



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
March 27, 2008

The Honorable Michael Y. Magaoay, Chair
House Committee on Legislative Management
Twenty-Fourth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Magaoay and Members of the Committee:

SUBJECT: HCR 62 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS

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

The State Council on Developmental Disabilities **supports HCR 62**. The purpose of the concurrent resolution is to request the Auditor to: 1) conduct an impact assessment report of the social and financial impacts of mandating health insurers to provide coverage for the diagnosis and treatment of autism spectrum disorders; and 2) submit findings and recommendations to the Legislature prior to the convening of the Regular Session of 2009.

The Council is aware of HB 2727 HD2 SD1 – Relating to Health Insurance that is moving through the legislative process. This bill establishes a temporary Autism Spectrum Disorders Benefits and Coverage task force to: 1) research problems faced by parents of children with autism and what can be done to ensure proper benefits and services are provided; 2) research other states' health insurance coverage plans and develop a plan of services that health insurers should be mandated to cover; and 3) submit a report to the Legislature prior to the 2009 session. We recommend including language in the Committee Report that the Auditor and the task force shall coordinate its activities to avoid duplication of work and resources.

The Honorable Michael Y. Magaoay
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March 27, 2008

The Council appreciates the Legislature's interest and concern about autism spectrum disorders and looks forward to the results of the Auditor's report.

Thank you for the opportunity to present testimony in support of HCR 62.

Sincerely,

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

Waynette K.Y. Cabral
Executive Administrator



DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

March 27, 2008

TESTIMONY TO THE HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT

House Concurrent Resolution 62 – Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage for Diagnosis and Treatment of Autism Spectrum Disorders

The Disability and Communication Access Board (DCAB) is a statewide board with seventeen (17) members appointed by the Governor, thirteen (13) of whom are persons with disabilities or family members. The Board's mission is to advocate and promote full integration, independence, equal access, and quality of life for persons with disabilities in society. This testimony represents a position voted upon by the Legislative Committee of the Board.

We support HCR 62 Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage for Diagnosis and Treatment of Autism Spectrum Disorders. We are aware that it is a requirement for a study to be conducted related to the social and financial effects of requiring health insurers to offer coverage for diagnosis and treatment of Autism Spectrum Disorders, per Section 21-51, Hawaii Revised Statutes. DCAB supports this study in order to obtain necessary information to amend the statute in an informed and appropriate manner to mandate coverage for diagnosis and treatment of Autism Spectrum Disorders.

Thank you for the opportunity to testify.

Respectfully submitted,

PATRICIA M. NIELSEN
Chairperson
Legislative Committee

FRANCINE WAI
Executive Director

**TESTIMONY TO THE TWENTY-FOURTH STATE LEGISLATURE, 2008
SESSION**

To: House Committee on Legislative Management

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

Re: HCR 62

Hearing: Thursday, March 27, 2008 2:00 PM
Conference Room 423, State Capitol

Members of the Committee on Legislative Management:

Thank you for the opportunity to provide testimony supporting HCR 62.

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 Concurrent Resolution. We believe that medical insurance policies should cover the treatments for autism spectrum disorder. Yet, there are many advocates in the community for the needs of autistic children who have relayed experiences concerning a lack of coverage. 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 is required before the legislature can mandate such coverage. In that event, we hope the Committee will pass this Concurrent Resolution so we can have the study.

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



AUTISM SPEAKS™
It's time to listen.

Kalma K. Wong
46-220 Alaloa Place
Kaneohe, Hawaii 96744
(808) 393-5218
flute866@gmail.com

March 26, 2008

Representative Michael Magaoay
Chair, House Legislative Management Committee
Hawaii State Capitol, Room 432
415 South Beretania Street
Honolulu, Hawaii 96813

Representative James Tokioka
Vice-Chair, House Legislative Management Committee
Hawaii State Capitol, Room 322
415 South Beretania Street
Honolulu, Hawaii 96813

Re: In support of HCR62, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage for Diagnosis and Treatment of Autism Spectrum Disorders, Committee on Legislative Management
March 27, 2008, 2:00 p.m., Room 423

Dear Chair Magaoay, Vice-Chair Tokioka, and members of the House Legislative Management Committee:

I am writing to express my support of House Concurrent Resolution 62, which requests that the State Auditor assess the social and financial impact of requiring health insurers to provide coverage for the diagnosis and treatment of autism spectrum disorders, as is outlined in House Bill 2727 HD 2.

Autism is a complex neurobiological disorder that currently affects 1 in 150 children, according to the Center for Disease Control. 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, 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 and is recognized by The U.S. Surgeon General's 2001 Report on Mental Health as the treatment that is effective 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 often pay for these costly services out of pocket. But many families cannot afford these effective therapies and are forced to go without them at all, leaving children with autism even farther behind.

