Charlotte A. Carter-Yamauchi
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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
415 S. Beretania Street
Honolulu, Hawaii 96813

Written Comments

HCR 177, HD1

REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A STUDY ON REQUIRING INSURANCE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS

Comments by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committee on Legislative Management

Wednesday, April 11, 2012, 9:35 a.m.
Conference Room 423

Chair Yamashita and Members of the Committee:

Thank you for this opportunity to provide comments on House Concurrent Resolution No. 177, which directs the Legislative Reference Bureau to:

(1) Assess the impact of the Patient Protection and Affordable Care Act (PPACA) on the proposal in Senate Bill No. 2631, S.D. 2, requiring health insurance coverage for autism spectrum disorders;

(2) Analyze the cost of providing insurance coverage for autism spectrum disorders in Hawaii;

(3) Report on clinical guidelines made by medical societies for the treatment of autism spectrum disorders; and

(4) Provide information on reported clinical effectiveness of treatments covered by insurance in states that mandate coverage.

The Bureau takes no position on the merits of this measure but offers the following comments and concerns:

It appears unnecessary at this time to study the impact of the PPACA on state-mandated insurance coverage for treatment for autism spectrum disorders in Hawaii. On its own, the PPACA does not mandate coverage for autism treatment specifically, and to date, the Secretary of Health and Human Services has not released guidance or regulations that mandate coverage specifically for autism treatments. Because the "essential health benefits" mandated by the PPACA for individual and small group insurance plans are benchmarked to insurance coverage already offered in a state, it remains that state's own decision whether to mandate coverage for autism treatment and whether those treatments will be part of that state's "essential health benefits."

To explain, the PPACA requires individual market and small-group market health plans, whether sold inside or outside of a health exchange, to cover ten broad categories of "essential health benefits," one of which is mental health, including behavioral health treatments. The Federal Act directs the Department of Health and Human Services to define the scope of "essential health benefits," and existing guidance from DHHS would allow each state to select its own benchmark plan that reflects the scope of services offered by a typical employer plan in that state. Thus, the extent to which specific behavioral health services, such as autism treatment, are covered will depend in large part on the state's selected benchmark plan and the levels of coverage for those treatments existing within that plan. This provision of the law was intended to offer states the flexibility to select a plan that best meets the needs of their citizens.

Accordingly, because the coverage for essential health benefits required by PPACA depends, in part, on the levels of coverage in each state's benchmark plan, it would appear that Hawaii's choice whether to mandate coverage for autism treatment in all insurance plans sold in the State will, in turn, affect the inclusion of autism treatment coverage in Hawaii's benchmark plan. In other words, if the State mandates coverage for autism treatment, then the coverage for autism treatment will be covered in the State's benchmark plan (because it is based on plans sold in the State), and individual and small group plans sold in Hawaii, either inside or outside of the health insurance exchange, will be required to cover autism treatment within the scope of the mental health services that are required to be covered by this State's benchmark plan.

We further note that requesting the Bureau to study the cost of providing coverage for autism spectrum disorders in Hawaii based on the experiences in other states would provide little additional information to the Legislature. The Auditor, in her 2009 report, has estimated that the financial impacts of mandated autism coverage:

> [C]ould initially cost health insurers over $100 million per year to reimburse policyholders.
>
> Without inflation, payments for mandated services for the current population of children with an autism spectrum disorder could exceed $1 billion up to the age of 21.

The Bureau would not have access to any definitive information that would contradict the Auditor's previous findings. The only agency that might conceivably have such information would be the Insurance Commissioner, particularly with regard to how much costs for mandated services for children with autism spectrum disorders might increase, due to the ability of parents to keep such children on their health insurance plan until the child reaches the age of twenty-six, as allowed under the PPACA.

Accordingly, to make the most effective use of the Bureau's limited resources and provide a useful product to inform the Legislature, we would request that the study be limited to paragraphs (3) and (4) of the first Be It Resolved paragraph.

Thank you again for the opportunity to comment on this measure.

S E A C
Special Education Advisory Council
919 Ala Moana Blvd., Room 101
Honolulu, HI 96814
Phone: 586-8126 Fax: 586-8129
email: spin@doh.hawaii.gov

April 11, 2012

Representative Kyle T. Yamashita, Chair
Committee on Legislative Management
State Capitol
Honolulu, HI 96813

RE: HCR 177 HD 1 - REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A STUDY ON REQUIRING INSURANCE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS.

