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TO THE HOUSE COMMITTEE HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Friday, February 4, 2011
9:00 a.m.

TESTIMONY ON HOUSE BILL NO. 821 – RELATING TO HEALTH INSURANCE.

TO THE HONORABLE RYAN I. YAMANE, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance 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 treatment of autism spectrum disorders. We believe this trade off is best left to the wisdom of the Legislature, following the review by the Legislative Auditor required under HRS section 23-51.

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

morikawa2 - Grant

From: Janet Edghill [janet721@gmail.com]
Sent: Thursday, February 03, 2011 8:57 AM
To: HLTtestimony
Cc: Sarah Burke
Subject: TESTIMONY IN SUPPORT OF HB821

PLEASE ACCEPT THIS TESTIMONY IN SUPPORT OF HB 821. Mahalo!

Sarah Man, Parent Navigator for University of Hawaii Center for Disabilities Studies and President of Oahu Best Buddies Advisory Board.
Insurance Coverage for Autism Spectrum Disorders
February 4, 2011 9 am, State Capitol Room 310
Testimony in support of House Bill 821

Ladies and Gentlemen of the Committee:

I am here to show my support of House Bill 821 which mandates health insurance coverage for autism spectrum disorders.

My daughter, Zoe, is six and has autism. Since my husband, Gabe, who was born and raised on Oahu, and I moved our family back to Honolulu last year, we have been unable to secure appropriate services for her. We pay over \$5,000.00 a month for a strong ABA home program. We are doing everything we can now, while she is young to get her to be independent so she can one day pay taxes and spare the state the price tag of \$3.2 million over the cost of a life time. This is just the educational piece.

Autism is more than a miswiring of the brain rather it also affects the body. We spend an average of \$1500.00 a month on treatments that have helped Zoe's body heal and allow her to be more focused, engaged and present to learning. We were told Zoe would be non-verbal. Due to strong educational programs and effective medical treatment, Zoe is now talking and blossoming in front of our eyes. This is a great financial burden and it is paramount that Hawaii becomes the 24th state to enact legislation mandating insurance coverage for autism treatment. Let's show the rest of the country why Hawaii is truly the best place to live and raise a family.

Sincerely,

Sarah Man

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 4, 2011

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

Re: HB 821 – Relating to Health Insurance

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 821 which would require health plans provide coverage and services for autism spectrum disorders. HMSA always opposes unfunded mandated benefits.

The language in this measure raises many concerns, some of which have been debated in the past before this body. Some of these include issues around:

Autism Providers

HB 821 would require health plans to allow members to access services provided by “any person, entity, or group that provides treatment of autism spectrum disorders”. This statement effectively removes the ability of health plans to ensure that individuals, entities or groups providing services to our members have been properly trained. Under this language anyone could set up an autism treatment program and provide services to our members. We only contract with credentialed individuals who have received appropriate training. We believe that this language would potentially put our members at risk.

Unproven Treatments

Health plans typically provide treatment which is restorative in nature and has been scientifically proven to be efficacious. This measure specifically would allow for treatments to be covered for an indefinite amount of time without demonstrating any positive improvements for our members. Unfortunately there are a number of autism therapies currently in practice which are not supported by clinical evidence.

Duplicative Coverage

We would also like to provide some information from the Hawaii State Auditor’s report on the social and financial impacts of mandating the coverage of autism services which was published in 2009. This report cites the fact that most of the children diagnosed with autism in the state are receiving treatment and utilizing services for autism from the Department of Health and the Department of Education. Since these services are already being provided through public entities, passage of this mandated benefit would represent a huge cost shift to the private sector, specifically to employers who provide the lion’s share of health care coverage in the state.

With the passage of the Affordable Care Act (ACA), there are also additional issues to take into consideration. HB 821 seems to acknowledge this by extending the mandated coverage to age 26 to match with the dependent coverage extension of the ACA. There also seems to be an acknowledgement within the bill itself, that it is possible that the suite

of services outlined in this measure could potentially not be included within the federal government's definition of what will be considered an "essential health benefit". Essential health benefits will be offered by qualified health plans operating within the state insurance Exchange. For services which exceed those included in the essential benefits package, states will assume financial liability for the cost of these services or not provide them. The bill addresses this by stating that if the autism benefits are not included in the essential health package, they would only be offered by plans outside of the Exchange. We believe that this is bad public policy as it would create a two tiered system where those whose economic situation allows them to receive subsidies to obtain coverage in the Exchange, would not be able to access autism services.

To get an idea of the potential cost associated with requiring plans to provide this coverage we used the Auditor's 2009 estimate that the Hawaii population of children between the ages of zero to 21 (age would be extended to 26) diagnosed with autism spectrum disorder is estimated to be 1,460. If the \$50,000 cap could be implemented (only if the services are not defined as "essential") and half of those diagnosed received services, the cost would be \$36.5 million per year.

Finally, we would also like to cite the conclusion of the Hawaii State Auditor's 2009 report which stated that "enactment of SB 2532 SD1 (autism mandate measure in 2008) is not recommended". We believe that with the ACA requirements in flux and the financial liability of the state still unknown, we would respectfully request that the Committee see fit to hold this measure today.

Thank you for the opportunity to testify.

Sincerely,



Jennifer Diesman
Vice President
Government Relations

HAWAII DISABILITY RIGHTS CENTER

900 Fort Street Mall, Suite 1040, Honolulu, Hawaii 96813

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THE HOUSE OF REPRESENTATIVES THE TWENTY-SIXTH LEGISLATURE REGULAR SESSION OF 2011

Committee on Health Testimony in Support of H.B. 821 Relating to Health Insurance

**Thursday, February 4, 2011, 9:00 A.M.
Conference Room 329**

Chair Yamane and Members of the Committee:

I am Louis Erteschik, Staff Attorney at the Hawaii Disability Rights Center, and am testifying in support of this bill.