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.

Please pass House Concurrent Resolution 62 and take an important step toward making insurance coverage for autism a reality.

Thank you for your consideration.

Sincerely,

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

Carol L. Kanoho

From: Naomi Grossman [naomi_grossman@yahoo.com]
Sent: Wednesday, March 26, 2008 2:14 PM
To: LMGtestimony
Subject: HCR 62 - Thursday, March 27th, 2p.m., Room 423, in the House Committee on Legislative Management testimony

**Committee on Legislative Management
The State House of Representatives**

**Thursday, March 27, 2008
at 2p.m. in conference room #423**

**TESTIMONY IN STRONG SUPPORT OF
HCR 62: Relating to Insurance**

Chair Magaoay and Vice Chair Tokioka, and members of the committee. my name is Naomi Grossman. I am the president of the Autism Society of Hawai'i.

The Autism Society of Hawai'i offers its strong support for HCR 62: Requesting the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for diagnosis and treatment of autism spectrum disorders.

The Autism Society of Hawai'i is an affiliate chapter of the Autism Society of America. It's 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.

Autism is 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 in order to thrive and become contributing, caring and competent members of the community and community-at-large.

HCR 62 will assist us to make informed decision in order to provide an important window of developmental opportunity for children with autism so that the proper benefits and insurance health services are provided to address the special needs of children with autism, including providing services involving applied behavioral analyses techniques.

The Autism Society of Hawai'i appreciates the opportunity to submit this letter of strong support for HCR 62 and look forward to insurance coverage for autism become a reality in Hawai'i.

Thank you for this opportunity to submit testimony on HCR 62.

Sincerely,

3/27/2008

Naomi Grossman
Autism Society of Hawai'i, president

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Carol L. Kanoho

From: Lori Eller [lori-eller@hawaii.rr.com]
Sent: Tuesday, March 25, 2008 11:09 PM
To: LMGtestimony
Subject: HCR62/3-27-08/2pm rm.423-- Chair Rep. Michael Magaoay and Vice-Chair Rep. James Tokioka

*Chair Rep. Michael Magaoay and Vice-Chair Rep. James Tokioka
 Please Support HCR62--Here's why.*

Dear Representative's of Hawaii,

*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. Another study I found to be quite profound as this was a study conducted by the NRC (National Reserach Council) on behalf of the DOE. It showed that "Fewer than 10% of children with autism are getting the recommended level of services" (Dr. Catherine Lord, Chariwomen of the National Research Council that published Educating Children with Autism, 2001). I don't know why this is happening but with the sudden rise in autism our children need the services they deserve that they are obviously not receiving through our educational system. 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. VOTE YES HB 2727.*

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, twirling, 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 150 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

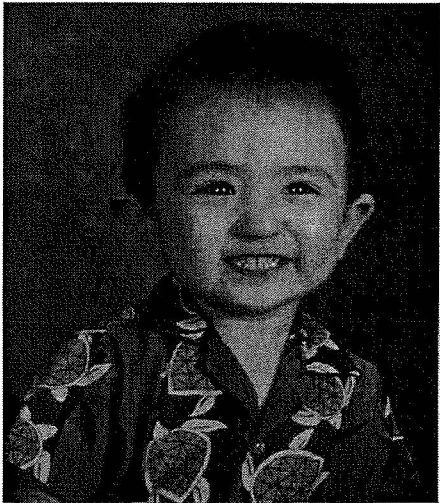
3/27/2008

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 a new team of providers who are having trouble implementing his IEP ABA CARD program. He has now shown obvious 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 transpire, the only way to describe it is like having a knife through your heart that keeps digging away. This could've been prevented by keeping him in his private school placement for at least another year but this was refused by the DOE even though he was in it through the DOH. 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.

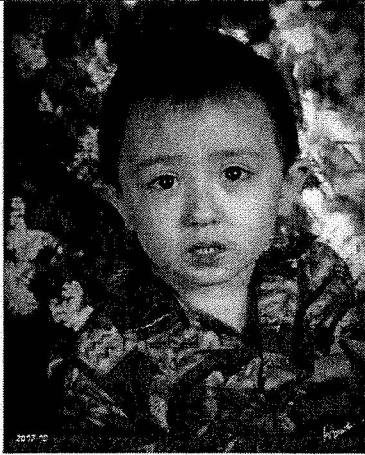
I am very grateful that you have given us this opportunity to share our story and experiences with you. I thank you for your time, efforts and dedication in representing us.

If you have any questions, please feel free to contact me. I would love to share our experiences if it will make a difference.

