



February 6, 2013

Representative Angus L.K. McKelvey
Chair, House Committee on Consumer Protection & Commerce

Re: In support of HB 721; Relating to Health. Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chair McKelvey and Members of the Committee,

I am Mike Wasmer, Associate Director for State Government Affairs at Autism Speaks. Autism Speaks is the world's leading 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. Our state government affairs team has played a leading role in most of the now 32 states that have enacted autism insurance reform laws and I am happy to speak today in support of HB 721.

When my daughter Kate was diagnosed with autism at 2 1/2 many of her developmental skills were assessed at the level of a 6 month old. When most of her peers were speaking in sentences, Kate was completely non-verbal. While other children her age interacted with the group and followed instructions at Gymboree, Kate sat alone fixated by the patterns on the mat. Based on her individual strengths and weaknesses she was prescribed and received 30 hours per week of applied behavior analysis (ABA).

Today Kate is in 8th grade and has been in regular education without an aide since first grade. She is making straight A's, she has been in the school play, she is first chair in violin and she has a small group of true friends. Given access to the prescribed treatment, she did not need intensive special education. She is well on her way to becoming an independent tax-paying citizen and will not be reliant on state-funded adult services. If enacted, HB 721 would provide Hawaii children with autism the same opportunity to become self sufficient.

Autism Spectrum Disorder (ASD) is a medical condition, brought on through no fault of the family. While the definitive cause(s) of autism remain unclear, research suggests that normal brain development is adversely impacted when a genetically predisposed individual is exposed to one or more as yet undetermined environmental triggers.

Autism is diagnosed by specially trained physicians and psychologists. Although signs may range from mild to severe, to some degree all affected individuals share deficits in communication and social skills, and demonstrate fixed or repetitive patterns of behavior. Recognizing the critical importance of early diagnosis and treatment of autism, the American Academy of Pediatrics recommends screening evaluations at 9, 18, and 24 or 30 months. If concerns arise at any of these visits, the child is then referred to a specialist for further evaluation.



AUTISM SPEAKS™
It's time to listen.

Although there is no known cure for autism, it is treatable. Treatment is prescribed by a licensed physician or licensed psychologist and is based on the individual's particular strengths and weaknesses. Prescribed treatment often includes behavioral health treatments such as applied behavior analysis (ABA); speech therapy; occupational therapy; physical therapy; psychological, psychiatric and pharmaceutical care.

ABA is the most commonly prescribed evidence based treatment for autism and involves the application of the science of behavior to a clinical setting. While there are several different techniques of ABA (e.g., discrete trial training, verbal behavior, pivotal response, etc.) all ABA techniques are highly structured, data driven and provide positive strategies for changing responses or behaviors. The efficacy of ABA is supported by decades of research and its use for individuals with autism is endorsed by numerous leading national health agencies including the U.S. Surgeon General and the American Academy of Pediatrics.

The majority of States have enacted legislation similar to HB 721 which require that state-regulated health plans cover the diagnosis and treatment of autism, including ABA. Actual claims data from states which were among the first to enact such legislation show the average cost of coverage is 31 cents per covered member per month (PMPM).

The cost of not providing appropriate treatment to individuals with autism has been estimated to be \$3.2 million per child over their lifespan (Ganz, 2007). Much of this expense is associated with intensive special education, adult disability services and decreased productivity. Actuarial analysis has shown that the cost of autism insurance reform could be recovered in reductions in special education and medical expenses alone (Lambright, 2012). Enacting HB 721 is both a moral and a fiscal imperative.

Last year the Senate joint Committees on Health and Commerce & Consumer Protection heard testimony on this issue and passed SB 2631 out of committee with amendments (SB 2631 SD 2). Key amendments to SB 2631 including the following:

- a. An annual cap on behavioral health services of \$50,000 or a lifetime cap of \$300,000;
- b. A provision which removes the State of Hawaii from any obligation to defray the cost of proposed benefits by exempting plans sold through the Hawaii Health Connector from the required coverage if such benefits exceed the essential health benefits under the Patient Protection and Affordable Care Act (PPACA);
- c. Requires the reimbursement of applied behavior analysis when provided by a Board Certified Behavior Analyst (BCBA) or an appropriately trained licensed psychologist, with reimbursements also to be provided for the therapists working under the supervision of the BCBA or licensed psychologist;
- d. Coverage for treatment under this measure shall not be denied on the basis that the treatment is habilitative or non-restorative in nature.