The purpose of the bill is to require health insurance plans to provide coverage for autism spectrum disorders. This is a very important bill and this coverage is very appropriate for insurance policies. The whole point of insurance is to spread risk and cost among an entire population, so that disproportionate, catastrophic expenses are not heaped upon specific individuals or groups.

With that in mind, we need to realize that autism is occurring among children in epidemic proportions. According to current statistics, **one out of 110 children (1 out of 85 boys) are born with autism**. That is a staggering, alarming figure, as is the cost to those families and to society to care for these individuals over the course of their lives. **It is estimated that the cost of caring for a single individual with autism for a lifetime is \$3 million**. Evidence suggests that techniques such as applied behavioral analysis have been effective in mitigating or reducing or eliminating the effects of autism if used at an early age. While the treatments may seem costly in the short run, hundreds of thousands of dollars, if not millions, are saved over the course of a lifetime by the early utilization of treatments.

Further, while some services are supposed to be provided via the DOE under the Individuals With Disabilities Education Act, in reality, the DOE has done a very poor job

of either educating or providing needed services to children with autism. Therefore, other means of providing coverage and services need to be addressed.

Inasmuch as autism is unfortunately becoming common and the costs are so high, insurance coverage is appropriate as a mechanism to spread the risk and cost amongst all of us. We note that **twenty three states currently mandate some insurance coverage for autism**. Therefore, this would seem to be an approach to addressing this problem which has received broad support.

Thank you for the opportunity to testify in support of this measure.



Hawaii Association of Health Plans

February 4, 2011

The Honorable Ryan Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: HB 821 – Relating to Health Insurance

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

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of eight (8) member organizations:

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

Kaiser Permanente
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.

HAHP appreciates the opportunity to provide testimony in opposition to HB 821 which would require health plans to provide coverage for autism and related services. 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 effect to shift all of the treatment responsibility and cost for autism spectrum disorders 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 or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician, psychologist, or registered nurse practitioner if the care is determined to be medically necessary: (1) Psychiatric care; (2) Psychological care; (3)

• *AlohaCare* • *HMAA* • *HMSA* • *HWMG* • *Kaiser Permanente* • *MDX Hawaii* • *UHA* • *UnitedHealthcare* •
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813
www.hahp.org

Behavioral health treatment; (4) Therapeutic care; and (5) Pharmacy care” will be mandated to be covered by health plans.

We reasonably expect that virtually every child who has been diagnosed with autism, the most severe diagnosis in autism spectral disorder, would receive these new mandated benefits to the full extent of the proposed annual cap of \$50,000. Last year, the DOE reported that there were slightly in excess of 1,000 children in their system with autism; so, we are looking at a minimum cost shift and increase to local employers of \$50,000,000 annually. Adding the additional cost of those children with less severe symptoms will surely add significantly to this minimum estimate.

We would also like to address the provision within the measure which would implement an annual cap to the dollar amount a plan would have to provide for autism services. Under federal health care reform, the Affordable Care Act, as of September of 2010, health plans are prevented from placing annual dollar limits on services to be considered “essential health benefits”, an as yet undefined collection of coverage which will be required plans operating within the Exchange cover. Thus, if these autism services are considered “essential” the dollar cap on services will not be able to be implemented.

The language of the bill then goes on to state that autism coverage, if not considered to be “essential” would only be required to be covered by health plans operating outside of the Exchange. This caveat to the language seems to indicate that there is a concern that these benefits may ultimately not be considered part of the “essential health” coverage. If that is the case, any individuals participating in Exchange based coverage would not be able to access these services at all, even if they would prefer to enter the Exchange in order to receive subsidies to purchase coverage.

With the ACA still in flux and the services to be considered “essential” not yet defined, we believe that the state should not pass any additional mandated benefits, especially this costly proposal. Therefore we would respectfully request that the Committee see fit to hold this measure today.

Thank you for the opportunity to provide testimony.

Sincerely,



Howard Lee
President

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18085866281
FROM	Amy Wiech
DATE	2011-02-03 20:46:43 GMT
RE	HB 821 Testimony for 2.4.2011

COVER MESSAGE

Please forward to the committee for HB 821 which meets Friday 2/4/2011 at 9am.

Thank you.

Amy

—

Amy Wiech, M.Ed., BCBA

Founder/CEO/Director

ABC Group

Autism Behavior Consulting Group, Inc

www.AutismBehaviorConsulting.com

Our Center is located at 99-079 Kauhale Street,

Aiea, HI 96701

808-277-7736

Skype handle: ABC_Group

"The rat is ALWAYS right!" - B.F. Skinner

"Children with Autism are not learning disabled, they are teaching challenged!" - Dr. Vincent Carbone

"In God We Trust - All Others Bring Data!"

- W. Edwards Deming

If you want to be happy for an hour, take a nap.

If you want to be happy for a day, go fishing.

