes we have made to Billy's education and therapy, he has made amazing improvement in one year. Here are some examples: Whereas before he could barely answer a simple question and spoke in terse, awkward 3-4 word phrases, now he is having conversations with us, speaking in sentences with over 10 words, and is able to express increasingly complex ideas. Whereas before the extent of his playing with toys was spinning the wheels of cars, now he plays appropriately, makes the "zoom zoom" sounds, and sometimes even narrates what he is doing. What I am most excited and thrilled about is that he is now talking to and interacting with not only his 2 year old sister, but also his peers in preschool.

My husband and I are optimistic that with continued intensive therapy in his formative years, Billy will eventually shed his diagnosis and become a fully independent, contributing member of society. It is most important to begin therapy in these formative years between 2 and 6 yrs old that he will have the best chances of recovery. Without such therapy, children with autism become lifelong dependents of their families, and the State. For each child affected by autism, the socioeconomic drain on public resources is immense.

The improvements I see in Billy are a direct result of his Intense Applied Behavior Analysis (ABA) program. However, because this type of therapy is time consuming, highly individualized, and must be implemented by trained therapists and consultants, we truly pay through the nose. **Our costs range from \$7,000 to over \$10,000 per month. We bear these costs directly without assistance from the DOE or other governmental agencies.** Despite the exorbitant cost, it is all worthwhile to see our son understand and tell jokes, play appropriately with his toys, converse with us, and for us to see so many other skills emerging. We feel truly blessed that due to our present circumstances we are currently able to afford the therapy. However, it is still an enormous burden on our family. Any amount of financial help from insurance companies would help us immensely and would truly be appreciated.

Autism is a complex neurobiological disorder that currently affects 1 in 160 children, according to the Center for Disease Control. It is a medical diagnosis as defined in the DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (ICD-9 code 299.0) which requires treatment services from trained medical professionals and a full-range of therapies. The therapies include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA), among others. With proper medical intervention and intensive therapies children with autism can improve to such an extent that they can enter mainstream classrooms unassisted. In our personal experience, such therapies are successful but expensive. Children with autism have been routinely denied coverage for necessary therapies by private health insurance companies. **It is incredulous that such a serious medical disorder has been unversally denied coverage by medical insurance carriers. Medical insurance carriers must be required to provide coverage for Autism therapy. Currently these costs are borne by the State Departments of Education and Health and the families themselves.** Virtually all families of children with autism are deeply in debt as a result of the lack of insurance coverage for these necessary therapies. With the epidemic increase in prevalence of this disease, and because needed therapies are prohibitive due to cost, and as these children grow older without improvement, they will eventually become burdens of the State. It is no doubt that the State will be facing a crisis with already strained finances and resources. In the end, the victims will be our children.

In spite of the burdens of autism on the insurance companies, the government, the families, and society as a whole, the most important issue is the child. Dylan's Law is about all children with autism who deserve to have a better quality of life.

I urge you to pass Dylan's Law House Bill 2727 and make insurance coverage for autism a reality. Children with autism in Hawaii deserve to have the opportunity to thrive.

Sincerely,



Kerri Wong

FINtestimony

From: chris cain [cainchris@mac.com]
Sent: Sunday, February 24, 2008 5:32 PM
To: FINtestimony
Subject: Fwd: HB2727, Wednesday February 27, 2008, Agenda #5

Dear Representative Marcus Oshiro, Chair and Representative Marilyn Lee, Vice Chair,

Our son, Cassidy is 8 yrs. old. He was diagnosed autistic at 2.5 years old. I am devastated that I can not take care of my child. Today, some children are being cured from autism with biomedical intervention. Some families can afford this treatment but it is too expensive for us. We need our medical insurance to help us with the financial burden. Please pass Dylan's law.