AUTISM SPEAKS™
It's time to listen.

These and other amendments agreed upon by the joint committee in SB 2631 SD 2 are detailed in Standing Committee Reports No. 2323 and 2778. I note them again here because it appears that HB 721 as filed was mistakenly adapted from SB 2631 as filed rather than SB 2631 SD 2. None of the amendments to SB 2631 appear in HB 721. Please refer to the addendum of this testimony for proposed amendments to HB 721 which would bring it into accord with SB 2631 SD 2.

Also included in this addendum is a proposed amendment to the definition of “autism spectrum disorder” that reflects changes to the diagnostic criteria for autism which will appear in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) expected to be published in Spring 2013. As noted in the Legislative Reference Bureau Report No. 2, 2013, “Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii”, the “Pervasive Developmental Disorder” category in the current edition of the DSM will be renamed “Autism Spectrum Disorder” and subsume the diagnoses of autistic disorder, Asperger’s Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

The LRB report also addresses the issue of licensure for ABA providers. As indicated in the report, licensure of ABA providers is not a prerequisite for enacting autism insurance reform laws. Nor is licensure a prerequisite for reimbursement of ABA providers by insurers. Of the 32 states that have mandated coverage for ABA for autism only 8 require licensure of ABA providers. Factors for States to consider in the discussion of whether to require licensure of ABA providers include the cost of licensure and the need to ensure that licensure does not restrict access to services.

The prevalence of autism as reported by the Centers for Disease Control and Prevention (CDC) is now 1:88. This represents a 1000 fold increase in the past forty years. Autism is an epidemic and a public health crisis. The time to act is now.

Thank you for your consideration of my comments in support of HB 721.

Sincerely,

A handwritten signature in black ink, appearing to read 'mwasmer', with a long horizontal flourish extending to the right.

Michael L. Wasmer, DVM, DACVIM
Associate Director, State Government Affairs
Autism Speaks

14617 South Garnett St.
Olathe, KS 66062
816-654-3606
michael.wasmer@autismspeaks.org

Addendum

Proposed amendments to HB 721

1. Please refer to details of all amendments to SB 2631 outlined in Standing Committee Reports 2323 (Feb 17, 2012; Re: SB No. 2631 SD1) and 2778 (Mar 2, 2012; Re: SB No. 2631 SD 2) and apply to HB 721 unless otherwise specified in this addendum.

Particular points in the Standing Committee Reports to stress:

- a) **Item #5 in Subcommittee Report #2323 re: Reimbursement of “supervisees”.** Allows for reimbursement to be provided to therapists working under the supervision of the Board Certified Behavior Analyst or licensed psychologist.
- b) **Item #6 in Subcommittee Report #2323 re: PPACA reference.** The date referenced regarding the date as of which benefits under this measure that exceed the essential health benefits under the PPACA shall not be required of a health plan offered through the Hawaii Health Connector. The date referenced must be January 1, 2014 to be consistent with the PPACA.
- c) **Item #11 in Subcommittee Report #2323 re: Coverage provided by mutual benefit societies** (Section 3 of bill). Coverage for the treatment under this measure shall not be denied on the basis that the treatment is habilitative or non-restorative in nature

2. page 4, beginning on line 19; re: definition of “autism spectrum disorders”

Strike lines 19 through line 2 on page 5 and replace with:

"Autism spectrum disorders" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

3. page 5, beginning on line 3; re: definition of “behavioral health treatment”

Strike lines 3 - 7 and replace with:

“Behavioral health treatment” means counseling and treatment programs, including applied behavior analysis, that are:

- (1) necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and
- (2) provided or supervised by a Board Certified Behavior Analyst or by a licensed psychologist so long as the services performed are commensurate with the psychologist’s formal university training and supervised experience.

