



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
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TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
April 19, 2012

The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Senate Committee on Health  
and

The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair  
Senate Committee on Commerce and Consumer Protection  
Twenty-Sixth Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Senators Green, Nishihara, Baker and Taniguchi and Members of the  
Committees:

**SUBJECT: HCR 177 HD2 – 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 HD2.**  
The resolution requests 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

The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair  
Page 2  
April 19, 2012

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).

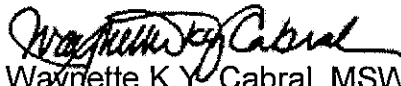
Currently, there are 29 states (58 percent) that require insurers to provide coverage for autism spectrum disorders and cost data available to study the effects of insurance premiums of providing treatment. According to recent estimates from the Center on Disease Control Autism and Developmental Disabilities Monitoring Network, about 1 in 88 children have been identified with an autism spectrum disorder. Additionally, the number of individuals diagnosed with autism spectrum disorders in Hawaii has significantly increased.

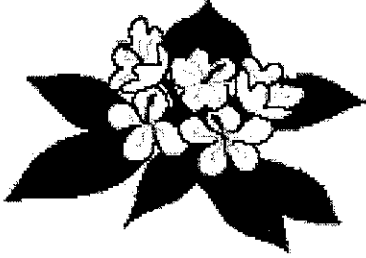
The Council recommends that the study by LRB include a review of the Autism Spectrum Disorders Benefits and Coverage Task Force's and Legislative Auditor's reports. The results of LRB's study would provide valuable information to assist Hawaii in its provision of insurance coverage for the diagnosis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

Thank you for the opportunity to submit testimony in support of HCR 177 HD2.

Sincerely,

  
Liz Ann Salvador  
Chair

  
Waynette K.Y. Cabral, MSW  
Executive Administrator



**S E A C**  
**Special Education Advisory Council**

919 Ala Moana Blvd., Room 101

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April 19, 2012

**Special Education  
Advisory Council**

Ms. Ivalee Sinclair, *Chair*  
Ms. Martha Guinan, *Vice  
Chair*

Ms. Brendelyn Ancheta  
Ms. Pam Buchanan  
Ms. Cassandra Bennett  
Ms. Jyo Bridgewater  
Ms. Sue Brown  
Ms. Pamela Buchanan  
Dr. Robert Campbell, *liaison  
to the Superintendent*

Ms. Deborah Cheeseman  
Ms. Annette Cooper  
Ms. Phyllis DeKok  
Ms. Debra Farmer  
Ms. Gabriele Finn  
Mr. Henry Hashimoto  
Ms. Tami Ho  
Ms. Barbara Ioli  
Ms. Deborah Kobayakawa  
Ms. Bernadette Lane  
Ms. Pina Lemusu  
Ms. Shanelle Lum  
Ms. Rachel Matsunobu  
Ms. Dale Matsuura  
Dr. Jeff Okamoto  
Ms. Stacey Oshio  
Ms. Barbara Pretty  
Ms. Kau'i Rezendes  
Ms. Melissa Rosen  
Dr. Patricia Sheehey  
Ms. Cari White

Jan Tateishi, Staff  
Susan Rocco, Staff

Senator Josh Green, Chair  
Committee on Health  
Senator Rosalyn Baker  
Committee on Commerce and Consumer Protection  
State Capitol  
Honolulu, HI 96813

RE: HCR 177 HD2 - REQUESTING THE LEGISLATIVE  
REFERENCE BUREAU TO CONDUCT A STUDY ON  
REQUIRING INSURANCE COVERAGE FOR THE  
DIAGNOSIS AND TREATMENT OF AUTISM SPECTRUM  
DISORDERS.

Dear Chairs Green and Baker 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 HD2 which ask 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 these resolutions. 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, Chair

Testimony of  
Phyllis Dendle  
Director of Government Relations  
Before:

Senate Committee on Health  
The Honorable Josh Green, M.D., Chair  
The Honorable Clarence K Nishihara, Vice Chair

Senate Committee on Commerce and Consumer Protection  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair

April 19, 2012  
9:40 am  
Conference Room 229

**HCR177 HD2      REQUESTING THE LEGISLATIVE REFERENCE BUREAU TO  
CONDUCT A STUDY ON REQUIRING INSURANCE COVERAGE  
FOR THE DIAGNOSIS AND TREATMENT OF AUTISM  
SPECTRUM DISORDERS**

Chairs Green and Baker and committee members, thank you for this opportunity to provide testimony on HCR177 HD2 requesting the legislative reference bureau to conduct a study on requiring insurance coverage for the diagnosis and treatment of autism spectrum disorder.