Sincerely,

Christopher E. Cain
808 739-2585
2916 Date St. #10F
Honolulu, HI 96816

FINtestimony

From: Lori Eller [lori-eller@hawaii.rr.com]
Sent: Sunday, February 24, 2008 11:17 PM
To: FINtestimony
Subject: 2/27/2008 HB2727 Agenda #5

Dear Finance Committee,

I am writing to ask your support for Dylan's Law. It is imperative that ALL children affected by Autism are afforded the treatments necessary to maximize their potential. Early intervention is the key to helping these children improve considerably and some even to the point of being mainstreamed. These therapies are costly and many can't afford to pay out of pocket resulting in no services and/or substandard services. ABA is proven to help these children. Several studies have now shown that one treatment approach--early, intensive instruction using the methods of Applied Behavior Analysis--can result in dramatic improvements for children with autism, resulting in successful integration into regular schools for many, and completely normal functioning for some. In fact, there is abundant scientific evidence of effectiveness and no other treatment for autism offers comparable evidence of effectiveness. The Surgeon General acknowledges this in his report as well. Children with autism need ABA therapy and Dylan's Law will enable this to happen. It will definitely be a proactive change if we could do it NOW before it's too late. Autism is becoming an epidemic and even scarier, a recent study shows that "Hawaii has one of the largest percentage of autistic children per capita of any state in the United States. (<http://kgmb9.com/main/content/view/1762/40/>). Please support Dylan's Law--for our future generation.

Who am I?

I am a mom who has a son with autism, he's 3 years old. I am also a part time nurse with a passion for advocating and helping the cause, through my experience I've learned that there IS HOPE its called Responsible Hope.

In a nutshell, here's our story:

When my son was diagnosed with autism at the age of 2 years old he was receiving services from 0-3. I was surprised to find the lack of information in our community. I researched the internet and found out about ABA and Autism and Biomedical Interventions. I immediately started the Biomedical regimen under the guidance of a Doctor. One of the immediate and biggest "wow" from the biomedical intervention was my son finally slept through the night after over 2 years.

Next, I had my son in preschool with a 1:1 skills trainer through the 0-3 program. We had 15 hours a week to start. My son's autistic behaviors (tantrums, hard time with transitions, head banging, biting, running away) required one on one skills trainer at all times for his safety as well as the safety of others. I'd go to preschool to drop him off and I see the looks in the teachers faces, like oh no, he's here, I'd get notes home everyday on his behaviors and how hard he is, the teacher quit after being there a few months (I tend to wonder if it was my child who had some influence on that). I finally found a school for autism and spoke with our 0-3 psychologist and team about it. I was surprised that they never even heard of it. Luckily, they agreed to allow us to enroll our son there. This school provides 1:1 ABA Therapy with highly qualified and dedicated therapist. End of week one, we saw results! AND he has made great progress since. He now has less tantrums, he is learning to ask for what he wants, has eye contact which he didn't prior to entering the school (eye contact is a big first step for learning). He had 1 or 2 words, now he has over 100 words. He is interacting with others and seems to be coming out of his world. He is able to write the alphabets A-Z caps and small, writes

2/25/2008

numbers and words. He no longer spins cylindrical objects. He still has a ways to go. In my opinion, I wish we could keep him there just one more year. His ABA team agrees that one more year there and he could be mainstreamed or in regular class with a shadow. Unfortunately, he aged out of 0-3 DOH system and is now in the DOE preschool.

The transition process was hard because when he turned 3 services stopped and he was immediately taken out of the ABA school and put into the DOE..(hard for neurotypical kids to adjust, imagine the impact on an autistic child who has trouble with transitions). This is a completely different environment with other children and new skills trainers who didn't know how to implement his program. He has shown some signs of regression (which is something that can happen in this type of situation) and it's been a heartwrenching experience. After watching him plateau upwards for ten months it's really been frustrating to watch all of this unfold, the only way to describe it is like having a knife through your heart that keeps digging away. Our hands are tied-- we need help! The costs of his treatments aren't covered by insurance and there's no way we can afford to pay \$8000.00-\$11,000 a month for a year. He has made great improvements with ABA and Biomedical therapies which I have documented. We are not asking for a free ride, we just want what's reasonable and fair. Insurance covers the cost of other behavioral therapies listed in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, In my opinion, with the multiple research on ABA and it's effectiveness for autism and the higher rate of Autism being diagnosed in our islands, there is an urgency that this treatment be covered by our insurance companies immediately. The golden window of opportunity is between 2-5 years old, this would be a huge victory for our child's future and others just like him.

