

**LATE****FAX COVER SHEET**

TO

COMPANY

FAX NUMBER 18085866281

FROM Amy Wiech

DATE 2012-03-30 22:12:44 GMT

RE Re HCR 177 / HR 137 Testimony for Autism Study

**COVER MESSAGE**

I urge you to please strongly consider these bills.

Thank you.

Amy

—

Amy Wiech, M.Ed., BCBA

Founder/CEO/Director

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"If the student hasn't learned, the teacher hasn't taught."- Sig Englemann

"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

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March 30, 2012

Ladies and Gentlemen of the Health, Reps Yamane and Morikawa: (re HCR 177 / HR 137)

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). 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).**

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



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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:

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



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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



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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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**LATE**

## COMMITTEE ON HEALTH

Tuesday, April 03, 2012  
Conference Room 329 at 10:30am

To: Rep. Ryan I. Yamane, Chair  
Rep. Dee Morikawa, Vice Chair

RE: HCR 177/HIR 137 -Testimony in SUPPORT of requesting the Legislative Reference Bureau to conduct a study on requiring insurance coverage for the diagnosis and treatment of Autism Spectrum Disorders.

From: Teresa Chao Ocampo

The time for insurance coverage is NOW. A report dated March 29, 2012 from the CDC is a sign of the times. The CDC found that 1 in 88 children today are diagnosed with an Autism Spectrum Disorder (ASD) compared to 1 in 110 in 2006. This is an alarming increase of 23 percent over a 2 year period. Moreover boys have an average of 1 in 54 chance of being diagnosed compared to only 1 in 252 girls.

This is an issue that will most assuredly have dire long term medical, social, economical, educational and financial consequences on our community. We can no longer pretend that ASD will not touch our lives because the chances are that we WILL know someone with autism, perhaps even our own precious child, grandchild, niece or nephew.

We cannot do much to alter the number of cases that present themselves in Hawaii. But as a state, we CAN help to reduce the socioeconomic areas impacted by ASD by providing early intervention options as well as alternatives to a lumbering educational system that is known to provide the minimum educational benefit to ASD children stuck in the public school system.

Additional services provided by insurance coverage will not only arm ALL families in Hawaii with a fighting chance to address their child's developmental, social and medical issues at an earlier age, it will also help to preserve the family unit, in which divorce is prevalent.

This difference may determine whether the child participates in our society as an independent and productive adult or ends up as a ward of the state possibly as early as 18 years of age.

Providing insurance coverage for ASD children is a must, for the sake of our future and future generations.

I support the proposed resolutions HCR 177/HIR 137.  
Thank you for the opportunity to testify.

Sincerely,

Teresa Chao Ocampo  
(Signature on file)

**morikawa2 - Grant**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, April 02, 2012 8:17 AM  
**To:** HLTtestimony  
**Cc:** c21oahu@aol.com  
**Subject:** Testimony for HCR177 on 4/2/2012 10:30:00 AM

**LATE**

Testimony for HLT 4/2/2012 10:30:00 AM HCR177

Conference room: 329  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Jill White  
Organization: Individual  
E-mail: [c21oahu@aol.com](mailto:c21oahu@aol.com)  
Submitted on: 4/2/2012

**Comments:**

Aloha Representatives,  
I am writing to you today to request your support to do the study for the Mandatory Health Coverage of Autism Spectrum Disorders.

My son Dale is born & raised in Wahiawa. He has been an HMSA member since birth. He was diagnosed with sever ASD by State of Hawaii when he was 18 months old in 2008. We have utilized both public & private therapy to help Dale. We've sought the services of medical doctors both within his insurance program & on our own. There is no Autism specialist on his insurance companies list of participating providers. HMSA has covered nothing in relation to his ASD.

He is now five and a half years old and still nonverbal. He cant say his name. He cant say no. Stop. Or help. Or any vocal means to convey his wants/needs. However, early intervention has helped! Because we will never give up on him, he has learned to read & use American Sign Language. The outcome on his quality of life is dependent upon getting services while his brain is in the young formative stages!  
Statistically, that window of opportunity is already closing for Dale.  
Having an insurance mandate like SB2631 will assure that no child falls through the cracks due to a parents failure to pay for applied behavior analysis.

Thank you for taking the time to address this important issue in Hawaii for our family, our son Dale, & the thousands of other keiki who need help to overcome their autism challenges.

> A total of 33 states and the District of Columbia have laws related to > autism and insurance coverage. At least 26 states—Arizona, Arkansas, > Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Kansas, > Kentucky, Louisiana, Maine, Massachusetts, Missouri, Montana, Nevada, > New Hampshire, New Jersey, New Mexico, Pennsylvania, South Carolina, > Texas, Vermont, Virginia, West Virginia and Wisconsin—specifically > require insurers to provide coverage for the treatment of autism.  
> Other states may require limited coverage for autism under mental > health coverage or other laws.  
<http://www.ncsl.org/?tabid=18246>

Mahalo,  
Jill White  
25 B Kilea Pl



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