



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

In reply, please refer to:  
File:

**House Committee on Finance**

**SB 2054, SD3, HD2, Relating to Health**

**Testimony of Linda Rosen, M.D., M.P.H.  
Director of Health**

**April 1, 2014**

1 **Department's Position:** The Department supports this bill requiring insurers to provide autism  
2 therapeutic coverage which improves the long term outcomes for persons with autism and reduces the  
3 burden of care on their families. Intensive behavioral interventions provided for children are evidenced  
4 based and a recognized best practice. Children with these interventions achieve better outcomes in  
5 socialization, employment and exhibit less challenging behaviors as they become adults.

6 **Fiscal Implications:** The Department recognizes that this bill impacts insurance rates for all citizens.  
7 The cost for families with children with autism is significant. For some families with children with  
8 autism, extreme behaviors create a great financial burden on families that can create major family stress  
9 and financial crisis. Intensive treatment for autism for children does ameliorate challenging behaviors  
10 and lessens the life long dependency upon Medicaid Home and Community Based personal assistance.

11 The fiscal implications to the Department of Health are lowered costs of long term care.

12 The Department defers to the Department of Human Services on the fiscal implication to their Medicaid  
13 programs.

14 Thank you for this opportunity to testify.

**TESTIMONY BY KALBERT K. YOUNG  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE HOUSE COMMITTEE ON FINANCE  
ON  
SENATE BILL NO. 2054, S.D. 3, H.D. 2**

**April 2, 2014**

RELATING TO THE HEALTH

Senate Bill No. 2054, S.D. 3, H.D. 2, proposes to require all health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for the diagnosis and treatment of autism spectrum disorders to individuals up to 18 years of age. Maximum benefits for behavioral health treatment provided may be limited to \$50,000 per year and a maximum lifetime benefit of \$300,000 for the individual, but shall not be limited as to the number of visits to an autism service provider. This measure also requires the University of Hawaii Economic Research Organization (UHERO) to contract for an actuarial analysis to determine the financial impacts of providing this new mandated insurance coverage as it applies to the Hawaii Medicaid market, provides an unspecified appropriation for the study, and requires the submittal of a report and proposed legislation no later than twenty days prior to the convening of the 2015 Legislature.

Although H.D. 2 narrows the age of eligibility, as we noted in our testimony during the 2013 Legislative Session with regards to similar measures, the Department of Budget and Finance (B&F) has strong concerns pertaining to the following:

- These types of measure will limit an insurance carrier's ability to control both the appropriateness of care and costs by mandating coverage for specific types of disorders;
- This measure tends to increase the overall costs of health insurance and will thereby lead to higher insurance premiums that must be borne by both the employees and employers and other payers;
- An independent actuarial analysis of the respective cost impacts that will result from this mandate is critical and prudent and therefore must be conducted prior to and not after the proposed implementation of the mandates provided for in this measure. The potential cost impacts must also be determine on both the Med-Quest and the Hawaii Employer Union Health Benefit Trust Fund (EUTF) program as was recommended in the 2013 study that was conducted by the State of Hawaii Legislative Reference Bureau and should not just be limited to a study on the cost impacts on the Medicaid market in Hawaii.
- With regard to the EUTF, active State employees are currently paying up to 50 percent of their health insurance and some employees are finding it increasingly difficult to afford health insurance coverage for themselves and their dependents. Hence, while this measure may benefit a certain insured group, any increase to the overall cost of health insurance premiums impacts all of the insured groups and their employers.

Furthermore, given the difficulty in diagnosing this disorder and the significant degree of treatment required, any insurance mandate for coverage is sure to correlate

to higher premium costs charged by providers throughout the state. The B&F would advise that the Legislature consider the socialized cost impact of mandating such coverage on all citizens that have health or medical insurance. As a business organization, the State of Hawaii, expends more than \$550 million per year on its portion of health insurance for State employees.

Finally, increases to health insurance premium costs – for whatever reason – will also increase taxpayer costs in the form of added cost of state government. We therefore respectfully ask that this measure be held by the committee.

We defer to the Insurance Commissioner in regards to the impact of SB 2054, S.D. 3, H.D. 2, upon Article 10A of the State of Hawaii Insurance Code.

Thank you for the opportunity to provide testimony on this important measure.



**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  
April 1, 2014

The Honorable Silvia Luke, Chair  
House Committee on Finance  
Twenty-Seventh Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Representative Luke and Members of the Committee:

SUBJECT: SB 2054 SD3 HD2– RELATING TO HEALTH


The State Council on Developmental Disabilities (DD) **SUPPORTS SB 2054 SD3 HD2**. The bill requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders (ASD).


According to the U.S. Centers for Disease Control and Prevention, about 1 in 88 children have been identified with 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.

SB 2054 SD3 HD2 provides comprehensive coverage of services, including well-baby and well-child screening diagnosis and evidence-based treatment for individuals with ASD under 18 years of age. Without intensive behavioral therapy, the cost of services to support an individual with ASD only increases throughout the individual's lifetime. Whereas, children with ASD provided with intensive behavior therapy, such as "applied behavior analysis," learn meaningful skills of interacting and coping essentially increasing their independence and preparing them for adulthood. Through early identification and intervention, the cost of services would significantly decrease and an individual's independence increases throughout their adult years.

Thank you for the opportunity to provide testimony **supporting SB 2054 SD3 HD2**.

Sincerely,

  
Waynette K.Y. Cabral, M.S.W.  
Executive Administrator

  
J. Curtis Tyler, III  
Chair



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

April 1, 2014

TO: The Honorable Sylvia Luke, Chair  
House Committee on Finance

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 2054, S.D.3, H.D.2 - RELATING TO HEALTH**

Hearing: Tuesday, April 1, 2014; 2:00 p.m.  
Conference Room 308, State Capitol

**PURPOSE:** The purpose of this bill is to require health insurers, mutual benefit societies, and health maintenance organizations, including Medicaid health plans to provide coverage for treatment of autism spectrum disorders. Requires an actuarial analysis to estimate the cost impact of providing autism spectrum disorder benefits.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) provides the following comments for consideration regarding the provision of services for autism spectrum disorders.

The DHS supports the intent of the coverage, but believes that this is a largely fiscal question that would need to be funded by the Legislature due to the anticipated cost to the Medicaid program to provide the coverage specified in the bill. The actuarial analysis will assist in determining the level of funding that will be required by the DHS to cover the services. The DHS has estimated a projected total cost of \$135 million to serve children up to age 19 years

(see Summary of potential annual costs below), of which \$24.9 million would be DHS' cost, including federal funds, that will need to be appropriated by the Legislature.

In Hawaii, the Department of Health (DOH) Early Intervention Program provides services to Medicaid beneficiaries ages 0-3 years who met eligibility criteria, and the Department of Education (DOE) Special Education program provides services during the school day for children beginning at age 3 years. The DHS would be responsible for services provided outside of the school day and for services not covered by DOE. While the DOH and the DOE would be responsible for funding the state share of the services, DHS would be responsible for accessing federal matching funds for the DOH and the DOE services for Medicaid qualified children.

**Summary of the potential annual costs of covering ABA in Medicaid**

	# Medicaid Children	Total Service Hours*	Total Cost** \$ Millions	DOH***		DOE***		DHS	
				%	\$ M	%	\$ M	%	\$ M
0-3	105	138,969	\$10.7	100%	\$10.7	0%	\$0	0%	\$0
3-6	1,145	1,556,055	\$121.3	0%	\$0	80%	\$97.6	20%	\$24.3
6-19	428	40,011	\$3.2	0%	\$0	80%	\$2.0	20%	\$0.6
<b>Total</b>	<b>1,573</b>	<b>1,630,575</b>	<b>\$135.2</b>		<b>\$10.7</b>		<b>\$99.6</b>		<b>\$24.9</b>

\* Assumes an average of 1.5 cycles per year for 6-19 year olds

\*\* Assumes \$75/hr reimbursement for direct services and \$100/hr for supervision, assessment and parent training; approximately half of cost would be federally funded

\*\*\* Additional funding may not be necessary if these programs already cover the service

Certain individuals may benefit from ABA, but whether the population of individuals with autism has a clinically significant benefit is unclear. Most studies have evaluated the effectiveness of ABA in children younger than 6 years old with autism, and the treatment intervention was typically no less than 20 hours per week of ABA. A 2012 Cochrane systematic review concluded:

Early intensive behavioral intervention (EIBI) is one of the most widely used treatments for children with autism spectrum disorder (ASD). The purpose of our review was to examine the research on EIBI. We found a total of five studies that compared EIBI to generic special education services for children with ASD in schools. Only one study randomly assigned children to a treatment or comparison group, which is considered the 'gold standard' for research. The other four studies

used parent preference to assign children to groups. We examined and compared the results of all five studies. A total of 203 children (all were younger than six years old when they started treatment) were included in the five studies. We found that children receiving the EIBI treatment performed better than children in the comparison groups after about two years of treatment on tests of adaptive behavior (behaviors that increase independence and the ability to adapt to one's environment), intelligence, social skills, communication and language, autism symptoms, and quality of life. The evidence supports the use of EIBI for some children with ASD. **However, the quality of this evidence is low as only a small number of children were involved in the studies and only one study randomly assigned children to groups** [emphasis added].<sup>1</sup>

In addition, a 2013 report completed by RAND found:

[S]tudies of UCLA/Lovaas-based interventions report greater improvements in cognitive performance, language skills, and adaptive behavioral skills than broadly defined eclectic treatments available in the community. However, strength of evidence is currently low. Further, not all children receiving intensive intervention demonstrate rapid gains, and many children continue to display substantial impairment.

This bill states that ABA is evidence-based, but evidence-based experts would disagree because the quality of evidence of effectiveness is low.

The U.S. Preventive Services Task Force (USPSTF) is considered the gold standard for clinical preventive services, and under the Affordable Care Act, insurers must cover services that receive an A or B recommendation by the USPSTF without requiring a co-payment. A recommendation of C would mean that there is evidence of benefit, but the benefit is small and the service is not routinely recommended to be provided; a recommendation of I would mean that there is insufficient evidence, i.e. that the service is not evidence-based. The USPSTF is currently developing an evidence report and recommendation on screening for autism spectrum disorders. The report will evaluate the effectiveness of screening for children ages 12-36 months and of treatment for children ages 0 to 12 years.<sup>2</sup>

Thank you for the opportunity to testify on this measure.

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<sup>1</sup><http://summaries.cochrane.org/CD009260/early-intensive-behavioral-intervention-eibi-for-increasing-functional-behaviors-and-skills-in-young-children-with-autism-spectrum-disorders-asd>

<sup>2</sup><http://www.uspreventiveservicestaskforce.org/uspstf13/speechdelay/spchfinalresplan.htm>



## ABA Utilization Projection for Hawaii Medicaid

The following assumptions serve as the basis for projecting utilization of Applied Behavior Analysis services for the children enrolled in the Hawaii Medicaid program.

### 1. Prevalence

- 1.1. National statistics indicate 1:88 children have Autism Spectrum Disorder (ASD), ranging in intensity from classic autism to Asperger's Syndrome
- 1.2. Population of children 18 and under in Hawaii for 2012 - 303,818
- 1.3. Total estimated children in Hawaii with an ASD – 3,452
- 1.4. Total children served by Department of Health Early Intervention Section (DOH/EI) receiving ABA services, and Department of Education Special Education (DOE) who are eligible for Autism or Developmental Delay – 3,486
  - 1.4.1. Since the two numbers are so close, this projection will utilize the number reflecting identifiable children, the DOH, DOE combined number
- 1.5. Studies show there is no higher prevalence of ASD in children who are Medicaid eligible than those who are not
- 1.6. Using 3-month continuous eligibility for 90 days, 154,000 children are in the state Medicaid program, which equates to 47% of the 0-18 population
- 1.7. Applying the 47% to the total children served – 1,624

### 2. Treatment

- 2.1. Evidence shows that the most effective use of ABA are in the child's early years
- 2.2. Studies indicate for a child under the age of 3, between 25-30 hours a week of services ramping up to potential 40 hours a week at age 3 show significant improvement – these hours of services are across settings
- 2.3. For children over the age of 3, the general practice is to front load the intensive hours of treatment during the younger years and taper off the hours
- 2.4. As children grow older, the need for ABA services may be required to address targeted maladaptive behaviors triggered by puberty, emerging co-morbidities, as well as significant transitions
- 2.5. Typical utilization patterns (which have anecdotally been shared) indicate that families do not utilize all the hours that are authorized, as the rigor of an intensive program is quite difficult on families
- 2.6. ABA services would include 1) Assessment, 2) Plan Development, 3) Direct 1:1 service, 4) Service Supervision, and 5) Family Training
- 2.7. Ratio of supervision hours to direct service is 1:10
- 2.8. Current service provision of Assessments in the DD/MR Waiver are 30 hours to complete assessment, develop report, plan and provide initial family training

### 3. Projection Assumptions

- 3.1. Not all children will require the same level of high intensity
- 3.2. Comprehensive Intensive ABA services would be made available age 0-8
  - 3.2.1. Literature indicates intensive services on general population is 0-6
  - 3.2.2. Extended to age 8 due to health literacy for parent involvement and ability to provide stimulation rich environment to support services

### 3.3. Focused ABA services would be made available 8-19

3.3.1. Literature indicates service provision should be individualized and made available

3.3.2. For this exercise, the following tiered structure is proposed to be able to make some assumptions

#### 3.3.2.1. Preventive Planning and Intervention

3.3.2.1.1. Preventive Planning and Intervention would be provided to identify early emerging problems as well as anticipated intervention needs to “pre-plan” for upcoming events which would require skilled intervention (e.g., preparing for puberty, etc.)

3.3.2.1.2. Prevention Planning and Intervention would be made available at the following regularly scheduled intervals

3.3.2.1.2.1. Age 7 (i.e., for children not already receiving comprehensive intensive ABA)

3.3.2.1.2.2. Age 10

3.3.2.1.2.3. Pre-puberty (i.e., could identify a stage in puberty, Stage 2)

3.3.2.1.2.4. Age 14

3.3.2.1.2.5. Age 16

3.3.2.1.2.6. Age 19-20

#### 3.3.2.2. Targeted Assessment and Treatment

3.3.2.2.1. Targeted Assessment and Treatment would utilized on an as need basis to address behaviors that affect health and safety of the individuals or others (e.g., aggression, self-injurious behaviors, etc.) as well as behaviors that restrict the setting of the individual (e.g., eloping, masturbating in public, property destruction, etc.)

3.3.2.2.2. It is difficult to project the frequency of the service

3.3.2.2.2.1. Frequency and intensity should diminish if the proposed preventive planning and intervention service could be develop and implemented

3.3.2.2.2.2. Targeted Assessment and Treatment may overlap the Preventive Planning and Intervention or defer the need for the service, so assumption would be to not include a quantity for this measure

## 4. Service Provision

### 4.1. Services are provided by DOH/Early Intervention Program (EI)

4.1.1. EI services are currently authorized to meet the child's total need across settings

4.1.2. EI serve numbers are included in the estimate

4.1.3. EI ABA services should be included to the matrix to draw down federal dollars

4.1.4. There should not be a need to provide more hours beyond what is provided by EI

### 4.2. Services are provided by DOE Special Education

4.2.1. DOE services are currently authorized to meet the child's education needs in the school setting

4.2.2. There will be a need to provide services beyond what is provided by DOE

4.2.2.1. DOE federal mandate does not include addressing in home interventions

4.2.2.2. Unable to direct all children through DOE unlike EI

- 4.2.3. 80-100% of the child's need could be provided by the DOE, and what remains as a state plan only benefit should be nominal
- 4.2.4. DOE should have a higher success rate in properly claiming for these services as it's new and the ABA providers are much more meticulous in charting than other DOE therapists
- 4.3. The service is typically supervised by a Board Certified Behavior Analyst (BCBA)
  - 4.3.1. Tricare reimburses this at \$125.00/hour
  - 4.3.2. BCBA's typically do not provide the 1:1 direct, hands-on service
- 4.4. The direct service is typically provided by a paraprofessional behavior technician
  - 4.4.1. Tricare reimburses this at \$50.00/hour and \$75.00/hour based upon provider credential
- 4.5. There does not appear to be uniformity in rates between DOE/DOH-EI/DOH-DD/MR

## 5. Projection

### Step 1: Establish a child count

Total Number of Children																		
AGE	<3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
DOE ASD		81	86	108	122	123	121	112	91	91	89	82	86	78	67	60	44	25
DOE Dev. Delay		527	648	621														
EIABA Services	224																	
Counts	224	608	734	729	122	123	121	112	91	91	89	82	86	78	67	60	44	25

Total Number of Children Targeted for Services												
AGE	<3	3	4	5	6	7	8	10	14	16	19	
Combined DOE and DOH	224	608	734	729	122	123	121	91	86	67	25	
% Medicaid	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%
Projection	105	286	345	343	57	58	57	43	40	31	12	
Total	1,377											

### Step 2: Establish a base for 100% participation and utilization

Comprehensive Intensive ABA Services								
Age	# of Projected Medicaid Children	Service	Hours per child per week	Weeks per year	Total Hours for all	% DOH/EI	% SPED	Total Hours Not Carved Out: DHS
0-3	105	Direct Service	30	40	126,336	100%		0
		Supervision	3	40	12,633			0
3-6	1,145	Direct Service	30	40	1,374,000		80%	274,800
		Supervision	3	40	137,400			27,480

Comprehensive Intensive ABA Services								
Age	# of Projected Medicaid Children	Service	Hours per child per week	Weeks per year	Total Hours for all	% DOH/EI	% SPED	Total Hours Not Carved Out: DHS
		on Assessment	3	10	34,350			6,870
		Parent Training	1	9/mo	10,305			2,061
6-8	244	Direct Service	3	40	29,280			80%
		Supervision	3	10	7,320		1,464	
		Assessment & Parent Training	1	9/mo	2,196		439	

Focused ABA Services					
Age	# of Projected Medicaid Children	Service	Hours per child per cycle	% SPED	Total Hours Not Carved Out: DHS
7	58	Direct Service	120	80%	1,392
		Supervision	12	80%	139
		Assessment & Parent Training	30	20%	1,392
10	43	Direct Service	120	80%	1,032
		Supervision	12	80%	103
		Assessment & Parent Training	30	20%	1,032
14	40	Direct Service	120	80%	960
		Supervision	12	80%	96
		Assessment & Parent Training	30	20%	960
16	31	Direct Service	120	80%	744
		Supervision	12	80%	74
		Assessment & Parent Training	30	20%	744
19	12	Direct Service	120	80%	288
		Supervision	12	80%	29
		Assessment & Parent Training	30	20%	288

### Step 3: Apply other factors against the base

Other factors could include:

- Participation rate, 100% of the services will not be utilized, in general
- Start up rate, service utilization would “ramp” up over a longer period of time
- Credentialing, as the Autism Bill currently is written, provision is not made for the technician level of direct service – which is a majority of the hours. The bill only supports qualified licensed providers and BCBA's



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Finance  
Tuesday, April 1, 2014 at 2:00 p.m.

by

Dr. Carl Bonham, Executive Director  
University of Hawaii Economic Research Organization

SB 2054 SD3 HD2 – RELATING TO HEALTH

Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

Thank you for the opportunity to submit testimony regarding SB 2054 SD3 HD2, which seeks to ensure quality health care for all by requiring that insurance policies in Hawai'i provide coverage for the treatment of autism spectrum disorders. As the executive director of the University of Hawaii Economic Research Organization (UHERO), I support the intent of this bill. Providing for quality health care and insurance is an important public policy objective. But I do not support the bill in its current form.