Our goal, is for him is to be mainstreamed, graduate from college, get a job, be a tax payer and find a cure for autism!...of course.

I am very grateful that you have given us this opportunity to share our story and experiences with you, I tried to keep it short. I thank you for your time and your dedication representing us.

If you have any questions, please feel free to contact me.

A very warm Mahalo,

Lori Eller

Lori-eller@hawaii.rr.com

Fay Yamamoto
2832 Kalawao Street
Honolulu, HI 96822

February 25, 2008

FAXED TO: 808-586-6001

Marcus R. Oshiro, Chair
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, HI 96813

Marilyn B. Lee, Vice Chair
Hawaii State Capitol, Room 434
415 South Beretania Street
Honolulu, HI 96813

RE: HB 2727, Relating to Health Insurance, February 27, 2008,
2:30 p.m., Room 309, Agenda #5

Dear Chair Oshiro, Vice Chair Lee and Members of the House Committee on
Finance:

Thank you for receiving my testimony on this important bill. I am a parent of a
child with autism.

Please support HB 2727 to ensure that children diagnosed with autism spectrum
disorders have access to appropriate care and treatment.

Thank you for your attention to this matter.

Sincerely,



Fay Yamamoto
754-8999

FINtestimony

From: JORDON & LAURALEI TANAKA [jnltnaka@hawaiiantel.net]

Sent: Tuesday, February 26, 2008 1:01 AM

To: FINtestimony

Subject: HB2727 Wednesday Feb 27, 2008, Agenda #5

Dear Representative Marcus Oshiro, Chair and Representative Marilyn Lee, Vice Chair,

I would like to submit a written testimony in support for HB2727 which relates to requiring all health insurers to provide treatment for individuals with autism spectrum disorders.

My name is Lauralei Tanaka and I am the mother of a beautiful 3 year old boy. My son was diagnosed with autism last March and was receiving services from the Early intervention administered by the Dept of Health. This program was terrific, he was receiving speech therapy, occupational therapy, physical therapy and intensive one on one therapy. He has been making great progress; he can now understand simple instructions, slide down a slide by himself, and his eye contact is improving. These were wonderful great services and Morgan has come so far this past year. As soon as he turned 3 he transitions out of this program and into the Dept of Education. The Dept of Education for the most part will only provide him services when he is at school even though we are willing to have therapy sessions after school and on the weekends. An intensive treatment plan has been shown most effective but when I inquired with my HMSA and Kaiser insurances to see some of the cost could be covered with my insurance the answer I received was ' we do not provide services to treat developmental disorders'. How is a parent in Hawaii supposed to be able to afford additional speech therapy at \$120/hour? A doctor at Kaiser told me that if you were in an accident and you lost your speech that Kaiser would treat you but if you never developed speech they wouldn't. My child is not verbal yet and I am struggling trying to figure out how to get my son all the help he needs and one day maybe I'll hear him say 'Mommy'.

Thank you for helping us get the treatment for our children that they need and deserve; other states like South Carolina have passed similar bills. Autism is treatable if we get to these children quickly and early we may be able to mainstream them and help them become contributing members of our society rather than a burden.

Aloha,

Lauralei Tanaka
3276 Uilani Place
Honolulu, HI 96816
(808) 291-4768

FINtestimony

From: Jessica Carroll [jessilizzi@yahoo.com]
Sent: Tuesday, February 26, 2008 2:59 PM
To: FINtestimony
Subject: HB2727, Wednesday February 27, 2008, Agenda #5

Representative Marcus Oshiro & Representative Marilyn Lee,

I am writing in my support for Dylan's Law HB2727. Approximately 1 in every 150 children are diagnosed with autism (<http://www.cdc.gov/od/oc/media/pressrel/2007/r070208.htm>) and therefore in a state with a population of over 1.2 million people - with 24% of those being under the age of 18 (http://hawaii.gov/dbedt/info/census/acs/04state_nar.pdf) - that's nearly 2000 children (and that's not even counting those that fall between the ages of 18-21) that could be helped by Dylan's law!

