February 23, 2012

Dear Sir or Madam: Testimony for SB2631

To the following members: Ways and Means Committee Members: David Y. Ige - Chair Michelle Y. Kidani – Vice Chair Senate on Health Committee Members: Josh Green MD - Chair Clarence K. Nishihara – Vice Chair Commerce and Consumer Protection Members: Rosalyn H. Baker – Chair Brian T. Taniguchi – Vice Chair

I am writing you concerning SB 2631. This is our personal testimony.

RELATING TO HEALTH INSURANCE.

Requires all accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for well-baby and wellchild screening and diagnosis and treatment of autism spectrum disorders beginning after 12/31/2012. (SD1)

In June of 2011 our beautiful 3-year old daughter Liliana suddenly stopped speaking and lost all fine motor movement ability. Up until this moment Liliana was cruising along with no issue or developmental problems. We quickly took her to our physician with Kaiser Permanente. Because there was no so called "medical problem" we waited six weeks to see a specialist. While waiting I sought out resources to get Liliana diagnosed and treated. She was too old to be seen through Imua services because she had already turned three. My husband and I paid out of pocket while we were at lost our daughter's sudden lost of verbal and motor ability. In July 2011 Liliana was diagnosed with sudden onset Autism Spectrum Disorder. She needed immediate speech and occupational therapy to get her moving back to baseline. Our insurance does not pay for any of these services.

Liliana started special needs preschool with the DOE in August 2011 at Wailuku Elementary. The school is nurturing and provides an adequate program. Liliana receives speech therapy three a week and occupational therapy twice a week. Liliana's progress was slow to start. My husband and I decided she needed more therapy than what was available with the DOE. We put her in private speech, occupational therapy, and ABA therapy and quickly saw a greater improvement in Liliana's ability. We are paying out of pocket \$237.50 weekly/\$950.00 per month for Liliana's therapies not covered by insurance. This financial burden is rough on our family finances and each month we can see the debt although see our daughter improving. Thank you for reading our testimony and consider how our story relates to SB2631.

I am a State Registered Nurse MMMC ER and my husband is a Maui County Firefighter Battalion Chief.

Barbara and Allen Duarte 411 Iao Valley Road Wailuku, Hawaii 96793

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<u>COMMITTEE ON HEALTH</u> HON. SENATOR JOSH GREEN, M.D., CO-CHAIR HON. ROSALYN H. BAKER, CO-CHAIR HON. MEMBERS OF THE JOINT COMMITTEE

Gabrielle Toloza, Psy.D. Hawaii Center for Children and Families 40 Aulike Street Suite 411 Kailua, HI 96734

Thursday February 23, 2012

In regards to 2631 requiring insurance companies to cover treatment of Autism Spectrum Disorders, I am <u>in favor of the bill</u>.

I am a post-doctoral psychology resident who is currently in private practice in the Kapolei and Kailua areas of Oahu. I have worked with children and families affected by Autism Spectrum Disorders since 2000 as a 1:1 aide, behavioral consultant. Currently I provide individual and group therapy and psychological evaluations to children with Autism and I know of several families whose children would greatly benefit from this opportunity. I have received training along the way in ABA treatments and many other treatments and believe that this bill is headed in the right direction for provision of more comprehensive services for children and families affected by Autism.

I think it's a great idea to put the treatment of Autism in the hands of trained psychologists and Board Certified Behavior Analysts (BCBA) and perhaps relieve the Department of Education from having to provide services across many settings (including homes and communities) which often fall outside of the realm of responsibility of the educational system. In the current situation, psychologists are limited in the time and nature of services and families are restricted to what the DOE see's fit to provide. The proposed bill would give us great capacity to meet the unique needs of this population and ideally provide intense services early -on in hopes of preventing them from being a larger burden on our community as they grow into adulthood.

I have some reservations about equating psychologists with BCBA's because the training programs is quite different in duration, intensity and comprehensiveness. However, I believe that both BCBA's and psychologists with experience with this population are appropriate and capable of developing and providing necessary treatment programs.

Thank you for your time and for allowing me to share my opinion.