The Bill requires that UHERO contract with an actuary to study the costs associated with screening, diagnosis and treatment of autism spectrum disorder as required by the act. Then, based on the findings of the study, UHERO is asked to report to the legislature and to make recommendations or propose legislation. Unfortunately, UHERO does not have the expertise to contribute to this policy discussion and its faculties have no expertise in the economics of insurance markets, in actuarial analysis, or the specific area of insuring patients with autism spectrum disorder. It would be inappropriate for UHERO oversee the contract with an actuary and to make policy recommendations regarding insurance markets.



**S E A C**  
**Special Education Advisory Council**  
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Honolulu, HI 96814  
Phone: 586-8126 Fax: 586-8129  
email: [spin@doh.hawaii.gov](mailto:spin@doh.hawaii.gov)

April 1, 2014

**Special Education  
Advisory Council**

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

Ms. Brendelyn Ancheta  
Dr. Tammy Bopp  
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Jan Tateishi, Staff  
Susan Rocco, Staff

Representative Sylvia Luke, Chair  
Committee on Finance  
State Capitol  
Honolulu, HI 96813

RE: SB 2054, SD 3, HD 2 - RELATING TO HEALTH

Dear Chair Luke 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 supports** SB 2054, SD 3, HD 2 that mandates health insurance coverage for the diagnosis and treatment of autism spectrum disorders (ASD).

SEAC's main concern with the current language in this legislation is that services are only offered through age nine. It has been our experience that children over the age of nine and teenagers can still receive great benefit from Applied Behavioral Analysis (ABA) and other evidence-based treatments. We therefore request that your committee consider extending the benefits to include students from age ten through high school.

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. Numerous evidence-based studies have shown us that the early identification and amelioration of the complex communication, social and behavioral needs of these children, as well as ongoing targeted supports, has a significantly positive impact on academic and behavioral goals. In addition, actuarial data from other states has shown that coverage for ASD has resulted in minimal increases to overall insurance costs.

Thank you again for this opportunity to provide comments. If you have any questions or concerns, please feel free to contact me.

Respectfully,

Ivalee Sinclair, Chair



# Chamber of Commerce HAWAII

*The Voice of Business*

**Testimony to the House Committee on Finance  
Tuesday, April 1, 2014 at 2:00 P.M.  
Conference Room 308, State Capitol**

**RE: SENATE BILL 2054 SD3 HD2 RELATING TO HEALTH**

Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

The Chamber of Commerce of Hawaii ("The Chamber") **cannot support** SB 2054 SD3 HD2, which requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments and requires an actuarial analysis to estimate the cost impact of providing autism spectrum disorder benefits.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

We appreciate the intent of the bill to help those with autism spectrum disorders. However, the Chamber has several concerns with the bill.

- The findings of the 2009 Auditor's report on similar legislation that has concerns on the enactment of a mandated benefit.
- Presently these services are already being offered by the Departments of Education and Health.
- The projected cost could be at least \$70 million per year if not more for private sector companies.

We strongly urge this committee to implement the recommendations of the Legislative Reference Bureau study requested by HCR 177, HD2, SD1 in 2012. Specifically the recommendation to commission an independent actuarial analysis which will help project the cost of this mandated benefit. Based on testimony from some government agencies it could cost the state and county governments at least an additional \$80 million per year.

While we understand problems facing our community, we do not believe that business should be the group responsible for paying for this mandated benefit. Ninety percent of the cost of an employee's health care premium is paid for by the employer. Most employers would be unable to pass this new cost onto the consumer. Please keep in mind that this would be in addition to the already annual increase in health care premiums of 7-10% each year.

Thank you for the opportunity to testify.

**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 7:20 AM  
**To:** FINTestimony  
**Cc:** kkburdtd@gmail.com  
**Subject:** \*Submitted testimony for SB2054 on Apr 1, 2014 14:00PM\*

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristen Koba-Burdtd	Hawaii Association for Behavior Analysis	Support	Yes

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.

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## HAWAII MEDICAL ASSOCIATION

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

DATE: Tuesday, April 01, 2014  
TIME: 2:00 P.M.  
PLACE: Conference Room 308

TO:

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

FROM: Hawaii Medical Association

Dr. Walton Shim, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Ron Kienitz, DO, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

RE: SB 2054 RELATING TO HEALTH

Position: Support

This measure requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for treatment of autism spectrum disorders.

HMA finds that treatment of autism spectrum disorders is medical necessary and as such supports this measure, which would ensure that autism treatment is covered by insurance.

Thank you for introducing this bill and for the opportunity to provide testimony.

### *Officers*

*President - Walton Shim, MD    President-Elect – Robert Sloan, MD  
Secretary - Thomas Kosasa, MD    Immediate Past President – Stephen Kemble, MD  
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National Association of Social Workers Hawai'i Chapter

March 31, 2014

TO: Representative Sylvia Luke, Chair ~ Committee on Finance  
Representative Scott Y. Nishimoto, Vice Chair,  
Representative Aaron Ling Johanson, Vice Chair  
and  
Members of the Committee on Finance

Date: April 1, 2014 at 2:00 p.m. Location: Conference Room 308

FROM: Marty Oliphant, Executive Director  
National Association of Social Workers, Hawaii Chapter

RE: SB 2054, Autism Insurance Mandate Bill - **SUPPORT**

Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson, and members of the Committee on Judiciary, my name is Marty Oliphant. I serve as the Executive Director of the National Association of Social Workers, Hawai'i Chapter (NASW). We support the intent of SB 2054 Relating to Autism Insurance Mandate Bill with an amendment to include clinical social workers in the description of behavioral health professionals.

NASW agrees with the intent of this legislative proposal but strongly recommend that clinical social workers be included in the language of behavioral health professionals. "Coverage for applied behavior analysis shall include the services of the personnel work under the supervision of the board certified behavior analyst or the licensed psychologist or Licensed Clinical Social Worker overseeing the program." (Page 5, lines 1 – 5).

"Behavioral health treatment" means evidence-based counseling and treatment programs, including applied behavior analysis 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 psychologists or clinical social worker so long as the services performed are commensurate with the psychologist's or social worker's formal university training and supervised experience." (Page 6, lines 11 - 21)

Clinical social workers are qualified and experienced behavioral health providers. The services, as outlined in the proposed bill, have continually been met by clinical social workers and should be continued. Families and individuals will continue to benefit from the services of the clinical social workers.

I urge your favorable consideration of SB 2054 with the addition of adding social workers in the definition of behavioral health providers.

Dear Legislators,

The Hawaii Association of School Psychologists [HASP] strongly supports SB2054, which requires insurance companies to provide coverage for autism spectrum disorder treatments. "School psychologists help children and youth succeed academically, socially, behaviorally, and emotionally. They collaborate with educators, parents, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community for all students." —nasponline.org

Currently, this collaboration and continuum of services would only be possible in the state Hawaii for students with autism spectrum disorders that have access to federal insurance or private pay. In addition, autism does not end at a certain age, so we would suggest that the coverage not end at age nine. As such, HASP encourages Hawaii's legislators to pass SB2054 with amendments inclusive of *all* children.

Respectfully,

Leslie Baunach, MA/CAS

Hawaii Association of School Psychologists

## COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 PM

State Capitol, 415 South Beretania Street

Conference Room 308

Dear Representative Luke, Nishimoto, Johanson, and Members of the Finance Committee,

Thank you for the opportunity to submit testimony supporting SB2054 which would mandate health insurers to fund services for individuals on the autism spectrum. I am a Clinical Psychologist and a Board Certified Behavior Analyst (BCBA) with more than 20 years of experience working with individuals with autism and other developmental disabilities. I am currently the President and Clinical Director of Behavior Analysis No Ka Oi, Inc., a clinic that primarily serves children on the autism spectrum.

I was born and raised in Honolulu, Hawaii and moved to California in order to complete my undergraduate degree in Psychology. As a college freshman looking for a part time job, I responded to a parent's ad to work with a "6 year old nonverbal boy with autism." When I first met this boy, he engaged in aggressive behaviors, needed help with most of his self-help skills such as brushing his teeth and toileting, and could not communicate verbally. The parents paid privately for a consultant who taught me behavioral principles. Approximately a year later, this boy dressed, toileted, and brushed his teeth independently, learned to do his homework on the computer, and used pictures to communicate. Because of this experience, I became very passionate about learning how to effectively teach individuals with autism. I quickly realized that this 6 year old child taught me more about understanding behavior than any professor had in my psychology classes.

After graduating with my bachelor's degree, I called the President of the Hawaii Autism Society inquiring about jobs in the field of autism. He informed me that there were very few people in Hawaii with expertise in the area of autism and that if I really wanted to learn more about effective treatments in autism that it was best that I stay on the mainland. I took his advice, researched and discovered that Applied Behavior Analysis (ABA) was the only evidenced-based intervention in the field of autism. I decided to pursue my doctorate in Psychology with an emphasis in Behavior Analysis at West Virginia University.

While attending graduate school, I was given the opportunity to observe first-hand how applied behavior analysis had impacted the lives of children and adults on the autism spectrum. Nonverbal children were able to develop language and sustain friendships with peers. Adults living in institutions were given opportunities to reside independently and work competitive jobs.

After approximately 10 years of schooling and training on the mainland, I moved back home to Hawaii to fulfill my dream of opening up a clinic to teach local families the power of applied behavior analysis and the impact it would have on children diagnosed with an autism spectrum disorder. I was discouraged that the Hawaii insurance carriers did not provide coverage of treatments for individuals with an autism spectrum disorder. One prominent insurance carrier informed me that they only provide treatment for the families to "cope" with the diagnosis.

Currently, my clinic primarily works with military families, since Tricare is the only Hawaii insurance carrier that provides treatment for ABA services. We also work with several local families who pay privately to ensure their child receive ABA services. I know of several families who have had to mortgage their homes or relocate to the mainland just to receive ABA, highlighting the social injustice in the denial of services for those on the autism spectrum.

As a behavior analyst, I was trained as a scientist to objectively collect and use data to guide treatment decisions. I urge you to do the same. Specifically, I ask that you look at the Actuarial Cost Estimate by Autism Speaks and the data on how much the state is currently spending on services supporting individuals on the autism spectrum.

Hawaii has already been fiscally impacted by Autism. Back in the 1990s, the state was hit with a \$1.4 billion dollar lawsuit. We cannot simply look at the short term costs and respond to lawsuits. The time is now to start building system wide infrastructure to ensure that people on the autism spectrum are supported both clinically and economically. The data from the 34 other states who passed similar bills should guide your decision making.

In conclusion, I urge you to support SB2054 until age 21. This bill provides access to quality health care for those on the autism spectrum without forcing families to decide to relocate to the mainland, mortgage their homes or forego crucial services.

Thank you for the opportunity to submit testimony on this very important bill.

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

Christine Kim Walton, Ph.D., BCBA-D  
President/Clinical Director, Behavior Analysis No Ka Oi, Inc.

## finance1

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**From:** Heather O'Shea <ho'shea@acesaba.com>  
**Sent:** Monday, March 31, 2014 12:47 PM  
**To:** FINTestimony  
**Subject:** SB2054 - Please support

Dear Representative Sylvia Luke,

My name is Heather O'Shea and I have been working with individuals with Autism Spectrum Disorders for over 10 years. I have unfortunately seen first-hand the dramatic increase in the incidence of ASD and the impact it has on those affected. While the individuals I have worked with that have ASD are amazing people, their disability can be devastating. To the average person, individuals with ASD "look normal" and so they are often misjudged, mistreated, and under supported. The impact on communication skills, social skills, and behavior can be so damaging...yet with treatment, great improvements can be seen. ABA has long been known as the most effective treatment for individuals with ASD, however families' ability to find financial coverage for this proven treatment has fallen tremendously short. The federal government has been providing ABA coverage for active duty military families for close to a decade and it is uplifting to see that 34 states have come to their senses and are now doing the same. It is time for the state of Hawaii to support its Ohana and provide the coverage to families who have been so desperately waiting. The earlier providers can intervene, the more positive the outcome will be, so time is of the essence. Please support Hawaii families by supporting SB2054!

Sincerely,

Heather O'Shea  
62-147 Lokoea Place  
Haleiwa, HI 96712

**Heather O'Shea**, Ph.D., BCBA-D, *Executive Clinical Director*  
ACES, *Autism Comprehensive Educational Services*

94-849 Lumi'aina St., Suite 201, Waipahu, HI 96797  
Cell: (808)772-0748 | Office: (808)294-7050 | Fax: (808)671-6766  
[hoshea@acesaba.com](mailto:hoshea@acesaba.com) | [www.ACESaba.com](http://www.ACESaba.com)

ACES is dedicated to enhancing the quality of life for individuals and families impacted with Autism and other special needs. We provide comprehensive, professional services to maximize individuals' potential in the home, school, and community throughout their lifespan. CONFIDENTIALITY NOTICE: This message, including attachments, contains information that is considered confidential. The information is intended solely for the use of the addressee(s). If you are not an addressee, your disclosure, copying, distribution or use of the contents of this message is prohibited. If this message has been sent to you in error, please notify sender by return e-mail and then delete this entire message. Thank you.

March 31<sup>st</sup>, 2014

Dear House Finance committee:

My name is Joshua Fouts, and I am a Board Certified Behavior Analyst who has been providing behavior analysis services to families for the past 15 years. I am writing to support SB2054/Luke's Law. The purpose of my testimony is to let you know just how important behavior analysis, which is commonly referred to as ABA (applied behavior analysis), is to individuals with autism and other developmental disabilities, their families, and their communities.

As a scientifically validated approach to understanding behavior, and how the environment affects it, ABA is widely recognized as a safe and effective treatment for autism. A treatment that can foster basic skills such as looking, listening and imitating, as well as complex skills such as reading, conversing and understanding another person's perspective. Not only does ABA address important academic skills, but it addresses *all* of the other *necessary* skills needed for an individual to be successful in the classroom, at home, and in the community. With ABA an individual can:

- Sit at their desk, pay attention, and complete their work
- Transition from desk, to play ground, and make friends
- Leave school, walk home safely, and avoid potential dangers (i.e. cars, strangers, peers, etc.)
- Ride their bike to soccer practice, contribute to a team, and keep a high level of health and exercise
- Catch the bus to work, identify they could be late, and make a cell call to their job
- Make plans with their friends, drive their car without using a cell phone, and wear their seat belt

As you can see, ABA is used to help individuals acquire many, many different types of skills. Without this essential treatment, individuals with autism and other developmental disabilities will continue to fall short in language skills, self-help skills, play skills, social skills, community skills, and many other functional life skills.

Thank you for your time, and for hearing my testimony of why you should vote to pass SB2054/Luke's Law.

Respectfully,



Joshua H Fouts PhD, BCBA-D  
Behavior Analyst and Director  
Amazing Behaving LLC



MAD TIGER  
ACADEMY

Eric Goo  
Mad Tiger Academy  
95-119 Kamehameha hwy #3  
Mililani, HI 96789

03/24/14

To Whom It May Concern:

I am writing this letter in strong support of SB2054, Luke's Law. I am a parent of three young children and I have been a small business owner in Mililani for over seven years. I understand how insurance premiums can increase due to changes in laws like this one but I believe that making treatment services attainable to families living with Autism is priceless. Hawaii is one of the only states that does not offer insurance coverage for treatment services for Autism. This means that families are often required to pay out of pocket for these services that can be incredibly expensive. We all know that living in Hawaii is challenging financially and this could lead to many people with this condition not receiving the treatment they need. I recently learned that the average cost of covering ASD health benefits is only 31 cents per month per insured individual. Autism treatment does not only benefit the person with Autism but everyone they come in contact with (parents, siblings, teachers, classmates and etc.). This means that when the individual receives treatment, parents are learning better ways of helping their child, which can decrease stress and increase positive energies within the household. This can lead to a healthier family environment that has the potential to heighten productivity of caregivers in their work place and increase spending in the general community. I feel that the foundation of any good community starts with the quality care of its children by providing them with access to services they need. I was alarmed to learn that 1 in 68 children are diagnosed with Autism. This is a huge chunk of our population. Studies are showing that it is important to receive treatment early and with treatment many people with this condition can live productive lives. Decreasing the attainability of treatment services could cost us a lot more financially later if we do nothing now and that is why I ask for your support for SB2054.

Best Regards,

SGA 



**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 7:39 AM  
**To:** FINTestimony  
**Cc:** tobyneal0@gmail.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Toby Neal	LCSW	Comments Only	No

Comments: "Coverage for applied behavior analysis shall include the services of the personnel who work under the supervision of the board certified behavior analyst or the licensed psychologist or clinical social worker overseeing the program." (Page 5, lines 1 – 5) "Behavioral health treatment" means evidence-based 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 or clinical social worker so long as the services performed are commensurate with the psychologist's or social worker's formal university training and supervised experience." (page 6, lines 11 – 21) It is a unnecessary omission that unduly limits a family and individuals access to the broadest array of licensed, qualified, experienced professionals. It's out of step with other state mandates as well as the current delivery of treatment. Licensed clinical social workers are recognized across the country, state and by third party payers as providers of supervision and behavioral health treatment.

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.

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## finance1

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**From:** Louis Erteschik <Louis@hawaiidisabilityrights.org>  
**Sent:** Saturday, March 29, 2014 11:37 AM  
**To:** FINTestimony  
**Subject:** SB 2054 SD3, HD2 Hearing on April 1, 2PM

House Committee on Finance

The Hawaii Disability Rights Center is in strong support of this measure. In particular, we appreciate the effort of the House CPC Committee in raising the age cap to 18 and including the mandate for Medicaid to cover these services. We recognize that there may be some legitimate issue as to what the age cap should be. We feel that 18 represents a vast improvement over the HD1 version. Additionally, we urge the Committee to closely scrutinize the testimony of the Department of Human Services. It is our belief that their cost estimates are grossly inflated and that the study upon which they rely was flawed and conducted by an entity that utilized unfounded assumptions and moreover, had little to no experience in conducting studies of this type. We are rather surprised that the Department would rely upon this study. We understand that Autism Speaks contracted an entity with proper credentials and that their results and cost estimates are significantly lower. Further, we urge the Committee to not accept the logic of DHS that if this bill passes, even without the Medicaid mandate, it will force them to cover services under the EPSDT program. Current case law from several Circuit Courts of Appeals makes it clear that the Department is required to cover applied behavioral analysis under EPSDT ANYWAY. For that reason, as well as a matter of policy, we strongly support the retention in this bill of the Medicaid mandate. While the insurance mandate is key, without the Medicaid provision, a significant portion of the population that needs the services would be left uncovered.