Dear Chair Yamashita and Committee Members,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports** HCR 177 HD1 which asks the Legislative Reference Bureau (LRB) to gather important information on 1) the projected costs of providing insurance coverage for the diagnosis and treatment of Autism Spectrum Disorders (ASD) in Hawaii, 2) the impact of the Affordable Care Act on proposed coverage outlined in SB 2631, SD 2, 3) recommended clinical guidelines for the treatment of ASD made by medical societies, and 4) the reported effectiveness of autism treatments.

SEAC strongly supported SB 2631, SD 2 because of the abundance of evidence that early diagnosis and treatment of ASD results not only in improved outcomes for children with ASD, but also significant savings in health care coverage and the need for additional services over the lifetime of the individual.

Thank you for the opportunity to support passage of this resolution. We look forward to the findings of the LRB regarding this matter. If you have any questions, I will be happy to answer them.

Respectfully,

Ivalee Sinclair

Ivalee Sinclair, Chair

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
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April 11, 2012

The Honorable Kyle T. Yamashita, Chair
The Honorable James Kunane Tokioka, Vice Chair
House Committee on Legislative Management
Twenty-Sixth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representatives Yamashita and Tokioka and Members of the Committee:

SUBJECT: HCR 177 HD1 – REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A STUDY ON REQUIRING INSURANCE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS

The State Council on Developmental Disabilities **SUPPORTS HCR 177 HD1.** The resolutions request that the Legislative Reference Bureau (LRB) assess the impact of the Patient Protection and Affordable Care Act on the proposal in Senate Bill No. 2631 S.D. 2, Regular Session of 2012, to require insurance coverage for the diagnosis and treatment of autism spectrum disorders by accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations, and to analyze the cost of providing insurance coverage for autism spectrum disorders in Hawaii, based on actual cost effects experienced in other states that require such coverage.

In 2008, the Legislature initiated the following:

1. Established the Autism Spectrum Disorders Benefits and Coverage Task Force pursuant to Act 221 to seek input on problems faced by parents of children with autism; seek input on what can be done to ensure proper health benefits and services including applied behavioral analysis techniques; review health insurance coverage plans; and develop a plan of services that health insurers should be asked to consider covering. The report dated December

2008 was submitted by the Department of Health to the Twenty-Fifth Legislature, 2009.

2. Requested the Legislative Auditor to conduct a study of the social and financial impacts of mandatory health insurance coverage for the diagnosis and treatment of autism spectrum disorders. Part of that study included a review of specific health service, disease, or provider that would be covered; extent of the coverage; target groups that would be covered; limits on utilization; and standards of care. At the time of the study, there were 11 states that enacted legislation to require health insurance coverage for autism spectrum disorders. The results of the study were submitted to the Twenty-Fifth Legislature, 2009 (Report No. 09-09, July 2009).

Currently, there are 29 states (58 percent) that require insurers to provide coverage for autism spectrum disorders and cost data available to study the effects of insurance premiums of providing treatment. Additionally, the number of individuals diagnosed with autism spectrum disorders in Hawaii has significantly increased.

The Council recommends that the study by LRB include a review of the Autism Spectrum Disorders Benefits and Coverage Task Force's and Legislative Auditor's reports. The results of LRB's study would provide valuable information to assist Hawaii in its provision of insurance coverage for the diagnosis and treatment of autism spectrum disorders.

Thank you for the opportunity to submit testimony in support of HCR 177 HD1.

Sincerely,

Liz Ann Salvador

Liz Ann Salvador
Chair

Waynette K.Y. Cabral, MSW
Executive Administrator

AUTISM SPEAKS
It's time to listen.

April 1, 2012

Via Email: HLTtestimony@Capitol.hawaii.gov

Representative Kyle Yamashita
Chair, Committee on Legislative Management
Hawaii State Capitol, Room 422

Re: HCR177, H.D.1– Requesting the Legislative Reference Bureau to Conduct a Study on Requiring Insurance Coverage for the Diagnosis and Treatment of Autism Spectrum Disorders

Hearing Date/Time: Wednesday, April 11 at 9:35 a.m., Room 423

Dear Chair Yamashita and Members of the Committee on Health:

I am Lorri Unumb, Vice President, State Government Affairs, of Autism Speaks. Autism Speaks was founded in February 2005 and has grown into the nation's largest autism science and advocacy organization, dedicated to funding research into the causes, prevention, treatments and a cure for autism; increasing awareness of autism spectrum disorders; and advocating for the needs of individuals with autism and their families.

