NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Consumer Protection & Commerce

H.B. 721, Relating to Health

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 6, 2013

WRITTEN TESTIMONY ONLY

Department's Position: The Department of Health appreciates the intent of H.B. 721 to improve the access of individuals with autism spectrum disorders (ASD) to appropriate services.

Fiscal Implications: The Department of Health defers to Department of Human Services.

Purpose and Justification:

H.B. 721 amends Chapter 431, Hawaii Revised Statutes to provide coverage for the screening, diagnosis and treatment of ASD to the policyholder and individuals under twenty-six years of age, and allows a maximum benefit of $50,000 per year for Autism related services. The measure is not to be construed as limiting benefits otherwise available to an individual under a health insurance company. Also, benefits cannot exceed the essential health benefits specified under section 1302b of the Patient Protection and Affordable Care Act (PPACA) as of January 1, 2016. Among other benefits, this bill would allow families of individuals with ASD to obtain services, including evidence-based behavioral health treatments.

The Department appreciates the importance of early diagnosis and treatment for ASD. This bill will allow best practice, evidence-based treatments such as Applied Behavioral Analysis (ABA) that has been shown to improve socialization and language of people, especially children with ASD. Treatment of ASD at an early age using ABA and/or other treatments will increase the opportunity for children and teens to develop the skills and functioning needed for adult life. Improved outcomes may lessen the need for long-term supports when children with autism become adults.

According to the U.S. Centers for Disease Control and Prevention, about 1 in 88 children has been identified with ASD. Research shows that early treatment services can greatly improve a child's development. Increasing the access of individuals to appropriate services, including through private health insurance, will contribute to improved outcomes for individuals with ASD.

Thank you for this opportunity to testify.

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 6, 2013

The Honorable Angus L.K. McKelvey, Chair
House Committee on Consumer Protection and Commerce
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative McKelvey and Members of the Committee:

SUBJECT: HB 721-ELATING TO HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS HB 721.** The bill requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after December 31, 2013.

According to the U.S. Centers for Disease Control and Prevention, about 1 in 88 children has been identified with an autism spectrum disorder (ASD). That rate is anticipated to significantly increase in the next decade. With this alarming rate, it is imperative that children with ASD are provided with early diagnosis and treatment. Evidence-based practice shows that early identification and treatment results in overall improved outcomes for children with ASD. Moreover, services provided early on may decrease or minimize long-term services and supports needed as the child becomes an adult and through the individual's lifetime.

HCR 177 HD2 SD1 (2012) requested the Legislative Reference Bureau (LRB) to conduct a study on requiring insurance coverage for the diagnosis and treatment of autism spectrum disorders. The report has been submitted to the Twenty-Seventh Legislature, 2013 (Report No. 2, 2013). The report contained recommendations that address an actuarial analysis, applied behavioral analysis provider network, board certification and licensing of behavior analysts, and criminal background checks.

The Council considers the recommendations in LRB's report to have merit for consideration for action. We support the recommendations that address: 1) the actuarial analysis; 2) access to behavioral health treatments, including applied behavioral analysis (ABA) on the Neighbor Islands; 3) board-certification of behavioral analysts; 4) criminal background checks; and 5) consideration of individuals with other medical conditions who may also benefit from behavioral health treatments and ABA.

Thank you for the opportunity to submit testimony in **support of HB 721.**

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

J. Curtis Tyler III
Chair

NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

KEALI`I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Wednesday, February 6, 2013
2:30 p.m.

TESTIMONY ON HOUSE BILL NO. 721 – RELATING TO HEALTH.

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR, AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”), testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department takes no position on this bill and offers the following comments.

The purpose of this bill is to add a new mandated health insurance benefit requiring health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for the treatment of autism spectrum disorders beginning after December 31, 2013.

The bill establishes a $50,000 maximum benefit for coverage for behavioral health treatment. After December 31, 2016, this bill requires the Commissioner, on an annual basis, to adjust the maximum benefit for inflation using the medical care component of the U.S. Department of Labor Consumer Price Index ("CPI") for all urban consumers. In addition, the Commissioner would be responsible for publishing the adjusted maximum benefit annually.

While the Department does not oppose making adjustments to the maximum benefit if warranted, the Department has concerns about requiring the Commissioner to publish and automatically adjust the maximum benefit on an annual basis relying solely on the CPI and without any opportunity for public input on the matter. Since the maximum benefit will be established in the Hawaii Revised Statutes, any changes to the maximum benefit should be made by amending the appropriate statutory provisions.

The addition of a new mandated coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable Care Act, which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan.

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

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS COMMENTING ON HOUSE BILL 721, RELATING TO HEALTH

February 6, 2013

Via e mail

Honorable Angus L. K. McKelvey, Chair
Committee on Consumer Protection and Commerce
State House of Representatives
Hawaii State Capitol, Conference Room 325
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair McKelvey and Committee Members:

Thank you for the opportunity to comment on HB 721, relating to Health.