Mahalo

Louis Erteschik, Esq.  
Executive Director  
Hawaii Disability Rights Center

House Committee on Finance  
April 1, 2014  
2:00 p.m. HST

Representative Sylvia Luke, Chair  
Representative Scott Y. Nishimoto, Vice Chair  
Representative Aaron Ling Johanson, Vice Chair

State Capitol  
415 South Beretania St  
Honolulu, HI 96813

**Re: In Support of SB 2054 SD3 HD2**

*Relating to Health. Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments.*

Dear Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee,

I am Mike Wasmer, Associate Director for State Government Affairs at Autism Speaks and the parent of a child with autism. 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 role in most of the now 34 states that have enacted autism insurance reform laws. Autism Speaks is pleased to submit testimony in strong support of SB 2054 SD3 HD2 ("Luke's Law").

The Centers for Disease Control and Prevention (CDC) reported last week that the prevalence of autism is now 1:68. This represents a 78% increase in the last 5 years. Autism is an epidemic and a public health crisis.

In previous Legislative sessions, Autism Speaks has testified to this committee in support of mandatory health insurance coverage for autism spectrum disorder including Applied Behavior Analysis (ABA). We have shared an overview of autism spectrum disorders and our national experience with autism insurance legislation. Our testimony has included a discussion of the epidemic increase in prevalence of autism and research documenting the efficacy of ABA therapy.

The actual claims data from states which were among the first to enact autism insurance reform laws indicate that the fiscal impact of providing insurance coverage to cover treatment for autism averages 31 cents per member per month.

Oliver Wyman Actuarial Consulting, Inc., a third party actuary, has analyzed in detail the cost impact of SB 2054 and the potential impact to Medicaid plans in "*Actuarial Cost Estimate: Hawaii Senate Bill 2054 SD1.*" See <http://bit.ly/1qteypb>. This analysis shows that a conservative estimate to cover the treatment would not be out of line with the rest of the country. In addition, the fiscal impact of covering the treatment for the Medicaid

population would be approximately \$4,059,000, with approximately half of that cost being matched by the Federal government.<sup>1</sup>

The long term cost savings to our community and the State demonstrate that it is a fiscal imperative for the Legislature to act now. Based on testimony that has been presented in prior hearings, the Hawaii Department of Education currently spends \$37 million annually on services for children with autism. The Hawaii Department of Health, who provides services for approximately 300 adults with autism, spends an estimated \$200,000-\$900,000 per year per adult with autism. It is also our understanding that the Department of Health and Department of Education collectively send approximately 40 children per year to intensive residential treatment centers on the mainland. With the alarming rise in the incidence of autism, the cost burden to the State will only increase if the Legislature does not act today to provide insurance coverage. The State will realize long term cost savings with the treatment services covered by this bill.

The age cap on coverage for treatment of autism has been the subject of discussion in prior hearings. The current language of SB 2054 SD3 HD2 includes an age cap of 18 years old. In 7 states, there is no age cap on insurance coverage, and the median age cap is 21. Although we do not feel it is ideal, we are in support of the current cap at 18 years old. Treatment is still needed at older ages, typically with less frequency as focused “spot” treatments address isolated behaviors.

The current draft of the bill also includes a requirement that UHERO perform an actuarial analysis on the bill. Our suggestion would be to limit that analysis to the cost that would be covered by the State (i.e., Medicaid), because the cost to the private insurance market has already been well documented by actual claims data from other states.

Thank you for considering my testimony in strong support of this measure. We encourage the committee to pass SB 2054 SD3 HD2 with our suggested amendment.

Respectfully submitted,



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

14617 South Garnett St.  
Olathe, KS 66062  
816-654-3606  
[michael.wasmer@autismspeaks.org](mailto:michael.wasmer@autismspeaks.org)



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<sup>1</sup> A February 11, 2014 estimate prepared by Hawaii's Department of Human Services was considerably higher. The primary difference between the two estimates appears to be due to the assumptions made in analyzing the total number of children in the Medicaid program who would be covered by the benefit. A detailed discussion of the differences between the two estimates is found in the report.

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

April 1, 2014

The Honorable Sylvia Luke Chair  
The Honorable Scott Y. Nishimoto, Vice Chair  
The Honorable Aaron Ling Johanson, Vice Chair  
House Committee on Finance

**Re: SB 2054, SD3, HD2 – Relating to Health**

Dear Chair Luke, Vice Chairs Nishimoto and Johanson, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2054, SD3, HD2 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, with the exception of Sections 6 and 7 of the Bill, HMSA opposes this legislation.

Both the State Auditor and the Legislative Reference Bureau have reviewed similar legislation in the past. The Auditor estimated the cost to cover services for autism spectrum disorders, including applied behavior analysis, to be \$1 billion. We believe it is critical to have a financial analysis of the cost of providing coverage for screening, diagnosis, and treatment of autism spectrum disorders as required by this Bill, including an estimate of the cost benefits provided, and the cost impact if this Bill were applied to the Hawaii Medicaid market.

HMSA supports Sections 6 and 7 of this Bill that provides for the University of Hawaii Economic Research Organization (UHERO) to commission an independent actuarial analysis of the impact of covering these services. However, we suggest that the scope of the study includes consideration of the following issues:

- What is the evidence that supports specific treatments for specific signs and symptoms of autism?
- What are those treatments and in what type of service format would each of those treatment modes be provided (e.g., outpatient facilities, intensive outpatient programs)?
- What are the qualifications required to be considered competent/qualified to provide each type of treatment, and what is the availability of those competent/qualified providers?

In light of the provision for the actuarial study, we believe the other sections of the Bill are premature. The Legislature should not adopt legislation mandating this coverage until it fully understands its financial impact. It only should be considered after the Legislature receives the actuarial analysis mandated under Sections 6 and 7 of this Bill.

Pursuant to the ACA, the cost of providing these services under a new mandate must be borne by the State. This requirement applies to plans sold both through and outside of the health insurance exchange. While the Bill attempts to shield the State from bearing the cost burden – it does not do so. Section 431:10A (i) states:

Nothing in this section shall apply to non-grandfathered plans in the individual and small group markets that are required to include essential health benefits under the Patient Protection and Affordable Care Act, Public Law 111-148, as amended, or to the Medicare supplement, accident-only, specified disease, hospital indemnity, disability income, long-term care, or other limited benefit hospital insurance policies.

This section would not successfully carve out the mandate's application to small group markets due to the Hawaii Prepaid Health Care Act (PHCA). The new mandated coverage for autism spectrum disorders would be incorporated into the prevalent plan. All business plans would undergo price adjustment to accommodate this mandate, and small businesses would not be exempted from the PHCA... Given that, the exemption language written in this section is irrelevant.

We appreciate the Bill's provision providing for the actuarial analysis to clarify the potential financial impact of a coverage mandate for those services on both the State and the health care system. Legislation mandating such coverage should be held in abeyance until the Legislature is given the opportunity to consider the results of that study.

Thank you for the opportunity to offer our comments on SB 2054, SD3, HD2.

Sincerely,

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

Jennifer Diesman  
Vice President  
Government Relations

**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 12:57 AM  
**To:** FINTestimony  
**Cc:** ckw12345@hotmail.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM  
**Attachments:** SCAN0187fantases pdf.jpg

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeong Nam kim	KJN Corporation	Support	No

Comments:

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To: House of Representatives Finance Committee

Re: In Support of SB2054 – Luke's Law

Ben Gutierrez reported on Saturday, March 29<sup>th</sup> 2014, to the Hawaii public that Autism affects now 1 in 68. The report was put online and tagged Global Issue. I want you to understand that it is not only a Global Issue but especially an important issue here in Hawaii. Luke, who the bill is named after, has deep roots here in the islands. His Great Grandma was killed as a civilian during the Pearl Harbor attack. Luke loves the Ocean and Hawaii. We made a significant decision to keep Luke in Hawaii after we paid for and got his diagnosis. It has been a very costly one for us as a family and for the State. The Mayo Clinic asked us to Appeal to our insurance, HMSA, to get Luke much needed speech services. I did! It took 2 letters and they granted me speech services! I dutifully, after a full day of teaching, took Luke to Kona from Waikoloa. After seven sessions I was told Luke had to stop that was all HMSA would allow! What? My child could barely speak! My husband and I have paid insurance premiums since turning 18, why did our insurance deny us when our child had a medical condition? He had needs we could not meet, no matter our appeal. So we chased down services. Moving from West Hawaii to East Hawaii, then to Oahu. We gave up our home and used up all our resources. So here we are with a bunch of bills that we keep working on as both parents work! This tragedy, that didn't need to happen, is now going to be transferred to the State when he is 18! It is an epidemic @ 1 in 68. As a taxpayer I do NOT want to have to pay for these kids if we could alleviate it for 32 cents a premium. These kids have talents, specific talents. Companies on the mainland are hiring these kids when they graduate. They are paying taxes. Our kids in Hawaii CAN too! We just have to give them a chance! I implore you to help Luke and ALL the Keiki in Hawaii! I just attended an inservice for the D.O.E. We were told to put a symbol next our name, then we had to introduce ourselves to the very large group. I had a blue puzzle piece. I explained I am trying so hard to help all the Keiki in Hawaii, getting diagnosis, and having Access to Autism Services on all our islands so our classrooms are better places to learn, as well. There was a loud round of applause from the teachers in the room! Please Help Us All! Please change the future for all who live Hawaii, the reverse, is too incomprehensible. Be a super hero and use your power to set this right!

Respectfully submitted,

Gerilyn Pinnow (Luke's Mom)



House Finance Committee  
Hawaii Insurance Reform: Senate Bill 2054 (SB2054)

Jaycine Hicks  
Parent of Autistic Son  
808-753-6430

Tuesday, April 1, 2014 2:00 pm House Conference Room 308

I am in support of SB2054

I am a mother of a young man who was diagnosed with Autism 12 years ago. He is now 15 years old and to be able to go to our insurance provider to get additional supports would be a life changing gift. Being able to go to a private provider and access services such as Applied Behavioral Analysis (ABA) could greatly change my son's way of living and may help him realize a life not confined in his own world.

I am testifying on SB2054

I am in support of SB2054

I support this measure and hopes it will help people and their families who face autism get the support that they need for their child and future.

Breaking barriers set by not being able to afford services that could greatly change my son's life with Autism for freedom and opportunity to have an independent life.

I support SB2054.

Mother of Son Kaizen Hicks,  
Jaycine Hicks

**finance8-Danyl**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, March 29, 2014 11:32 PM  
**To:** FINTestimony  
**Cc:** gpinnow@rocketmail.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 3/29/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Luke Pinnow	Individual	Support	Yes

Comments: Luke will testify alongside his Mom, Geri Pinnow. Thank You!

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**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, March 30, 2014 8:58 PM  
**To:** FINTestimony  
**Cc:** kbartell808@gmail.com  
**Subject:** \*Submitted testimony for SB2054 on Apr 1, 2014 14:00PM\*

**SB2054**

Submitted on: 3/30/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristina Bartell	Individual	Support	No

Comments:

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Dear Committee Members,

This letter is in strong support of SB 2054.

I have worked with individuals with developmental disabilities for several years. I have been part of programs in the DOE, working in area high schools, and worked as a program supervisor for DOH-DD Waiver programs. While in my experience, I do believe people try their best to help individuals in the DOE and DOH-DD programs, there is something to be said for the difference in quality, progress, and overall improvement for the individual when the program is overseen by a Behavior Analyst (BCBA). Sadly, I have witnessed individuals with severe behavioral needs flounder in the system because they were not able to receive the proper behavioral assessment and systematic, data-based programming a BCBA would be able to provide. No parent should be forced to watch their child hurt themselves and suffer to participate in the most basic tasks, all the while knowing that there are quality services available, if only they had the money to pay for it or lived in one of the other 35 states that currently mandate insurance coverage for ABA. Hawaii is a state of aloha, that values respect and care for those that call these beautiful islands home—passing this bill allows us, as a state, to care for some of our most vulnerable citizens and ensure that every ohana is able to access quality care.

Please pass SB 2054 in this legislative session.

Sincerely,

Brian J. Burdt

To: Rep. Sylvia Luke, Chair

Committee on Finance

Tuesday, April 1, 2014

THE AUTISM (YES) MOVEMENT

FOR SB2054

My story by Donovan Keliiaa

I was a kid with autism and had a hard time in school. I was bullied and teased a lot. I had to change schools four times because the kids would not stop bullying me. I tried hard not to act up in school so others would like me, but the kids didn't care. No one helped me at school. When I got home I would explode. My parents would fight, they got divorced. They could not get help for me because the school said it didn't happen there. My senior year things changed, I was manager of the football team, and no one knew I had autism, the players helped me. I met CJ Tausaga who taught me a thing called HOPE and what it stands for is Helping Others Pursue Excellence. That's why the players helped me if I worked my butt off. That is why I am here today. Because I want to give HOPE to the kids with Autism. This Bill will help them. No kid should have to go through what I went through. No family should. I had a good senior year but then that was it. For the next 10 years I stayed home, gained 200 pounds, became a diabetic and started to get frustrated and violent put my sister through hell and had to move out of my moms house 2 and a half years ago. I remembered HOPE, the DD Division gave me HOPE 24 hours every day and I worked my butt off. Now I have my own apartment. I wrote to Assistive Technology Resource Center for a laptop and they gave me one so I could get a job and I now work making menus for a lunch truck. I lost 75 pounds and I do not have to take insulin for my diabetes. But if I had the training when I was a kid and as a teenager on how to cope and make friends, my life would have been much better today. Please say YES to SB 2054! Start the YES MOVEMENT TODAY! Don't wait another day or year. Remove from the bill the part to have an audit thing, excuse me to say this but that is BULLSHIT! Tripler and other states can tell you how much it costs to help a kid with autism. The DD Division can tell you the cost of an adult who didn't get the help, like me. On my good days, it costs \$600 from the Waiver for daily supports on my anxiety days \$900 a day because more staff has to help me. I also have to take medications for diabetes and coping, see a psychiatrist and psychologist monthly. When I was in High School I took a multivitamin only now I take 12 pills a day. My total cost comes to an average of \$20,000 a month. The math is easy, it costs a lot more money to support an adult then it does to help a kid. Not only more money but also the cost of breaking a kids heart. My heart was broken and I still have nightmares over it. GIVE THESE KIDS HOPE! Please HELP OTHERS PERSUE EXCELLENCE START THE YES MOVEMENT TODAY BY SAYING YES TO SB 2054 and start it by July 1, 2014.

Thank you so very much for letting me give HOPE through testimony for all the kids with autism.

Terry Sue Beuret, Psy.D.  
940 N.Kalaheo Avenue  
Suite A314  
Kailua, Hawaii  
96734  
808-389-0188 phone  
808-254-5555 fax

[terrybeuret@hawaii.rr.com](mailto:terrybeuret@hawaii.rr.com)

To Whom It May Concern:

March 31, 2014

My name is Terry Sue Beuret and I am a Licensed Clinical Psychologist who does comprehensive assessments on many children with autism. My clients come primarily from private schools on Oahu, and the DOH Developmental Disabilities Division. In this situation the parents pay for autism services out-of-pocket, if they can afford it; in many other situations the child is left without valuable early intervention treatment.

This bill is critical in improving the lives of young children with Autism Spectrum Disorder in Hawaii. Please vote in favor for Luke's Law.

Terry Sue Beuret, Psy.D



## finance8-Danyl

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, March 30, 2014 11:13 AM  
**To:** FINTestimony  
**Cc:** smching89@gmail.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

### **SB2054**

Submitted on: 3/30/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shannon Ching	Individual	Support	No

Comments: Dear Representative Sylvia Luke, Representative Scott Nishimoto, Representative Aaron Ling Johanson, and the Committee on Finance, Aloha, my name is Shannon Ching and I am a behavioral therapist. I am writing to you because I want to talk about SB2054 / Luke's Law and how it will benefit children and families with autism. I began working with children with developmental disabilities just about a year and a half ago, without any prior experience with children with autism. Since entering the field my life and outlook on life have changed significantly. Working with the children and the families I have come to realize just how important and effective treatment for autism is. I have seen children begin therapy with nearly no skills, parents frustrated and confused not knowing what to do with their child. With intensive treatment these kids have gained so many skills. Personally the most rewarding has been helping children develop a means to communicate without challenging behavior. Some children have gained skills quickly, while others have taken many of months to even gain a simple skill. But no matter the time it takes, every skill is a win. As a mother of a typically developing child I understand the struggles and frustrations of parenting, however working a few hours a day with special needs children I can only imagine the magnitude of struggles my client's parents face day in and day out. And although the time the treatment team spends with our clients is limited, by talking with parents and seeing our clients interact with others utilizing the skills we work on in sessions it is awesome and so rewarding for everyone involved. To see parent's react to their child being able to say "mommy" or to be able to point at what they want, or even to simply give a high-five is priceless. These simple skills are overlooked by many, but for those living with developmental disabilities and their families these are very significant steps! I have seen how effective the therapy we do is, Applied Behavior Analysis (ABA), within just a few months of being exposed to ABA I decided to commit myself to becoming a Board Certified Assistant Behavior Analyst (BCaBA). I recently passed the board exam and am excited to begin this new journey. With the passage of this bill so many more children will have access to treatment, which means a more significant and meaningful life for both them and their families. We all deserve to be given the opportunity to reach our full potential, this bill allows for that! Thank you for your time and for hearing my point of view of why you should vote to pass SB2054 / Luke's Law. Respectfully, Shannon M. Ching 808-383-0358 smching89@gmail.com

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.



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**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 7:22 AM  
**To:** FINTestimony  
**Cc:** starsister2000@yahoo.com  
**Subject:** \*Submitted testimony for SB2054 on Apr 1, 2014 14:00PM\*

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bonnie Koba	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.

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COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Representatives Luke, Nishimote and Johanson,

My name is Karin Koga and I have a family member who benefits from Applied Behavior Analysis (ABA) services in the home. I feel strongly that HB2174 / **Luke's Law** will benefit children and families with autism and other behavioral diagnoses.