**Kaiser Permanente Hawaii supports this resolution.**

We appreciate the legislature's interest in reviewing information on autism diagnosis and treatment. Because there are a number of states that have implemented mandates similar to those proposed in Hawaii legislation we have an opportunity to learn from their experience. This study may highlight the most effective diagnosis and treatments and for which individuals the treatment is beneficial. The legislature may be better able to predict the cost to the state, the health plans and the individuals. It will also provide a more detailed understanding of how the proposed state legislation will interact with the federal law being implemented now and in the near future.

Thank you for your consideration.



April 18, 2012

Ladies and Gentlemen of the Senate Committee on Health,  
attn Senator Green, Sen. Baker, and Sen. Nishihara,

I am a Board Certified Behavior Analyst (BCBA) and possess Master's and Bachelor's Degrees in Special Education, and am a PhD candidate at UH in Exceptionalities/Special Education with an emphasis in Applied Behavior Analysis (ABA), expected to graduate in December 2012.

I am also certified as a special education teacher, by the Hawaii Teacher Standards Board. I have provided behavioral treatment to children and adolescents with Autism Spectrum Disorders (ASD) using ABA treatment for over 19 years, including within the DOE, and here in Hawaii since 1995. I founded a service provision agency here on Oahu, and a center based program on Oahu, where we employ 5 Board Certified staff and well trained behavior technicians to provide intensive interventions utilizing ABA to children and adolescents with Autism.

ABA is defined as 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 improvements in behavior (Baer, Wolf & Risley, 1968).

**There is an effective treatment for Autism and it is ABA, which is the only intervention for ASD 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 research states that behavioral programs specifically for children with Autism should be comprised of 25-40 hours per week of individualized instruction using ONLY evidence-based teaching procedures and behavior reduction procedures. **The only available evidence-based teaching procedures are derived from the ABA literature (National Standards Report, 2009).**



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In 2009, the National Autism Center (NAC) recommended that behavioral treatment services begin as soon as a child is suspected of having an autistic spectrum disorder. Such services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, and developmentally appropriate activity toward identified objectives. What specifically constitutes these hours, however, will vary according to a child's chronological age, developmental level, specific strengths and weaknesses, and family needs. The priorities of focus should include increasing functional spontaneous communication, social instruction delivered throughout the day in various settings, cognitive development and play skills, and proactive approaches to reducing behavior problems.

ABA can be used to target teaching a variety of skills or reduction of socially significant problem behaviors:

- to increase behaviors (eg reinforcement procedures increase on-task behavior, or social interactions);
- to teach new skills (eg, systematic instruction and reinforcement procedures teach functional life skills, communication skills, or social skills);
- to maintain behaviors (eg, teaching self control and self-monitoring procedures to maintain and generalize job-related social skills);
- to generalize or to transfer well in the mainstream classroom);
- to restrict or narrow conditions under which interfering behaviors occur (eg, modifying the learning environment); and
- to reduce interfering behaviors and barriers to learning (eg, self injury or stereotypy).

If Hawaii were to have an insurance mandate pass, this would give families the option to obtain ABA treatment for their child via their health insurer. These families would 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. The progress given an intensive and well designed ABA program are astounding and life changing! And surprisingly, many children here in Hawaii have never received ABA treatment before.





The cost of ABA 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 to society 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. The activities they can participate in as a family are limited, 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 or engage in life threatening self injurious behaviors in public.

There is currently no cure for autism, however disruptive behaviors and symptoms, are treatable, much like any chronic disease or disorder are treatable. Without treatment, there is little chance for leading a “normal” life. With intensive ABA treatment, some individuals with ASD actually are able to lose their diagnosis, as they may learn skills, and reduce behaviors to the extent of not meeting the criteria for ASD any longer.

Numerous scientists have reviewed the complete corpus of scientific research and have concluded that competently delivered ABA interventions are evidence-based, effective, and safe for improving functioning, preventing deterioration, and ameliorating symptoms in people with ASD. **Therefore, ABA is a medically necessary behavioral health treatment for those spectrum of disorders.**

Although I am recommending that a bill be passed, I believe it needs to be revised to omit psychologists as being authorized to render ABA treatment. Behavior analysis is a distinct discipline. The practice of ABA is a distinct profession. It is not the same as psychiatry, clinical psychology, psychiatric nursing, or social work. The competencies and training required to practice ABA have been identified by the profession of behavior analysis through extensive job analyses spanning more than a decade. Those requirements are contained in the standards for obtaining the professional credentials in ABA that are issued by the Behavior Analyst Certification Board (BACB), a nonprofit organization that is





accredited by the National Commission on Certifying Agencies of the Institute for Credentialing Excellence. Part of the rationale for establishing the BACB credentialing programs in 1999 was to provide consumers, funding agencies (such as insurers), and governments a means to identify practitioners who have demonstrated that they meet the standards which were established by the profession for practicing ABA. To illustrate the value of this credential, the Department of Defense and Tricare recognized the value of the BACB credentials in its 2007 report on ASD, and adopted them as the principal requirements for ABA supervisors in the provider standards ABA services. Many other health insurers recognize the value of the BACB credentialing for the provision of ABA for their members, such as Cigna, Aetna, and United Behavioral Health.