Our firm represents the American Council of Life Insurers ("ACLI"), a Washington, D.C., based trade association with more than 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers' products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, an reinsurance, representing more than 90 percent of industry assets and premiums. Two hundred thirty-two (232) ACLI member companies currently do business in the State of Hawaii; and they represent 94% of the life insurance premiums and 92% of the annuity considerations in this State.

As drafted, HB 721 requires all insurers subject to its provisions to provide coverage for autism spectrum disorders.

Section 2 of the bill would amend Article 10A of Hawaii's Insurance Code (relating to Accident and Health or Sickness Insurance) to include a new section to require that "Any other law to contrary notwithstanding, each employer group accident and health or sickness insurance policy, contract, plan or agreement . . . shall provide to the policyholder . . . coverage for . . . autism spectrum disorders." (Page 1, lines 9 – 16). Further, "]e]very insurer shall provide written notice to its members regarding the coverage required by this section." (Page 1, lines 17-18).

By its terms, Article 10A of the Code (by reference to HRS §431:1-205) defines "accident and health or sickness insurance" to include disability insurance.

In 2010, Hawaii enacted HRS §431:10A-102.5, relating to Limited benefit health insurance which states in relevant part:

> Except as provided . . . elsewhere in this article, when use in this article, the terms "accident insurance", "health insurance", or sickness insurance" shall not include

> an accident-only, specified disease, hospital indemnity, long-term care, disability, dental, vision, Medicare supplement, or other limited benefit health insurance contract that pays benefits directly to the insured or the insured's assigns and in which the amount of the benefit paid is not based upon the actual costs incurred by the insure.

However, HB 721, as drafted mandates autism spectrum disorders coverage for "each employer group accident and health or sickness insurance policy, contract, plan or agreement" "***[a]ny other law to the contrary notwithstanding***". Thus, the bill would expressly require all "limited benefit health insurance contracts", including disability insurance ("DI") issued by life insurers and fraternal benefit societies, to provide coverage for autism spectrum disorders. ACLI believes that the intent and purpose of this bill is to require only health insurers to provide coverage for autism spectrum disorders – not insurers issuing limited benefit health insurance contracts.

In order to dispel any confusion as to what this bill is intended to cover, ACLI suggests that the new section proposed to be added to §431: 10A (on page 1 beginning on line 8) be amended as follows:

> §431: 10A- Autisim spectrum disorders benefits and coverage; notice; definitions. (a) ~~Any other law to the contrary notwithstanding~~Subject to the provisions of HRS §431:10-A-102.5, each employer group accident and health or sickness insurance policy, contract, plan, or agreement, issued or renewed in this State . . . . [etc.].

Again, thank you for the opportunity to comment on HB 721.

LAW OFFICES OF
OREN T. CHIKAMOTO
A Limited Liability Law Company

Oren T. Chikamoto
1001 Bishop Street, Suite 1750
Honolulu, Hawaii 96813
Telephone: (808) 531-1500
Facsimile: (808) 531-1600

AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Hawaii

1600 Kapiolani Blvd. #620 Honolulu, HI 96814
www.autismhi.org (808) 394-7320 autismhi@gmail.com

February 4, 2013

TO: Representative McKelvey

RE: HB 721 – RELATING TO HEALTH
Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chair McKelvey, Vice-Chair Kawakami and Members of the Committee,

The Autism Society of Hawaii (ASH) **strongly supports** the passage of bill HB 721, which provides for treatment of autism spectrum disorder through speech therapy, occupational therapy, and physical therapy, and applied behavior analysis.

ASH **suggests** the inclusion of:
1) mandated developmental screenings for all children at their well-baby and well-child check-ups
2) adding the specificity of “evidenced based treatments”
3) the licensure of ABA providers be considered in the implementing rule, bill or the act, as presently there are no licensure procedures in the state in addition to the national certification

My name is Dr William Bolman. I am testifying as President of the Autism Society of Hawaii, and as a child psychiatrist specializing in the treatment of autism spectrum disorders for the past 15 years. Also, I am a retired Professor of Child Psychiatry at the John A. Burns School of Medicine, and in this role I try to stay current with research into the neuroscience of autism. What I would like to do is briefly summarize the present factual status of the autism spectrum disorders as it relates to insurance coverage.

Fact 1: In the past 20 years, the prevalence of autism has increased dramatically from 1 or 2 in 10,000 to 1 in 88, with a recent study by the Yale Child Study Center finding 1 in 38. The reasons for the increase are unknown, since the underlying causes are mostly unknown and appear to multiple in nature. We know that increased awareness accounts for about one-third of the increase, but the remaining two-thirds is genuine. One of the problems in determining the actual increase is we have tended to rely on routine data from physicians and educators which the Yale report shows will give us an underestimate of the issue. In my medical practice during the past 15 years, my case load started at 2 cases in 1990, and I now have several hundred. Most are still school-aged, but they are beginning to graduate high school, and encounter a marked absence of support services after leaving high school.