Respectfully,

Gabrielle Toloza, Psy.D.

TESTIMONY IN SUPPORT OF SENATE BILL 2631 INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS

Ladies and Gentlemen of the Committee:

I strongly support Senate Bill 2631 to mandate health insurance coverage for autism spectrum disorders. I am a parent of an autistic child. My son is 4 years old, and was diagnosed with autism in 2009, before he was 2 years old. My child receives speech therapy, Applied Behavior Analysis, and Occupational Therapy. Although DOE does a good job with his education, he needs more therapy than can be provided in a school day—and our schools were not set up to provide therapy to individual children, but rather to educate large groups of children in classroom settings.

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.

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. This is untrue. Applied Behavioral Analysis is a proven therapy for autism and has been practiced for decades with great success.

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, many autistic individuals have actually lost their diagnosis.

Twenty-nine states have enacted legislation mandating insurance coverage for autism treatment. Let's make Hawaii the 30th, and end discrimination against children with autism.

Sincerely,

Janet Edghill

<u>COMMITTEE ON HEALTH</u> HON. SENATOR JOSH GREEN, M.D., CO-CHAIR HON. ROSALYN H. BAKER, CO-CHAIR HON. MEMBERS OF THE JOINT COMMITTEE

Jeffrey D. Stern, Ph.D. Licensed Clinical Psychologist 1833 Kalakaua Ave. Suite 503 Honolulu, HI 96815

Thursday February 23, 2012

In regards to 2631 requiring insurance companies to cover treatment of Autism Spectrum Disorders, I am <u>in favor of the bill</u>.

I am a Hawaii-licensed psychologist with two certificates from the University of Hawaii Center for Disabilities Studies and more than 15 years of experience working with children with Autism Spectrum Disorders (ASDs). I think it's a great idea to put the treatment of Autism in the hands of trained psychologists and certified ABA specialists (and perhaps take some pressure off of the Department of Education to provide services in the blurry gap between what does and does not fall within the purview of the "educational model"). I'm concerned about the caps, but I understand why they're necessary. I would only ask that the caps be adjusted annually for inflation.

I am also a bit uncomfortable with the equal standing the ABA certified therapists are being given to the psychologists. It kind of says, "they're at the same level," when this is in fact, not the case. ABA is a model of treatment, but certified ABA specialists may only know the aspects of the model in which they've been trained and may not understand or necessarily have to keep abreast of changes in the research base, new strategies being implemented that may be "spinoffs" of ABA, or empirically supported alternative treatments. They may not be trained to be consumers of research, only implementers of a model of treatment. I don't know enough about their certification requirements to know whether these issues will arise or not, but I do think that Psychologists receive broad and intensive training in scientific inquiry, consumption of research, hypothesized causes of ASDs, the assessment and treatment of ASDs and related issues, such as self-injurious behaviors, use of multi-modal, multi-method assessment, cultural competency, etc. I would hope the ABA certified therapists would be required to be similarly qualified.

Thank you for your time and for allowing me to share my mana'o.

Respectfully,

Jeffrey D. Stern, Ph.D. President, Hawaii Psychological Association

From:	mailinglist@capitol.hawaii.gov
To:	WAM Testimony
Cc:	teesy@hawaiiantel.net
Subject:	Testimony for SB2631 on 2/24/2012 9:00:00 AM
Date:	Thursday, February 23, 2012 2:38:11 PM

Testimony for WAM 2/24/2012 9:00:00 AM SB2631

Conference room: 211 Testifier position: Support Testifier will be present: No Submitted by: Mr. and Mrs Heyly Tee Sy Organization: Individual E-mail: teesy@hawaiiantel.net Submitted on: 2/23/2012

Comments:

Our son Jacob Tee Sy (4.5 yrs) has been diagnosed with PDD-NOS in September 2011 and is tremendously thriving and progressing at ABC, Autism Behavioral Center Group. We ask that you pass Bill SB 2631/SD1 so that we can afford to continue to receive these important services at ABC. Mahalo for your support!