With not only treatment, but also diagnostic services covered, it may be possible for autism to be detected earlier in children and the outcome is often better for children who are diagnosed at a younger age. What's more is this law could give families for options for treatment because sadly there is no "magic pill" for autism and each child responds to treatment differently. What works for one child may not work for the rest so it's important to have options available for families.

Please keep the best interests of Hawaii's keiki in mind and say 'yes' to HB2727.

Aloha,
Jessica Carroll

 Jessica

"As you slide down the bannister of life,
may the splinters never point the wrong way."

- Irish Proverb

February 26, 2008

Representative Marcus Oshiro
Chair, House Committee on Finance
Hawaii State Capitol, Room 306
415 South Beretania Street
Honolulu, HI 96813

Representative Marilyn Lee
Vice-Chair, House Committee on Finance
Hawaii State Capitol, Room 434
415 South Beretania Street
Honolulu, HI 96813

Re: Testimony in STRONG SUPPORT for HB2727 HD1, Relating to Health Insurance Coverage for Autism Spectrum Disorders
House Committee on Finance, February 27, 2008, Room 308, 2:30 p.m.

Dear Chair Oshiro and Vice-Chair Lee, and the members of the Finance Committee:

I am writing to express my strong support of House Bill 2727, otherwise known as Dylan's Law. This important bill mandates health insurance coverage for autism spectrum disorders.

My husband and I have just completed a documentary about autism called Beautiful Son. We interview hundreds of people, mostly parent of children with autism. From this experience I know that the autism community is in crisis. Mothers and fathers shared intimate stories about their intense daily struggles. Stories about mother's selling wedding rings, families mortgaging their homes to pay for services, a ninety percent divorce rate, grandparents going back to work to help make ends meet, & spouses committing suicide because the situation was so dark.

This autism epidemic has created a system which is overwhelmed. Families are left to fend for themselves with those that have the better education and connections having a much better chance at helping their child.

Dylan's law would greatly help to alleviate this crisis. Microsoft is one of the few companies that provide coverage for autism services. They know that by helping these children, you will essentially make a more productive community. Parents will be more productive at work, families will be healthier and happier.

Please support this fair and just bill.

Aloha & Mahalo
Julianne King
320 Po'op'o Place
Kailua, Hawaii 96734

FINtestimony

From: Pauline Fleischauer [auntyp.123@gmail.com]
Sent: Tuesday, February 26, 2008 6:49 PM
To: FINtestimony
Subject: HB2727, Wednesday, February 27, 2008, Agenda #5

Dear Representative Marcus Oshiro:

I have written to you in the past about "Beautiful Son" and awareness for autism. Please support House Bill 2727, "Dylan's Law" as it will make a significant impact on the lives of all those touch with autism, family and children. I ask this as single mom with a son who has autism and struggles to find "much needed" intervention and therapies that can be quite out-of-reach due to costs. Nonetheless, these ABA interventions are what make the difference, especially early on in their lives. I know, as I have already established timelines for him. Let's not do to little, too late. SUPPORT DYLAN'S LAW, HOUSE BILL 2727. Mahalo in advance for your consideration and support.

Yours truly,
Pauline Fleischauer
(constituent)

FINtestimony

From: Ken Miyasato [Ken.Miyasato@Hawaiiintel.net]
Sent: Tuesday, February 26, 2008 9:49 PM
To: FINtestimony
Cc: ken.miyasato@hawaiiintel.com; 'Ken Miyasato'
Subject: 2/27/2008 HB2727 Agenda Item #5 2:30pm House Finance Committee

To the Honorable Rep. Marcus Oshiro and Rep. Marilyn Lee,

RE: HB 2727 HD1 "Dylan's Law" Relating to Health Insurance Coverage for Autism Therapy

I am testifying in favor of House Bill 2727 Relating to Health Insurance coverage for Applied Behavioral Analysis (ABA) therapy for persons diagnosed with autism.