Fact 2: In addition to the dramatic increase in cases, combined with our ignorance of the causes and the degree of impairment autism causes, we are looking at a dramatic rise in the costs of life-long care for those affected by autism. The best estimate of the lifetime costs of autism (done by the Harvard School of Public Health) is $3.2 million per person. If we take a conservative underestimate of just the number of young people I have seen who are likely to meet this cost due to the inadequacy of treatment (about 100), the cost will be about $320,000,000. These costs are shared by parents and state agencies, but the majority of the costs are state based, as they arise between the years after the completion of schooling at age 21 and the 50+ years of dependent care.

Fact 3: This worrisome increase in the autism is mostly a new social condition - what we know about the symptoms and causes show that society has not faced this condition before, which is why we are so unprepared. Because of this there has been a dramatic increase in research by the federal government and many private groups such as Autism Speaks. As a physician who formerly treated polio and childhood leukemia, I am thrilled at the wonderful advances this research has produced in the neuroscience of autism, and look forward to its eventual control. However promising this sounds, we are still stuck with an unknown number of years of an extremely expensive condition.

Fact 4: What we do know about causes and treatment is that autism is a neurologic condition in which the inner connections in the brain are miswired. This is a physical fact, so it does not respond to the usual medical treatments like medications and surgery. The reason for this is that the brain is a different organ than the heart, lungs, kidneys, etc. Brain function is based on our experience with the environment. Thus, correction of miswiring requires corrective changes in the child's life experience. These changes require intensive exposure to positive, corrective social behavior and language experience. This is why medical insurance has previously not covered these social and language treatments, seeing them as 'habilitative'. However, current neuroscience, genetics and brain imaging all point to the benefits of the kind of behavioral and social-language treatments that SB668 is proposing. There is also abundant evidence-based data showing that these treatments are effective and do reduce long-term impairment. What's important is that the earlier autism is diagnosed and given effective treatment, the better is the outcome and the less the financial impact on families and the state.

Fact 5: The reason that universal insurance coverage is for autism treatments is so important is the fact that it involves all social and ethnic groups (indeed in my own personal experience working as a consultant for the World Health Organization, autism is as common in Asia, India, the Near East and Europe as it is in Hawaii and the United States). Thus insurance needs to be broad-based. Fortunately, the experience of 30+ other states shows that autism insurance causes a very small increase in insurance costs given the broad base of the condition. I might add a side comment, that the reason for the increase in federal and private research is that the numbers of grandchildren of congressional legislators and wealthy private donors who have developed autism.

To sum up: The increase in autism is real, it is a medical-neurologic condition, it is expensive, it affects everyone, it can be partially treated successfully, and the experience with insurance coverage of other states show the cost is very manageable and cost-effective. Thank You.

Thank you for considering our testimony,

William Bolman
President

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

February 6, 2013

Representative Angus L.K. McKelvey, Chair
House Committee on Consumer Protection & Commerce
State Capitol
Honolulu, HI 96813

RE: HB 721 - RELATING TO HEALTH

Dear Chair McKelvey and Members of the Committee,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **strongly upports** HB 721 that proposes to mandate health insurance coverage for the diagnosis and treatment of autism spectrum disorders (ASD).

SEAC has been active over the last number of years in advising the Department of Education on appropriate educational supports for students who are on the Autism spectrum. We are very aware that the early identification and amelioration of the complex communication, social and behavioral needs of these children has a significantly positive impact on academic and behavioral goals.

SEAC recognizes that HB 721 does not relieve the Department of Education of its responsibility to provide individualized special education and related services to students with ASD; however the bill provides for critically needed diagnostic and *medically necessary* treatments for children and young adults up to age twenty-six. This legislation also clearly defines the diagnoses included in the coverage and the components of treatment.

SEAC offers the following recommendations regarding HB 721:

- include screening for autism spectrum disorders, including well-baby and well-child screening to ensure that services are offered as early as possible;
- include family counseling and training as one of the components of care in the treatment for autism spectrum disorders; and
- add language under the definition of "behavioral health treatment" that ensures that treatments are evidence-based.

SEAC agrees wth the Med-Quest Division (as cited in Chapter 8 of the 2013 Legislative Reference Bureau's report on "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii") that behavioral health treatments, including Applied Behavioral Analysis, may benefit children and youth with health conditions other than ASD. Therefore, the committees may wish to consider opening up these behavioral health treatments to individuals with similar developmental disabilities as research validates the efficacy of applying these treatments to other diagnoses.

Thank you for the opportunity to provide testimony on this important legislation. If you have any questions, I will be happy to answer them.