Autism Speaks submits testimony in **strong support** of HCR 177 H.D.1, which requests that the Legislative Reference Bureau study what impact the federal Patient Protection and Affordable Care Act will have on mandates proposed by pending legislation for health insurers to provide coverage for the treatment of autism spectrum disorders, and the cost of providing such coverage in Hawaii. The amendments in HCR 177, H.D.1 also request that information be provided on the recommended clinical guidelines and effectiveness of treatments for autism spectrum disorders.

Autism is a complex neurobiological disorder that inhibits a person's ability to communicate and develop social relationships, and is often accompanied by behavioral challenges. Autism spectrum disorders are diagnosed in **one in 88 children** in the United States, affecting four times as many boys as girls. The prevalence of autism increased 57 percent from 2002 to 2006. The Centers for Disease Control and Prevention has called autism an urgent public health concern for which the cause and cure remain unknown. However, the U.S. Surgeon General has reported that treatment for autism can spare an individual from life-long dependency as a ward of the state.. In the absence of health insurance coverage, families are often required to pay out-of-pocket for treatments that can cost upwards of $50,000 per year. In the process, many risk their homes and the educations of their unaffected children – essentially mortgaging their entire futures. Worse yet, children born into families without means go untreated. Without treatment, these individuals become a significant financial burden on the state. According to a Harvard School of Public Health study, the lifetime societal cost of autism is estimated to be $3.2 million per person. This cost can be reduced dramatically or eliminated with appropriate intervention.

Autism Speaks has advocated for the enactment of insurance legislation at the state level across the nation. To date, **30 states** have adopted insurance coverage legislation: Arizona, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan[1], Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, West Virginia, and Wisconsin. In the states where the laws are effective, individuals with autism are making remarkable progress, and the impact on premiums has been minimal. The average fiscal impact across five of the early-adopting states that have reported data is approximately 31 cents per month for each member of the plan as a result of the added autism benefit.

In Hawaii, a number of measures providing insurance coverage for autism spectrum disorder were considered before the Legislature this session. While these bills have failed to move forward this session, we firmly believe that requiring insurance companies to cover behavioral health treatments such as applied behavior analysis for autism spectrum disorders is a critical part of the overall solution to address this national public health crisis. We also believe that performing an objective analysis of the impact of the Affordable Care Act as well as the cost of providing such coverage in Hawaii based on actual cost data in other states will demonstrate that enacting autism insurance reform legislation is fiscally sound policy. In addition, studying the recommended clinical guidelines and effectiveness of treatments for autism spectrum disorders will demonstrate that applied behavior analysis is widely recognized as the most evidence based treatment currently available and is considered the standard of care by the medical community.

We would recommend the following changes to the language of the resolution:

> (3) Report information on the recommended clinical guidelines made by ~~medical societies,~~ **organizations** such as the American Academy of Pediatrics, **the U.S. Surgeon General, the National Institute of Mental Health, or the National Research Council,** for the treatment of autism spectrum disorders; and

We respectfully ask for your favorable consideration of HCR177, H.D.1 with the above amendment.

Lorri Unumb, Esq., Vice President
State Government Affairs
Autism Speaks
803-582-9905

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[1] Michigan's bill will be signed into law on April 18, 2012.

HAWAII DISABILITY RIGHTS CENTER
1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813
Phone/TTY: **(808) 949-2922** *Toll Free*: **1-800-882-1057** *Fax*: **(808) 949-2928**
E-mail: **info@hawaiidisabilityrights.org** *Website*: **www.hawaiidisabilityrights.org**

THE HOUSE OF REPRESENTATIVES
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2012

Committee on Legislative Management
Testimony in Support of HCR 177, HD 1

Wednesday, April 11, 2012, 9:35 A.M.
Conference Room 423

Chair Yamashita and Members of the Committee:

The Hawaii Disability Rights Center is in support of this Concurrent Resolution.

During this session, the Senate passed SB 2631,SD2, the purpose of which was to require health insurance plans to provide coverage for autism spectrum disorders. This was 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 **approximately half the states in the country currently mandate some insurance coverage for autism.** Therefore, this would seem to be an approach to addressing this problem which has received broad support.