Addendum

4. page 6, line 5; re: definition of “treatment for autism spectrum disorders”

Strike the word “provided”

5. page 7, beginning on line 12;

Change “Coverage provided under this section shall be subject to a maximum benefit of \$50,000 per year...” to:

“Coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of \$50,000 per year...”

6. page 8, beginning on line 7;

Change “Coverage under this section shall be subject to copayment, deductible, and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to these provisions” to:

“Coverage under this section shall be subject to copayment, deductible, and coinsurance provisions of a health insurance policy ~~to the extent that other medical services covered by the policy are subject to these provisions~~ that are no less favorable than the copayment, deductible, and coinsurance provisions for other medical services covered by the policy.”

7. Add the following provision as an appropriate subsection of both §431:10A- and §432:1-

Insurers must include at least as many Board Certified Behavior Analysts in their provider network as there are qualified licensed psychologists in their network of approved providers of applied behavior analysis.

8. Add the following provision as an appropriate subsection of both §431:10A- and §432:1-

If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder meeting the diagnostic criteria described in the most recent edition of the DSM available at the time of diagnosis, then that individual shall not be required to undergo repeat evaluation upon publication of the subsequent edition of the DSM in order to remain eligible for coverage under this section.



February 5, 2013

The Honorable Ryan Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: HB 721 – Relating to Health Insurance

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

My name is Rick Jackson and I am Chairperson of the Hawaii Association of Health Plans (“HAHP”) Public Policy Committee. HAHP is a non-profit organization consisting of nine (9) member organizations:

AlohaCare	MDX Hawai‘i
Hawaii Medical Assurance Association	‘Ohana Health Plan
HMSA	University Health Alliance
Hawaii-Western Management Group, Inc.	UnitedHealthcare
Kaiser Permanente	

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide testimony in opposition to HB 721 which would require health plans to provide coverage for autism and related services. HAHP recognizes that legislative health mandates are often driven by the desire for improved health care services to the community; as health plans, our member organizations are committed to the same ideal.

Intended Cost Shift for Autism Treatment

This bill’s intent is to cause a “cost shift” for all of the treatment responsibility and cost for autism spectral disorder to licensed health plans, including all of HAHP’s member organizations. Currently, a broad range of organizations and support groups assist in dealing with this set of developmental disorders: Department of Education (DOE), Department of Health – Developmental Disabilities Division, the Department of Human Services through Medicaid and other community-based organizations. As we understand the bill, treatment “prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician, psychologist, or registered nurse practitioner if the care is determined to be medically necessary: (1) Psychiatric care; (2) Psychological care; (3) Behavioral health treatment; (4) Therapeutic care; and (5) Pharmacy care” will be mandated to be covered by health plans.

Cost of the Bill

We reasonably expect that virtually every child who has been diagnosed with autism, the most severe diagnosis in autism spectral disorder, would receive these new mandated benefits to the full extent of the proposed annual cap of \$50,000. Last year, the Department of Education reported that there were

approximately 1,000 children in the DOE system with autism; so, we are looking at a minimum cost shift and increase to local employers of \$50,000,000 annually. Adding the additional cost of those children with less severe symptoms will surely add significantly to this minimum estimate.

Who Will Bear the Cost of This Bill

The Accountable Care Act contains a provision that requires any new State mandated health benefits enacted after 2012 that are not part of a basic benefit package be paid for by the State which enacts them. Hawaii authorities have chosen the HMSA preferred provider plan benefits currently in place to be the Hawaii standard. Treatment protocols called for in this bill will not be considered “essential health benefits” because they are not listed in the HMSA PPP coverage. Therefore, the government of the State of Hawaii will be responsible to pay for the costs of this bill, if enacted, and not the State’s health plans or employers.

We believe that the state should not pass any additional mandated benefits, especially this costly proposal. Therefore we would respectfully request that the Committee see fit to hold this measure today.

Thank you for the opportunity to provide testimony.

