

February 3, 2011

The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair
House Committee on Health

LIVE TESTIMONY

Hearing: February 4, 2011, 9:00 a.m., Conference Room 329

Re: Testimony in Strong Support of HB821 – Relating to Health Insurance

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee,

My name is Jerry Bump, and I am a registered voter in Palolo Valley. Thank you for the opportunity to submit testimony in favor of HB821.

I am writing to you as a concerned parent. If HB821 is passed, it will greatly improve my sons' chance at an independent and productive life.

At 18 months, my son was diagnosed with an Autism Spectrum Disorder (ASD). As devastating as this was to us, we were shocked to find out that our health insurer would not cover any sort of therapy or treatments relating to his ASD. Instead, my family was directed to receive support from early intervention, DOH and eventually the DOE. We appreciate the help DOH and DOE have provided, but my wife and I do not feel they are staffed and funded to provide the proper ABA therapy my son needs.

My son is now three years old and missing out on receiving these therapies at the most critical time in his life. My wife and I both grew up in Hawaii and have the loving support of family members to help care for our children, but we have even considered moving to the mainland to receive the appropriate and affordable treatment for our son. During the last year, my family spent thousands of dollars for medical services not covered by our health insurer and find ourselves in debt from the few treatments that we have sought for him. The therapy we have been able to provide has been helpful, but so much more is needed for our son.

A total of 35 states and the District of Columbia have laws related to autism and insurance coverage. At least 23 states—Arizona, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Pennsylvania, South Carolina, Texas, Vermont and Wisconsin—specifically require insurers to provide coverage for the treatment of autism. I urge you to add Hawaii to this list.

I would like to address portions of the July 2009 State of Hawaii Auditor Report 09-09, in which the Auditor does not recommend passage of mandated coverage for the treatment of ASD.

The auditor report states health insurers do not provide ABA therapy because it “is not an evidenced-based treatment.” I disagree, as there is increasing scientific support for intensive ABA therapy over other methodologies for children with autism spectrum disorders. For example, a recent study published in *Pediatrics* compared alternative

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interventions for autistic preschool children; one group of children received intensive early-intervention ABA based therapy, while the other group received a more eclectic array of interventions. The study was the first randomized, controlled trial to demonstrate that behavioral intervention for autistic toddlers reduces the severity of their disorder. The results showed that, over a two year period, the group of children who received the ABA-based therapy showed significant improvements in IQ and adaptive behavior as compared to the children who received more eclectic “community-intervention” therapies. The *Pediatrics* study reflects similar conclusions made by a 2004 study published by *Science Direct*, which found that intensive ABA-based therapy was significantly more effective in treating autism spectrum disorders than eclectic programs. The *Science Direct* study followed 29 children who received intensive ABA-based therapy and 26 children who received a combination of programs (including one-on-one and small group therapy with varying hours per week) over a 14 month period, and found that learning rates for the children in the intensive ABA-based therapy group were “substantially higher” than for the children in the eclectic programs. The National Autism Center recently published a summary of over 230 studies that explored the effectiveness of ABA-based therapy across all age groups; the summary confirmed that ABA based therapy increases academic, communication, and interpersonal skills; learning readiness; personal responsibility; and self-regulation, while decreasing problem behaviors.

Furthermore, The auditor states in their report:

“Applied behavior analysis (ABA) is one of the more common treatments used not only for increasing useful behaviors but also for reducing behaviors that may be harmful or interfere with learning. While shown to improve social and educational outcomes in ASD children, it is not a covered family health benefit for insurance purposes in Hawai‘i. Both the DOH and DOE report that ABA, in addition to other treatment and services, is available to children under their care. None of the four health care insurers surveyed offer coverage for ABA.” Later in the report the “DOH opposes our (the auditors) recommendation based on its contention that the services available are not “comprehensive” and do not “meet all the needs of children with autism.”

My son has never been offered ABA therapy by the DOH or DOE and I don’t feel those entities have the financial means or qualified professionals available to provide those services. Only through a due process action against the DOE would a parent be able to get intensive ABA therapy. In the reports’ analysis on social impact, it limits its discussion to the 1,460 estimated children diagnosed with ASD. The true social impact should include the effects on parents, siblings, other family members, neighbors, and all residents of Hawaii. As these ASD kids age-out of DOE care, how will our society handle them? Shouldn’t we as a society provide these kids with proven therapies that will give them the best chance to lead a productive and independent life?

Please do the right thing for my child and the rest of Hawaii’s keiki and pass HB821.

Mahalo,
Jerry Bump

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Representative Ryan I. Yamane
Chair, House Committee on Health
Hawaii State Capitol, Room 420

Representative Dee Morikawa
Vice Chair, House Committee on Health
Hawaii State Capitol, Room 310

Re: Testimony in SUPPORT of HB821, Relating to Health Insurance, Mandatory Health Coverage; Autism Spectrum Disorders
House Committee on Health, February 4, 2011, Room 329, 9:00 a.m.

Dear Chair Yamane, Vice Chair Morikawa, and Members of the House Committee on Health:

I am writing to express my support of House Bill 821, which would provide mandatory health insurance coverage for people with autism spectrum disorders.

Autism is a complex neurobiological disorder that currently affects 1 in 110 children, according to the Centers for Disease Control. This disorder is four times more likely to affect boys than girls. Autism impairs a person's ability to communicate and relate to others, and is often associated with repetitive behaviors, poor eye contacts, and rigidity in routines.

Children with autism often have co-occurring conditions, such as behavioral problems, speech disorders, muscle or joint problems, ear infections, allergies, vision and hearing problems, and gut issues. The wide range of co-occurring problems leads to the need for services from trained medical professionals and for a full-range of therapies, including but not limited to speech therapy, occupational therapy, behavioral therapy, and biomedical interventions.

As the mother of two children affected by autism, one of whom has been successfully mainstreamed without support, I can personally attest to the effectiveness of these interventions, as well as to the financial hardship faced by families who often have to pay for these therapies and interventions out of pocket. Medical insurance companies will tell you that these interventions are already covered in their plans; however, closer examination of the insurance plans will tell you that this is stretching the truth. Speech therapy, for example, is often denied in cases that are habilitative, when the patient requires the therapy to learn how to speak (versus rehabilitative, when the patient needs the therapy to re-learn how to speak).

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These same medical insurance companies (as well as the Hawaii State Auditor) erroneously tell you that these therapies and interventions, such as speech and behavioral therapies, are already provided by the Department of Education and Department of Health, and therefore it is not necessary for the medical insurance companies to provide coverage. While some children are lucky enough to receive therapies through these agencies, many children do not receive enough necessary treatments, and many others simply do not receive any at all. Passing the responsibility off to others in order to save money seems to be the standard operating procedure of government and non-government agencies alike. However, if these children do not get the treatments they require when they are young, they will most certainly grow up into adults who will need even more services and will cost the community millions of dollars more. Insurance coverage for autism treatments will help to prevent this tragedy from happening.

Please pass House Bill 821 and give children with autism a chance to succeed.

Sincerely,

Kalma K. Wong