My experience with ABA services to support our family has been extremely positive. In-home ABA services have complemented and oftentimes been more effective than the many other approaches we've tried outside the home, such as school-based and clinical interventions. I have found ABA services to be extremely effective in supporting the entire family when an individual has behavioral challenges that limit participation in age-appropriate activities outside the home. We felt isolated before our ABA service provider came to our home, and we were frustrated by the difficulty of accessing out-of-home services. Our ABA services have been convenient, practical, and supportive to the whole family. By treating current behavioral issues and preventing of future ones using a holistic approach, ABA services have the potential to reduce overall health care costs not only to the individual and family, but to the state and nation. Thus, ABA services are effective both treatment- and cost-wise.

Thank you for your time to consider my experience in your decision. I hope you will vote to pass HB2174 / **Luke's Law**.

Yours sincerely,

Karin Koga  
kogakarin@gmail.com

Dear Legislators,

My wife Emily and I strongly support passage of Bill SB 2054 “Luke’s Law” which will provide insurance coverage for services for children on the autism spectrum which are not currently covered.

We have a daughter with asperger’s syndrome. She is now 14 and a freshman at \_\_\_\_\_ High School in special education classes. Since she was a toddler her asperger conditions made her very hard to parent, especially her opposition. Like many parents, we have been through a whole battery of medical professionals, different medications, and school Individualized Education Programs since she was 7. We are completely exhausted!

In August 2013 we started her at an autism clinic where her primary services are in Applied Behavioral Analysis. Since then she has shown slow but steady progress. In her session last week with the psychologist, we actually saw her sit down for a rather lengthy 45 minutes where she continuously made eye contact, listened actively and was attentive and engaged in the discussion. Our daughter didn’t agree with everything that the psychologist was saying, but did participate in an adult manner. We have never seen that before and for the first time are genuinely encouraged. We understand that Applied Behavior Analysis can result in improved behavior which should transfer into adulthood.

These services run about \$1,200 per month, not an insignificant sum for us. None of it is covered by our HMSA insurance. We have another younger child to raise as well.

Children on the autism spectrum can become a huge drain on families, society, and themselves when they become adults. However if provided appropriate services as children, they can lead productive lives as adults. There is that saying “It is much easier to build a child, than fix an adult!”.

We urge you to pass Bill SB 2054 so that children on the autism spectrum can get what they need the most – a chance in life.

Thank you.

Calvert Chun  
Honolulu, HI 96817

## finance1

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**From:** Alesia Silva <alesaholder@yahoo.com>  
**Sent:** Sunday, March 30, 2014 8:14 PM  
**To:** FINTestimony  
**Subject:** re: testimony

We are the proud parents of a 4 year-old boy who was diagnosed as being on the "Autism Spectrum" shortly after age 3. About a year and a half ago, we began our battle with the Department of Education, HMSA and every other agency in Hawaii that has chosen the all-mighty dollar over the future of our children.

The State of Hawaii has for too long let HMSA & Kaiser get away with not having to invest in our children unlike most states in this great country of ours. In the past HMSA's & Kaiser's data has been inaccurate and misleading, yet the politicians still allow the burden of these autistic children to fall on the Department of Education (DOE). I do NOT understand why this is the DOE's responsibility when the DOE who has continually been ravaged with budget cuts over the years. In fact, many of those cuts come at the cost of the children with special needs. Aren't these the kids that need the help the most? According to the all-mighty dollar...NO! Yes, putting the onus on the insurance companies will cause our insurance rates to increase but is the answer to instead ignore these children? That's the answer that I seem to have been given as a parent with an autistic child.

We moved to California in October of 2013 because it was one of the many states that insurance covers autistic services. We sold everything that we had to come to California. Finally, we are able to obtain the necessary treatment services for him such as ABA and speech with insurance coverage without going bankrupt. If we stayed in Hawaii, we would not be able to get necessary services due to the cost.

Nothing makes me prouder than to say that I've been born and raised in Hawaii and the number one thing that you learn is that OHANA is the most important thing. The wonderful State of Hawaii let my son down. We will eventually be returning to Hawaii, but want to see changes to the insurance coverage for autism. Autism needs education and medical treatment. Early intervention is the key treatment for these children. Like many states that have passed the bill they have shown that medical needs of children with autism are important. Hawaii needs to invest in the medical needs of these children. As more children that need autism services fall through the cracks from budget cuts of the DOE and no health insurance coverage, we are letting the spirit and values of Ohana go. Is this what want to teach our children of Hawaii?

## HOUSE FINANCE COMMITTEE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep Aaron Ling Johanson, Vice Chair  
Tuesday, April 01, 2014, 2:00 PM  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson and members of the Committee,

My name is Johanna Taylor and I am a Board Certified Behavior Analyst (BCBA) that provides services to families and their children diagnosed with autism spectrum disorder (ASD). I am writing to encourage you to **support SB2054** (“Luke’s Law”) and to **reinstate the age cap of 21 years**.

Currently, I am a doctoral student studying ASD and early intervention at the University of Pittsburgh in Pittsburgh, Pennsylvania and hold a master’s degree in the same discipline. I have been a BCBA for seven years. I was fortunate to work in Hawaii for several years with individuals with ASD providing interventions that use applied behavior analysis (ABA). In May, I am moving back to Hawaii and intend to make the state my home.

I am looking forward to returning and am hopeful that when I arrive I will be able to say that I live in a state that provides quality ABA to individuals with ASD up to **21 years of age**. While I have observed the monumental impact ABA-based services have on individuals with ASD and their families, anecdotal reports supporting this approach, while meaningful, are not enough to warrant its use. Luckily, a wealth of research exists supporting ABA. This evidence clearly demonstrates that it is the most effective intervention approach for individuals with ASD improving IQ, language, academic performance, adaptive behaviors, challenging behaviors, and social behaviors (Myers and Johnson, 2007, p. 1164).

As a behavior analyst in Hawaii, I observed individuals from the Department of Education providing some level of service, but it was not nearly as intense as is needed for children with ASD to improve to the level where they would no longer need support later in life. I observed many children with ASD that did not receive services until they entered school. While the teachers provided some level of support, the interventions used were not usually based on ABA and in many cases actually increased challenging behaviors in children as they grew older. As these children engaged in more intense behaviors, I observed the level of service intensity and educational cost grow over time. Research has demonstrated that children with ASD can reach typical skill development if provided with services early in life because this is when the brain is the most malleable (Dawson et al., 2010). Therefore, it is imperative that all children diagnosed with ASD receive intensive ABA-based services from a young age. The services mandated in SB2054 will allow children access to appropriate interventions; thereby decreasing the cost of treatments later in life.

Although my education has focused primarily on providing interventions to young children with ASD, I have supported many teens and adults diagnosed with ASD using ABA. I have also facilitated two support groups for adults with ASD for the past year. Notably, the majority of these individuals, when asked, tell me that they wish they had been provided with more support between the ages of 18 and 21 because these years were extremely difficult for them to navigate. **I am very concerned about the recent amendment of the age cap to 18 years.** ASD is considered a lifelong, neurodevelopmental disorder; therefore it is imperative that the age cap is increased to 21 years. Part B of Individuals with Disabilities Education Act (IDEA) requires that special education services be provided to children and youth ages 3 to 22. This supports the notion that individuals with disabilities are considered children up to the age of 22. Further, many individuals with ASD will always be perform below their chronological age; therefore, long term savings will accrue if support is provided for these individuals until they are 21 because fewer will require lifelong services.

I am thrilled to be returning to Hawaii and look forward to supporting children with ASD and their families. Insurance reform is a necessary step towards providing effective services for individuals with ASD. I hope that you consider supporting SB 2054/Luke's Law in this legislative session.

Thank you,

Johanna P. Taylor, M.Ed., BCBA  
[johannapatriciataylor@gmail.com](mailto:johannapatriciataylor@gmail.com)

### References

- Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenon, J., . . . Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: the Early Start Denver Model. *Pediatrics*, *125*(1), e17-e23.
- Johnson, C. P., & Myers, S. M. (2007). Identification and evaluation of children with autism spectrum disorders. *Pediatrics*, *120*(5), 1183-1215.

## finance1

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**From:** Jill White <c21oahu@aol.com>  
**Sent:** Monday, March 31, 2014 10:00 AM  
**To:** FINTestimony  
**Subject:** Lukes Law support

Aloha,

I have a son with sever ASD who will be eight this summer. Dale had issues since birth and his HMSA would cover the neurologist & EEGs etc but as soon as his autism diagnosis came they no longer covered the doctor recommended treatments of speech and behavioral therapy. We were left with no other option but to rely solely on State of Hawaii Early Intervention services from the time he was 17 months old. Unfortunately the district did not have a speech pathologist so Dale never got a speech appointment until he was 30 months old. All of the scientific data showed that he needed 35-40 hrs a week of services but the State was only able to allot 20 hours.

I believe that Dale has suffered greatly due to the lack of medical attention given to autism! Autism is not just a behavioral issue but has deep underlying medical conditions. There must be medical, nutritional, and behavioral interventions together in order for any component to be successful. We cant keep hoping all the money the State spends on education will have an optimum result when the majority of doctors do not know how to treat the gut and detoxification that plague an ASD body. The only way we are going to get doctors to pay attention to treat the cause and not just the symptoms of the one in sixty-seven kids now suffering with ASD is to give them the heath care coverage to do it! Thirty-four other great states in this union have already done so... Now is Hawaii's chance to stand up against this rampant imbalance called Autism that left unchecked will indeed cause life long disability.

Finally, when conventional medical doctors could offer us nothing more than a support group & a "pervasive life long label of ASD" with zero explanation of what may have contributed to the condition, we found TACAnow.org. Talk About Curing Autism gave me the support that my Autism Speaks packet was lacking: information on how to find doctors who knew how to medically treat Autism. Since April of 2008 to the present our family has paid out of pocket nearly half a million dollars on medical & behavioral services. I have personally driven more than 90,000 miles on our small Oahu to get him the necessary services to clear his blood & brain of the off the chart toxins conventional medicine didn't even check.

Medical coverage will not be a cure for Autism. Yet it is certainly the MOST important FIRST step towards this ultimate goal. Our society can not handle the onslaught of the wave of dependent children & adults the Autism epidemic has already risen to. We must address the medical cause not keep putting a "behavioral band-aide" on today that will not serve the lifelong need for pain free independent living. It is our most human right to connect and interact with each other and Autism has robbed my son of his voice. I am begging you to stand up today and be his voice and say:

"It is time for Hawaii to be the 35th state to acknowledge AUTISM IS MEDICAL."

Mahalo  
Mrs. Jill White  
25 B Kilea PI Wahiawa 96786  
808-622-1255





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

March 30, 2014

Honorable Representative Luke, Chair  
Honorable Representative Nishimoto, Vice Chair  
Honorable Representative Johanson, Vice Chair

RE: SB 2054 - SD3 HD2: Mandatory Health Coverage for Autism Spectrum Disorders  
**SUPPORT WITH REVISIONS**

Chairman Luke, Vice Chair Nishimoto and Vice Chair Johanson and members of the Committee on Finance:

**With revisions I look forward to supporting SB 2054 - SD3 HD2.** 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 have seen families lose precious time searching and on waiting lists for a professional with expertise to provide treatment for their child. This is especially true on neighbor islands where experienced professionals are limited.

I am concerned with the unnecessary omission of licensed clinical social workers, which is out of step with the current delivery of treatment as well as other state mandates. So that families may have the greatest access to qualified and experienced professionals I respectfully submit that **licensed clinical social workers (LCSWs) be included to the following areas:**

“Coverage for applied behavior analysis shall include the services of the personnel who work under the supervision of the board certified behavior analyst or the licensed psychologist or ***clinical social worker*** overseeing the program.” (Page 5, lines 1 – 5)

“Behavioral health treatment” means evidence-based 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 or ***clinical social worker*** so long as the services performed are commensurate with the psychologist’s or social worker’s formal university training and supervised experience.” (page 6, lines 11 – 21)

The omission of licensed clinical social workers, one of the largest providers of behavioral health treatment, unnecessarily limits families’ access to qualified, experienced and licensed professionals. **Including LCSWs ensures that families – especially those on the neighbor islands - have the ability to choose from the broadest array of qualified, experienced and licensed professionals in the state.**

Sincerely,  
Lauren Wilson, MSW  
Autism Service Provider

COMMITTEE ON FINANCE  
Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 1, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Representatives Luke, Nishimoto, and Kawakami,

My name is Sheena Garganian and I am a professional who works with children and families affected by autism. I am writing to you in support of SB2054: Luke's Law, and the need for families and the community of Hawaii.

As a provider that works directly with children and families, the impact of the services we provide is shown not only in the child as the individual, but in the family as a unit. Part of what we do is not only a direct service to the child, but to the family in parent training as well as providing center-based, community-based and home-based services. When I see families I work with that currently do not have the insurance to cover these services, we are either not able to provide services due to cost. Other states that provide these services have shown that the cost is only \$0.31 per member per month. Department of Education (DOE) provides some support in the school setting but at a significant cost to the state and does not have the capacity to provide services deemed medically necessary for our children with Autism.

Applied behavior analysis (ABA) is effective in working with individuals of all ages. However, research shows that skill development programs that are provided at a young age foster better outcomes and can often reduce the likelihood of more severe or dangerous behaviors later in life (Mays Institute, 2014). While early intervention has shown significant progress for children up to 3-4 years of age, many children are not diagnosed until the age of 6, especially with children who are "high functioning" (i.e. Asperger's) are usually diagnosed between the ages of 8-10. Ages 8 and older is also a critical time in a child's life as they start to face other challenges (social, academics, daily living) that is not appropriate to teach a child below the age of 8.

Previous states have endured the struggles that Hawaii is now experiencing, though support from the community, families, and professionals have made remarkable impact on enacting autism insurance reform. I am employed as a Clinical Supervisor at Malama Pono Autism Center (MPAC) in Mililani where I am responsible in providing supervision and consultation to behavior clinicians (therapist/tutor), lead clinicians, and parents across several settings (in-home, center, and school). We met many families who were looking for ABA services, though their insurance does not cover that service or the out-of-pocket expense was too high. We have a growing number of clients ages 10 and older with varying levels of need. Part of what we do is to help teach the skills they require as they enter middle or high school, especially the transition into teen and adulthood.

I would like to state my support for SB2054. I appreciate your time and thank you and the committee for hearing my point of view of why you, and all of Hawaii's legislators should vote to pass Luke's Law.

Respectfully,

Sheena Garganian, M.S. BCBA  
Clinical Supervisor, Malama Pono Autism Center  
Legislative Chair, Hawaii Association of Behavior Analysis (HABA)

**Derrick K. Abe, O.D.**  
1441 Kapiolani Blvd., Suite #805  
Honolulu, HI 96814  
PH: (808) 946-6136  
FAX: (808) 943-6236

March 31, 2014

Dear Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson and Members of the Committee on Finance,

I am a small business owner in Hawaii, and I am writing to ask you to support SB2054, Luke's Law. As you know, children with autism in Hawaii currently aren't covered under most medical insurances.

I have been a small business owner for 11 years, and I understand the impact of high insurance premiums. However, I am also aware of the impact of autism on families in Hawaii, and there is simply no comparison between the struggles. Families with autism struggle daily – emotionally and financially – to provide for their children. Our state should act to relieve some of the financial burden on these families who did nothing to deserve their dire situations. The increase in cost that the insurance industry will pass on to small businesses is truly minuscule (0.2 percent, based on experience in other states) and is simply not a valid reason to turn our backs on children with autism.

Studies show that, with proper intervention, almost 50% of children with autism make amazing gains and can enter first grade indistinguishable from their peers. If left untreated, or if the child receives less than the recommended level of intervention as prescribed by his physician, these children are sometimes subject to a lifetime of state services over the course of their lifetime.

Please support SB2054. Not only does it make good fiscal sense for our state, it is morally and ethically the right thing to do.

Mahalo,

A handwritten signature in black ink, appearing to read "Derrick K. Abe". The signature is fluid and cursive, with a large initial "D" and "A".

Derrick K. Abe, O.D.



COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Representatives Luke, Nishimote and Johanson:

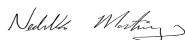
My name is Nedelka Martinez. I'm a recently graduated Board Certified Behavior Analyst (BCBA). I have worked with children and families of those individuals diagnosed with developmental disabilities for several years now. I've had all my clinical experience in the state of Florida. I have moved to Hawaii to fill the need for more behavior analysts on the island. I am one of the lucky individuals who can genuinely say they love their job. I am fiercely passionate about the services I provide to my clients and their families.

I stumbled into the field after a presentation I saw during my undergraduate degree. I feel forever grateful for that day. I have worked with many families and have not only shared in their joys but also their struggles. It is a beautiful thing to see the look in a parent's eyes when they hear their child communicate for the first time or make eye contact while having a conversation with them. In the same breath I can tell you that it is heart breaking to see how heavily it weighs on families when they see their child self-injuring themselves and feel completely helpless. I can go on and go on about the joys and struggles I've witnessed while in this field, but at the end of the day what really matters is that there is something that can be done, and that something is Applied Behavior Analysis.

Applied Behavior Analysis is rooted in research. The field only uses those procedures that have been shown to work time and time again. ABA has the ability to change people's lives in significant ways. No person diagnosed with a disability should have to do without it because of their economic capabilities. I urge you to look at the facts and all that can be accomplished if ABA is approved by insurance companies.

There are so many benefits of being able to provide services to individuals up to the age of eighteen. I heavily applaud that there was an amendment changing the age cap from nine years old to eighteen years old. Depending on their functioning level these children require different services. I've worked with a 14 year client that had programs which included learning how to feed herself, being potty trained, among other things. At the same time there are clients for example, that are 17 years old and need to learn function living skills such as taking the bus, cooking meal, etc. But not limited to that, we teach many of our teenagers social skills in a systematic way. Socializing is a skill that comes so easily to most of our population but is a real challenge for most individuals on the autism spectrum. Even though social skills are taught at any age it is heavily focused on with our older clients. Not knowing how to socialize or relate to their peers really hinders every day life for these individuals. It's hard to imagine but try to think about what it would be like to feel isolated from your peers and community because you don't have the tools to know how to interact or relate to them. Providing our clients with a wide range of tools to be more independent in every facet of their life is what we strive to accomplish every day with Applied Behavior Analysis. Please take all these things to consideration. Thank you for your time.

Respectfully,



Nedelka Martinez, MS, BCBA

Jerry Bump  
3248 Lamaloa Place  
Honolulu, HI 96816

March 31, 2014

House Committee on Finance

Hearing: April 1, 2014, 2:00 p.m., Conference Room 308

Re: Testimony in Support of SB 2054, SD 3, HD 2 – Relating to Health

Dear Chair Luke, Vice Chairs Nishimoto & Johanson and Members of the Committee,

Aloha and thank you for the opportunity to submit testimony in favor of SB 2054, SD 3, HD 2.

First, let me say that the most recent amendment to now require another actuarial report, is a waste of money and not necessary. 34 states already mandate this coverage and the impact of health insurance premiums has been negligible. An Oliver Wyman actuarial report was just submitted last legislative session regarding the autism mandate.