Sincerely,



Rick Jackson
Chair, Public Policy Committee



February 5, 2013

The Honorable Ryan Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

LATE

Re: HB 721 – Relating to Health Insurance

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

My name is Rick Jackson and I am Chairperson of the Hawaii Association of Health Plans (“HAHP”) Public Policy Committee. HAHP is a non-profit organization consisting of nine (9) member organizations:

AlohaCare	MDX Hawai‘i
Hawaii Medical Assurance Association	‘Ohana Health Plan
HMSA	University Health Alliance
Hawaii-Western Management Group, Inc.	UnitedHealthcare
Kaiser Permanente	

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide testimony in opposition to HB 721 which would require health plans to provide coverage for autism and related services. HAHP recognizes that legislative health mandates are often driven by the desire for improved health care services to the community; as health plans, our member organizations are committed to the same ideal.

Intended Cost Shift for Autism Treatment

This bill’s intent is to cause a “cost shift” for all of the treatment responsibility and cost for autism spectral disorder to licensed health plans, including all of HAHP’s member organizations. Currently, a broad range of organizations and support groups assist in dealing with this set of developmental disorders: Department of Education (DOE), Department of Health – Developmental Disabilities Division, the Department of Human Services through Medicaid and other community-based organizations. As we understand the bill, treatment “prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician, psychologist, or registered nurse practitioner if the care is determined to be medically necessary: (1) Psychiatric care; (2) Psychological care; (3) Behavioral health treatment; (4) Therapeutic care; and (5) Pharmacy care” will be mandated to be covered by health plans.

Cost of the Bill

We reasonably expect that virtually every child who has been diagnosed with autism, the most severe diagnosis in autism spectral disorder, would receive these new mandated benefits to the full extent of the proposed annual cap of \$50,000. Last year, the Department of Education reported that there were

approximately 1,000 children in the DOE system with autism; so, we are looking at a minimum cost shift and increase to local employers of \$50,000,000 annually. Adding the additional cost of those children with less severe symptoms will surely add significantly to this minimum estimate.

Who Will Bear the Cost of This Bill

The Accountable Care Act contains a provision that requires any new State mandated health benefits enacted after 2012 that are not part of a basic benefit package be paid for by the State which enacts them. Hawaii authorities have chosen the HMSA preferred provider plan benefits currently in place to be the Hawaii standard. Treatment protocols called for in this bill will not be considered “essential health benefits” because they are not listed in the HMSA PPP coverage. Therefore, the government of the State of Hawaii will be responsible to pay for the costs of this bill, if enacted, and not the State’s health plans or employers.

We believe that the state should not pass any additional mandated benefits, especially this costly proposal. Therefore we would respectfully request that the Committee see fit to hold this measure today.

Thank you for the opportunity to provide testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Jackson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rick Jackson
Chair, Public Policy Committee

LATE

WRITTEN ONLY

**TESTIMONY BY KALBERT K. YOUNG
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
ON
HOUSE BILL NO. 721**

February 6, 2013

RELATING TO HEALTH

House Bill No. (H.B.) 721 mandates Insurers, Mutual benefit societies, and Health Maintenance Organizations to provide coverage and benefits for autism spectrum disorders effective after December 31, 2013.

The Department of Budget and Finance provides the following comments in regards to H.B. 721.

We are concerned that H.B. 721 limits a carrier's ability to control both the appropriateness of care and costs by mandating coverage for specific types of disorders. Mandating specific coverage as a general principal reduces the flexibility in the design of benefit plans that best serve the overall needs of both the subscribers and their dependents. In addition, it tends to further acerbate the problems of rising health insurance costs. While H.B. 721 provides a benefit to a few, the rising costs in health insurance that are a result of mandating specific benefits may have the unintended consequence of shifting the costs from one group to another and may make coverage unaffordable for others.

It is noted that the State of California recently enacted similar legislation to mandate coverage and benefits for autism spectrum disorders and indications appear to be that it has resulted in overall cost increases to the health insurance plans.

We defer to the Insurance Commissioner in regards to specific other aspects of this measure as it may impact upon Article 10A of the State of Hawaii Insurance Code.