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COMMITTEE ON HEALTH HON. SENATOR JOSH GREEN, M.D., CO-CHAIR HON. ROSALYN H. BAKER, CO-CHAIR HON. MEMBERS OF THE JOINT COMMITTEE

Richard J. Kravetz, Ph.D. President and CEO and Hawaii-Licensed Psychologist Alaka'i Na Keiki, Inc. 1100 Alakea St, 9th Floor Honolulu, HI 96813

February 23, 2012

In regards to 2631 requiring insurance companies to cover the diagnosis and treatment of Autism Spectrum Disorders, I am in favor of the bill.

I am the President and CEO of Alaka'i Na Keiki, Inc., a behavioral health agency in Hawaii which has been providing diagnostic and treatment services for infants and toddlers, school-aged youth and young adults under contracts with the Department of Health, Department of Education and Developmental Disabilities Division for over a decade. I am also a Hawaii-licensed psychologist who during the Felix years was one of a handful of behavioral health providers who had been trained to diagnose and treat children with Autism Spectrum Disorders (ASD).

I am whole-heartedly in favor of the above bill which will allow licensed psychologists to diagnose and treat youth and young adults with ASD. Over the course of over 30 years of working in this field, I have seen the positive results of providing early intervention. It is important to recognize that the early diagnosis and treatment of ASD not only benefits the youth with ASD and their families, but results in cost-savings for taxpayers down the line as the youth achieve greater independence as a result of symptom reduction or in the best outcome - full recovery.

However, with regard to the current version of this bill, I am concerned that while we definitely want Psychologists who are trained, supervised and experienced to provide the proposed services, that the language used in the bill "so long as the services performed are commensurate with the psychologist's formal university training and supervised experience" may exclude several qualified Hawaii-licensed Psychologists. As the President/ CEO of Alaka'i Na Keiki, I have found that various credentialing bodies have rejected qualified professionals whose transcripts inadequately describe course content, or whose supervisors cannot be located to verify their experience (the case for many senior psychologists). As well, the bill as written excludes Hawaii-licensed Psychologists, who were formally trained in Applied Behavior Analysis <u>after</u> completing their university coursework, and supervised during their or subsequent to their postdoctoral training by myself or other Psychologists who have worked at Alaka'i Na Keiki or other child-serving agencies in Hawaii. This was certainly the case under Felix when there were insufficient numbers of professionals to work with this population, and continues into the present.

Respectfully,

Richard J. Kravetz, Ph.D.

Written Testimony Senate Committee on Ways and Means SB2631 Hearing February 24, 2012 9:00AM

I am testifying in FAVOR of this bill to mandate health insurance coverage for Autism Spectrum Disorders. My 8 year-old son was diagnosed on the spectrum when he was 2 years old. He was essentially non-verbal, and had delayed development in several other areas. We sought treatment through the Early Intervention program then entered the DOE when he was 3 years old. He has been receiving speech, occupational and behavioral therapies at his school since then.

Getting insurance coverage for ASD is LONG OVERDUE. The frequency of it is increasing, and the earlier you can diagnose and treat it, the better chance of positive outcomes. While services are provided at the school level, it is not always adequate. Take just one of my sons delays - speech as an example. Can you imagine how devastating it is when your child can't talk, and providers suggesting that he may never talk? When he was 4 and not progressing as much as we had hoped by getting speech therapy at school, we tried to get private speech therapy to supplement it. However, private speech therapy was DENIED BY HMSA. They would not even cover an evaluation. We therefore decided to pay for private speech therapy out of our own pockets. And it has worked – he is now able to communicate verbally with us. It worked because: 1) he was now getting double the therapy time; and 2) because I attend the private therapy with him, I know how to work with him at home to support the therapy. The financial sacrifice we have made to provide this therapy out of pocket is enormous. Given that he obviously needed speech therapy, and that the therapy works, it's outrageous that HMSA will not cover it.

And that's just one condition I used as an example. There's behavior and occupational therapies that is often needed. These children should not go without services, or families should not go broke getting it for them, when the research is already out there proving that they work. PLEASE PASS THIS BILL!