My son was diagnosed with an Autism Spectrum Disorder (ASD). He is now six years old and we have spent thousands of dollars for medical, speech, and behavioral therapies not covered by our health insurer. The DOE has stopped providing us services stating that his disability does not affect his academic performance. However, my son still needs social/behavioral/medical therapies not covered by our insurer.

Currently, 34 states specifically require insurers to provide coverage for the treatment of autism. Year after year, study after study, the Hawaii Legislature fails to help the struggling families. Let this be the year Hawaii stops the discrimination and requires health insurers' to provide the necessary treatment for this medical condition.

Please do the right thing for all of Hawaii's keiki and pass SB 2054, SD 3, HD 2.

Mahalo,  
Jerry Bump

**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 11:15 AM  
**To:** FINTestimony  
**Cc:** kamakane73@gmail.com  
**Subject:** \*Submitted testimony for SB2054 on Apr 1, 2014 14:00PM\*

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kama Hopkins	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](mailto:webmaster@capitol.hawaii.gov)

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Representatives Luke, Nishimoto and Johanson:

My name is Dr. Amanda N. Kelly and I am a professional who works with children and families affected by autism. I am writing to you because I want to talk about **SB2054: Luke's Law** and why you should **support this very important initiative, reinstate the age cap to 21, and return to an effective date of 2014.**

Applied behavior analysis (ABA) is an evidenced-based, empirically validated, scientifically proven methodology for improving the lives of children and families impacted by autism spectrum disorders (ASD). I have spent over a decade learning about ABA and focusing on how it can be employed to solve some of society's largest problems.

I have earned my Master and Doctoral degree in behavior analysis and over the past 15 years I have gained experience working with several hundred children diagnosed with autism in multiple treatment settings, throughout various states. I consider myself an expert in the treatment of children with autism and in ABA. However, I do not consider myself an expert in legislation or with writing or interpreting insurance policies. I respectfully defer to you for your guidance on those matters and respectfully request that you consider my insight into areas that are within my realm of expertise.

I would like to provide you with some facts pertaining to autism treatments based on applied behavior analysis (ABA).

1. Children with autism often have difficulty learning through exposure to typical social settings, which can be extremely damaging to their social development (Koegel, 1998; Smith, 2001). "Levels of intellectual ability vary greatly among children with autism, ranging from severe intellectual challenges to average or above average intellectual ability. The study found that almost half of children identified with ASD have average or above average intellectual ability (an IQ above 85) compared to a third of children a decade ago" (CDC, 2014).
2. There is no cure for autism, but it is a treatable condition (NCSL, 2012). In order to address these potential deficits, children with autism generally require explicit instruction to learn to attend to relevant stimuli in their environment (Drash & Tudor, 1993).
3. Evidence exists that early intensive interventions guided by behavior analytic principles produce substantial benefits for children with autism, as outlined in comprehensive reviews (Rimland, 1994; Rogers, 1998).
4. There have been long-term, positive effects achieved with intensive behavioral intervention (Lovaas, 1987; McEachin, Smith, & Lovaas, 1993; Smith, 1995). Specifically, procedures based



on applied behavior analysis (ABA) are recommended for children diagnosed with autism (National Research Council, 2001; Surgeon General, 1999).

5. Applied behavior analysis is the science of systematically studying variables that influence behavior (Sulzer-Azaroff, Mayer, & Wallace, 2012) and is the methodology that generates the most effective outcomes for individuals with autism (Zager, 2005).
6. In addition, over the past 30 years, several thousand published research studies have documented the efficacy of applied behavior analysis across a wide range of populations, interventionists, settings, behaviors, and AGE SPAN (NRC, 2001; MADSEC, 2000; Surgeon General, 1999).
7. Behavior analytic teaching procedures include strategies based on positive reinforcement to increase academic and social skills (e.g., Jones, Feeley, & Takacs, 2007; Tarbox, Ghezzi, & Wilson, 2006), extinction to reduce challenging behavior (e.g., Neidert, Iwata, & Dozier, 2005; Waters, Lerman, & Hovanetz, 2009), and prompting strategies to teach new skills (e.g., Fisher, Kodak, & Moore, 2007; Kurt & Tekin-Iftar, 2008).
8. Typically, 25 to 40 hours per week of intensive behavior intervention is recommended for children with autism (Leaf & McEachin, 1999; Lord & McGee, 2001; Green, 1996; Myers & Johnson, 2007).
9. A Centers for Disease Control study in the April autism supplement of the Journal of Developmental and Behavioral Pediatrics, released May 10, 2006, found that the average age of initial evaluation of children later diagnosed with an autism spectrum disorder was 4 years of age but the average age of diagnosis was 5 years, 1 month, a 13 month delay. The study data was collected from the Metropolitan Atlanta Developmental Disabilities Surveillance Program 2000 (MADDSP).
10. Diagnosis of Aspergers Syndrome is often later, between ages 10-12. Diagnosis can be tricky as there is a lack of a standardized diagnostic screening for the disorder. According to the National Institute of Neurological Disorders and Stroke, physicians look for the presence of a primary group of behaviors to make a diagnosis such as abnormal eye contact, aloofness, failure to respond when called by name, failure to use gestures to point or show, lack of interactive play with others, and a lack of interest in peers.
11. **Cost-benefit estimates suggest significant cost-aversion or cost-avoidance may be possible with early intensive behavioral intervention (EIBI). This model estimates that cost savings could range from \$187,000 to \$203,000 per child for ages 3-22 years and from \$656,000 to \$1,082,000 per child for ages 3-55 years (Jacobson, Mulick, & Green, 1998).**

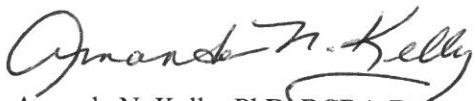
Additionally, I would like to share information pertaining to the coverage of ABA for treatment of ASD in other states.

1. The Centers for Disease Control and Prevention (CDC) estimates that 1 in 68 children (or 14.7 per 1,000 eight-year-olds) in multiple communities in the United States has been identified with autism spectrum disorder (ASD). This new estimate is roughly **30 percent higher** than previous estimates reported in 2012 of 1 in 88 children (11.3 per 1,000 eight year olds) being identified with an autism spectrum disorder (<http://www.cdc.gov/media/releases/2014/p0327-autism-spectrum-disorder.html>).

2. 34 states currently provide insurance mandates for autism spectrum disorders (ASD): Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Virginia, West Virginia, and Wisconsin (ASHA, 2014).
3. Most of the legislation to provide coverage for autism has been enacted in the last four years (NCSL, 2012).
4. A study in 2006 by the Harvard School of Public Health estimated that it costs \$3.2 million to take care of an individual with autism over his or her lifetime and that it costs society an estimated \$35 billion each year to care for all individuals with autism (NCSL, 2012). The **Hawaii Department of Education spent nearly \$37.5 million on autism programs** for students during the 2012-13 year, according to Department of Education data provided to Representative Belatti ([http://www.capitol.hawaii.gov/Session2014/Testimony/SB2054\\_HD1\\_TESTIMONY\\_CPC\\_03-19-14\\_.PDF](http://www.capitol.hawaii.gov/Session2014/Testimony/SB2054_HD1_TESTIMONY_CPC_03-19-14_.PDF)).
5. Two years after requiring coverage, seven states saw monthly premiums rise by 31 cents on average per member, according to figures collated by Autism Speaks. In Arizona's second year of mandated coverage, autism-related claims totaled about \$389,000 — less than 10 percent of the \$4,900,000 that the legislature forecast in last March (Reuters, 2013).

I appreciate your time and thank you and the committee for hearing my point of view. I hope data and facts will be the guiding force that will lead you —and all of Hawaii's legislators, to **vote to pass Luke's Law: SB2054, to reinstate the age cap at 21 years, and return to an effective date of 2014.** Our children, their families, and our state cannot afford to wait any longer. "There will be a huge autism tsunami that's going to hit the state budget if insurance doesn't step in" now (Lorri Unumb, Autism Speaks).

Respectfully,



Amanda N. Kelly, PhD, BCBA-D  
Clinical Supervisor, Malama Pono Autism Center  
2014 Vice President, Hawai'i Association for Behavior Analysis  
Behaviorbabe, [www.behaviorbabe.com](http://www.behaviorbabe.com)

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- Amanda N. Kelly, PhD, BCBA-D  
SB 2054 "Luke's Law" Testimony

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## Press Release

For Immediate Release:  
May 10, 2006

Contact: Centers for Disease Control and Prevention  
Division of Media Relations  
(404) 639-3286

### Thirteen Month Delay Between Evaluation and Autism Diagnosis in Children

Children with autism spectrum disorders (ASDs) may experience a 13-month delay before they are diagnosed. A study in the April autism supplement of the *Journal of Developmental and Behavioral Pediatrics* released today, found that children diagnosed in metropolitan Atlanta were initially evaluated at an average of 4 years of age but were not diagnosed with an ASD until an average of 5 years 1 month. The study also found much variability in both, with an age range of 1 year 4 months to 8 years 6 months old for initial evaluation, and an age range of 1 year 5 months to 8 years 8 months old for actual diagnosis.

The study data, collected from the Metropolitan Atlanta Developmental Disabilities Surveillance Program 2000 (MADDSP), did not explore reasons for the 13-month delay. However, the study found that most children were first diagnosed with other conditions, such as language delay or general developmental delay.

"Although this study draws upon data from the metro Atlanta area, it serves as an important indicator of the nationwide challenges of diagnosing autism, particularly more mild cases," said Dr. José Cordero, director of CDC's National Center on Birth Defects and Developmental Disabilities. "The real public health challenge is to educate doctors on the signs of autism and to encourage use of standardized diagnostic instruments that better identify symptoms relevant to ASD and help distinguish ASD from other developmental delays or disorders."

According to the study, a 13-month delay in ASD diagnosis existed for both boys and girls and across racial/ethnic classification. While children with more severe symptoms of autism were evaluated and diagnosed almost two years earlier than children with milder symptoms, they were not evaluated until an average of 3½ years old and were not diagnosed with an ASD until an average of 4½ years old. Previous research indicates that parents of children with an ASD report began to have concerns about their child's development between 1 and 2 years of age.

*Amanda Kelly*

Seventy-six percent of the children diagnosed with an ASD were identified at medical facilities such as hospitals and clinics, and 24 percent were identified at schools. The study's researchers found that 70 percent of healthcare professionals did not use a standardized diagnostic instrument when assigning the first ASD diagnosis.

ASDs are lifelong neuro-developmental disorders characterized by early onset of social, communication, and behavioral problems, which are present before 3 years of age. Early identification of ASDs leads to earlier entry into intervention programs that can help improve developmental outcomes. It is important for parents and healthcare professionals to recognize early symptoms of ASDs. It is also important that children with identified delays be administered routine developmental and autism-specific screenings. CDC designed the "Learn the Signs, Act Early" campaign to educate parents and professionals on the early signs of autism and other developmental disorders. For more information, visit [www.cdc.gov/actearly](http://www.cdc.gov/actearly).

To obtain a full copy of the article, visit the Journal of Developmental and Behavioral Pediatrics' Web site at [www.jrnldb.com](http://www.jrnldb.com).

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

*Amanda Kelly*

**finance8-Danyl**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 11:22 AM  
**To:** FINTestimony  
**Cc:** jepsona001@hawaii.rr.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
jepsona001@hawaii.rr.com	Individual	Support	No

Comments: the financial burden on families who have to pay out of pocket for early intervention behavioral therapies often precludes treatment that is proven to make a huge difference in the long term behavior of children with autism. This bill is important is a significant step toward achieving long term outcomes that will allow out children to develop tools to make them as productive as possible as adults.

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.

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March 30, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, HI 96813

RE: Testimony in Support of SB 2054

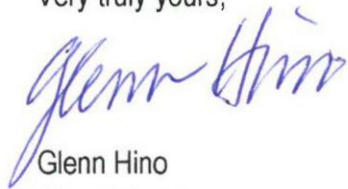
Dear Committee Members:

My family owns and operates Hino's Hairstyles at Ala Moana Shopping Center. We have been in business since 1959.

We are a small business which over the years we have employed between 10 to 20 people at a time.

My family and I support SB 2054. We know some friends who have children with autism or aspergers syndrome. These families need help now. We do not see a burdensome increase in insurance costs from this.

Very truly yours,



Glenn Hino  
Hino Hairstyles  
Ala Moana Shopping Center  
1450 Ala Moana Blvd  
Honolulu, HI 96814  
Cell: 348-4162



March 28, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, Hawaii 96813

RE: Testimony in Support of SB 2054  
(insurance coverage for children on autism spectrum)

Dear Chairperson Sylvia Luke, Vice Chairperson Scott Nishimoto,  
and other Members of the House Finance Committee:

I've been a small business owner with a consulting service for the past 20 years and I support SB 2054. I appreciate all the work Small Business Hawaii and the Chamber of Commerce has done on behalf of small businesses like mine, however, in this case, I disagree with their position on this issue.

Almost everyone I know has a relative that is affected by Aspergers syndrome (or high functioning Autism). These families need help and their extended families will become aware of your support or non-support of this bill.

In terms of fiscal responsibility, I believe that capping the insurance coverage at age 9 is counter-productive in addressing this serious disorder. From a cost perspective shouldn't society treat these people while they are children instead of when they are adults when the cost would be much higher?

Properly treated, these children can become productive contributing members of society. These children need help in harnessing challenging, but very high level functions in ways that make them assets to society. Without this help these people will become a burden on society and society will end up having to pay for them anyway.

I humbly request that you consider helping these children and their families by supporting SB 2054.

Sincerely,



Carl Young  
1130 Hind Iuka Drive  
Aina Haina, Honolulu, HI 96821

March 25, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, HI 96813

RE: Support of SB 2054

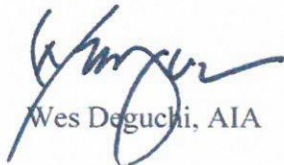
Dear Committee Members:

I have been a practicing architect in Hawaii for over 30 years. My firm AD2 International is a small business. Over the years we have employed from 2 to 6 professionals.

We pay general excise taxes, payroll taxes, and cover health insurance.

Children with autism or aspersers should be given a chance in life. We support insurance coverage for these children and their families.

Very truly yours,

  
Wes Deguchi, AIA

March 29, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania St, Honolulu, HI 96813

RE: Testimony in Support of SB 2054

Dear Chairperson Sylvia Luke, and Vice Chairperson Scott Nishimoto:

My family and I support SB 2054. We have strong roots in Hawaii (our parents and grandparents are from here) and have operated a small real estate investment business in Honolulu for over 30 years. We pay general excise taxes and payroll taxes. We also engage many Hawaii professionals – architects, contractors, landscapers, air con mechanics, electricians, property managers, etc.

We know some friends who have children with autism or aspergers syndrome. These families need help now and we feel that any added insurance costs to small businesses would be minimal.

We also believe that capping the insurance coverage at age 9 is much too low and does not help in addressing this serious disorder.

Very truly yours,



Cedric Chun  
HLC Properties, LLC  
2721 Kolonahe Place  
Honolulu, HI 96813

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

Dear Representatives Luke, Nishimote and Johanson:

My name is Will Parker and I am teenager with autism and I live in Massachusetts. I am writing to you because I want to talk about applied behavior analysis (ABA) and how it benefits people with autism.

When I was younger I had difficulty with managing my behavior and controlling my temper. It was hard for my family and me. Due to this issue I even had to go to a different school. At this new school, I worked with a Board Certified Behavior Analyst (BCBA) who helped my family and me with my challenges. My behaviors were confusing and frustrating for my entire family. My BCBA came to my house and walked me through the steps of how to behave and learn better. I learned about behaviorism and B.F. Skinner. This helped me control myself at school and home. I was even invited to present about my experiences at the Massachusetts ABA Conference in 2012.

If I didn't have ABA therapy, my behaviors would probably have gotten worse and become more intense. If I didn't learn how to control my behavioral outbursts I might have gotten into trouble with the police. With the help of my family and my BCBA, we were able to treat, not cure my autism. Even though I am doing so much better, I still work with a BCBA today. I learn something new all of the time.

With the help of ABA therapy, I learned to control my outbursts, but I also learned to how to ride a bike, tie my shoes, and make friends. I also have a better relationship with my mom and dad and I'm a good big brother.

I think kids with autism should have ABA services. I think it would be cool if Hawaii passes *Luke's Law* to allow this to happen. With ABA, kids in Hawaii can be a success like me.

Thank you for your time.

Respectfully,



Will Parker  
Massachusetts

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 01, 2014, 2:00 P.M.  
Conference Room 308, State Capitol  
415 South Beretania Street

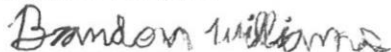
Dear Representatives Luke, Nishimoto and Johanson:

My name is Brandon Williams and I have what was formerly Asperger's Syndrome. I am writing to you because I want to talk about Luke's Law and how it will benefit children and families with autism. I am currently 16 years old and have Asperger's. I was always the "weird" kid in most social situations, especially at school. My parents decided to have me see a psychologist in Connecticut where I formerly lived. After we moved to Hawaii, I saw another psychologist at Tripler Hospital. I was 14 when I first saw the psychologist; from there after some meetings, he diagnosed me with Asperger's Syndrome which made me wonder what it was. I researched it after that, and found out that this was a very complex disease. The diagnoses then made sense on why I was the "weird" kid at school. I started to get help with Asperger's in 2013 with ABA. I believe that without ABA that my life especially in social experiences, would be different for probably the worse. Without ABA I wouldn't get unspoken social rules and practices and I wouldn't make many friends. I would also struggle with obtaining a job because my behaviors would make it hard to interview and possibly lose my job if I was able to get hired. ABA has helped understand social standards and cues but also made me feel more comfortable in social settings and environments. It is currently helping me attempt to get a job with body language and other conversational skills used in business environments. Overall, ABA has improved my life and will continue to do so. Since ABA has helped my life it may help other lives too that experience Autism. Many people could benefit from the passing of this law as it would impact more people's lives and would increase the age range that people can get treatment. This could also help with new employees; because of the lack of social skills it was previously hard to get a job when having Autism. With ABA it would help the social skills and possibly cause more workers which may benefit our economy by an amount

Thank you for your time and for hearing my point of view of why you should vote to pass Luke's Law. I hope that this will help with the passing of the law. Have a pleasant day and farewell

Respectfully,

Brandon Williams

  
(860)792-1313

From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 31, 2014 12:23 PM  
To: FINTestimony  
Cc: bernie808@hawaiiantel.net  
Subject: Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bernadette Keliiaa	Individual	Support	No

Comments: I am a parent of an adult with autism. I strongly support SB 2054. Providing therapies for children with autism is essential. My son had no such assistance and now on a bad day, the cost of daily supports can be about \$900.00. This is not to mention ongoing psychiatrist and psychologist appointments and a slew of medications. The cost of early therapy has to be the fiscally responsible thing to do. Please vote yes on SB 2054! Mahalo, Bernadette Keliiaa

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.