LATE

WRITTEN ONLY

**TESTIMONY BY KALBERT K. YOUNG
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
ON
HOUSE BILL NO. 721**

February 6, 2013

RELATING TO HEALTH

House Bill No. (H.B.) 721 mandates Insurers, Mutual benefit societies, and Health Maintenance Organizations to provide coverage and benefits for autism spectrum disorders effective after December 31, 2013.

The Department of Budget and Finance provides the following comments in regards to H.B. 721.

We are concerned that H.B. 721 limits a carrier's ability to control both the appropriateness of care and costs by mandating coverage for specific types of disorders. Mandating specific coverage as a general principal reduces the flexibility in the design of benefit plans that best serve the overall needs of both the subscribers and their dependents. In addition, it tends to further acerbate the problems of rising health insurance costs. While H.B. 721 provides a benefit to a few, the rising costs in health insurance that are a result of mandating specific benefits may have the unintended consequence of shifting the costs from one group to another and may make coverage unaffordable for others.

It is noted that the State of California recently enacted similar legislation to mandate coverage and benefits for autism spectrum disorders and indications appear to be that it has resulted in overall cost increases to the health insurance plans.

We defer to the Insurance Commissioner in regards to specific other aspects of this measure as it may impact upon Article 10A of the State of Hawaii Insurance Code.

kawakami2 - Rise

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 6:58 PM
To: CPCtestimony
Cc: Donking@hawaii.rr.com
Subject: Submitted testimony for HB721 on Feb 6, 2013 14:30PM
Attachments: hb 721



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
Don King	Individual	Support	Yes

Comments: strong support for HB 721

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

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

LATE

February 6, 2013

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

Re: HB 721 – Relating to Health

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 721 which would require health plans to provide coverage for services for autism spectrum disorders (ASD). HMSA certainly is empathetic to the intent of this Bill. However, we are concerned that the Legislature and the community need more and clearer information about the consequences of such a mandate.

The 2012 Legislature, in fact, did attempt to gain that knowledge by adopting HCR 177, HD2, SD1, directing the Legislative Reference Bureau (LRB) study of the impacts of mandating insurance coverage for the diagnosis and treatment of ASD. The LRB submitted that report, "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii" to the 2013 Legislature.

Unfortunately, the LRB report is inconclusive with regard to many of its findings, including the financial impact and the impact of the Affordable Care Act on such a mandate. The LRB instead offers recommendations including:

- Should the Legislature want more certainty with respect to the cost of a mandate, it may consider commissioning an independent actuarial analysis.
- Should the Legislature want more accurate information concerning the costs of the mandate to the Med-QUEST and EUTF systems, it may require the agencies to commission studies of their own.
- The Legislature needs to ensure Applied Behavioral Analysis network adequacy, especially for ASD patients on the Neighbor Islands.

While providing services for persons with ASD is important, clarifying the impact of a coverage mandate for those services on the community and the health care system also is imperative. Consequently, the Legislature may wish to consider pursuing some or all of the additional studies recommended by the LRB.

Thank you for the opportunity to offer our comments on HB 721.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", written over a white background.

Jennifer Diesman
Vice President
Government Relations

TESTIMONY IN SUPPORT OF HOUSE BILL 721 RELATING TO HEALTH;
Mandatory Health Coverage; Autism Spectrum Disorders

Representative McKelvey, Representative Kawakami and Members of the Committee:

Please accept my testimony in strong support of HB 721. I am the mother of a 5 year old son with severe autism. Hawaii's DOE has done a wonderful job in educating him, but our schools were never meant to bear the entire burden of intensive medical therapy. Autism is a medical condition and with treatment, studies show children can recover. The most recent study was published last month in the *Journal of Child Psychology and Psychiatry* and confirms with the help of behavioral therapy some children can make such great improvements they no longer qualify as autistic.

But behavioral therapy is very expensive and most parents cannot afford to pay for the treatments that will likely result in significant improvement in their child. These are parents who did the right thing and purchased health insurance to protect against such a medical crisis, and then learn autism is excluded from their insurance coverage. After an autism diagnosis parents face a choice between financial solvency and getting the help their child so desperately needs. No one should ever have to make this choice.

I urge you to vote "yes" on HB721.

Thank you.