Respectfully,

Ivalee Sinclair, Chair

Community • Children's • Councils

COMMUNITY CHILDREN'S COUNCIL OF HAWAII
1177 Alakea Street · B-100 · Honolulu · HI · 96813
TEL: (808) 586-5363 · TOLL FREE: 1-800-437-8641 · FAX: (808) 586-5366

February 4, 2013

Representative McKelvey
Chair of the Commerce Consumer Protection and Commerce – State Capitol

RE: HB 721 – RELATING TO HEALTH
Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chair McKelvey, Vice-Chair Kawakami and Members of the Committee,

The Community Children's Councils (CCC's) **strongly supports** HB 721, which proposes coverage for the diagnosis and treatment of autism spectrum disorders for individuals under the age of twenty-six years and treatment of an autism spectrum disorder through speech therapy, occupational therapy, and physical therapy, and applied behavior analysis.

The CCC's **strongly suggests** the inclusion of:
1) Mandated developmental screenings for all children at their well-baby and well-child check-ups

2) The 17 CCCs recommend the licensure of ABA providers be considered in the implementing rule, bill or the act, as presently there are no licensure procedures in the state in addition the national certification

3) The inclusion of specific "evidenced based treatments" should also be included

The CCCs have maintained that *all* children benefit from early intervention and this is especially true in the case with children who have been touched with autism as the rates continue to rise. The latest Center for Disease Control reports 1 in 88 children are living with autism. Research has repeatedly shown that with early intervention the rates of children who are able to mainstream into Kindergarten are much higher than those who did not receive services. The Academy of Pediatric recommends diagnostic tools that can be used to diagnose children early to receive early intervention.

The 17 CCCs are community-based bodies comprised of parents, professionals in both public and private agencies and other interested persons who are concerned with specialized services provided to Hawaii's students. Membership is diverse, voluntary and advisory in nature. The CCCs are in rural and urban communities organized around the Complexes in the Department of Education.

Should you have any questions or need additional information, please contact the Community Children's Council Office (CCCO) at 586-5363.

Thank you for considering our testimony,
Tom Smith, Co-Chair Jessica Wong-Sumida, Co-Chair

(Original signatures are on file with the CCCO)

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702   Fax (808) 528-2376   www.hmaonline.net

Wednesday, January 6, 2013
2:30 p.m.
Conference Room 325

To: COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Rep. Angus L.K. McKelvey, Chair
Rep. Derek S.K. Kawakami, Vice Chair

From: Hawaii Medical Association
Dr. Steven Kemble, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 721 RELATING TO HEALTH

Position: Strongly Support

The Hawaii Medical Association is submitting testimony in strong support of this measure

There is an 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 of the lifetime of the individual.

Mahalo for the opportunity to submit testimony on this important issue.

Aloha,

I am writing in support of HB.721.

I have a 9 year old son with Autism and am very aware of the need for this Hawaii autism insurance reform bill. I am a Hawaii State worker with HMSA family health insurance but we have been paying for therapeutic services in the form of Occupational Therapy to the tune of $75 per session since my son was 2 years old. For one year, HMSA was paying for the services and we were only paying co-payments but then HMSA quit paying and refused to pay anymore so we went back to paying for the Occupational Therapy sessions ourselves until we felt like we could not afford it anymore.

We are actually one of the luckier families. My wife and another mother started an Autism Support group and all of those families are dealing with more issues related to their son/daughter with Autism than we are. Our son is high-functioning and does not have as many therapeutic needs as the other children. Most of their families are less well off than we are financially and even more stressed-out.

Of course, only time will tell what other interventions my son may need as he gets older. Most teens with high-functioning Autism need psychological therapy once they understand that they have a condition that will never go away. They become depressed or worse. They are smart enough to know they do not fit in and get distraught at the idea of always being “different” and an “outsider”.

It is very hard on families dealing with Autism… we really need you to pass HB.721 so at least we will have some support on the medical front as we try to help our loved ones. I believe that there are 33 states that already have similar legislation. Please do the right thing and add us to that list.

Sincerely,

Jack Little

From:	mailinglist@capitol.hawaii.gov
Sent:	Friday, February 01, 2013 9:19 PM
To:	CPCtestimony
Cc:	vt86ufla@yahoo.com
Subject:	*Submitted testimony for HB721 on Feb 6, 2013 14:30PM*
Follow Up Flag:	Follow up
Flag Status:	Flagged

HB721
Submitted on: 2/1/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Eller	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

February 4, 2013

Melissa Yoshimoto
2826 Manoa Road

Honolulu,HI 96822

re:HB 721

Greetings,

My name is Melissa Yoshimoto and I am a mother of a 9-year old boy who has a diagnosis of Autism. My son Daniel, has difficulties communicating with others, understanding social interactions, and interacting with others. He also demonstrates repetitive behaviors and idiosyncratic language that makes him uniquely different from his peers. I am writing in support of HB 721.

As parents, we have been looking for treatments and therapies that are aligned with research-based interventions and that will not exhaust our bank accounts to address Daniel's deficits. In the past, we have paid out of pocket for private speech therapy, independent assessments, social groups, and occupational therapy which has amounted to over $15,000. Although, I have family medical insurance, most of these items are not covered or there has been very limited coverage.