I am a parent of 4 children. Two of my children, Leigh Wong-Miyasato (6) and Dylan Wong-Miyasato (8), have both been diagnosed with autism. After much research and discussion with child psychologists and psychiatrists specializing in autism, we decided on using ABA therapy to treat their conditions based on a proven track record. ABA techniques were pioneered based on extensive research done by Dr. Ivar Lovaas of the University of California at Los Angeles (see <http://www.lovaas.com/research.php> for further information), and ABA's efficacy has been proven through various studies conducted at UCLA and other institutions. The Surgeon General has recognized ABA as an effective therapy for autism.

In Leigh's case, she was found to be over a year and a half delayed in her speech and language when she was diagnosed with autism. Thanks to intensive ABA therapy, Leigh's speech and language skills have improved to the point where she is enrolled in a regular education kindergarden class at Lanikai Elementary. She is progressing to the point where she has achieved some age-appropriate language skills based on standardized testing. Without ABA therapy, this progress would have not been possible, and Leigh would have been placed in a special education classroom and the associated higher costs of a special education program. These potential cost savings over Leigh's elementary, middle school and high school education along with her future as a contributing member to society need to be considered in evaluating the importance of making ABA therapy more widely available as a medical treatment option for autistic children.

In Dylan's situation, intensive ABA therapy has not only helped him to acquire some speech and language skills, but has also been used for critical life skills such as toileting, personal hygiene, and personal safety (e.g. learning not to run in a busy parking lot or to stop self-injurious behaviors).



Other states (South Carolina, Indiana, Texas) have passed legislation allowing ABA therapy to be covered by health insurance. These states have conducted studies and have found minimal impact to health insurance rates. To further address concerns from the health insurance providers that ABA therapy will drive up health insurance rates for all subscribers, House Resolution HCR 62 calls for a audit to be conducted by the State Auditor to determine the impact of ABA therapy on Hawaii health insurance rates.

National statistics show that autism now affects one in 150 children. Making ABA therapy available will help many of them to improve their lives. I respectfully ask the House Finance Committee to vote in favor of House Bill 2727 and help our keiki.

Sincerely,

Ken Miyasato
Parent of Leigh and Dylan Wong-Miyasato

FINtestimony

From: Naomi Grossman [naomi_grossman@yahoo.com]
Sent: Wednesday, February 27, 2008 6:38 AM
To: FINtestimony
Subject: 2/27/2008 HB2727 Agenda

AUTISM SOCIETY OF HAWAI'I
P.O. BOX 2995
HONOLULU, HAWAI'I 96802
808 228-0122

February 26, 2008

The Honorable Marcus Oshiro
Chair, House Committee on Finance
The Honorable Marilyn Lee
Vice Chair, House Committee on Finance
Hawai'i State Capitol, Room 211
415 South Beretania Street
Honolulu, HI 96813

Subject: In strong support of Dylan's Law HB2727 HD1, Relating to Health Insurance Coverage for Autism Spectrum Disorders
House Committee on Health, February 27, 2008, 2:30pm., Room 308

Dear Chair Oshiro, Vice-Chair Lee, and members of the House Committee on Finance:

The Autism Society of Hawai'i offers its strong support for Dylan's Law HB 2727 HD1. This bill mandates health insurance coverage for autism spectrum disorders.

The Autism Society of Hawai'i is an affiliate chapter of the Autism Society of America. Its members are composed of families who deal with living with the effects of autism spectrum disorders and the professionals and paraprofessionals who serve them. The Autism Society of Hawai'i will provide leadership in the field of autism spectrum disorders dedicated to supporting families who advocate on behalf of their children and are committed to reducing the consequences of autism through education, research, and advocacy.

First of all, thank you for considering this important need for the autism community. Autism growing at an epidemic pace and proportion and poses a health concern to the needs of the community. Research shows that early intervention and intensive services are key to positive outcomes for children and their families. Currently, there is a great need to provide options and alternatives for children and students to access important milestones and development in order to become caring, contributing and competent members of society.