Even if ABA does appear in the scope of practice of Hawaii state laws for clinical psychologists, the State of Hawaii and consumers cannot be assured that those persons have the training required to provide or supervise ABA services unless they are also certified by the BACB. The burden of checking ABA qualifications of non-BACB certified individuals would likely fall on families of people with ASD, who may be unprepared to make those kinds of judgments and who are already overburdened.

Adoption of the bill in this form, with the provision for clinical psychologists to deliver ABA services, could open the door for people who claim that what they do is ABA to be reimbursed for providing ABA services without demonstrating that they have met the national standards for practicing ABA professionally, ( i.e., the BACB certification requirements).

Please strongly consider studying this issue more for the sake of our children in Hawaii.

Respectfully submitted,

*Amy Wiech*

Amy Wiech, M.Ed., BCBA



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April 18, 2012

*Via Email: [HTHtestimony@capitol.hawaii.gov](mailto:HTHtestimony@capitol.hawaii.gov)*

Senator Josh Green, M.D.  
Chair, Committee on Health  
Hawaii State Capitol, Room 222

Senator Rosalyn H. Baker  
Chair, Committee on Commerce and Consumer Protection  
Hawaii State Capitol, Room 230

**Re: HCR177, H.D.2– 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: Thursday, April 19, 2012 at 9:40 a.m.**

Dear Chairs Green and Baker and Members of the Committees:

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.2, 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 contained in HCR 177, H.D.2 also request that information be provided on the recommended clinical guidelines and effectiveness of treatments for autism spectrum disorders from several national organizations, and that an additional cost assessment of the impact on EUTF and QUEST programs be performed.

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, **31 states** have adopted insurance coverage legislation: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, West Virginia, and Wisconsin.<sup>1</sup> 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 respectfully ask for your favorable consideration of HCR177, H.D.2.

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

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<sup>1</sup> Michigan and Alaska's bills passed during this legislative session and will be signed into law.

To the distinguished members on the Committee on Health and the Committee on Commerce and Consumer Protection.

For Thursday, April 19, 2012's 9:40 a.m. hearing on HCR177:

**I would like to speak in favor of HCR177: Requesting the Legislative Reference Bureau to conduct a study on requiring insurance coverage for the diagnosis and treatment of Autism spectrum disorders.**

From Brenda and Corey Cowley

Parents of ASD kids

We would like to tell you part of our family's journey. We are a military family stationed here in Hawaii for 3 years. We have 4 children-ages 16, 12, 5, and 4. Three of our children are on what the military calls the EFMP or Exceptional Family Member Program for special needs children.

Our second child was diagnosed with autism at age 4 at the University of Syracuse. He attended a full-time pre-school for disabled children where he received speech therapy 5 days a week. This was paid for by the Dept. of Education. We also found an autism clinic that treated autistic children using biomedical treatments near our duty station in NY. This doctor was not covered by our insurance company even though the simple things he was doing was treating the infections showing up in our son's lab work such as high yeast and high hhv6 levels. These treatments were and are considered experimental so they are not covered by insurance. However, the military insurance (Tricare Prime) did cover lab work and medicine. At this time, Nathan received no other behavioral therapies because none were covered by medical insurance.

Through the medical treatments, our son's autism began to disappear. His meltdowns and obsessive compulsive behavior disappeared. His echolalia disappeared. He even came up with elaborate stories. This may not seem like much to the normal parent but our son came back to us from being in his own world for years. He had recovered fully from autism by being on an anti-viral and anti-fungal medication. He started Kindergarten in a regular classroom with no aide and an IEP for speech several times a week. By 1<sup>st</sup> grade, he longer needed an IEP. After 2 years of being on medicines, he was weaned off them to see if his immune system would stay balanced. He did well until we moved to Alabama, where he began having problems with mold allergies, migraines and vomiting episodes. He also began having behavioral problems relating to ADHD, bed wetting, and hyposensitivity issues.