Autism is a life long neurological disability and with research-based therapies, a child with autism would have intensive intervention to address critical deficit areas in social, language and behavior. Children that receive appropriate intensive intervention would have outcomes that exceed the present prohibitive costs. It is imperative that we support our children and families that have been affected by autism and provide them with the best treatment and therapy.

Please support HB 721.

Sincerely,

Melissa Yoshimoto

kawakami2 - Rise

From:	Rep. Derek Kawakami
Sent:	Monday, February 04, 2013 10:41 AM
To:	kawakami1-Polly; kawakami2 - Rise
Subject:	FW: support for HB 721 - insurance coverage for autism services

---

From: tracy murakami [mailto:tracymurakami@gmail.com]
Sent: Saturday, February 02, 2013 3:01 PM
To: Rep. Derek Kawakami
Cc: Sen. Ronald D. Kouchi; Rep. James Tokioka; Rep. Daynette Morikawa
Subject: support for HB 721 - insurance coverage for autism services

Dear Derek:

My husband, Peter Morimoto, and I are asking for your support of HB 721. In the past two years, we have spent more than $15,000 in after-tax dollars in private services for our son, who is on the autism spectrum. We took him to a private clinic in California and we flew a practitioner from Seattle to Kauai - twice - about two years ago.

We took him to one of the best clinics in the country, at UC-Santa Barbara, about a year and a half ago. HMSA denied our claim for reimbursement completely. We recently filed an appeal of HMSA's denial of our claim, and the appeals board informed us that they were denying our claim and that the DOE should be covering the service.

So, we see one hand, the DOE, pointing the finger at the other, HMSA, and vice versa. This is simply ridiculous. I am CERTAIN that had we filed a claim with the DOE, they would have denied it. The problem is that the DOE is not legally obligated to provide "ideal" services -- just basic, appropriate services - and they certainly aren't required to provide services from the provider of our choosing. So, if we want access to good providers of our choice (hey, we have health insurance!), we are forced now to pay it out of pocket.

The kids needs the services now - it's too late to wait 20 years until the law changes. I am aware that some states have already passed legislation requiring that insurers cover services for autism disorders. I also understand that the federal government FOR YEARS has been covering autism services under its TRICARE insurance program.

Please feel free to contact me if you have questions. This issue is very important to us.

Thank you,
Tracy Murakami
Peter Morimoto

639-5067
Wailua, Kauai

From:	mailinglist@capitol.hawaii.gov
Sent:	Saturday, February 02, 2013 8:43 PM
To:	CPCtestimony
Cc:	rochelle.dunning@gmail.com
Subject:	Submitted testimony for HB721 on Feb 6, 2013 14:30PM
Follow Up Flag:	Follow up
Flag Status:	Flagged

HB721
Submitted on: 2/2/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
rochelle dunning	Individual	Support	No

Comments: I strongly support insurance coverage for treatment of Autism. There are many useful therapies and strategies that can be employed to improve the life and abilities of a person with autism. ABA has proven it's efficacy. Families should be able to help their children as young as possible in order to alleviate further developmental delay. With the right and enough therapies, an autistic child can grow up to be a positive, contributing member of society, able to succeed in school and work. To not take this right and just step is not only a disservice to the family and individual but also will cost taxpayers more money down the road.

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From:	mailinglist@capitol.hawaii.gov
Sent:	Sunday, February 03, 2013 11:14 PM
To:	CPCtestimony
Cc:	sbeppu03@yahoo.com
Subject:	Submitted testimony for HB721 on Feb 6, 2013 14:30PM
Follow Up Flag:	Follow up
Flag Status:	Flagged

HB721

Submitted on: 2/3/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Beppu	Individual	Support	No

Comments: I am the mother of a 8 year old with Autism. Since his initial diagnosis we have seen a dramatic improvement in his ability to deal with the day to day activities that most of us take for granted, such as a conversation with our peers. He will even be presenting a project at an upcoming science fair. These improvements have been a direct result of the various therapies, therapists, and meds he has received and continues to receive. This would not be possible without insurance. The cost of testing alone would have been too much for our family. The cost of his weekly therapy and group sessions would be too much without insurance. These therapies and meds allow him to function in society and will help him become a great contributor to our work force and society in general. Without these meds and therapies he would just be pushed aside and labeled a behavioral problem by most. We cannot let this happen. 1 in 88 are diagnosed with autism and the number is continuing to grow. The number affected is far greater when you include their families, friends, and schools. How can we not have this covered by insurance? It is not something they choose to have but it is something that is treatable, as long as insurance helps to cover the cost of the medical developmental disorder. I urge you to support HB721 to require insurance companies to provide health coverage and benefits to autism spectrum disorders. That 1 in 88 will eventually hit many close to home, it already has a place in mine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 04, 2013 10:16 AM
To:	CPCtestimony
Cc:	maryannjavar@yahoo.com
Subject:	Submitted testimony for HB721 on Feb 6, 2013 14:30PM

HB721
Submitted on: 2/4/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Ann Javar	Individual	Support	No

Comments: I have a 4 year old son diagnosed with autism. I currently have HMSA PPO and am not covered for autism services and therapies. I have seen these therapies covered by other health plans such as Tricare, Quest AlohaCare and Kaiser. It is a shame that not all children affected by autism do not have equal access.