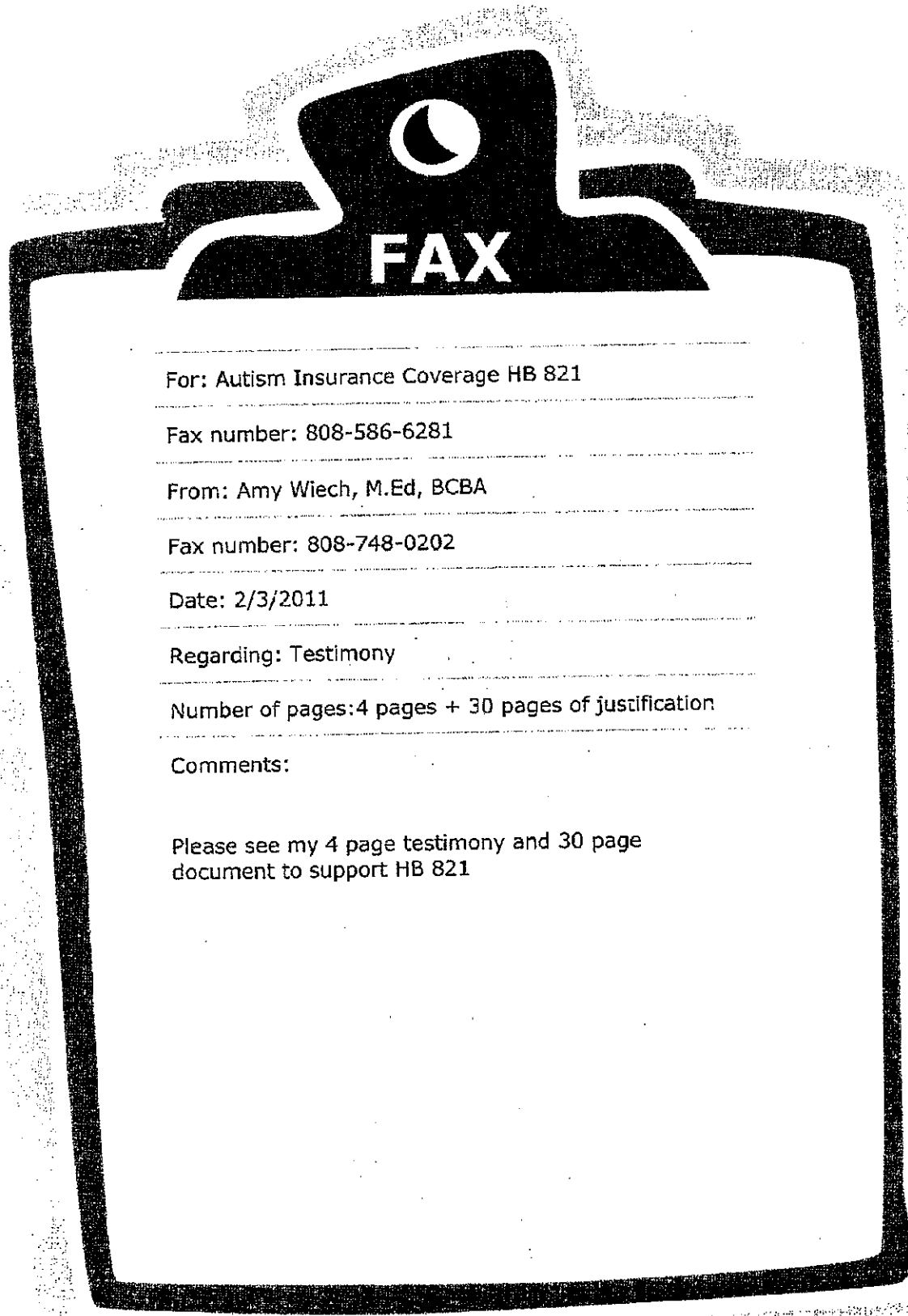
If you want to be happy for a month, go on a honeymoon.

If you want to be happy for a year, inherit a fortune.

If you want to be happy for a lifetime, teach children with disabilities.

Adapted from a Chinese Proverb-Unknown Author

WWW.EFAX.COM



For: Autism Insurance Coverage HB 821

Fax number: 808-586-6281

From: Amy Wiech, M.Ed, BCBA

Fax number: 808-748-0202

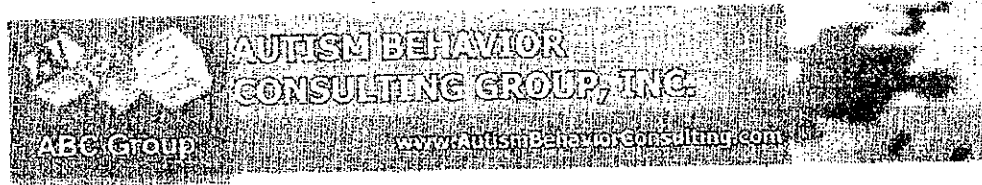
Date: 2/3/2011

Regarding: Testimony

Number of pages: 4 pages + 30 pages of justification

Comments:

Please see my 4 page testimony and 30 page document to support HB 821



TESTIMONY IN SUPPORT OF HOUSE BILL 821 INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

February 3, 2011

Ladies and Gentlemen of the Committee:

I am a Board Certified Behavior Analyst (BCBA) and possess Master's and Bachelor's Degrees in Special Education, as well as being a PhD student at UH in Exceptionalities. I have worked with children with Autism for over 17 years. We have a service provision agency, and a school on Oahu, where we employ staff to provide intensive interventions based on Applied Behavior Analysis (ABA) to children and adolescents with Autism, and other developmental disabilities of Hawaii. We are a group of talented individuals who provide evidence based teaching and behavioral interventions to children/adolescents with Autism/ Aspergers, Mental Retardation (MR), Developmental Delays (DD), ADD/ADHD and other related disabilities and behavioral challenges. We have 6 Board Certified Behavior Analysts/Assistants, and a Team of well trained Skills Trainers and Tutors.

Services for autism that families receive from the Department of Education (DOE) schools are very limited in the scope that they provide, and many children are not even receiving ABA treatment in school. If Hawaii were to have House Bill 821 pass, this would give motivated families the option to seek additional funding for ABA via their health insurer to have the ability to access scientifically supported ABA services in order to make socially significant changes in their child's behavior, communication and functional skills. This is the reason that I chose this profession-to be an integral part of these significant changes in behavior, communication and functional skills. The progress given a quality ABA program are astounding and life changing!