Since the House did not hear this proposal this session, we urge passage of these Resolutions so that the Legislative Reference Bureau can analyze the cost of this proposal based upon the experience in other states. We recognize that cost is certainly a concern and that was reflected in the Legislative Auditor's Report in 2009. However, testimony presented to the Senate this session was that the cost in other states that adopted the proposal were significantly lower than what may have been anticipated. Certainly, that would be good news and might well pave the way to adopt a similar proposal in Hawaii. For that reason, a good, thorough, objective analysis by the Legislative Reference Bureau is a very valid, worthwhile proposal and we are pleased to support it.

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

HMSA
Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

April 11, 2012

The Honorable Kyle T. Yamashita, Chair
The Honorable James Kunane Tokioka, Vice Chair
House Committee on Legislative Management

Re: HCR 177, HD1 – Requesting the Legislative Reference Bureau to Conduct a Study on Requiring Insurance Coverage for the Diagnosis and Treatment of Autism Spectrum Disorders

Dear Chair Yamashita, Vice Chair Tokioka, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HCR 177, HD1. HMSA generally supports this Resolution but recommends an amendment.

As this Resolution notes, the Hawaii State Auditor issued a 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 a mandated benefit would have represented a huge cost shift to the private sector, specifically to employers who provide the lion's share of health care coverage in the State. In the end, the Auditor's report recommended against the enactment of the 2008 autism mandate legislation (SB 2532, SD1, 2008).

As this Resolution further notes, the federal Affordable Care Act (ACA), which was enacted after the release of the State Auditor's Report, has an enormously huge effect on state mandates. The regulations implementing the ACA specify that a new state mandate enacted after December 31, 2011, is the financial responsibility of that state and cannot be considered a part of the essential health benefits package that a state offers through its health exchange. Translated – the state has the financial responsibility to budget and pay for mandates enacted after calendar year 2011.

In addition to its impact on the commercial health insurance plans, any study of this mandate must include its impact on government programs, such as the EUTF and QUEST, both of which will have substantial impacts on the State's budget.

We recommend HCR 177, HD1, be amended to direct the LRB to take these concerns into consideration in its study. We have attached suggested amendments to our testimony.

Thanks you for allowing us to comment on this Resolution.

Sincerely,

Mark K. Oto
Director, Government Relations

Attachment

Hawaii Medical Service Association 818 Keeaumoku St.• P.O. Box 860
Honolulu, HI 96808-0860 (808) 948-5110 Branch offices located on Hawaii, Kauai and Maui Internet address www.HMSA.com

Proposed Amendment to
HCR 177, HD1

The first Resolution section of HCR 177, HD1, is amended to read as follows:

BE IT RESOLVED by the House of Representatives of the Twenty-sixth Legislature of the State of Hawaii, Regular Session of 2012, the Senate concurring, that the Legislative Reference Bureau is requested to:

(1) Assess the impact of the Patient Protection and Affordable Care Act on the impact of the State generally mandating additional health insurance coverage both inside and outside of the Hawaii Health Connector established under Act 205, SLH 2011;

(2) Assess the impact of the Patient Protection and Affordable Care Act on the proposal in Senate Bill No. 2631, S.D. 2, Regular Session of 2012, to require insurance coverage for the diagnosis and treatment of autism spectrum disorders by accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations;

(3) Assess the impact such an autism spectrum disorder coverage mandate would have on programs financed by the State to include, but not be limited to, the Employer Union Trust Fund and QUEST programs;

[~~(2)~~] (4) Analyze the cost of providing insurance coverage for autism spectrum disorders in Hawaii, based on actual cost effects experienced in other states that require such coverage, to the extent of available information;

[~~(3)~~] (5) Report information on the recommended clinical guidelines made by medical societies, such as the American Academy of Pediatrics, for the treatment of autism spectrum disorders; and

[~~(4)~~] (6) Provide information on the reported clinical effectiveness of treatments for autism spectrum disorders that are covered by insurance in states that mandate coverage for autism treatments; and

HORIZONS ACADEMY
OF MAUI INC.
Post Office Box 1308, Haiku, HI 96708 • (808) 575-2954 / Fax (808) 575-9180

Rep. Kyle T. Yamashita, Chair
Rep. James Kunane Tokioka, Vice Chair
Rep. Joey Manahan
Rep. Gene Ward

Re: HCR 177, HD1 (HSCR1480-12), Wednesday, April 11, 2012, 9:30a

Dear Committee on Legislative Management,

I am writing you today to urge to conduct a study on requiring insurance coverage for the diagnosis and treatment of Autism Spectrum Disorders (ASD).