Autism is a complex neurobiological disorder that currently affects 1 in 150 children, according to the Center for Disease Control. This disorder affects boys four times more likely than girls. Autism impairs a person's ability to communicate and relate to others, and is often associated with repetitive behaviors, poor eye contact, and rigidity in routines. Children with autism often have co-occurring conditions, such as behavioral problems, speech disorders, depression, anxiety, muscle or joint problems, ear infections,

2/27/2008

vision and hearing problems, and allergies. The wide range of co-occurring problems leads to their need for services from trained medical professionals and for a full-range of therapies. The therapies include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA), among others. With proper medical intervention and intensive therapies children with autism can improve to such an extent that they can enter mainstream classrooms unassisted.

Unfortunately, children with autism are often denied coverage for necessary therapies by private health insurance companies. One important therapy denied by insurers is Applied Behavior Analysis (ABA). ABA has a decades-long record of efficacy. It is a data-based intervention for autism that has over forty years of research behind it. In a 1987 study by Ivar Lovaas, the children who underwent early intensive ABA therapy achieved higher educational placement and increased IQ levels than those who did not. ABA is recognized by The U.S. Surgeon General's 2001 Report on Mental Health as the treatment that is widely accepted as being effective for autism, and the National Institute of Child Health and Human Development acknowledges that Applied Behavior Analysis is an effective treatment for autism. Although ABA is the single intervention most often sought by parents of children with autism, insurers frequently deny it as a benefit. As a result, families are often forced to pay for these costly services out of pocket.

Currently, it is my understanding that TriCare insurance does provide insurance coverage for ABA through its available and credentialed pool of private contract providers (therapists and paraprofessionals - BCBAs and BCABAs) in Hawaii. However, these services are only available to those who are eligible under this military-based coverage. HMSA Commercial insurance does not allow for Individual Therapy if it is considered to be overlapping or duplicative of services it considers to be Department Felix-related. However, federal oversight of the Felix consent decree has been lifted for a number of years. The DOH Child and Adolescent Mental Health Division (CAMHD) was the lead agency under the Felix consent decree until it transitioned under the DOE, and later lost procurement of the private contract provider agencies and removing itself from autism services. Interestingly, HMSA Quest does provide a code for Felix-related services that include Individual Therapy services. The need for an ABA pool of direct service providers is necessary as the prevalence of autism spectrum disorders continues to grow at an alarming rate. Behavioral and emotional health needs cannot be ignored when it comes to the service array gap in services that is growing everyday.

Too many families of children with autism are struggling and deeply in debt as a result of the lack of insurance coverage for these necessary therapies. However, the cost of paying for the therapies out of pocket not only causes financial strain for the families, but it also causes heavy emotional distress. For many of these families, the stress is more than they can bear and many of the marriages end in divorce. But in spite of the burdens of autism on the insurance companies, the government, the families, and even on society as a whole, the most important point in this issue is the CHILD. Dylan's Law is about all children with autism who deserve to have a better quality of life.

The Autism Society of Hawai'i appreciates the opportunity to submit a letter of support for Dylan's Law House Bill 2727 and make insurance coverage for autism a reality. We look forward to hearing that this bill is passed in the House Committee on Health today.

The children with autism in Hawaii deserve to have the opportunity to thrive.

Sincerely,

Naomi Grossman/signature on file

Naomi Grossman

Autism Society of Hawai'i, president

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2/27/2008

February 27, 2008

Representative Marcus Oshiro
Chair, House Committee on Finance
Representative Marilyn Lee
Vice-Chair, House Committee on Finance

Re: Testimony in STRONG SUPPORT for HB2727 HD1, Relating to Health
Insurance Coverage for Autism Spectrum Disorders
House Committee on Finance, February 27, 2008, Room 308, 2:30 p.m.

Dear Chair Oshiro and Vice-Chair Lee, and the members of the Finance Committee:

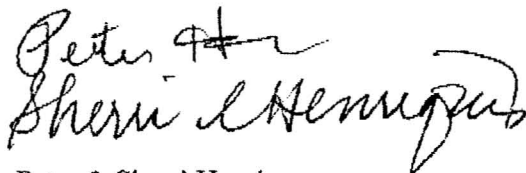
I am writing to express my strong support for House Bill 2727 HD1, otherwise known as Dylan's Law. This important bill mandates health insurance coverage for autism spectrum disorders.

Children with autism need services from trained medical professionals and for a full-range of therapies. Unfortunately, they are often denied coverage for necessary therapies by private health insurance companies. The therapies frequently denied include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA).