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Committee on Finance

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 1, 2014 / 2:00 pm

Conference Room 308, Hawai'i State Capitol

Dear Representatives Luke, Nishimoto, and Johanson,

My name is Lara Bollinger and I am a professional who works with children with autism. I am writing to you because I want to talk about **SB2054 / Luke's Law** and how it will benefit children and families with autism.

I first got involved in the field of autism and Applied Behavior Analysis about 15 years ago when I signed up to be a counselor at a camp for students with disabilities. I had no idea that choice would change the course of my life and I'm so glad it did! Over these past 15 years, I have seen what a positive difference ABA can make in the lives of those affected by autism and other developmental disabilities.

I have seen an 11-year old, whose parents were told he would never talk or be toilet trained, learn to do both. I've seen students with severe challenging behaviors able to overcome these, learn to communicate their wants and needs, and transition into much less restrictive settings. I've seen young adults learn to brush their teeth, make a sandwich, and learn some basic vocational tasks that could help them gain more independence and a job in the future. I've seen young children say their first words and then take off with an explosion of language. I've seen students who are falling behind in school learn academic skills at a pace that far exceeds that of their typically developing peers. The difference for all of these students was Applied Behavior Analysis.

Without access to Applied Behavior Analysis (ABA) services, I've seen many families struggle with how to best educate and help their child. I've worked with families coming into ABA for the first time and seen the difference it can make in their child's and family's life. I've seen the joy in a parent's eyes when a child says their first words, asks their parent a question for the first time, or shows their parent any of the new skills they have learned.

ABA is research based and driven. Techniques used are those that have been proven effective. Access to these services should not be only for the rich. Providing access for all children and families through insurance reform is a step that so many other states have already taken. This access can change the lives of countless children and families.

Autism does not discriminate. According to recent estimates from the Center for Disease Control, autism now affects 1 in 68 children, an increase from last year's estimate of 1 in 88. These continued

increases require that we, as a society, look to provide effective services and treatment for all children, not just those with the financial means to pay out of pocket.

Unfortunately, the cost of these treatments can prohibit access to those who need the services. Families who pursue these treatments may spend thousands of dollars a year. Some families just don't have the resources to do this. Passing SB2054/Luke's Law would provide access to many of these families who would otherwise be unable to access needed services. The cost of insurance reform is minimal to members. According to [insurancerefairnesshawaii.com](http://insurancerefairnesshawaii.com), "Actual claims data from states that have required similar coverage for multiple years indicates an average premium impact of 31 cents per member per month, less than the cost of a postage stamp." As seen by my personal experience, the long term cost to the state for not providing early intervention for these students would far exceed this. Students not receiving appropriate ABA services often require a higher level of care through the school years and beyond.

Thank you for your time and for hearing my point of view of why you should vote to pass SB2054 / Luke's Law.

Respectfully,

Lara Bollinger, M.S.Ed., BCBA  
Autism Behavior Consulting Group  
[lara@autismbehaviorconsulting.com](mailto:lara@autismbehaviorconsulting.com)



## finance1

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**From:** Kriste Draper <kristedraper@hotmail.com>  
**Sent:** Monday, March 31, 2014 2:00 PM  
**To:** FINTestimony  
**Subject:** Fund Autism

To whom it may concern:

My name is Kriste Draper and I am the parent of a two year old with Autism. My son cannot speak nor does he understand a word that I say. He smiles and laughs and looks at me for reassurance to make sure that his facial gestures are appropriate. He does not understand the difference between happy or angry he flaps his arms and runs in circles when he gets anxious or if too many people are in the house at the same time. He is the most beautiful boy but the world does not understand him and that makes him sad sometimes. ABA therapy works it's not an option it's an actual treatment. The therapy is so expensive That without insurance it would take our entire household paycheck to provide Finn with the therapy he needs. As a family and as a mother I have to choose between putting food on the table and a roof over our heads or giving Finn the opportunity to speak, to understand language, to laugh to be a part of this world. That is not a choice any parent should ever have to make. Insurance shouldn't be an option it should be mandatory. Children deserve to live the best life we can possibly give them.

Sincerely,

Kriste Draper  
Honolulu, HI 96818

Sent from my iPhone

**finance1**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 31, 2014 2:04 PM  
**To:** FINTestimony  
**Cc:** luluperucci@yahoo.com  
**Subject:** Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 3/31/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
taffy perucci	Individual	Support	No

Comments: Take out cap of age 18 and make it 22, age at which children age out of IDEA services and enter adult services.

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](mailto:webmaster@capitol.hawaii.gov)

Dear Representatives Belatti and Morikawa,

My name is Carla Schmidt, I am an assistant professor at the University of Hawaii-Manoa in the Departments of Special Education and the Center on Disability Studies. I am also a board certified behavior analyst (BCBA-D) and President of the Hawaii Association of Applied Behavior Analysis (HABA). I am also an aunt to three children on the autism spectrum. My work and research focuses on the use of Applied Behavior Analysis (ABA) with individuals with Autism Spectrum Disorders. I am writing to you because I want to talk about SB2054 / Luke's Law and how it will benefit children and families with autism.

I am writing to you because I want to talk about SB2054/Luke's Law and how it will benefit children and families with autism. The field of ABA has over 40 years of research to support its use and is now considered the gold standard of treatment for the autism population. I have worked with families of children with Autism for the past ten years and have seen first hand the benefits of providing treatment based on ABA. For families of children with Autism, ABA treatment is essential and has the potential to change lives. The recommended dosage of ABA treatment is between 20-40 hours per week, depending on the severity of the Autism diagnosis. If paid out of pocket this treatment is extremely expensive for families. No child with Autism in the State of Hawaii should go without proper treatment due to its expense. Additionally, an added benefit to early intervention is that this type of intervention can mitigate cost later in life for individuals with Autism. Each child with Autism should have the opportunity to excel to his or her full potential, in order to ensure this; access to ABA treatment is imperative. SB2054/Luke's Law can help facilitate this. I thank you for your time and for hearing my point of view on why you should pass SB2054/Luke's Law.

Respectfully,

Carla Schmidt, Ph.D., BCBA-D  
University of Hawaii-Manoa  
carlats@hawaii.edu

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

Tuesday, April 1, 2014/2:00pm

Conference Room 308, Hawaii State Capitol

Dear Representatives,

My name is Dana Simmons and I am the aunt of an amazing nine year old boy with autism as well as a Board Certified assistant Behavior Analyst (BCaBA) currently working with children diagnosed with autism and developmental disabilities. I am writing to you because I want to talk about SB2054 / Luke's Law and how it will benefit children and families with autism.

In the past five years I have seen many families' lives changed by the application of Applied Behavior Analysis (ABA). I began working in this field approximately a year after receiving my undergraduate degree in Speech Pathology. I worked as a Speech-Language Pathologist Assistant (SLPA) for many months in California but took a job tutoring children with autism upon arriving in Hawaii. It took less than 6 months for me to realize that the work I was doing was so powerful that it could help many children learn at a rate higher than many in a regular education classroom. I did not need any convincing to immediately change my career path. Proof of the effectiveness of this treatment had been shown over and over again through me, many other technicians and Behavior Analysts applying the principles of Applied Behavior Analysis with a wide variety of children on the autism spectrum. I have worked harder to learn more, become certified and am currently enrolled in a master's program for ABA and autism. With this degree I hope to assist children, young adults and families with a wide variety of life challenges that come along with an autism diagnoses.

In the past, working as an SLPA, I felt that working with children with disabilities was my calling. I would go classroom to classroom pulling children to the side to work on particular sounds and language skills that they were having trouble with. At that time I had no knowledge of ABA and my efforts and advances with their progress were mediocre at best, this likely being typical with practices based on theory. I do not want to slander the ways of others but merely point out the changes that ABA has made in helping me help others. Armed with the scientifically proven procedures used in the application of ABA I have been able to assist children who were falling behind and have been considered "helpless" by many other professionals. I have worked with children who have been literally abused, likely because their teachers were frustrated by their own inability to communicate and have them follow instructions. Without ABA I would not have been able to assist those children in learning how to ask for what want and tell others what they need. Without ABA, it is likely that those children would never have had a voice. Most heartbreaking of all, I have watched my own nephew struggle with school and social skills for more than 5 years, due to a lack of funds to cover ABA services that have been proven to help him. He falls behind his peers in school every day, even with extra classroom aide. Living so far away from them, I see a family who needs a cohesive,

comprehensive program to assist not only my nephew, but his family in maintaining consistency that could ease all of their lives.

In my experience with ABA I have seen a child unable to speak any intelligible language, walk away from his specialized program nine months later and join his peers in a regular education classroom. I have seen children who scream, cry and hit others as a form of communication, learn to verbally ask for food and use the toilet on their own, after years of unsuccessful attempts at home. I have seen children learn math and reading at a rate higher than any typically developing child I know; all due to the application of ABA.

Applied Behavior Analysis has the potential to not only help diminish behaviors that interfere with learning but also to help individuals join their society and lead happier lives. ABA can be used in so many ways that will benefit children's lives, their family's lives, a teacher's ability to teach or a school's ability to educate. Through years of research, this has been proven. Please give our children in Hawaii the opportunity to be educated in ways that can help them lead more enriched lives. They are full of humor and brilliant ideas, given the chance they may just help change our world for the better someday.

It has been indicated by some, in a position of authority on the subject, that it would cost mere pennies on the dollar for each member, per month, in order to provide ABA services to families of those with autism. I do not mind paying extra in insurance premiums, especially if it is under a dollar, to help families who live with autism every day. We are already helping those who deal with a variety of different diseases and disabilities (i.e. cancer, diabetes). It begs the question, why wouldn't we help these families as well?

Many children with autism benefit the most from early intervention. Unfortunately we live in a world where all of these children have not been given that opportunity. In many cases, autism is a life-long condition, not ending at age 18, when most of us start fully relying on ourselves. In the past year I have seen many adults with autism in adult day-care centers. Some are unable to function independently at all, requiring someone to still help them use the bathroom, bathe, eat and get dressed. Capping the age limit and financial cap will leave many of those in need with nowhere to turn to. Their families are already struggling; working many jobs, and still live in sub-par housing with hardly any food on the table. Why should they be left without any help?

I am more than willing to share a thousand more stories if you would like to contact me but I hope that you have also taken a moment to meet some of these beautiful children and adults so that you may see the difference ABA has made in their lives. I honestly thank you for your time and for hearing my point of view of why you should vote to pass SB 2054.

Respectfully,

Dana Simmons, BCaBA  
dana@autismbehaviorconsulting.com  
(228) 357-0840

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

RE: Insurance Reform for Autism Coverage **SB2054**

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

Your Voting Constituent

## finance1

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**From:** Shirleen.L.Cordeiro@kp.org  
**Sent:** Monday, March 31, 2014 2:52 PM  
**To:** FINTestimony  
**Subject:** re:Hawaii families for Insurance Fairness

Aloha Sylvia Luke, Chair, Committee on Finance,

My name is Shirleen Cordeiro, 1118 Pua Lane #305, Honolulu, HI  
I am in strong support for SB 2054  
because Autism affects 1 in 68 children  
34 states have adopted an insurance mandate, we are in the clear minority.  
the average cost of covering autism benefits is a mere 31 cents permonth per insured, less than a postage stamp!  
I have friends in great need and I would truly appreciate this bill to be passed! I truly support this effort! Please  
help our beautiful children!!  
Please vote yes to SB 2054!

Sincerest appreciation!  
sha

**NOTICE TO RECIPIENT:** If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

**April 1, 2014**

House Committee on Finance  
SB 2054 Relating to Health

Chair Luke, Vice Chair Nishimoto, Vice Chair Johansen, and Members of the Committee:

Thank you for the opportunity to testify on SB 2054. My name is Brandon Letoto and I strongly support this bill.

My wife Lori and I are the proud parents of six year old twin boys, Luke and Troy. Our son Luke was diagnosed with Autism Spectrum Disorder PDD-NOS around the age of 2. Since then, we have been to many Doctors visits and therapy sessions. Many of which are not covered by medical insurance.

Our son Luke is considered nonverbal and we send him to weekly speech therapy services at O'ahu Speech Therapy. Our families out of pocket cost for this is \$100 an hour. Additionally, Luke takes daily supplements which add another \$100 to our monthly bills. We also have our son on a special gluten free, casein free diet. The cost of this special diet is another cost that many families with autistic children face. We would like to implement more therapy sessions such as ABA but the cost of such services seem so out of reach.

We also have our son see Dr. John Green from Oregon. He specializes in biomedical treatment for autistic individuals. These services include prescription drugs and other treatments that could possibly help our son. Every visit to see Dr. Green is an out of pocket expense, since insurance does not cover it. This includes labs, meds, visits, etc. Biomedical Physicians are very expensive and has put another financial burden on our family.

I believe that passing this bill will increase Luke's chances of thriving by allowing him to receive more therapy and treatments that could help him to "recover" from his autism diagnosis. Like every parent, they have dreams for their child. My dream for Luke is that one day he will not only be able to function independently but also be a contributing member of society. There are thousands of children who have been diagnosed with autism in Hawai'i and the statistics are showing that this number is on the rise. Autism rates climbed nearly 30% between 2008 and 2010 and have more than doubled since the turn of the century, according to a new study from the U.S. Centers for Disease Control and Prevention. The condition is now believed to affect one of every 68 8-year-olds – up from one in 88 just two years earlier.

With your help these children can be given the opportunities that they deserve.

Having a child with autism is very challenging and the cost of medical care and therapies are just some of the many hurdles that families must overcome. Currently 34 other states have Insurance Mandates for Autism Spectrum Disorder and Hawai'i's children are long overdue for some relief. By passing this bill without the age restrictions, you will help ease some of the financial struggles that these children and their families face but most importantly you will be helping to provide a brighter future for tomorrow.



Thank you for your time and consideration,  
Brandon M. Letoto  
45-501 Apapane St.  
Kaneohe, HI 96744

March 30, 2014

Committee on Finance  
Rep. Sylvia Luke, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Rep. Aaron Ling Johanson, Vice Chair  
Hawaii State Capitol  
415 South Beretania St.  
Honolulu, HI 96813

Dear Representatives and Committee Members:

My wife Emily and I strongly support passage of Bill SB 2054 "Luke's Law" which will provide insurance coverage for services for children on the autism spectrum which are not currently covered.

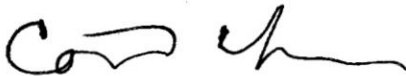
We have a daughter with asperger's syndrome. She is now 14 and a freshman at Roosevelt High School in special education classes. Since she was a toddler her asperger conditions made her very hard to parent, especially her opposition. Like many parents, we have been through a whole battery of medical professionals, different medications, and school Individualized Education Programs since she was 7. We are completely exhausted!

In August 2013 we started her at an autism clinic where her primary services are in Applied Behavioral Analysis. Since then she has shown steady progress. We have never seen that before and for the first time are genuinely encouraged. We understand that Applied Behavior Analysis can result in improved behavior which should transfer into adulthood.

These services run about \$1,200 per month, not an insignificant sum for us. None of it is covered by our HMSA insurance. We have another younger child to raise as well.

Children on the autism spectrum can become a huge drain on families, society, and themselves when they become adults. However if provided appropriate services as children, they can lead productive lives as adults. The cost to society would actually be less.

We urge you to pass Bill SB 2054 and establish an age cap of 21, so that children on the autism spectrum can get what they need the most – a chance in life. Thank you.



Calvert Chun  
1054-A Alewa Drive  
Honolulu, HI 96817  
Cell: 808-421-7996

March 31, 2014

Representatives Luke, Nishimoto and Ling Johanson:

I am writing to express my strong support for SB2054 SD3 HD2 to require health insurers in Hawaii to cover therapy for autism spectrum disorders. Because severely autistic children require 30 to 40 hours of therapy a week, treatment is very expensive and is bankrupting parents who seek help for their children. We heard Dr. David Fray testify several weeks ago that the State of Hawaii pays between \$200,000 to \$900,000 per year for the care of autistic adults—individuals who could have been helped as children to improve their quality of life and increase their independence, thereby reducing the burden for taxpayers.

I urge you to vote “yes” for SB2054.

Sincerely,

Janet Edghill (mother of a 6 year old son with autism)



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

March 21, 2014

Representative Sylvia Luke Chair House Committee on Finance  
And Committee Members

RE: SB2054 – Relating to Health  
Health; Insurance; Mandatory Health Coverage; Autism Spectrum Disorders (ASD)  
Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments.

The 17 Community Children's Councils (CCCs) **strongly support with amendments**. As set forth in Standing Committee Report No. 1217-14 RE: SB2054 S.D. 3 H.D. 2 (see attached). We agree that children with ASD benefit academically, socially and behaviorally from early diagnosis and treatment utilizing evidence-based interventions, such as applied behavior analysis. The 17 Community Children's Councils (CCCs) have been involved for the past several years in providing input to the development of this bill. We firmly urge the passage of this bill.

The 17 Community Children's Councils (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.

Thank you for the opportunity to testify if there are any questions or you need further information please contact us at 586-5370

Sincerely yours

Tom Smith, Co-Chair

Jessica Wong-Sumida, Co-Chair

(Original signatures are on file with the CCCO)

STAND. COM. REP. NO. 1217-14

Honolulu, Hawaii  
, 2014

RE: S.B. No. 2054  
S.D. 3  
H.D. 2

Honorable Joseph M. Souki  
Speaker, House of Representatives  
Twenty-Seventh State Legislature  
Regular Session of 2014  
State of Hawaii

Sir:

Your Committee on Consumer Protection & Commerce, to which was referred S.B. No. 2054, S.D. 3, H.D. 1, entitled:

"A BILL FOR AN ACT RELATING TO HEALTH,"

begs leave to report as follows:

The purpose of this measure is to require health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for screening, diagnosis, and treatment of autism spectrum disorders up to a maximum benefit of \$50,000 per year and a maximum lifetime benefit of \$300,000, with adjustments for inflation beginning after July 1, 2015, for individuals under 9 years of age.

The Department of Health; State Council on Developmental Disabilities; Representative of the Twenty-Fourth District of the State of Hawaii House of Representatives; Special Education Advisory Council; Hawaii Medical Association; Amazing Behaving, LLC; KJN Corporation; Autism Behavior Consulting Group, Inc.; Behavior Analysis No Ka Oi, Inc.; and several individuals provided testimony in support of this measure. The Hawaii Medical Service Association and a few individuals provided testimony in opposition to this measure. The Department of Human Services; Department of Budget and Finance; Kaiser Permanente Hawaii; Hawaii Association of Health Plans; Autism Speaks; Hawaii Disability Rights Center; Hawaii Behavioral Health; Autism Society of Hawaii; Chamber of Commerce of

Hawaii; Easter Seals Hawaii; Unite Here! Local 5; and several individuals commented on this measure.