I understand the legislature is asking for the study to be completed before reconsidering State Bills 2603 and 2631 that would require insurance providers in the State of Hawaii to pay for diagnosis and treatment of Autism Spectrum Disorders.

I am a Board Certified Behavior Analyst that has been practicing in Hawaii for the past 5 years. Applied Behavior Analysis(ABA) is the science of applying the principles of human learning to increase socially appropriate behavior and help individuals with disabilities to live independently in the least amount of restrictions and interference in theirs and others lives. Applied Behavior Analysis relies on data collection and analysis as the method for determining the effectiveness of interventions. With constant data monitoring and program evaluation we are able to design programs that allow even the most challenging youth to become successful and bring structure to their homes.

I have been utilizing Applied Behavior Analysis with children and adults with Autism for 8 years. During this time I have seen the remarkable effects of this method. Three years ago I was introduced to a 6th grade student with Autism. This student was aggressing hundreds of times a day his aggression was so violent and problematic it interfered with his ability to complete any schoolwork. In his first quarter of school he averaged 94 hits a day. On his worst day he struck those working with him 304 times. By the third quarter his daily average of strikes was 12 per day. One year after the creation, implementation, and continually evaluation and modification of his ABA program he was averaging only one strike per day and spending most of his day engaged in academic or work tasks.

The point I would like to convey with this letter is that it is imperative for insurance companies to take responsibility for the treatment of children with Autism Spectrum Disorders. Many States have already implemented similar State Laws.

HORIZONS ACADEMY
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In the economic times of today it is important that the State of Hawaii Department of Education and State Department of Health do not have to carry the financial burden alone. I have seen first hand the impacts of budget cuts on the progress of Hawaii children and youth with ASD. In my first years in the state many children were receiving 20 or more hours a month of direct ABA services. During that time I saw so many of them make huge strides. Many of them began to show improvements in areas that nobody thought they could make. A lack of early intervention was beginning to be reversed. Then in the Spring of 2010 the DOE began major cuts in special education. The mentality became, "let's just hold it together". Without direct ABA services children began to regress and the progress was being reversed. It is time to require insurance companies to share in providing families with a therapy that works.

If I can be of any assistance on this matter during this time of deliberation on please do not hesitate to call me. I would be more than happy to share more of my professional work and case examples.

Respectfully,

Beau Laughlin, M.S., BCBA
Executive Director

From: Joy Fukumitsu [JFukumitsu@oncarehi.com]
Sent: Monday, April 09, 2012 11:03 PM
To: LMGtestimony
Subject: HCR 177

Testifier: Joy Fukumitsu, Parent
Committee directed to: Legislative Management Date of Hearing: Wednesday, April 11, 2012
Measure number: HCR 177 No. of copies: Four (for the four members on the committee)

The Honorable Kyle T. Yamashita,Chair
The Honorable James Kunane Tokioka, Vice Chair House Committee on Lesislative Management
Twenty-Sixth Lesgislature

Subject: HCR 177/HCR 137 - REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO CONDUCT A STUDY ON REQUIRING INSURANCE COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM DISORDERS.

Chair Yamashita, Vice Chair Tokioka and committee members:

I am a parent of a 20 year old son with autism. When he turned three, he was diagnosed with moderate-severe autism and the DOE deemed him untestable. My son received many years of intervention consisting of special education, speech therapy, occupational therapy and applied behavior analysis. Some of the interventions were provided by DOE and some were provided by family, especially during the early years. As a result, by high school he was integrated in regular classes in a small private high school, able to graduate at 18 years of age, and currently is a part-time student at a local community college. He enjoys Karate(level of black belt), special olympics (participates in bowling, swimming and bocce) and volunteers and participate at community events. He is a contributing member to society.

Autism is a developmental disability that results in impaired communication and social interactions. It is a complex disorder and its treatments need to be customized for each individual. Autism affects 1 in 110 children, and the number afflicted continue to rise. Therefore, without intensive treatment, the liklihood of overcoming the symptomes of autism is minimal, but, with treatment the recovery rate increases. I strongly believe my son would not have accomplished his many achievements without the continuous interventions he received throughout his life.

Mandating insurance coverage for individuals on the autism spectrum is needed so they can receive the treatment to help them become contributing members to society rather than a financial burden to the state. It would also help relieve some of the financial burden on families who are already struggling with the daily impact of having a family member with autism.

Thank you for the opportunity to submit testimony in support of HCR 177 and HR 137

Sent via the WebMail system at oncarehi.com