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Jerry Bump
3248 Lamaloa Place
Honolulu, HI 96816

February 4, 2013

House Committee on Consumer Protection and Commerce

Hearing: February 6, 2013, 2:30 p.m., Conference Room 325

Re: Testimony in Strong Support of HB721 – Relating to Health

Dear Chair, Vice Chair and Members of the Committee,

Aloha and thank you for the opportunity to submit testimony in favor of HB721.

I am writing to you as a parent who is raising a child with an Autism Spectrum Disorder (ASD). If HB721 is passed, it will greatly improve my sons' chance at an independent and productive life.

Currently, 33 states specifically require insurers to provide coverage for the treatment of autism. Year after year, study after study, the Hawaii Legislature passes on making real change in our keiki's lives. Let this be the year Hawaii stops the discrimination and requires health insurers' to provide the necessary treatment.

Please do the right thing for my child and the rest of Hawaii's keiki and pass HB721.

Mahalo,
Jerry Bump

kawakami2 - Rise

From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 04, 2013 10:29 AM
To:	CPCtestimony
Cc:	beppuw002@hawaii.rr.com
Subject:	Submitted testimony for HB721 on Feb 6, 2013 14:30PM

HB721

Submitted on: 2/4/2013

Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Wanda Beppu	Individual	Support	No

Comments: Thank you for your considerations for this Bill HB721bill. Each year we find more children identified with some aspects of Autism or Asperger Syndrome. Most people do not care unless they have a relative or friend with these challenges, what bills are submitted and if they are passed/failed. In addition, these individuals are already prejudiced and bullied at school for being “different”. To deny these families of this health insurance coverage will be another “Bias” treatment and injustice to these students and their families as well. Please support these efforts to allow these families to continue to have this insurance coverage. Mahalo, W. Beppu :-)

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

---

From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 04, 2013 8:00 PM
To:	CPCtestimony
Cc:	hijulesk@gmail.com
Subject:	Submitted testimony for HB721 on Feb 6, 2013 14:30PM

HB721

Submitted on: 2/4/2013

Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Katayama	Individual	Support	No

Comments: As a parent with a child on the Autism spectrum, this bill would help tremendously to ease the financial burden of treatment. It would be extremely helpful if line five on page five would be amended to read,"including but not limited to applied behavioral analysis". This would allow parents choice in the type of autism treatment they choose.

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

---

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 7:21 AM
To: CPCtestimony
Cc: gpinnow@rocketmail.com
Subject: Submitted testimony for HB721 on Feb 6, 2013 14:30PM

HB721
Submitted on: 2/5/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Gerilyn Pinnow	Individual	Support	Yes

Comments: 2/5/13 As I sat and listened to people testify at the Senate hearing on service for ASD I could not have wished that they were talking about my child who has ASD. The person from Autism Speaks spoke of his 2 and ½ year old and how she received services early and is now in a general education class in 9th grade. I sat teary eyed as I recounted the times I had requested service for my child here in Hawaii and the school and insurance company denied my requests. I remembered my boss, who was principal at the time, who sat down at the table during our Son's FSP and told them that they could not tell us, the parents that there were no speech services as they had no one to provide. Most of all I remember my Son's Pediatrician at our IEP just shake her head at the school and say to us, "At this time the best thing you can do is to be a family for your son." I had a choice. I could have taken my son and moved to my parent's hometown which was 20 minutes from Yale, New Haven or I could stay in Hawaii. You see Luke, our son, is Hawaiian, his great grandmother was one of the civilians that was killed during the Pearl Harbor Attack. Luke loves the ocean. So why should he have to leave his home, Hawaii? Please pass this bill so no other family in Hawaii, has to be faced with these decisions. So when insurance is contacted for ASD services the child and family are not denied. I would like Luke to tell you of a time that he was 'robbed' as he calls it at school and was told not to tell his parents. After throwing up from anxiety he finally told us. Yes, this happens to kids but the sad part was that Luke asked me, "Is he my friend?" He really doesn't know. Services on this bill will be provided until the child is 26. Maybe we can then get the services to help Luke answer these and other situations that require sophisticated social skills. Another person, who was teaching for the Dept. Of Education, said the D.O.E. is not equipped to handle the services, ABA, etc... I cannot but agree after 20+ years teaching in general education and inclusion settings in the Department. Do you know I requested counseling at school for Luke in October and he still officially doesn't have counseling services? So often we get encumbered by statistics and data. We need to remember who are decisions affect….please pass this bill and help Luke and all Hawaii's Keiki!