Board of Directors

President

Julianne King

Vice-President

Janet Edghill

Secretary

Don King

Treasurer

Peter Henriques

Executive Director

Kent Anderson

Testimony of Kent Anderson

February 6, 2013, 2:30pm; Conference Room 325

Support for HB 721

Good Afternoon Committee Chair McKelvey, Committee Vice Chair Kawakami, and Members of the Committee on Consumer Protection & Commerce. Thank you for the opportunity to testify in support of **HB 721**.

My name is Kent Anderson, and I testify as the Executive Director of the Hawaii Autism Foundation (HAF). We are your partners in providing support for the autism community. Since 2008, the Hawaii Autism Foundation has educated parents about autism and evidence-based treatment options. HAF has given over \$60,000 in scholarships to help families access the care their children desperately need and deserve. We have also brought several physicians with expertise in treating autism to our islands to provide specialized treatment for our keiki.

Treatment works! Many children have improved dramatically and can now function more independently. Some children have improved so dramatically that they no longer require intensive intervention. We've been able to assist dozens of children with treatment assistance, but it is heartbreaking to see hundreds of additional keiki not receive the treatments they need. Our goal is to help as many families as possible to pursue a healthier path; however, HAF is not a substitute for health insurance. We look forward to continuing our efforts to supplement State and business resources because we know that we must all work together to maximize the health and wellness of each member of our `ohana.

The prevalence of Autism Spectrum Disorder (ASD) has doubled over the past 10 years and now affects 1 in every 88 children. By way of comparison, this is more children than are affected by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy and Down syndrome combined. ASD is associated with difficulties in social interaction, verbal and nonverbal communication, intellectual development, motor coordination, and physical health. ***If autism is identified early and individualized intervention programs are implemented, a child has a chance to reach a greater potential and greatly reduce the long-term financial burden to families and our government.***

Sadly, many children with autism are currently receiving inadequate or no treatment due to insufficient insurance coverage. I have personally met local families who have each spent over \$100,000 over the past few years trying to provide the care that their children need. Families without financial means often go without critical care for their children. We believe that every child should have equal access to the care that she/he needs and deserves.

Insufficient insurance coverage for autism has a greatly adverse financial impact on our State. 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. 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.*** Many individuals

Hawaii Autism Foundation is a 501(c)(3) non-profit organization (26-1563850)

Phone: (808) 233-9144 * www.hawaiiautismfoundation.org

P.O. Box 2775 Honolulu, HI 96803

can become long-term financial contributors to the State as opposed to long-term expenses if they receive proper treatment.

HB 721 will help to provide needed health interventions to many children who are currently lacking critical health services. This legislation will ensure that Hawaii families receive the benefit of health coverage for the treatment of autism spectrum disorder, including applied behavior analysis (ABA). The legislation ensures that coverage cannot be denied because a particular treatment is deemed “habilitative” in nature. The bill also contains provisions to ensure that existing services provided through an individualized family service plan, an individualized education plan or an individualized service plan are continued.

Similar bills have been passed in 32 other states with great success. 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. Over time, this up-front investment should greatly reduce State health and services expenditures and lead to enhanced tax revenues as treated individuals maximize their employment and entrepreneurship opportunities.

We understand that times are tough right now; therefore, we must step forward to assist those most in need. Adequate health care is a basic need for our entire Ohana. It helps provide the basis of a healthy workforce, healthy children, healthy kupuna, and healthy economy. We ask that you prioritize your legislation to ensure that autism-related services are priorities during this legislative session. We appreciate your past efforts and look forward to partnering with you to help each child reach their full potential. If we invest in our children today, we will all share a better tomorrow!

Thank you again for this opportunity to testify. Please favorably move this bill forward for further discussion. Contact me at director@hawaiiautismfoundation.org or by phone at 808-233-9144 if the Hawaii Autism Foundation may be of assistance.

kawakami2 - Rise

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 05, 2013 7:24 PM
To: CPCtestimony
Cc: tom8344@gmail.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
Thomas Pearson	Individual	Support	Yes

Comments: This legislation isn't just good for the children, but also vitally important for the future of the state as children that aren't helped will be a burden on the tax payers. Autism coverage has bi-partisan support across the nation, Hawaii is way behind in passing this legislation.