Our 4-1/2 year old son has autism and is proof that these therapies work. He has had therapy for about 2 years and is recovering from autism. We couldn't be happier with his progress. However, the financial burden of these effective therapies and interventions is extremely overwhelming and we really need the assistance of insurance companies.

Please pass HB2727 HD1. Thank you very much for your time. If you have any questions, please feel free to contact us at 735-9766 and sherrihenriques@yahoo.com.

Sincerely,



Peter & Sherri Henriques

FINtestimony

From: JILL PARK [jillanddonpark@hawaiiintel.net]
Sent: Wednesday, February 27, 2008 9:40 AM
To: FINtestimony
Subject: FW: Dylan's Law testimony - sample - Hearing tomorrow

Representative Marcus Oshiro

Chair, House Committee on Finance
Representative Marilyn Lee

Vice-Chair, House Committee on Finance

Re: Testimony in STRONG SUPPORT for HB2727 HD1, Relating to Health
Insurance Coverage for Autism Spectrum Disorders
House Committee on Finance, February 27, 2008, Room 308, 2:30 p.m.

Dear Chair Oshiro and Vice-Chair Lee, and the members of the Finance Committee:

I am writing to express my strong support for House Bill 2727 HD1, otherwise known as Dylan's Law. This important bill mandates health insurance coverage for autism spectrum disorders.

Children with autism often have co-occurring conditions, such as behavioral problems, speech disorders, anxiety, muscle or joint problems, ear infections, gastro-intestinal problems, vision and hearing problems, and allergies. The wide range of co-occurring problems leads to their need for services from trained medical professionals and for a full-range of therapies.

Unfortunately, children with autism are often denied coverage for necessary therapies by private health insurance companies. The therapies frequently denied include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA). Applied Behavior Analysis (ABA) is a data-based intervention for autism that has a decades-long record of efficacy. ABA therapy has shown to increase educational placements and increased IQ levels of those with autism. This therapy is recognized by the U.S. Surgeon General's 2001 Report on Mental Health as being widely accepted as the effective treatment for autism. But insurers frequently deny ABA as a benefit, and families are often forced to pay for these costly services out of pocket.

Please pass HB2727 HD1. Thank you very much for your time. If you have any questions, please feel free to contact me at (235-6196) and jillanddonpark@hawaiiintel.net .

2/27/2008

Sincerely,

Jill Park

February 27, 2008

Representative Marcus Oshiro
Chair, House Committee on Finance
Representative Marilyn Lee
Vice-Chair, House Committee on Finance

Re: Testimony in STRONG SUPPORT for HB2727 HD1, Relating to Health
Insurance Coverage for Autism Spectrum Disorders
House Committee on Finance, February 27, 2008, Room 308, 2:30 p.m.

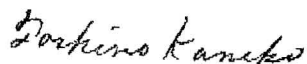
Dear Chair Oshiro and Vice-Chair Lee, and the members of the Finance Committee:

I am writing to express my strong support for House Bill 2727 HD1, otherwise known as Dylan's Law. This important bill mandates health insurance coverage for autism spectrum disorders.

My grandson has autism. Therapies such as, speech therapy, occupational therapy and intensive behavioral therapy (e.g. Applied Behavior Analysis (ABA)) have helped him tremendously. So much so, that he will be able to attend school without a shadow aide in the near future. These therapies cost a lot of money and my husband and I have to help our daughter pay for them. We, and other families, need help from insurance companies. The financial burden is just too much to bear.

Please pass HB2727 HD1. Thank you very much for your time. If you have any questions, please feel free to contact me at 737-9820.