The research states that educational programs specifically for children with Autism should be comprised of 30-40 hours per week of individualized instruction using ONLY evidence-based teaching procedures. Schools are not providing this. **The only available evidence-based teaching procedures are derived from the ABA literature (National Standards Report, 2009).** We at ABC Group pride ourselves on using the evidence based interventions we are describing.

Applied behavior analysis (ABA) is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior (Baer, Wolf & Risley, 1968; Sulzer-Azaroff & Mayer, 1991).

The intensive and naturalistic teaching formats required for some children involve a high number of teaching trials (thousands) with carefully arranged contingencies (i.e. prompting, fading, careful shaping, transfer of stimulus control, use of the motivating operation, differential reinforcement, etc.), and careful measurement of progress. We collect data and graph each session, so that we know that our intervention is working, and making the changes that we targeted for change. The science of ABA is very effective in creating desired outcomes.



Autism Behavior Consulting Group, Inc. / ABC Group

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www.AutismBehaviorConsulting.com

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vs: 03/01/07

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- ABA has several objectives when used to target a variety of skills or problem behaviors:
1. to increase behaviors (eg reinforcement procedures increase on-task behavior, or social interactions);
 2. to teach new skills (eg, systematic instruction and reinforcement procedures teach functional life skills, communication skills, or social skills);
 3. to maintain behaviors (eg, teaching self control and self-monitoring procedures to maintain and generalize job-related social skills);
 4. to generalize or to transfer well in the mainstream classroom);
 5. to restrict or narrow conditions under which interfering behaviors occur (eg, modifying the learning environment); and
 6. to reduce interfering behaviors (eg, self injury or stereotypy).

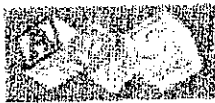
ABA can be used to teach speech articulation, vocabulary, language, gross and fine motor skills, eating and food preparation, toileting, dressing, personal self-care, domestic skills, time and punctuality, money and value, home and community orientation, functional work skills and many others! ABA is not only effective with individuals with Autism, but with individuals with other developmental disabilities, and typically functioning individuals such as you and I as well! Please consider passing this important bill. I strongly recommend that you also support House Bill 821 to mandate health insurance coverage for autism spectrum disorders in Hawaii. Autism is a developmental disability that results in impaired communication and social interaction. Rates of autism are estimated to be 1:100 kids.

There is an effective treatment for Autism and it is Applied Behavior Analysis (ABA) which is the only intervention recommended by the Surgeon General. When Autism is identified early and with early ABA treatment the symptoms and deficits of autism can be ameliorated and in many cases reversed. The cost of intensive early intervention is minimal compared to the estimated \$3.2 million over the cost of a lifetime, which is ultimately passed on to society and the tax payers who flip the bill to place these adults in residential settings that cost a fortune. That puts a dollar figure on it, but there is no way to measure the lost contributions of afflicted individuals if untreated. Many families who have children with autism are not able to live a normal life, because of their child's significant behavior problems. They are limited in the activities they can participate in as a family, which is so unfortunate to hear when families tell us they can't go to church, or to the beach, or the movies as a family, for fear that their child will have a huge tantrum in public.

Autism can be treated. All that matters right now is that we get the insurance companies involved the way 23 other states all ready have. Virginia was the most recent state to pass this legislation.

There is currently no cure for autism, however disruptive behaviors and symptoms, are treatable, much like any chronic disease or disorder is treated, and is routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

Many insures will cover gastric bypass (cost \$100,000) for their patients who are overweight. And they will do this every year if needed. But they will not cover effective treatment for children who have SO MUCH POTENTIAL TO LEARN!



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Twenty-three states have already enacted legislation mandating insurance coverage for autism treatment. **Indiana has no cap on cost, and most other states have \$50,000 caps per year.** Let's end health insurance discrimination against children with autism in Hawaii and make Hawaii #24 of the 50 States providing mandated insurance coverage for children with Autism.

Sincerely,

Amy Wiech, M.Ed., BCBA
 Board Certified Behavior Analyst
 CEO/Founder/Director of Operations