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

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

REP. ANGUS L.K. MCKELVEY, CHAIR
REP. DEREK S.K. KAWAKAMI, VICE CHAIR

LATE

Gabrielle D. Toloza, Psy.D.
40 Aulike St #411
Kailua, HI 96734

Tuesday February 5, 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 strong favor of the bill as it addresses a very real and serious need for coverage that private insurers should provide, while still capping costs at \$50,000 per year.

I have a very strong connection to the autism community. Since 2000 I have worked in some capacity as a 1:1 support person, behavioral specialist, behavioral consultant in schools and homes and most recently as a psychologist. I am the founder of Creative Connections Foundation, a small non-profit established in 2009 that aims to improve the social, emotional and behavioral functioning of youth and adults affected by Autism and other neurodevelopmental conditions. I am also in private practice where I perform psychoeducational evaluations and develop in-home behaviorally based programs for children with Autism and related conditions. These types of services cost money and are not commonly covered by insurers, yet they are necessary and effective at improving the current and future functioning of children with Autism.

Availability and access to quality programs outside of the public education system are limited, but more importantly they are costly due to the intensity and duration that is commonly needed to make improvements. Necessary supports and interventions that are proven effective must be sought and paid for privately by parents. This legislation would help to increase access to care for individuals under 25 who previously may not have received adequate support.

A common argument is that children's needs should be serviced within the school system, I personally believe that this is not only impossible but an unfair expectation on our educators. There is ample research to support the need for intensive behaviorally based programs that are team based and comprehensive in nature, thereby including the home and community environment. Without the funding such as this legislation would provide, families are left to rely solely on the school system or pay out of pocket an tremendous amount and the school systems are left bearing a responsibility much larger than intended. Sharing the responsibility with private insurance and allowing trained professionals with sufficient experience and training the ability to properly service these clients is the logical choice.

Thank you for the opportunity to share my perspective

Sincerely

Gabrielle Toloza, Psy.D.

LATE

HAWAII DISABILITY RIGHTS CENTER

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813

Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928

E-mail: info@hawaiidisabilityrights.org Website: www.hawaiidisabilityrights.org

**THE HOUSE OF REPRESENTATIVES
THE TWENTY-SEVENTH LEGISLATURE
REGULAR SESSION OF 2013**

**Committee on Consumer Protection & Commerce
Testimony in Support of H.B.721
Relating to Health**

**Wednesday, February 6, 2013, 2:30 P.M.
Conference Room 325**

Chair McKelvey, and Members of the Committee:

The Hawaii Disability Rights Center testifies in strong support of this bill.

The purpose of the bill is to require health insurance plans to provide coverage for autism spectrum disorders. This is a very important bill and this coverage is very appropriate for insurance policies. The whole point of insurance is to spread risk and cost among an entire population, so that disproportionate, catastrophic expenses are not heaped upon specific individuals or groups.

With that in mind, we need to realize that autism is occurring among children in epidemic proportions. According to current statistics, **one out of 110 children (1 out of 85 boys) are born with autism.** That is a staggering, alarming figure, as is the cost to those families and to society to care for these individuals over the course of their lives. **It is estimated that the cost of caring for a single individual with autism for a lifetime is \$3 million.** Evidence suggests that techniques such as applied behavioral analysis have been effective in mitigating or reducing or eliminating the effects of autism if used at an early age. While the treatments may seem costly in the short run, hundreds of thousands of dollars, if not millions, are saved over the course of a lifetime by the early utilization of treatments.

Further, while some services are supposed to be provided via the DOE under the Individuals With Disabilities Education Act, in reality, the DOE has done a very poor job of either educating or providing needed services to children with autism. Therefore, other means of providing coverage and services need to be addressed.

Inasmuch as autism is unfortunately becoming common and the costs are so high, insurance coverage is appropriate as a mechanism to spread the risk and cost amongst all of us. We note that **approximately half the states in the country currently mandate some insurance coverage for autism**. Therefore, this would seem to be an approach to addressing this problem which has received broad support.

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