Sincerely,



Toshino Kaneko

HR 2727

Dear Finance Committee,

I am writing to ask your support for Dylan's Law. It is imperative that ALL children affected by Autism are afforded the treatments necessary to maximize their potential. Early intervention is the key to helping these children improve considerably and some even to the point of being mainstreamed. These therapies are costly and many can't afford to pay out of pocket resulting in no services and/or substandard services. ABA is proven to help these children. Several studies have now shown that one treatment approach--early, intensive instruction using the methods of Applied Behavior Analysis--can result in dramatic improvements for children with autism, resulting in successful integration into regular schools for many, and completely normal functioning for some. In fact, there is abundant scientific evidence of effectiveness and no other treatment for autism offers comparable evidence of effectiveness. The Surgeon General acknowledges this in his report as well. Children with autism need ABA therapy and Dylan's Law will enable this to happen. It will definitely be a proactive change if we could do it NOW before it's too late. Autism is becoming an epidemic and even scarier, a recent study shows that "Hawaii has one of the largest percentage of autistic children per capita of any state in the United States. (<http://kqmb9.com/main/content/view/1762/40/>). Please support Dylan's Law--for our future generation.

Who am I?

I am a mom who has a son with autism, he's 3 years old. I am also a part time nurse with a passion for advocating and helping the cause, through my experience I've learned that there IS HOPE its called Responsible Hope.

In a nutshell, here's our story:

When my son was diagnosed with autism at the age of 2 years old he was receiving services from 0-3. I was surprised to find the lack of information in our community. I researched the internet and found out about ABA and Autism and Biomedical Interventions. I immediately started the Biomedical regimen under the guidance of a Doctor. One of the immediate and biggest "wow" from the biomedical intervention was my son finally slept through the night after over 2 years. Next, I had my son in preschool with a 1:1 skills trainer through the 0-3 program. We had 15 hours a week to start. My son's autistic behaviors (tantrums, hard time with transitions, head banging, biting, running away) required one on one skills trainer at all times for his safety as well as the safety of others. I'd go to preschool to drop him off and I see the looks in the teachers faces, like oh no, he's here, I'd get notes home everyday on his behaviors and how hard he is, the teacher quit after being there a few months (I tend to wonder if it was my child who had some influence on that). I finally found a school for autism and spoke with our 0-3 psychologist and team about it. I was surprised that they never even heard of it. Luckily, they agreed to allow us to enroll our son there. This school provides 1:1 ABA Therapy with highly qualified and dedicated therapist. End of week one, we saw results! AND he has made great progress since. He now has less tantrums, he is learning to ask for what he wants, has eye contact which he didn't prior to entering the school (eye contact is a big first step for learning). He had 1 or 2 words, now he has over 100 words. He is interacting with others and seems to be coming out of his world. He is able to write the alphabets A-Z caps and small, writes numbers and words. He no longer spins cylindrical objects. He still has a ways to go. In my opinion, I wish we could keep him there just one more year. His ABA team agrees that one more year there and he could be mainstreamed or in regular class with a shadow. Unfortunately, he aged out of 0-3 DOH system and is now in the DOE preschool. The transition process was hard because when he turned 3 services stopped and he was immediately taken out of the ABA school and put into the DOE..(hard for neurotypical kids to adjust, imagine the impact on an autistic child who has trouble with transitions). This is a completely different environment with other children and new skills trainers who didn't know how to implement his program. He has shown some signs of regression (which is something that can happen in this type of situation) and it's been a heartwrenching experience. After watching him plateau upwards for ten months it's really been frustrating to watch all of this unfold, the only way to describe it is like having a knife through your heart that keeps digging away. Our

hands are tied--we need help! The costs of his treatments aren't covered by insurance and there's no way we can afford to pay \$8000.00-\$11,000 a month for a year. He has made great improvements with ABA and Biomedical therapies which I have documented. We are not asking for a free ride, we just want what's reasonable and fair. Insurance covers the cost of other behavioral therapies listed in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. In my opinion, with the multiple research on ABA and it's effectiveness for autism and the higher rate of Autism being diagnosed in our islands, there is an urgency that this treatment be covered by our insurance companies immediately. The golden window of opportunity is between 2-5 years old, this would be a huge victory for our child's future and others just like him. Our goal, is for him is to be mainstreamed, graduate from college, get a job, be a tax payer and find a cure for autism...of course.

I am very grateful that you have given us this opportunity to share our story and experiences with you. I thank you for your time and dedication representing us.

If you have any questions, please feel free to contact me.

A very warm Mahalo,
 Lori Eller
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