A very warm Mahalo,
Lori Eller 277-7443
Lori-eller@hawaii.rr.com



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2012 10

Teresa Chao Ocampo
215 N. King Street, Apt 207
Honolulu, HI 96817

March 25, 2008

Representative Michael Magaoay, Chair
Representative James Tokioka, Vice Chair
House Committee on Legislative Management
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Testimony for HCR62, Thursday, March 27, 2008, Room 423 at 2 p.m.

Dear Representatives Magaoay, Tokioka and Committee on Legislative Management,

I am writing to STRONGLY SUPPORT HCR62. A proposed audit of this magnitude is crucial for the health and well being of children with Autism in this state as well as for the future children of Hawaii. I know that the results from this Audit will positively conclude that the growing number of Autism cases in Hawaii will negatively impact our financial stability if it continues to be ignored. I am hopeful that this legislature will acknowledge that long term benefits provided by health insurance companies to Autistic children early on in their lives will serve to benefit our society as a whole now and in the future.

In 2005, the CDC found that 8.9% of children from 0 to 17 years of age have asthma, up from 7.5% in 1995. According to estimates from Hawaii's DOH, there were over 28,600 children with childhood asthma in 2006. Although children may outgrow asthma, there are many who will not. Here in Hawaii, vog and other environmental pollutants can exacerbate this condition in children as well as adults requiring a lifetime of treatment throughout adulthood. This medical condition and the various complications related to asthma including respiratory failure, hospitalization, cardiac arrest, and emergency room visits ARE COVERED by Hawaii's health insurers.

According to the CDC's 2005 report, 1 in every 400 to 600 children less than 20 years of age has Type 1 Diabetes. Unlike childhood asthma, Type 1 diabetes cannot be out grown. Like asthma, this too can require a lifetime of treatment throughout adulthood. The treatment of diabetes and its complications such as renal failure, heart and blood vessel diseases, peripheral neuropathies, and blindness currently ARE COVERED by health insurance.

In a February 2007 CDC report, 1 out of 150 children have Autism compared to a 2004 report that found 1 in 166 children with Autism. In 2005, the CDC found that as many as 24,000 children are diagnosed with Autism in the US every year. In 2006, the CDC found that 5.5 out of every 1000 SCHOOL-AGED children are diagnosed with Autism. It has been proven that children diagnosed with Autism who receive intensive treatment early in life including those such as Applied Behavioral Analysis, Speech Therapy, Physical Therapy, Occupational Therapy in addition to Psychological services can learn to function independently in society as adults.

Unlike childhood asthma and diabetes, Autism DOES NOT REQUIRE A LIFETIME OF TREATMENT and therefore, in comparison, could not possibly "cost" as much to Hawaii's health insurers as they claim. To make this even more inequitable for our children, Hawaii's health insurers DO NOT RECOGNIZE AUTISM AS A MEDICAL CONDITION and therefore, the treatment for Autism IS NOT A BENEFIT from Hawaii's health insurers.

Statistics from Hawaii's Department of Education show that Hawaii's School-Aged Autism population EXCEEDS that of the national norm of 5.5 out of 1000. The following statistics come

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 under the Autism category currently in the DOE, 0.66% (1133 out of 171,712) compared to the CDC's estimate of 0.55% (5.5 in 1000 School Aged children) with Autism, Hawaii's children are being diagnosed at a rate HIGHER than the national average.**

In the 5 year time period from 2002 to 2007, the Autism population of School-Aged students in Hawaii's DOE INCREASED BY 75.4%. This statistic does not even include those children who are not of school-age. i.e. preschoolers. What will it be in another 5 years or 10 years? Our children need help now.

Health insurers need to recognize Autism as a condition 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. Since they are educationally based, these services are too narrowly focused to truly help the child to acquire practical and functional skills needed to freely participate in a community or society where the child can survive independently as an adult.

This is why an audit proposed in HCR62 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 have no choice but to rely on the State for support as adults beginning at age 21 including room and board at a day foster 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 a Hawaii resident. The financial consequences of providing MILLIONS of State dollars PER individual PER lifetime will be much less if this audit leads to the passing of the concurrent legislative bill mandating comprehensive health coverage for related medical services for our Autistic children.

Doesn't it make more financial sense to have health insurers cover in the short term, a treatable MEDICAL condition that SHOULD be a health insurance benefit to Autistic children in the first place? Or is it more financially practical to have the State take on the burden of providing social services to these untreated adults so that they can merely coexist in society and remain totally dependent on these services for up to perhaps 60 additional years or more throughout their entire adulthood?

Given that the state of Hawaii has many financial challenges, the long-term financial impact of a GROWING, yet untreated Autism population on our economy will eventually become too great to ignore. Recently, several states have passed Autism bills as they have wisely acknowledged that a pro-active position will serve in the best interests of their state. I know Hawaii will come to the same conclusion.

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.