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1/10/2011

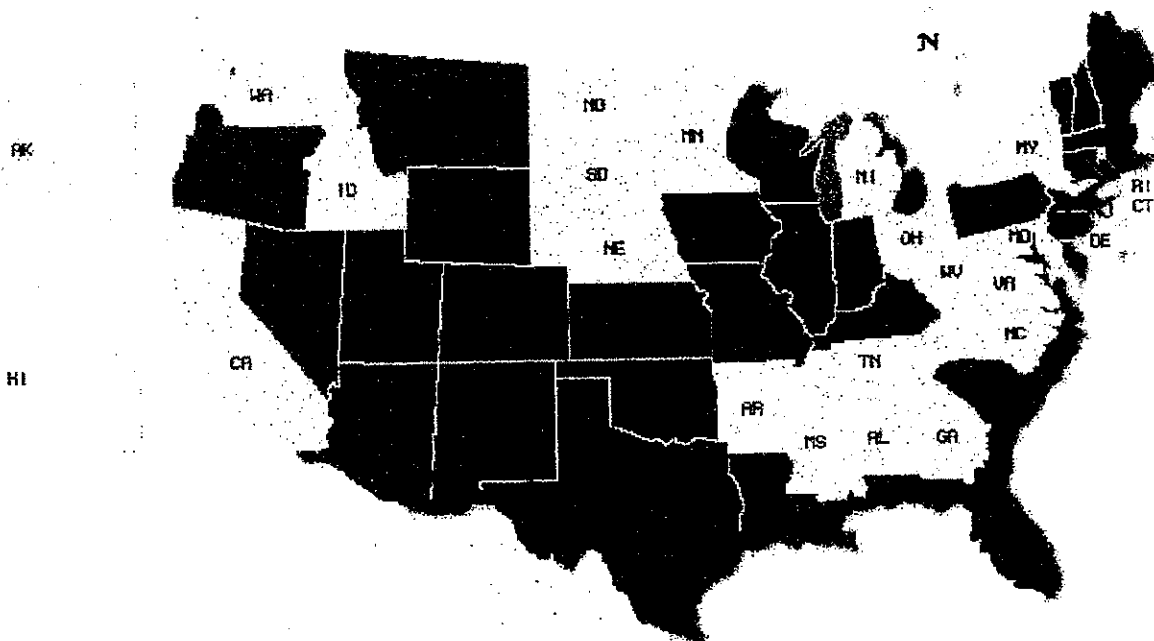
AUTISM Autism Speaks



Autism Speaks
Government Relations Department

1/10/2011

2011 State Initiative Agenda: Current Status of State Autism Insurance Reform Bills



States Pursuing Autism Insurance Reform Bills in 2011					
Arizona	Missouri	Oregon	Alabama	Nebraska	Oklahoma
Colorado	Montana		Alaska	New York	
Connecticut	Nevada	Arkansas	North Carolina	Utah	Wyoming
Florida	New Hampshire	California	North Dakota		
Iowa	New Jersey	Delaware	Ohio		
Illinois	New Mexico	Hawaii	Rhode Island		
Indiana	Pennsylvania	Georgia	South Dakota		
Kansas	South Carolina	Idaho	Tennessee		
Kentucky	Texas	Maryland	Virginia		
Louisiana	Vermont	Michigan	Washington		
Maine	Wisconsin	Minnesota	Washington, DC		
Massachusetts		Mississippi	West Virginia		



Self-Funded Health Plans:

Establishing an Autism Benefit

Lorri Unumb, Esq.
Autism Speaks

lorri.unumb@autismspeaks.org

What is Autism?

- Autism is a medical condition, brought on through no fault of the family.
- Autism affects a person's communication abilities and social skills, and often causes repetitive patterns of behavior.
- Autism is diagnosed by a medical doctor (usually a developmental pediatrician).
- Treatment is prescribed by a medical doctor.

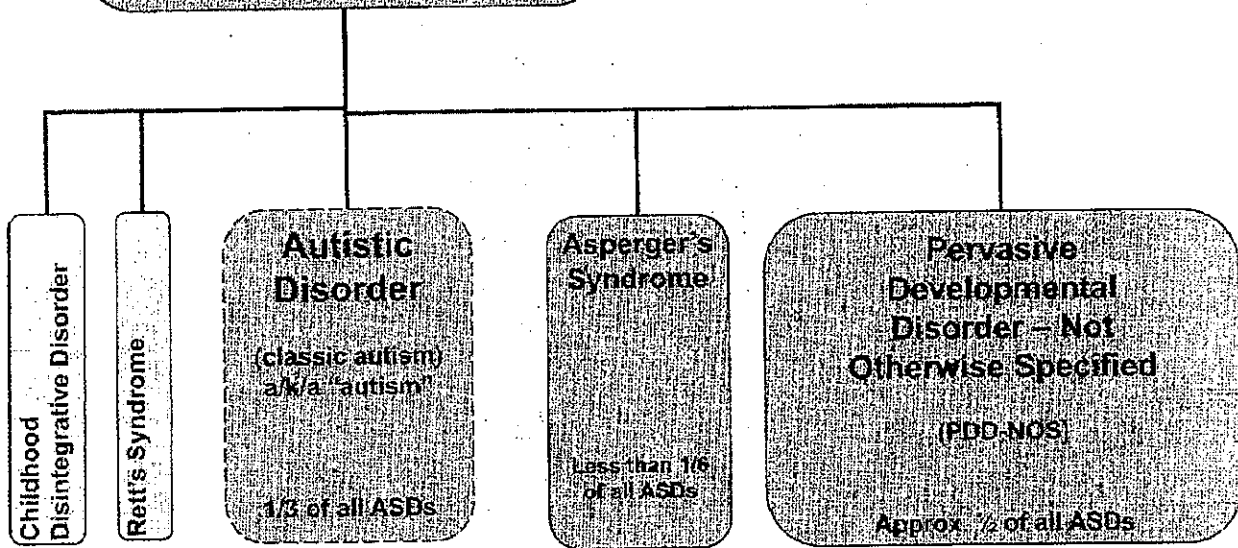
“Autism”

- The term “autism” is often used imprecisely:
 - some people use it interchangeably with “autism spectrum disorder”
 - others use it to mean one of the autism spectrum disorders.
- In fact, there are 3 distinct diagnoses within the family of autism spectrum disorders. (See chart on next slide.)
- Across the spectrum, people vary greatly in terms of type and severity of deficits.

**Pervasive
Developmental
Disorders**
*(the umbrella category
in the DSM-IV)*

There are 5 Pervasive
Developmental Disorders
(PDDs).

Within the 5 PDDs,
there are 3 **Autism Spectrum
Disorders (ASDs)**,
shown in purple below.



Curable? Treatable?

- Although there is no known cure for autism, it can be treated so that the symptoms are not disabling.
 - A non-verbal child can gain the ability to communicate
 - A non-social child can gain interaction skills.
- With treatment, children with autism are not cured but can overcome the disabling aspects of the condition.

Autism Treatment:

- The most commonly-prescribed treatment protocol involves a therapy called "**Applied Behavior Analysis**," or ABA therapy.
- ABA therapy has been used for many decades to treat autism, but many insurers deny coverage on the basis that ABA therapy is "experimental."
- That conclusion is simply not supported by the science, and the **Surgeon General, the National Research Council, and the American Academy of Pediatrics** endorse the use of ABA therapy for kids with autism.