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 1:50 PM
To: CPCtestimony
Cc: keikicare@hawaii.rr.com
Subject: Submitted testimony for HB721 on Feb 6, 2013 14:30PM

HB721
Submitted on: 2/5/2013
Testimony for CPC on Feb 6, 2013 14:30PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Vera Marie Asato	Individual	Support	No

Comments: I'm writing to ask your committee to support HB721. It will be of great financial help for my family and all the other families who have a child or more that is on the autism spectrum. The more early intervention children and young adults get the less of a borden it will be for society. My son is 21 years of age and being able to get ABA at his age to help him be able to live independent will be of big help. Once a child lives high school it is very stressful for parent with older children. We have very and I mean very little help for our children. Given the medical help our children need will help them to be successful individual. They can contribute to society instead of society having to take care of them.

Please note that testimony submitted less than 24 hours prior to the hearing , improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

TO: The House Consumer Protection and Commerce Committee

RE: HB721 Feb 6, 2013 at 2:30 room 325

Aloha,

Autism is medical. Thirty-two other states have already enacted mandatory ASD insurance coverage.

Most of western medicine calls autism “behavioral” because they don’t understand it. However, there are amazing doctors who get to the underlying issues & know how to treat them.

My son was damaged by the vaccine & antibiotics given to him at birth. When he got the “two month old round of vax” when he was eight months old & he lost speech. At seventeen months old he was put on two antibiotics and lost eye contact. He was diagnosed sever ASD by State of Hawaii Early Intervention when he was 18 months old. Yet he never got a speech therapy session until he was 30 months old because “Wahiawa district doesn’t have a speech pathologist.” Insurance coverage could have helped where the State of Hawaii fell short.

Dale saw a neurologist since he was two months old. CT, MRI, EEGs have brought us no answers. Conventional medicine could not help his pain that woke him up every five minutes from the time he was born. By the time a biomedical doctor opened a practice here when he was 20 months old he had never slept longer than 90 minutes at a time. Dale didn’t have a formed bowel movement until he was three and a half years old and we finally found a doctor who understood his “leaky gut.”

It took years of suffering, but we’ve gotten to the root of his issues by following the advice of parent organizations like Talk About Curing Autism (TACAnow.org.) By finding qualified (MAPS and DAN!) doctors to diagnose his auto immune inflammation & getting lab tests to discover: mercury, lead, aluminum & arsenic that were almost off the chart; we’ve been able to address this toxic overload with homeopathy and chelation.

Healing and therefore learning has begun! We’ve been paying for private Applied Behavioral Analysis therapy & PROMPT speech services in addition to DOE school. It is a scientifically proven methodology that has opened up his world! Through ABA he has learned American Sign Language so he can now ask for his wants/needs. Prior to intensive ABA his only way to express himself was to cry, scream, or flee (at four years old.) We still have a long way to go, at six and a half the only word he can clearly say is “baby” but typing & written words are starting to come. Medical intervention & ABA therapy is the key.

Please do not allow more children to suffer without medical coverage for ASD. It is not a lifelong sentence if appropriate medical attention & ABA are utilized early. Dale is proof of how the conventional system has failed and the miracles that can be possible with effective treatment.

Mahalo,

Mrs Jill White

25 B Kilea Pl Wahiawa HI 96786 622-1255

The Committee on Insurance Reform
415 South Beretania St.
Honolulu, HI 96813

RE: Insurance Reform for Autism Coverage

Dear legislators:

I am writing in response to the recent action taken by Hawaii legislators with the introduction of SB668 and HB721. As a friend of children with special needs, I am pleased with the progress they are making to join the other 33 states that have enacted into law requirements for insurers to provide coverage for the treatment of autism.

As you are aware, the incident rates of autism continue to climb (CDC estimates 1 in 88 people are on the autism spectrum) and as such likely impact a good percentage of your constituent base. According to a 2006 Harvard study by health economist Michael Ganz, the direct costs to raise a child with autism to age 22 are more than $500,000 (and that's in 2003 dollars!) Ganz estimated that families also, indirectly, lose almost $160,000 in income across their child's first 22 years, on average, as parents must scale back on work to care for their child. The most staggering number though is this one: Over the course of a person with autism's lifetime, the total cost to society -- of treatments, care and the lost work potential of both the person with autism and their caregivers -- is more than $3 million. During a time of great economic concern, your action to offer families with options to reduce these costs is needed. Research has proved the dramatic difference early diagnosis, ABA therapy, and coordinated intervention has on children with autism and other special needs.

Your leadership is needed now more than ever and I hope I can count on you to keep this issue at the forefront of the legislative agenda. I look forward to seeing Hawaii added to the list of 33 states with autism insurance coverage reform.