Scott C. Arakaki Robert E. Badger Lawrence R. Cohen Allison M. Fujita

February 23, 2012

VIA E-MAIL to WAMTestimony@Capitol.hawaii.gov

Ways and Means Committee State Capitol Conference Room 211 415 South Beretania Street Honolulu, Hawaii 96813

> Re: Supporting Testimony for SB 2631 Relating to Health Insurance Hearing: February 24, 2012

Dear Ways and Means Committee:

I am both a small business and a godparent of my business partner's son, who has Autism.

My business partner and his wife love their child, as I do. However, I have witnessed how raising a child with Autism is an emotional and financial challenge. Early intervention is important and gives a child with Autism the best chance of living an independent life. I have personally seen how early intervention for my godchild has helped him overcome some of his earlier disabilities. I have high hopes for him as long as services continue.

Unfortunately, the cost or the ability to get such services for these children is out of reach for most in Hawaii. As such, insurance coverage is a good solution. Why would anyone want to deny these children's early treatment that could change their life for the better? Why shouldn't Autism be covered like any other medical insurance claim? What are the consequences for not covering Autism to the State of Hawaii and to those families whose children have Autism?

I thank you for considering my testimony and respectfully ask for your support of SB

2631.

Sincerely,

BADGER ARAKAKI A Limited Liability Law Company

SCOTT C. ARAKAKI

SCA:gt

From: Sherri Henriques (<u>sherrihenriques@yahoo.com</u>)
Sent: Thursday, February 23, 2012
To: Senate Committee on Ways and Means
Subject: URGENT Testimony in Strong Support of SB2631 Relating to Mandatory Health
Coverage; Autism Spectrum Disorders; Behavioral Health

To the Senate Committee on Ways and Means:

My name is, Sherri Henriques, and my son was diagnosed with High Functioning Autism at the age of 2. I strongly support SB2631. My husband and I have spent the past several years working with professionals to help our son get better. It has been an extremely difficult journey and has put a burden on our family emotionally and financially. Most of the cost of the various treatments and therapies that our son has received has been paid by my husband and me. We have depleted all of our personal savings, our IRAs and funds from the sale of our investment property. We are still trying to catch up financially. The great news is that our son, now 8 years old, is doing very well. He is no longer receiving Special Education services and is excelling in a regular public school classroom. We continue to work with his doctors on biomedical treatments and the special education staff at his school on his social skills issues. Our son is proof that diagnosis, early intervention and the right treatments and therapies are critical in the recovery process of autism. One therapy in particular deserves mention as it has played a very important part in our son's recovery. It is ABA (Applied Behavior Analysis). Without this particular therapy, I believe my son would still be receiving special education services today. So, I strongly urge you to move bill SB2631 forward. Thank you very much for allowing me to show my support for this important bill.

Sincerely yours,

Sherri Henriques 1834 Saint Louis Drive Honolulu, HI 96816 Ph. 780-7833

From:	mailinglist@capitol.hawaii.gov
To:	WAM Testimony
Cc:	teri.fujiwara@yahoo.com
Subject:	Testimony for SB2631 on 2/24/2012 9:00:00 AM
Date:	Thursday, February 23, 2012 9:35:16 PM

Testimony for WAM 2/24/2012 9:00:00 AM SB2631

Conference room: 211 Testifier position: Support Testifier will be present: No Submitted by: Teresa Fujiwara Organization: Individual E-mail: teri.fujiwara@yahoo.com Submitted on: 2/23/2012

Comments:

Having a grandson with autism was a rude awakening. My daughter and her husband spent countless dollars paying for his diagnosis and treatment. This is a medical condition, left untreated will cost the state far more in the future than if early diagnosis and intervention is covered. My grandson didn't talk, couldn't socialize, but with proper medical treatment which is quite costly, he now is considered high functioning and hopefully can be transitioned to a normal classroom. Isn't it better to cover this type of medical treatment early and avoid the costly maintenance of autistic adults, not just for society but for the individual as well. We need to be more aware of this growing epidemic and provide the help needed to all. Please consider passing this bill; other states now recognize autism as a medical problem. Shouldn't we?