American Academy of Pediatrics, 2007:

"The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."



United States Surgeon General, 1999:

“Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.”



Treatment Outcomes:

- Studies show that, if ABA therapy is administered intensively and by properly-trained therapists, approximately half of the treated kids will “overcome” their autistic characteristics to such an extent that they can enter 1st grade **indistinguishable from their peers**. And the other half make significant gains, too, such that they need less support for the rest of their lives. (Lovaas, UCLA 1987)
- Because ABA therapy must be administered intensively – sometimes 40 hours per week – it is quite expensive. (See next slides)
- Wealthy parents pay out-of-pocket to provide their children ABA therapy, which typically lasts 3-4 years.
- Less fortunate children go without therapy, end up in costly special education programs, and eventually become wards of the state.

Applied Behavior Analysis: *Three Tiers of a Typical Program*

1. Consultant
 - Highly educated and trained
 - Board Certified
 - Evaluates, designs, trains
 - 3-6 hours per month
2. Mid-level supervisor (lead therapist)
 - Highly educated and trained
 - May be Board Certified
 - Updates programming; trains; oversees
 - 6 hours per week
3. Line therapists
 - Often recent graduates or college students, trained by above
 - Provide 25-40 hours per week of direct therapy, usually in 3-hour shifts



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Applied Behavior Analysis: *Cost of a Sample Program*



1. Consultant

- 3-6 hours per month
- \$100-\$150/ hour
- 6 hours x \$150 = \$900/month
- \$900 x 12 months = **\$10,800/year**

2. Mid-level Supervisor (lead therapist)

- 6 hours per week
- \$30-\$60/hour
- 6 hours x \$60 = \$360/week
- \$360/week x 52 weeks = **\$18,720/year**

3. Line Therapists

- 40 hours per week
- \$10-\$20/hour
- 40 hours x \$20 = \$800/week
- \$800/week x 52 weeks = **\$41,600/year**

\$10,800 + \$18,720 + \$41,600 = \$71,120

Taxpayer Burden

- A 2006 Harvard study found that if a child with autism is not properly treated, the societal cost for that one child over their lifetime is \$3.2 million. (Ganz 2006).
- A Pennsylvania study projected an actual cost savings to the state of over a million dollars per child. (Jacobson, Green 1998).

Increased Prevalence = Higher Burden

- In 1985, the prevalence rate of autism was 1 case per 2500. Today, it is 1 in 110. (CDC, 2009)
- Do the math: 1 in 110 kids diagnosed; only the wealthy few get treatment; and multiply each remaining child by over a million dollars. That's how much taxpayers will shell out if these kids don't get treatment.



Increased Prevalence = Higher Burden

- Scientists don't know the reason for the increase in prevalence, but we all understand the ramifications. There's a huge autism tsunami coming, and it is going to cost taxpayers an extraordinary amount in special education and adult care if the current generation of kids does not get treatment.
- Without private insurance coverage, the treatment is simply not going to happen.



States Taking Action

- Faced with this reality, states are moving to mandate insurance coverage for autism treatment.
- Indiana passed the first meaningful bill in 2001, the same year the Attorney General in Minnesota settled litigation with that state's major insurer (BCBS) to require coverage for autism, including coverage of Applied Behavior Analysis therapy.
- 21 states have passed autism mandates; 12 states & Congress are now considering them.

Comparison of State Autism Benefits

	SC	MN (BCBS Covera ge)	AZ	MT	IN	PA
Annual Cap	\$50K (only on ABA)	Unlimited	\$50K thru 8; \$25K 9-16	\$50K thru 9; \$20K 9-18	Unlimite d	\$36 K
Diagnosed by age	8	n/a	n/a	n/a	n/a	n/a
Benefits until age	16	No age cap	17	18	No age cap	21

Treatment must be prescribed by licensed physician or psychologist.

In The States With Autism Insurance Reform. . .

- Children who have never before been able to receive treatment are making remarkable progress.
- Providers have joined adequate networks of participating providers and negotiated satisfactory reimbursement rates.
- The impact on premiums has been negligible.
- The insurance industry's own association – the Council for Affordable Health Insurance – estimates that mandated autism benefits have increased premium costs by LESS than 1%. (See chart)

**Excerpt from 2008 Report of the Council For Affordable Health Insurance:
 "Health Insurance Mandates in the States"**

BENEFITS:	Est. Cost	#
Alcoholism	1-3%	45
Autism	<1%	11
Contraceptives	1-3%	31
In Vitro Fert.	3-5%	13
Prescriptions	5-10%	2

Available at www.CAHI.org.

The Council for Affordable Health Insurance is a research and advocacy association of insurance carriers active in the small group, individual, HSA, and senior markets. CAHI is an active advocate for market-oriented solutions to the problems in America's health care system.

United States Department of Defense



- Also, military insurance (TriCare) covers autism and specifically includes a benefit for Applied Behavior Analysis therapy.



Unfortunately . . .

- Even in the states that have passed autism insurance mandates, many children are still unable to receive treatment because they are insured through self-funded plans that are not regulated by the state.



What is a Self-Insured Employer?

- If you work for a large company or government, there is a chance your health plan is self-insured.
- These self funded plans are not really insurance. The employer pays employee benefits from the employer's own pocket and assumes the risks.
- Self-funded employers often hire third-party administrators (TPAs) to keep track of premiums, claims, and related paperwork.
- If the employee is in a self-insured plan, ERISA preempts most state insurance regulation, including benefit mandates.