Your Committee has amended this measure by:

(1) Requiring coverage for treatment of autism spectrum disorders for individuals up to 18 years of age;

(2) Including Medicaid plans in coverage requirements;

(3) Requiring notice to insured individuals regarding coverage for treatment of autism spectrum disorders within calendar year 2016, but no later than December 31, 2016;

(4) Requiring the University of Hawaii Economic Research Organization (UHERO) to contract, exempt from procurement code requirements, for an actuarial analysis considering specified factors of the projected costs of providing insurance coverage for screening, diagnosis, and treatment of autism spectrum disorders as required by this measure and to report findings and recommendations based on the analysis to the Legislature prior to the 2015 Regular Session;

(5) Appropriating an unspecified amount to the University of Hawaii to contract for the actuarial analysis; and

(6) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

Your Committee respectfully requests that should your Committee on Finance consider this measure, it examine the cost of completing the actuarial analysis at its public hearing on the measure. Your Committee further notes that the possibility of establishing maximum benefit levels until 2016 through an innovation waiver under the Patient Protection and Affordable Care Act should be explored. Your Committee notes that its intent in requiring coverage for treatment of autism spectrum disorders for individuals up to 18 years of age is not meant to imply that autism spectrum disorders are not a lifelong disability.

As affirmed by the record of votes of the members of your Committee on Consumer Protection & Commerce that is attached to this report, your Committee is in accord with the intent and purpose of

S.B. No. 2054, S.D. 3, H.D. 1, as amended herein, and recommends that it be referred to the Committee on Finance in the form attached hereto as S.B. No. 2054, S.D. 3, H.D. 2.

Respectfully submitted on behalf  
of the members of the Committee  
on Consumer Protection & Commerce,

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ANGUS L.K. MCKELVEY, Chair

March 31, 2014

**LATE**

Committee on Finance:

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

My name is Sara Sato and I am Board Certified Behavior Analyst (BCBA). I have a Masters Degree in Special Education, Severe Disabilities/Autism Specialization from the University of Hawaii at Manoa and have been working with individuals with disabilities for 15 years. I have worked in Hawaii and San Francisco as an Educational Assistant, Skills Trainer, Behavior Therapist, Special Education Teacher, and Behavior Analyst. I am writing this testimony to voice my wholehearted support for SB 2054.

I clearly remember the first child I ever met with Autism. He was a preschooler named “Ben”, with flowing, black hair and had the longest eyelashes I have ever seen. Ben cried often, engaged in aggression towards others, was self-injurious and completely non-vocal. When I first started working with him, I struggled to figure him out. I never knew what he wanted and constantly felt helpless: I wanted to help and I just didn’t know how! However, when it was time for recess he sought me out and sat next to me on top of the play structure. When it was time to nap, he would bring his face right up to mine, and rub his eye brows against mine. Ben’s mannerisms and interactions with me were so fascinating, I was intrigued and wanted to learn as much as I could about Autism.

As a Skills Trainer working for a DOE contracted company, I participated in trainings about Autism, Challenging Behavior, and Data Collection. I had the opportunity to work with numerous children with Autism and other disabilities under the direction of Behavioral Supervisors and teachers. In this setting, I saw how intensive, structured programs using the principles of Applied Behavior Analysis (ABA) truly benefitted the children. The students gained academic skills, their challenging behavior decreased, and they became more independent. At the same time I witnessed other children’s programs that were less structured and intensive, and saw how these children were stagnant in their growth.

In 2009 I was fortunate enough to begin working for Behavior Analysis No Ka Oi, an ABA company lead by Christine Walton, Ph.D, BCBA-D. Dr. Walton has significant training in the field of ABA from some of the leaders in the field. She spent countless hours training me, attending every session I had with our clients at first, carefully ensuring that we were providing the best services we could. I immediately saw significant improvements in all of the children we serviced. We worked with children that would spit at others, bite, head lock, engage in self-injury, scream, and flop to the ground. Children who were non-vocal, those who would only engage in echolalia, or ones who would imitate TV shows all day long. Through the systematic procedures that we implemented, parent and teacher training, and consistent, daily work with our clients, they all made incredible progress. I felt so gratified to do this work and took tremendous pride in helping these individuals and their families.

After this experience I moved to San Francisco and was determined to gain more opportunities in ABA. I also had my mind set on becoming a Board Certified Behavior Analyst (BCBA). This involved taking 5 post-graduate courses that were extremely rigorous, accumulating 1500 hours of supervision hours from a



BCBA, and taking a comprehensive exam with a less than 40% pass rate. I was fortunate enough to find employment with an incredible company in San Francisco and gained countless experiences as a Program Supervisor and Behavior Analyst, working in homes and schools in the Bay Area. It was there that I also accumulated many of my supervision hours and passed the BCBA exam.

In San Francisco I was amazed at the structure of the DOH and DOE systems. When a child was diagnosed with Autism, they were allowed to have intensive ABA services from time of diagnosis until at least Kindergarten, focusing on early intervention. I saw how having these intensive services from the moment they were diagnosed until becoming school age had a tremendous impact on their lives. It was amazing to work with children who were non-vocal to being able to fully communicate their wants and needs and eventually be rescinded from special education. To meet with parents who were in tears when we would start services and then have tears of gratitude when hearing their children talk for the first time.

Being back in Hawaii, I am blessed once again to be working for Behavior Analysis No Ka Oi, in the role of a Behavioral Specialist. I supervise Behavior Tutors to work with children with Autism, design their programs, and provide parent training. This position is difficult, time consuming, and stressful. But each day I come to work, I hear a child speak a new word or a parent tells me their child is listening to them more. I witness a child call their mother, "Mama" for the first time or work on social interactions with teenagers. Each day I am helping individuals reach their highest potential. I am so proud of what I do and I want nothing more than to continue to help as many individuals with Autism as I possibly can.

Thank you for your time in reading this,

Sara Sato, M.Ed., BCBA

A handwritten signature in cursive script that reads "Sara Sato".A handwritten signature in cursive script that reads "Sara Sato".



April 1, 2014

The Honorable Sylvia Luke, Chair  
The Honorable Scott Y. Nishimoto, Vice Chair  
The Honorable Aaron Ling Johanson, Vice Chair



Committee on Finance

**Re: SB 2054 SD3 HD1 – Relating to Health**

Dear Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson, 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  
Hawaii Medical Assurance Association  
HMSA  
Hawaii-Western Management Group, Inc.  
Kaiser Permanente

MDX Hawai'i  
'Ohana Health Plan  
University Health Alliance  
UnitedHealthcare

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 on SB 2054 SD3 HD2 which requires health plans to provide coverage for autism and related services to individuals up to age 9 years. We would like to raise your attention to the Affordable Care Act (ACA), which includes a provision that would require the State to bear costs associated with this mandate. We have attached the relevant ACA provisions for your review.

Under the ACA “a State may require that a qualified health plan offered in such State offer benefits in addition to the essential health benefits specified under section 18022(b) of this title.” We believe that this Bill proposes a mandate that exceeds the current benefits offered in qualified health plans.

Further, if a State offers such a new mandated benefit, the “State must assume (the) cost. A State shall make payments—(I) to an individual enrolled in a qualified health plan offered in such State; or (II) on behalf of an individual described in subclause (I) directly to the qualified health plan in which such individual is enrolled; to defray the cost of any additional benefits described in clause.”

HAHP believes that this autism mandate would require the State of Hawaii to do something it has never done before; pay for a health benefit plan mandate via payments made through a State Agency (i.e. Department of Accounting and General Services, Department of Commerce and Consumer Affairs, etc.) using State appropriated funds directly to individuals or, more likely, to health plans.

We believe that the State and especially this Committee should consider these new requirements arising from the ACA as it addresses any new mandated benefit.

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**

**42 U.S. CODE § 18031 - AFFORDABLE CHOICES OF HEALTH BENEFIT PLANS**

**(3) Rules relating to additional required benefits**

**(A) In general**

Except as provided in subparagraph (B), an Exchange may make available a qualified health plan notwithstanding any provision of law that may require benefits other than the essential health benefits specified under section [18022 \(b\)](#) of this title.

**(B) States may require additional benefits**

(i) In general Subject to the requirements of clause (ii), a State may require that a qualified health plan offered in such State offer benefits in addition to the essential health benefits specified under section [18022 \(b\)](#) of this title.

(ii) State must assume cost A State shall make payments—

(I) to an individual enrolled in a qualified health plan offered in such State; or

(II) on behalf of an individual described in subclause (I) directly to the qualified health plan in which such individual is enrolled;

to defray the cost of any additional benefits described in clause (i).

**42 U.S. CODE § 18022 - ESSENTIAL HEALTH BENEFITS REQUIREMENTS**

**a) Essential health benefits package**

In this title, <sup>[1]</sup> the term “essential health benefits package” means, with respect to any health plan, coverage that—

(1) provides for the essential health benefits defined by the Secretary under subsection (b);

(2) limits cost-sharing for such coverage in accordance with subsection (c); and

(3) subject to subsection (e), provides either the bronze, silver, gold, or platinum level of coverage described in subsection (d).

**(b) Essential health benefits**

**(1) In general**

Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

(A) Ambulatory patient services.

(B) Emergency services.

(C) Hospitalization.

(D) Maternity and newborn care.

(E) Mental health and substance use disorder services, including behavioral health treatment.

(F) Prescription drugs.

(G) Rehabilitative and habilitative services and devices.

(H) Laboratory services.

(I) Preventive and wellness services and chronic disease management.

(J) Pediatric services, including oral and vision care.

**(2) Limitation**

**(A) In general**

The Secretary shall ensure that the scope of the essential health benefits under paragraph (1) is equal to the scope of benefits provided under a typical employer plan, as determined by the Secretary. To inform this determination, the Secretary of Labor shall conduct a survey of employer-sponsored coverage to determine the benefits typically covered by employers, including multiemployer plans, and provide a report on such survey to the Secretary.



From: mailinglist@capitol.hawaii.gov  
 Sent: Tuesday, April 01, 2014 10:28 AM  
 To: FINTestimony  
 Cc: ldobson@bayada.com  
 Subject: Submitted testimony for SB2054 on Apr 1, 2014 14:00PM

**SB2054**

Submitted on: 4/1/2014

Testimony for FIN on Apr 1, 2014 14:00PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Dobson	BAYADA Home Health Care	Support	No

Comments: Autism insurance reform can help families living with autism get the care they need, Hawaii needs SB. 2054/HB. 2225 because although coverage for evidence-based treatments is endorsed by the American Academy of Pediatrics and the U.S. Surgeon General these services are routinely denied by health insurers, leaving families who pay health insurance premiums to pay for treatment out of pocket or, even worse, to forego treatment. Early detection and treatment helps reduce overall cost and improves functioning. According to the CDC, autism now affects 1 in 88 children and 1 in 54 boys. More children will be diagnosed with autism this year than with AIDS, diabetes and cancer combined. According to Autism Speaks, actual claims data from states that have required similar coverage for multiple years indicate an average premium impact of 32 cents per member per month, less than a postage stamp. Thirty-one states, including Arizona and California, have passed similar legislation and a majority of remaining states are currently pursuing passage. Tricare and the Federal Employee Health Plan also provide coverage. Help support families living with autism by co-signing HB 2225. SB. 2054. Thank you for considering this very important bill.

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](mailto:webmaster@capitol.hawaii.gov)

COMMITTEE ON FINANCE  
REP. SYLVIA LUKE, CHAIR  
REP. SCOTT Y. NISHIMOTO, VICE CHAIR  
REP. AARON LING JOHANSON, VICE CHAIR

**LATE**

Jeffrey D. Stern, Ph.D.  
Licensed Clinical Psychologist  
1833 Kalakaua Ave. Suite 908  
Honolulu, HI 96815

Tuesday, April 1, 2014

Greetings Chair Luke, Vice-Chair Nishimoto, Vice Chair Johanson, and other esteemed Representatives of the House Committee on Finance.

In regards to SB 2054, SD3, HD2 that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders, I am in support of this bill as it addresses a serious need for coverage that private insurers should bear and the Department of Education cannot.

I am a psychologist who was raised here in Honolulu and I am a 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, for more than 10 years. I currently supervise a number of student interns providing direct Applied Behavior Analysis services to children with Autism in school settings.

Several things need to be made clear about SB2054, SD3, HD1:

First, the Department of Education follows an educational model, not a clinical model, and thus is not in a position to provide the intensive applied behavioral analysis services to address the needs of the children and adolescents with Autism Spectrum Disorder (ASD). As the focus of the DOE's educational model is academic, not social/emotional, the Individualized Education Plans developed for students with ASD focus on managing behavior to promote access to educational content. The parents of many of these students with ASD who seek and obtain the services of skilled psychologists and Board Certified Behavior Analysts (BCBAs) do so because their children with ASD are not receiving services from the DOE that address pragmatic speech, social reciprocity, theory of mind deficits, and other hallmark features of ASD that, while perhaps not germane to traditional academics, will most certainly impact future employability, social and professional opportunities, etc. In the past, the DOE provided ESY (extended school year) support services to address these concerns, but by and large, these services have been cut from almost every case with which I am or have been involved. I respectfully ask you to request of the DOE data reflecting the percentage of children qualifying for SPED under the category "Autism" who receive or have received ESY services over the past 10 years. I am confident you will see that this percentage has steadily DECREASED (just as the prevalence rate of Autism has increased).

Second, it is critical for you to recognize the cost-savings associated with this legislation. Several well-conducted studies have concluded that minimal increases in costs associated with this legislation (realized in other states) is more than offset by the gains achieved by those with ASD, where long-term care costs are currently estimated to be in the millions, per person, over the course of their lifetimes, in terms of lost income due to lack of employability, etc. The incidence rate of ASD is now estimated to be 1 in 63! If you were a parent of a child with ASD, could you imagine having to plan for the child's care beyond your lifetime? This legislation significantly reduces this potential need. I see these parents every week. They aren't taking advantage, they're trying desperately to give their children opportunities to live meaningful, independent lives, usually at the expense of their savings and retirement. Insurance companies were invented to address just this need. This is about social responsibility, not profit margins!

Third, it is critical that the age provision include children beyond the age of 9. The average age of identification is about 6 years. Research has shown a considerable discrepancy in age of identification as a function of such factors as symptom severity ethnicity and socioeconomic status where less severe, poorer and minority children are identified significantly later than other children with Autism (Daniels & Mandell, 2013). In addition, ABA services targeting such significant concerns as pragmatic speech, social reciprocity, and theory of mind need to be addressed over the course of years, not months, as they tend to be the most difficult to ameliorate, but critical, nonetheless, and treatable with ABA (e.g., Pivotal Response Treatment).

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

A handwritten signature in black ink, appearing to read 'Jeffrey D. Stern', with a stylized flourish at the end.

Jeffrey D. Stern, Psychologist  
Past President, Hawaii Psychological Association





**Dr. Kathryn Taketa-Wong, N.D., L.Ac.  
Naturopathic Physician  
Licensed Acupuncturist**

**LATE**

March 31, 2014

Dear Honorable Representatives of the House Committee on Finance:

Re: IN SUPPORT OF SB2054 SD3 HD2

I am a naturopathic physician practicing here in Hawaii specializing in the treatment of medical conditions co-morbid with autism, having been trained through the Medical Academy of Pediatric Special Needs and the Autism Research Institute. I work closely with many autism support and advocacy groups here in Hawaii including Talk About Curing Autism Hawaii, Autism Society of Hawaii, and the Hawaii Autism Foundation. Approximately 75% of my patients have been diagnosed with an autism spectrum disorder. I am also personally involved in the autism community as my brother is an adult with high-functioning autism.

While I am not a provider for Applied Behavior Analysis (ABA) therapy, I refer many of my patients for ABA services as I have seen its clinical efficacy in helping autistic children and adults to decrease problem behavior and increase functional living skills. Especially when used along with other early intervention services such as occupational therapy and speech therapy, ABA can sometimes make the difference between a child who becomes dependent for life on the state and federal government, or a child who can function in the world and potentially become an employable taxpayer. Please see the attached study on how early intervention services provide significant economic savings in the long run, and essentially pay for themselves within 8 years.

Because the only insurance carrier in Hawaii which regularly covers ABA services is Tricare, most of my patients with other insurance companies need to pay out of pocket for these services. I know families who have literally depleted all their savings and retirement funds and taken out loans to fund the cost of these services. Families should not be asked to go to such measures to secure evidenced-based and effective therapies for their child. I have seen some of my patients make remarkable strides when in ABA therapy from a BCBA, then regress significantly when families run out of funds to continue the therapy.

Imagine if your child was diagnosed with a condition for which there was evidenced based, effective treatment but you were told it would not be covered by insurance. That is what many of my patients' parents hear when their child receives a diagnosis of autism. While not all families with autism choose to pursue ABA therapy, I do not think that should limit the choices of those families who want these services for their children. **Please SUPPORT SB2054 SD3 HD2.**

Sincerely,

Kathryn Taketa-Wong, N.D., L.Ac.  
Medical Academy of Pediatric Special Needs Fellowship Candidate



*Eric Gill, Financial Secretary-Treasurer*

*Hernando Ramos Tan, President*

*Godfrey Maeshiro, Senior Vice-President*

April 1, 2014

Rep. Sylvia Luke, Chair, Committee on Finance  
Rep. Scott Nishimoto, Vice Chair, Committee on Finance  
Rep. Aaron Ling Johanson, Vice Chair, Committee on Finance  
Members of the Committee on Finance

**Re: Testimony re: SB 2054, SD3 HD2**

Chair Luke and Committee Members:

UNITE HERE, Local 5 represents over 10,000 workers in the hotel, restaurant and health care industries in Hawai'i. Over 1,700 of our members work at Kaiser Permanente, where they strive to provide good, quality care for all Kaiser patients. We firmly believe that providing insurance coverage of autism spectrum disorders is vital to the health of our community. For that reason, we fully support this bill.

A previous versions of the bill would have limited the mandated coverage to children under nine years of age, and Kaiser Permanente has testified recommending limiting mandated coverage to age 6 - we are very much opposed to this idea. Children do not stop having autism spectrum disorders at age 6, and they do not stop needing care for them. We, the representatives of people who work at Kaiser, think it is in the interests of quality patient care to cover children into adulthood. This treatment can potentially change people's lives permanently for the better - we should not give up on them in their key developmental stages just to save a few dollars. We should push for that standard.

Over the last year, Local 5 members have spoken with one another and with members of the community about the need to pass this bill. We have gone out into our communities and talked to our neighbors about it. In a short time, we have gathered over 700 signatures from those who support coverage of ABA treatment for people with autism (you can see the petition here: <http://bit.ly/MGAFIE> ).