At 2, 3, 4, 5 years old, the time of diagnosis, it is highly unlikely that children develop Autism as a mental illness in their first 0 to 5 years of life. They CAN develop a Neurological disorder at this age or any age involving the brain which is a medical disorder. Autism is a neurological disorder that develops at an early age. Once a child is diagnosed with Autism, it will be a long journey from beginning to end, if there IS an end.

This is why it is so important that this Committee pass HCR62, so that our children will have a chance to have a future.

Autism DOES NOT require a lifetime of treatment but the benefits of early treatment WILL LAST A LIFETIME.

Sincerely,
Teresa Chao Ocampo
Parent of an Autistic Child

Carol L. Kanoho

From: Kerri Wong [kltwong@yahoo.com]
Sent: Wednesday, March 26, 2008 7:57 PM
To: LMGtestimony
Subject: Testimony

Representative Michael Magaoay, Chair
House Committee on Legislative Management

Representative James Tokioka, Vice-Chair
House Committee on Legislative Management

Re: Formal Hearing of HCR62, March 27, 2008, 2:00 p.m. Rm. 423

Dear Chairman Magaoay and Vice Chairman Tokioka,

I am writing to express my support of HCR62. The passage of this bill is necessary since it would enable Dylan's Law to become a reality thereby providing necessary financial assistance to families struggling with their child(ren)'s autism. My husband and I are such parents. I respectfully urge you to pass HCR62.

Thank you for your time and consideration to this matter.

Sincerely,

Kerri Wong
247-5956

3/27/2008

Carol L. Kanoho

From: Mike Eller [vt86ufla@yahoo.com]
Sent: Wednesday, March 26, 2008 4:37 AM
To: Rep. James Tokioka
Subject: FW: HCR62

From: Mike Eller [mailto:vt86ufla@yahoo.com]
Sent: Wednesday, March 26, 2008 4:36 AM
To: 'repmagaoay@Capitol.hawaii.gov'; 'mailto:reptokioka@Capitol.hawaii.gov'
Subject: HCR62

Rep. Magaoay / Rep. Tokioka,

I strongly support HCR62, which is now in the House Committee on Legislative Management, and scheduled for a hearing on March 27th at 2:00 p.m. This is extremely important to the families of Hawaii.

Thank you for your time,

Mike Eller
91-1040 Kai Moana Street
Ewa Beach, HI 96706

Via Fax 586-6270

March 27, 2008

Rep. Michael Magaoay and Vice-Chair Rep. James Tokioka:
House Committee on Legislative Management

Re: Testimony in SUPPORT for HCR62, Relating to Health Insurance Coverage for Autism Spectrum Disorders House Committee on Legislative Management, March 27, 2008, Room 423, 2:00 p.m

Dear Chair Rep. Michael Magaoay and Vice-Chair Rep. James Tokioka, and the members of the House Committee on Legislative Management:

I am writing to express my support of HCR62 for health insurance coverage for autism spectrum disorders.

1 in every 150 children in the USA is being diagnosed with autism according to the CDC in Atlanta. 1 in every 94 boys are now diagnosed. There is no cure for autism but there is treatment.

With early intervention involving applied behavioral analysis therapy (ABA) there is a 48 percent success rate in mainstreaming autistic kids back to their original grade levels with their peers. For the remainder; if they are not able to mainstream, the progress that they make with ABA therapy is still remarkable. They can still become productive tax payers. This is the only recommended therapy for autism by the US Surgeon General. Currently there is no health insurance coverage offered for treatment of any autism spectrum disorders in Hawaii.

Timing of treatment is critical. Currently, the CDC states "Research shows that early intervention can greatly improve a child's development". We have only one chance to do it right. Since investment in Autism specific services is needed it should be guided by people who know the nature of the Autism disability. We should not invest in trial and error.

The Task Force need to consist of individuals that have extensive background in the field of Autism, and I suggest the following:

William Bolman M.D. Board Certified Child Psychiatrist
Colin Denney PsyD Licensed Psychologist
Amy Wiech, BCBA - Board Certified Behavioral Analyst
Naomi Grossman - Parent an adult with Autism
Kalma Wong - Parent of children with Autism

Our children will not outgrow this disorder. They could become unmanageable if nothing is done now. And intervention at this point will be in the form of managed care. This will put a great burden on the economic welfare of our state systems, because we will have to pay for managed care services over the entire lifetime as our autistic children grow into adults.

We are all in this together as taxpayers. Let's be a part of the solution, lets be proactive, and invest in our children now, and help them. It will be a win/win. Or, we can do nothing now, and invest later in a lifetime of managed care. Either way, we are all going to pay. Please pass Dylan's Law House Bill 2727 / HCR 62 and make insurance coverage for autism a reality.

Sincerely,
Deborah Tasato-Kodama