ERISA: *The Employee Retirement Income Security Act*

- The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans.
- ERISA allows companies to set up self-funded plans that are governed by federal law and exempt from state insurance regulations.
- There have been a number of amendments to ERISA, including COBRA and HIPAA, expanding the protections available to health benefit plan participants and beneficiaries.
- The Autism Treatment Acceleration Act (ATAA) of 2009 seeks to amend ERISA law by requiring coverage of autism treatments.
- For more information about ERISA, visit the U.S. Department of Labor's website at www.dol.gov.

Companies With Self-Funded Plans that Cover Autism

Many self-funded companies have elected to implement autism benefits, even though ERISA law does not yet require them to do so.

- Microsoft
- Home Depot
- Intel
- Arnold & Porter
- Symantec
- Halliburton
- Eli Lilly
- Deloitte
- Ohio State University
- Mayo Clinic
- Lexington Medical Center
- University of Minnesota
- Progressive Group
- Greenville Hospital System
- Time Warner
- City of Atlanta

Why Implement an Autism Benefit?

- Greater employee productivity.
- Employee retention is maximized - employees will not feel the need to leave in search of a job with state-regulated insurance.
- Children who achieve higher levels of functioning
 - have lower overall health care costs
 - do better in school
 - need less assistance from their families, from whom autism often exacts a terrible financial and psychological toll
- A child is given the opportunity for a functional, happy life and is saved from a lifetime of institutionalization.

“[N]o disability claims more parental time and energy than autism.”

New York Times,
12/20/04



What Should the Autism Benefit Look Like?

- Coverage should include
 - Applied Behavior Analysis (ABA) Therapy
 - Speech Therapy, Occupational Therapy, and Physical Therapy
 - Psychological, Psychiatric, and Pharmaceutical Care
 - Diagnosis and Assessments
- No visit limits (other than restrictions prescribed by treating physician)

What Should the Autism Benefit Look Like?

- No denials on the basis that treatment is
 - Habilitative in nature
 - Educational in nature
 - Experimental in nature

- For Applied Behavior Analysis coverage, treatment must be provided or supervised by a behavior analyst who is certified by the Behavior Analyst Certification Board.



For more assistance in crafting an autism benefit for your company, please contact Autism Speaks

Autism Speaks, the world's largest autism advocacy organization, is dedicated to increasing awareness of autism spectrum disorders, to funding research into autism, and to advocating for the needs of affected families.

Please visit www.AutismVotes.org and www.AutismSpeaks.org for more information

lorri.unumb@autismspeaks.org

KAISER
THE HENRY J.

HOW PRIVATE HEALTH
COVERAGE WORKS:
A PRIMER
2008 UPDATE

APRIL 2008

TESTIMONY IN SUPPORT OF HOUSE BILL 821
INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

Ladies and Gentlemen of the Committee:

Please take a moment to consider this situation: Imagine you are the parent of a young child who has just been diagnosed with a disability. That disability has become very common, affecting one in 100 children. The good news is that early treatment can give your child a much better outcome, with hope of living independently as an adult and being a contributing member of society. But this is the part of the story that is hard to believe: even though you have health insurance, treatment your child's disability is not covered. Not even the diagnosis. Because of this your child may not get the treatment they need. Yes, this is the reality for thousands of parents of children with autism. I know, I am one of those parents.

My son is 10 years old, and was diagnosed with autism in 2003. My child receives behavioral therapy at a cost of about \$1000 per month. This is money that we pay out of pocket. These treatments are giving him a chance at becoming an independent adult.

I strongly support House Bill 821 to mandate health insurance coverage for autism spectrum disorders. Autism is a developmental disability that results in impaired communication and social interaction. Autism affects 1 in 110 children, or roughly 1% of the population and this number is steadily increasing. There is treatment for Autism. Caught early and with early treatment the effects of autism can be mitigated and in many cases reversed. The cost of early intervention is minimal compared to the estimated \$3.2 million over the cost of a lifetime, which is ultimately passed on to society. That puts a dollar figure on it, but there is no way to measure the lost contributions of afflicted individuals if untreated.

There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

Twenty-three states have enacted legislation mandating insurance coverage for autism treatment. Let's make Hawaii the 24th, and end discrimination against children with autism.

Sincerely,

Don King

320 Po'opo'o Place, Kailua, HI 96734

TESTIMONY IN SUPPORT OF HOUSE BILL 821

INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

Ladies and Gentlemen of the Committee:

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Autism is not one illness, but a complex disorder that affects many systems of the body. There is no one type of autism. Treatments must be customized for each child, which can result in remarkable improvements. Many insurance companies will not acknowledge that there is a medical component. They will tell you it's simply a learning disability, or that treatment is experimental—that not enough studies have been done to establish root causes and hence treatments. There can be no progress made in the fight for autistic children until insurance companies have a stake in treating this illness. Again, I maintain they need to have a stake in the fight. It doesn't matter at this time if the cause is vaccines, environment, genetics; all that matters is that we get the insurance companies involved the way 23 other states all ready have.

I am a parent of an autistic child. My son, Ryan is 3 years old and was diagnosed with autism just after his 2nd birthday. He receives Occupational Therapy for sensory integration issues, Physical Therapy, Speech Therapy, and targeted play to increase his social interactions and cognitive functions. He is in preschool 6 hours a day, but yet he needs still more therapy to reach his potential.

There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Sincerely,

Janet Edghill

TESTIMONY IN SUPPORT OF HOUSE BILL 821

INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

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Autism is not one illness, but a complex disorder that affects many systems of the body. There is no one type of Autism. Treatments must be customized for each child, which can result in remarkable improvements. Many insurance companies will not acknowledge that there is a medical component. There can be no progress made in the fight for autistic children until insurance companies have a stake in treating this illness. I believe they need to have a stake in the fight to not only increase access to care but also the quality of care and type of care that is afforded to individuals with Autism.