Sincerely,

Faye Neves

Lauren Wilson, MSW,
RDI Program Certified Consultant
rdimaui@gmail.com 808.264.3007

February 5, 2013

Honorable Angus L.K. McKelvey, Chair
Honorable Derek S.K. Kawakami, Vice Chair
House Committee on Consumer Protection & Commerce

RE: HB 721- Mandatory Health Coverage; Autism Spectrum Disorders - **SUPPORT WITH REVISIONS**

Chairman McKelvey, Vice Chair Kawakami and Members of the Committee on Consumer Protection & Commerce**:**

With revisions I look forward to supporting HB-721. Mandated insurance coverage for autism treatment in Hawai'i is crucial. Equally crucial is that the legislation ensures access to the widest array evidenced based treatments and qualified professionals with expertise in Autism Spectrum Disorders.

As a provider with over ten years of experience treating individuals with autism I am continually humbled by how uniquely autism impacts individuals and families. There is no one size fits all treatment protocol. Autism is a complex multi-faceted disorder and requires a multi-faceted treatment approach. I commend this legislation for providing broad definitions for behavior health treatment (page 5, lines 3-7), recognizing the need for treatment without prescribing a specific course of treatment. And in doing so, **respecting the clinical judgment of professionals as well as a family and individual's right to pursue evidenced based treatments that suit their unique needs and circumstances.** To ensure freedom of choice is upheld I suggest the modifying the language to read "including but not limited to…" (page 5, line 5).

In my experience I have seen families loose precious time searching and waiting for a professional with expertise to provide a thorough assessment, diagnosis, recommendations and treatment for their child. This is especially true on neighbor islands where experienced professionals are few. So that families may have the greatest access to the highest number of qualified and experienced professionals I respectfully submit that **licensed clinical social workers (LCSWs) be included in the list of licensed professionals able to prescribe, provide or order treatment for autism spectrum disorders** (page 6, lines 4-9). Parents deserve the right to choose from the widest array of licensed, experienced and qualified professionals.

In the same spirit of widening access to qualified licensed professionals, I further submit that LCSWs also be included providers of psychological care (page 5, line 20 and where else defined). In Hawai'i and across the nation, LCSWs are equally recognized and competent to provide assessment, diagnosis and treatment of disorders listed in the Diagnostic and Statistical Manuel of Mental Disorders. Psychological care might more appropriately be labeled 'mental health care' to encompass what is being treated rather than the profession providing the treatment; ***allowing families the greatest amount of freedom to secure experienced, licensed professionals.***

The spirit of this bill is evident: to increase access to services and the quality of life for individuals with autism. I firmly believe by respecting uniqueness of individuals and the clinical judgment of professionals to make treatment decisions in collaboration with families and expanding the array of licensed professionals to include LCSWs, this legislation has the power to do just that. With a widened scope, I look forward to providing my support and celebrating its passage with the families I serve.

Respectfully,
Lauren Wilson, MSW
Autism Service Provider

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
REP. ANGUS L.K. MCKELVEY, CHAIR
REP. DEREK S.K. KAWAKAMI, VICE CHAIR

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

Monday, February 4, 2013

In regards to **HB721** that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after 12/31/13, I am **in support** of the bill as it addresses a serious need for coverage that private insurers should bear, while capping costs at $50,000 per year.

I am a psychologist who was raised here in Honolulu and I am the Past President of the Hawaii Psychological Association. I was fortunate to have received special training and internship experience to work with children on the Autism Spectrum and have provided expert witness testimony at Due Process hearings involving families seeking services from the Department of Education for their neurodevelopmentally disabled youth, including children on the Autism spectrum.

While I strongly support the intent of the measure, I am a little reticent to give a wholehearted endorsement as I am concerned about subsections (j) under §431:10A- and (f) under §432:1- that define an autism service provider as “any person, entity, or group that provides treatment of autism spectrum disorders.” I would like there to be minimum requirements regarding training in the use of Applied Behavior Analysis and that providers be licensed in the State of Hawai‘i. BCBAs should be able to provide services, but for the purpose of consumer protection, I feel they should be under the supervision of a licensed psychologist or psychiatrist specializing in assessment and treatment Autism Spectrum Disorders. The reason for this is that, if for some reason there is a complaint, there would be no recourse for consumers except through their insurance companies. In addition, while competent and highly trained, BCBAs do not have the wider view of ASDs that doctoral level providers have. It’s not just about the child, it’s about the child in all of his/her contexts, including home (family), school, community, and peer group. Will a BCBA teach an ASD child about “good touch-bad touch” sex education, for example? In addition, it’s about team-based services including but not limited to parents, teachers, occupational therapists, speech therapists, psychologists, psychiatrists, behavioral support specialists (e.g., BCBAs), parent/family advocates, skills trainers, and sometimes other family members, nutritionists, pediatricians, and audiologists. As a former MCH-LEND trainee (I received two certificates in maternal child health and neurodevelopmental disabilities while earning my Ph.D. in clinical psychology at the University of Hawaii), I am acutely aware of the importance of transdisciplinary skills and understanding, in order to provide the most appropriate and comprehensive treatment to children with ASD and comorbid disorders that are often present, interact with ASD, but go un- or under-treated.

Thank you for the opportunity to provide my mana’o.