We then moved here to Hawaii and have been here 1 ½ years. We moved to Ewa Beach so we could be in a dry environment where our son wouldn't have to deal with his mold allergies. His migraines, vomiting, and bed wetting have all disappeared since moving here. However, his ADHD, focus problems, distractibility, ability to finish tasks, and sensory issues have persisted. Currently, our medical insurance provides for OT (Occupational Therapy) to help him with his sensory issues. They cover this because sensory issues are considered a medical issue. The others issues are not considered medical issues.

We decided to enroll our son in HTA this school year and asked for an IEP for him. We were disappointed the school wanted to wait for him to fall behind before addressing any issues he had. This is not acceptable to us as parents. We removed him from HTA and are homeschooling him so we can give him the individual attention he needs as a student and cater his program to his needs.

The point we would like to make is that Schools make IEP's to cover a child's educational program. Although we think our son's program should have been modified to his disabilities, this is not our current complaint. Our current complaint is that our medical insurance does not treat behavioral problems. They shove them off onto the school systems. Focus problems, ADHD, distractibility, etc. don't just affect how a child is learning at school but they are a quality of life issue for our son and our family. Behavior Therapies can help ASD/ADHD kids improve their quality of life.

Our third child is 5 years old. He has not been diagnosed with autism yet. Autism Spectrum Disorders are defined as children with social difficulties/speech difficulties/obsessive compulsive disorder. Our third child has cognitive processing disorder with delayed speech and some social difficulties. We have been informed because he is school-age, he can get speech at school. His cognitive processing disorder is now a school problem. Our medical insurance has stopped his speech therapy so he can be shoved off onto the school system. We wished his cognitive processing disorder and speech problems stopped at the school door at pick-up time but they do not.

As parents, we want the most we can get from our schools to help our children with disabilities. But the schools' jobs are to help our children learn. Their job is not and should not be to provide behavioral therapies to our children. This job should fall to the specialists and doctors who are trained how to help our children. We believe that our insurance company should help pay for these therapies instead of placing all the burden on our school systems.

We believe this study on requiring insurance coverage for the diagnosis and treatment of Autism Spectrum Disorders will push insurance companies to help disabled children receive the behavioral therapies that our kids need.

## green1 - George

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, April 18, 2012 8:27 PM  
**To:** HTHTestimony  
**Cc:** tom8344@gmail.com  
**Subject:** Testimony for HCR177 on 4/19/2012 9:40:00 AM

Testimony for HTH/CPN 4/19/2012 9:40:00 AM HCR177

Conference room: 016  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Tom Pearson  
Organization: Individual  
E-mail: [tom8344@gmail.com](mailto:tom8344@gmail.com)  
Submitted on: 4/18/2012

### Comments:

Hawaii is so sad to be this far behind. Michigan Passed Autism Reform with bi-Partisan support this week. Why does Hawaii keep turning its back on our children? This bill maybe the only way to keep it alive, but we should be passing insurance reform, additional study is not needed and is just hurting our children.

Autism coverage bill signed into law

By Kathy Barks Hoffman

Associated Press

0 Comments

Lansing— Insurance companies will have to offer coverage for autism treatments six months from now, a move the parent of one autistic boy said will make a huge difference to families struggling to pay for their children's treatment.

"This legislation means the world to us and to thousands of other families across the state of Michigan," said Scott Koenigsknecht of Fowler, who attended a bill-signing ceremony at the official governor's residence Wednesday with 7-year-old Cooper and the rest of his family. "The beauty of this legislation is ... no family will have ever to leave a doctor's appointment without some kind of hope."

Diagnosed with autism at age 2 1/2, Cooper now is attending first grade with the help of a full-time aide, and he's functioning at a higher level than he would have without treatment, his father said.

As the Montcalm Area Intermediate School District superintendent, Koenigsknecht said Michigan school districts pay more than \$150 million a year to educate children with autism, an amount that could decrease if more families get insurance to cover treatment.

Lt. Gov. Brian Calley, whose daughter, Reagan, has been diagnosed with autism, signed the measures into law Wednesday with Reagan standing nearby. Gov. Rick Snyder is visiting Michigan National Guard troops in Afghanistan.

Lawmakers gave final approval to the measures last month, and both Republicans and Democrats who worked on the legislation said it was the plight of families trying to pay for their children's treatment that made the legislation so critical.

"When things are personal, you work a lot harder," said Democratic Sen. Rebekah Warren of Ann Arbor.

Senate Majority Leader Randy Richardville, a Monroe Republican who has been a state lawmaker for nearly a dozen years, called the effort "the single best piece of bipartisan work I've seen in my career." Richardville said he had to find a bill that would not be an unfunded mandate. His solution was to set up a fund to help reimburse some companies for paid claims related to diagnosis and treatment of autism.

Some advocates said the measure should have required coverage for all mental health issues children face.