I am a mental health professional who has worked with children impacted by Autism in Hawaii for the past 11 years and I've personally witnessed the substantial amounts of money that families invest in treatments for their children. These services include occupational therapy, speech therapy, behavioral therapy, physical therapy, neurofeedback and a host of other alternative interventions. These interventions can range in price from \$25-200/hour, which becomes a tremendous burden to families that are already struggling with this challenging disorder. Some of these interventions are effective and others are not. I've also witnessed multiple families who do not have the financial means to afford the aforementioned services or lack awareness that treatments even exist. Having insurance companies involved and accountable will help increase access to necessary services as well as help to regulate the quality of services afforded to families.

There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Sincerely,

Gabrielle Toloza, Psy.D.

morikawa2 - Grant

From: Cheryl Ebisui [cebisui@bcrc.com]
Sent: Wednesday, February 02, 2011 9:33 PM
To: HLTtestimony
Subject: *****SPAM***** HB 821

TESTIMONY IN SUPPORT OF HOUSE BILL 821
INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

Ladies and Gentlemen of the Committee:

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There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Sincerely,

Cheryl Ebisui

morikawa2 - Grant

From: matthewalancohen@gmail.com on behalf of Matthew Cohen [matthewc@ewhawaii.com]
Sent: Thursday, February 03, 2011 8:19 AM
To: HLTtestimony
Subject: Testimony in Support of House Bill 821 - Insurance Coverage for Autism Spectrum Disorders

Ladies and Gentlemen of the Committee:

I strongly support House Bill 821 to mandate health insurance coverage for autism spectrum disorders. Autism is a developmental disability that results in impaired communication and social interaction. Autism affects nearly 1% of the population. This is an epidemic.

We don't know what causes autism but we must do more to help those affected with it, including families of children with the condition.

I am a parent of an autistic child. My son is 7 years old, and was diagnosed with autism in 2005. My child receives speech, physical therapy and occupation therapy at a cost of \$100 per month. These treatments have improved his/her cognitive abilities and quality of life, but at great financial cost

There is currently no cure for autism. Autism care is focus on treating behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Matthew Cohen
Marketing/IT Director
Education Works
Office: (808)237_5353
Pocket: (808)218_3000

TESTIMONY IN SUPPORT OF HOUSE BILL 821

INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

Ladies and Gentlemen of the Committee:

I strongly support House Bill 821 to mandate health insurance coverage for autism spectrum disorders. Autism is a developmental disability that results in impaired communication and social interaction. Autism affects 1 in 110 children, or roughly 1% of the population and this number is steadily increasing. There is treatment for Autism. Caught early and with early treatment the effects of autism can be mitigated and in many cases reversed. The cost of early intervention is minimal compared to the estimated \$3.2 million over the cost of a lifetime, which is ultimately passed on to society. That puts a dollar figure on it, but there is no way to measure the lost contributions of afflicted individuals if untreated.

Please take a moment to consider this situation: Imagine you are the parent of a young child who has just been diagnosed with a disability. That disability has become very common, affecting one in 100 children. The good news is that early treatment can give your child a much better outcome, with hope of living independently as an adult and being a contributing member of society. But this is the part of the story that is hard to believe: even though you have health insurance, treatment your child's disability is not covered. Not even the diagnosis. Because of this your child may not get the treatment they need. Yes, this is the reality for thousands of parents of children with autism. I know, I am one of those parents.

My son is 10 years old, and was diagnosed with autism in 2003. My child receives behavioral therapy at a cost of about \$1000 per month. This is money that we pay out of pocket. These treatments are giving him a chance at becoming an independent adult.

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Sincerely,

Julianne King

320 Po'opo'o Place, Kailua, HI 96734

TESTIMONY IN SUPPORT OF HOUSE BILL 821

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I am the parent of an autistic child. My son is 9 years old and was diagnosed with autism in 2004. My child receives speech therapy, Applied Behavior Analysis, Occupational Therapy, at a cost of \$1,750 per month. These treatments have improved his cognitive abilities and quality of life, but at a great financial cost. **We are at a point where we cannot afford to keep up with these fees and have deplete our entire savings, as well.**

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Sincerely,

Jeff Nakama
jeff@thinkjetdesign.com

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INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

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I am a parent of an autistic child. My son is 7 years old, and was diagnosed with autism in 2005. My child receives (Speech Therapy, ABA Therapy, Alternative Medicine) at a cost of \$1170.00 per month. These treatments have improved his/her cognitive abilities and quality of life, but at great financial cost. My son has been non-verbal for 7 years of his life. He has finally begun to start verbalizing a few words, I can't imagine any parent not wanting to hear their child saying "Mom" or "Dad". The benefits of starting a strong "Program" for a child at an early age cannot be discounted, although the costs are great, there is proven improvement to the child and with continued work the child can work towards independent living as a long term goal.

There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Sincerely,

Gail Miyao

TESTIMONY IN SUPPORT OF HOUSE BILL 821

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I am a grandparent of an autistic child. My grandson is 9 years old, and was diagnosed with autism when he was three years old. He receives behavioral therapy at a cost of \$1,200 per month. These treatments have definitely improved his cognitive abilities and quality of life, but at great financial cost. Hawaii's choices are to either help them now or we will all pay the price later when many will be unable to care for themselves because they were without the proper training. It takes a community to bring up our grandson and as grandparents we have had to help him out financially inasmuch as he, at 9 years of age, is nonverbal. Can you imagine bringing up a child who, for nine years, required a sitter?

There is currently no cure for autism. The standard of care for autism today focuses on diminishing disruptive behaviors and symptoms, much as any chronic disease or disorder is treated, and routinely covered by insurance. Without treatment, there is little chance for leading a normal life. With treatment, some autistic individuals have actually lost their diagnosis.

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Sincerely,

Glenna Arakaki