As society's awareness of autism has increased, our knowledge of how to effectively treat it has grown. It would be an understatement to say that autism makes life more challenging for those who have it and for their families. Their struggle can significantly impact their quality of life, and in many cases even more so because of the additional costs of autism treatment. The cost of raising children is already high, but the cost of raising children with autism can be tremendous. If we fail to address this, many people with autism may go without appropriate treatment - this comes at an even greater cost, both to families and to society as a whole. Families have shouldered the significant additional burden of paying out of pocket for autism treatment for far too long.

One in 88 children is now diagnosed with an autism spectrum disorder according to the U.S. Centers for Disease Control. These are our 'ohana. Treatment can make a real difference in their lives. No one should have to choose between putting food on the table and providing the health care their children need to become functioning members of society. You have before you today the opportunity to help change the future of Hawai'i for our keiki by providing health care coverage for those that need it most.

**Please pass SB 2054.**

Attachment: The petition signed by well over 700 community members can be viewed at:  
<http://bit.ly/MGAFIE>

March 30, 2014

## LATE TESTIMONY

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, HI 96813

RE: Testimony in Support of SB 2054

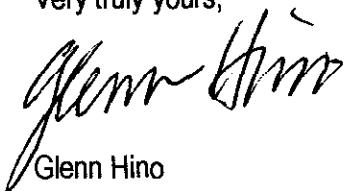
Dear Committee Members:

My family owns and operates Hino's Hairstyles at Ala Moana Shopping Center. We have been in business since 1959.

We are a small business which over the years we have employed between 10 to 20 people at a time.

My family and I support SB 2054. We know some friends who have children with autism or aspergers syndrome. These families need help now. We do not see a burdensome increase in insurance costs from this.

Very truly yours,



Glenn Hino  
Hino Hairstyles  
Ala Moana Shopping Center  
1450 Ala Moana Blvd  
Honolulu, HI 96814  
Cell: 348-4162

# LATE TESTIMONY

March 29, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania St, Honolulu, HI 96813

RE: Testimony in Support of SB 2054

Dear Chairperson Sylvia Luke, and Vice Chairperson Scott Nishimoto:

My family and I support SB 2054. We have strong roots in Hawaii (our parents and grandparents are from here) and have operated a small real estate investment business in Honolulu for over 30 years. We pay general excise taxes and payroll taxes. We also engage many Hawaii professionals – architects, contractors, landscapers, air con mechanics, electricians, property managers, etc.

We know some friends who have children with autism or aspergers syndrome. These families need help now and we feel that any added insurance costs to small businesses would be minimal.

We also believe that capping the insurance coverage at age 9 is much too low and does not help in addressing this serious disorder.

Very truly yours,



Cedric Chun  
HLC Properties, LLC  
2721 Kolonahe Place  
Honolulu, HI 96813

March 25, 2014

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, HI 96813

## LATE TESTIMONY

RE: Support of SB 2054

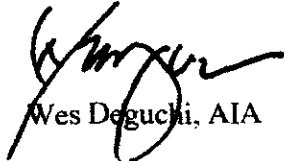
Dear Committee Members:

I have been a practicing architect in Hawaii for over 30 years. My firm AD2 International is a small business. Over the years we have employed from 2 to 6 professionals.

We pay general excise taxes, payroll taxes, and cover health insurance.

Children with autism or aspensers should be given a chance in life. We support insurance coverage for these children and their families.

Very truly yours,



Wes Deguchi, AIA



MAD TIGER  
ACADEMY

# LATE TESTIMONY

Eric Goo  
Mad Tiger Academy  
95-119 Kamehameha hwy #3  
Mililani, HI 96789

03/24/14

To Whom It May Concern:

I am writing this letter in strong support of SB2054, Luke's Law. I am a parent of three young children and I have been a small business owner in Mililani for over seven years. I understand how insurance premiums can increase due to changes in laws like this one but I believe that making treatment services attainable to families living with Autism is priceless. Hawaii is one of the only states that does not offer insurance coverage for treatment services for Autism. This means that families are often required to pay out of pocket for these services that can be incredibly expensive. We all know that living in Hawaii is challenging financially and this could lead to many people with this condition not receiving the treatment they need. I recently learned that the average cost of covering ASD health benefits is only 31 cents per month per insured individual. Autism treatment does not only benefit the person with Autism but everyone they come in contact with (parents, siblings, teachers, classmates and etc.). This means that when the individual receives treatment, parents are learning better ways of helping their child, which can decrease stress and increase positive energies within the household. This can lead to a healthier family environment that has the potential to heighten productivity of caregivers in their work place and increase spending in the general community. I feel that the foundation of any good community starts with the quality care of its children by providing them with access to services they need. I was alarmed to learn that 1 in 68 children are diagnosed with Autism. This is a huge chunk of our population. Studies are showing that it is important to receive treatment early and with treatment many people with this condition can live productive lives. Decreasing the attainability of treatment services could cost us a lot more financially later if we do nothing now and that is why I ask for your support for SB2054.

Best Regards,

March 28, 2014

# LATE TESTIMONY

House Finance Committee  
Hawaii State Legislature  
415 S Beretania Street  
Honolulu, Hawaii 96813

RE: Testimony in Support of SB 2054  
(insurance coverage for children on autism spectrum)

Dear Chairperson Sylvia Luke, Vice Chairperson Scott Nishimoto,  
and other Members of the House Finance Committee:

I've been a small business owner with a consulting service for the past 20 years and I support SB 2054. I appreciate all the work Small Business Hawaii and the Chamber of Commerce has done on behalf of small businesses like mine, however, in this case, I disagree with their position on this issue.

Almost everyone I know has a relative that is affected by Aspergers syndrome (or high functioning Autism). These families need help and their extended families will become aware of your support or non-support of this bill.

In terms of fiscal responsibility, I believe that capping the insurance coverage at age 9 is counter-productive in addressing this serious disorder. From a cost perspective shouldn't society treat these people while they are children instead of when they are adults when the cost would be much higher?

Properly treated, these children can become productive contributing members of society. These children need help in harnessing challenging, but very high level functions in ways that make them assets to society. Without this help these people will become a burden on society and society will end up having to pay for them anyway.

I humbly request that you consider helping these children and their families by supporting SB 2054.

Sincerely,



Carl Young  
1130 Hind Iuka Drive  
Aina Haina, Honolulu, HI 96821

Testimony of Phyllis Dendle

Before:  
House Committee on Finance  
The Honorable Sylvia Luke, Chair  
The Honorable Scott Y. Nishimoto, Vice Chair  
The Honorable Aaron Ling Johanson, Vice Chair

**LATE TESTIMONY**

April 1, 2014  
2:00 pm  
Conference Room 308

**SB 2054 SD3HD2 RELATING TO HEALTH**

Chair Luke, and committee members, thank you for this opportunity to provide testimony on SB 2054 SD3HD 2 which would mandate expanded insurance coverage for people with autism spectrum disorders.

**Kaiser Permanente Hawaii supports the intent of this measure but has concerns and suggests amendments.**

Attached to this testimony is a detailed revision of the bill that we request you use to replace what is in this bill.

Because this bill is based on last year's proposal and many of the things in it are already covered under the federal Accountable Care Act it is necessary to streamline the bill to be clear on what is being covered. Also it is important to remember that any and all additional mandates increase the cost of health care so care must be taken to balance wants and needs. This is particularly important this year because federal law and regulations requires the state to pay for additional mandates they pass now. Even with that said we urge the legislature to assure that if they are going to provide these benefits for some under commercial insurance that they also assure that it is available to all in and out of the health connector and including Medicaid and EUTF.

While we have many concerns with the bills in the way they are written I will just highlight a few that are corrected in the attached draft:

**Maximum dollar limits**-We appreciate the intention of the drafters of this bill to create some financial certainty to health plans by placing a dollar limit per year and per lifetime.



However, this is a violation of federal law. Federal mental health parity laws require that there be no coverage limits on mental health services which are not also on other health services. The federal Patient Protection and Accountable Care Act (ACA) prohibits any lifetime limits. The federal law will make it impossible for health plans to adhere to the limits proposed by this legislation.

**Who's covered-** As written the state is attempting to exempt itself from paying for services in or out of the exchange as required by federal law. If this mandated benefit is too expensive for the state to pay for then it is too expensive to thrust on businesses.

**Who can provide the service-** Board certified behavior analysts are not licensed health care providers in the state of Hawaii. It is essential for consumer safety that they be licensed like similar professionals such as psychologists and mental health counselors. We have provided licensing language in our attached draft. For all services that are paid for by health plans the providers should be licensed to assure the protection of the consumers who use their services. In this case these providers can actually go into people's homes to provide services. Licensing the providers of ABA services improves the safety of the users of these services.

In the attached amended draft this proposal focuses on providing coverage for services that are not otherwise covered or provided. It also focuses on assuring that it provides these services at the best possible time when the highest number of individuals could benefit. It solves the concerns we have about assuring the safety of patients by requiring the providers act and be treated like other medical professionals.

This amended bill specifically seeks to provide coverage for applied behavioral analysis. The research that is available including the March 2, 2012 actuarial cost estimate done by Oliver Wyman at the request of Autism Speaks shows that the ABA utilization, and therefore costs, peak at age 5. From there utilization falls off dramatically through age 8 when it drops to almost no usage. This bill proposes to have health insurance pay for coverage up to age 6. By this time individuals would be eligible for services through the Department of Education.

This would mean that there would be assistance for families when they need it most, when it would do the most good but would also limit the expected increase in costs to the state and to businesses which are required to pay for mandated benefits.

We urge the legislature to move forward this version of the mandate that solves the many problems with this bill.

Thank you for your consideration.

Proposed amendments to SB2054 SD3  
Red with strike-through to be removed.  
Blue and highlighted to be inserted.  
Black to remain from original draft.

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. ~~The purpose of this Act is to ensure the provision of quality health care for all Hawaii residents by requiring coverage of treatment for autism spectrum disorders.~~

The legislature finds that appropriate screening can determine whether an individual as young as one year old is at risk for autism and demonstrates that early treatment improves outcomes. Autism Speaks, an autism science and advocacy organization, estimates that one out of every eighty-eight children is diagnosed with some form of autism. Autism Speaks stresses the importance of recognizing the early signs of autism and seeking early intervention services. The legislature further finds that the federal Affordable Care Act has improved the availability of screening, diagnosis, and treatment of autism. For example, habilitative services would permit individuals with autism to access ongoing services in speech, occupational, and physical therapy when their physician prescribes it. However, behavioral health treatments such as applied behavior analysis specific to the treatment of autism have not been covered as habilitative services. The purpose of this Act is to require health insurance to provide coverage for behavioral health treatment of autism spectrum disorders when it is prescribed by an individual's physician and provided by trained professionals, at the time it will most benefit the individual. This treatment shall be covered by health insurance up to the age of six when the individual with autism may receive services as required by federal law from the department of education.

SECTION 2. This Act shall be known and may be cited as "Luke's Law".

SECTION 3. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

"§431:10A- Autism spectrum disorders benefits and coverage; notice; definitions. (a) Each individual or group accident and health or sickness insurance policy, contract, plan, or agreement issued or renewed in this State after December 31, 2015, shall provide to the policyholder and individuals under ~~eighteen~~ six years of age covered under the policy, contract, plan, or agreement, coverage for the screening, including well-baby and well-child screening, diagnosis, and evidence based treatment of autism spectrum disorders, behavioral health treatment of autism spectrum disorders.

(b) Every insurer shall provide written notice to its policyholders regarding the coverage required by this section. The notice shall be prominently positioned in any literature or correspondence sent to policyholders and shall be transmitted to policyholders within calendar year 2016 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, 2016.

~~(c) Individual coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of \$50,000 per year and a maximum lifetime benefit of \$300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31, 2016, the insurance commissioner, on an annual basis, shall adjust the maximum benefit for inflation using the medical care component of the United States Department of Labor Consumer Price Index for all urban consumers; provided that the commissioner may post notice of and hold a public meeting pursuant to chapter 92 before adjusting the maximum benefit. The commissioner shall publish the adjusted maximum benefit annually no later than April 1 of each calendar year, which shall apply during the following calendar year to health insurance policies subject to this section.~~

~~Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, or service other than behavioral health treatment shall not be applied toward any maximum benefit established under this subsection.~~

~~(d)-(c) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an accident and health or sickness insurance policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.~~

~~(e) This section shall not be construed as limiting benefits that are otherwise available to an individual under an accident and health or sickness insurance policy, contract, plan, or agreement.~~

~~(f) Coverage for treatment under this section shall not be denied on the basis that the treatment is habilitative or non-restorative in nature.~~

~~(g) Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders, an insurer may request a review of that treatment. The cost of obtaining any review shall be borne by the insurer.~~

~~(h) (d) This section shall not be construed as reducing any obligation of the State to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan.~~

~~(i) (e) Nothing in this section shall apply to non-grandfathered plans in the individual and small group markets that are required to include essential health benefits under the Patient Protection and Affordable Care Act, Public Law 111-148 as amended, or to Medicare supplement, accident-only, specified disease, hospital indemnity, disability income, long-term care, or other limited benefit hospital insurance policies.~~

~~(j) (f) Insurers shall include in their network of approved autism service providers only those providers who have cleared criminal background checks as determined by the insurer.~~

~~(k) Insurers shall include board-certified behavior analysts in their provider network.~~

~~(l) If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder, then that individual shall not be required to undergo repeat evaluation upon publication of a subsequent edition of the Diagnostic and Statistical Manual of Mental Disorders to remain eligible for coverage under this section.~~

~~(m) Coverage for applied behavior analysis shall include the services of the personnel who work under the supervision of the board certified behavior analyst or the licensed psychologist overseeing the program.~~

~~(n) (g) As used in this section, unless the context clearly requires otherwise:~~

~~"Applied behavior analysis" means the evidence-based design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.~~

~~"Autism service provider" means any person, entity, or group that provides treatment for autism spectrum disorders.~~

~~"Autism spectrum disorders" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).~~

~~"Behavioral health treatment" means evidence based counseling and treatment programs, including applied behavior analysis, that are:~~

- ~~(1) Medically necessary 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; provided that all providers of services regardless of their licensure or certification shall demonstrate they meet the same criminal history and background check standard as required by the department of human services Med-QUEST division.

~~"Board certified behavior analyst" means a behavior analyst credentialed by the Behavior Analyst Certification Board as a board certified analyst.~~

"Diagnosis of autism spectrum disorders" means medically necessary assessments, evaluations, or tests conducted to diagnose whether an individual has an autism spectrum disorder.

~~"Pharmacy care" means medications prescribed by a licensed physician or nurse practitioner and any health-related services that are deemed medically necessary to determine the need for or effectiveness of the medications.~~

~~"Psychiatric care" means direct or consultative services provided by a licensed psychiatrist.~~

~~"Psychological care" means direct or consultative services provided by a licensed psychologist.~~

~~"Therapeutic care" means services provided by licensed speech pathologists, registered occupational therapists, licensed social workers, licensed clinical social workers, or licensed physical therapists.~~

"Treatment for autism spectrum disorders" includes the following care—behavioral health treatment; and habilitative services as defined by the state for the benchmark benefit package in the health insurance exchange; that are prescribed or ordered for an individual with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner if the care is determined to be medically necessary .—†

~~(1) Behavioral health treatment;~~

- ~~(2) Pharmacy care;~~  
~~(3) Psychiatric care;~~  
~~(4) Psychological care; and~~  
~~(5) Therapeutic care."~~

SECTION 4. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriately designated and to read as follows:

**"§432:1 Autism spectrum disorders benefits and coverage; notice; definitions.** (a) Each individual or group accident and health or sickness insurance policy, contract, plan, or agreement issued or renewed in this State after December 31, 2015, shall provide to the policyholder and individuals under eighteen six years of age covered under the policy, contract, plan, or agreement, coverage for the screening, including well baby and well child screening, diagnosis, and evidence based treatment of autism spectrum disorders. behavioral health treatment of autism spectrum disorders.

(b) Every mutual benefit society shall provide written notice to its policyholders regarding the coverage required by this section. The notice shall be prominently positioned in any literature or correspondence sent to policyholders and shall be transmitted to policyholders within calendar year 2016 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, 2016.

~~(c) Individual coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of \$50,000 per year and a maximum lifetime benefit of \$300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31, 2016, the insurance commissioner, on an annual basis, shall adjust the maximum benefit for inflation using the medical care component of the United States Department of Labor Consumer Price Index for all urban consumers; provided that the commissioner may post notice of and hold a public meeting pursuant to chapter 92 before adjusting the maximum benefit. The commissioner shall publish the adjusted maximum benefit annually no later than April 1 of each calendar year, which shall apply during the following~~

~~calendar year to health insurance policies subject to this section.  
Payments made by an insurer on behalf of a covered individual for any  
care, treatment, intervention, or service other than behavioral health  
treatment shall not be applied toward any maximum benefit established  
under this subsection.~~

~~(d) (c) Coverage under this section may be subject to copayment,  
deductible, and coinsurance provisions of an accident and health or  
sickness insurance policy, contract, plan, or agreement that are no  
less favorable than the copayment, deductible, and coinsurance  
provisions for substantially all other medical services covered by the  
policy, contract, plan, or agreement.~~

~~(e) This section shall not be construed as limiting benefits  
that are otherwise available to an individual under an accident and  
health or sickness insurance policy, contract, plan, or agreement.~~

~~(f) Coverage for treatment under this section shall not be  
denied on the basis that the treatment is habilitative or non-  
restorative in nature.~~

~~(g) Except for inpatient services, if an individual is receiving  
treatment for autism spectrum disorders, an insurer may request a  
review of that treatment. The cost of obtaining any review shall be  
borne by the insurer.~~

~~(h) (d) This section shall not be construed as reducing any  
obligation of the State to provide services to an individual under an  
individualized family service plan, an individualized education  
program, or an individualized service plan.~~

~~(i) (e) Nothing in this section shall apply to non-grandfathered  
plans in the individual or small group markets that are required to  
include essential health benefits under the Patient Protection and  
Affordable Care Act, Public Law 111-148 as amended, or to Medicare  
supplement, accident-only, specified disease, hospital indemnity,  
disability income, long-term care, or other limited benefit hospital  
insurance policies.~~

~~(j) (f) Insurers shall include in their network of approved  
autism service providers only those providers who have cleared  
criminal background checks as determined by the insurer.~~



~~(k) Insurers shall include board certified behavior analysts in their provider network.~~

~~(l) If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder, then that individual shall not be required to undergo repeat evaluation upon publication of a subsequent edition of the Diagnostic and Statistical Manual of Mental Disorders to remain eligible for coverage under this section.~~

~~(m) Coverage for applied behavior analysis shall include the services of the personnel who work under the supervision of the board certified behavior analyst or the licensed psychologist overseeing the program.~~

~~(n) (g) As used in this section, unless the context clearly requires otherwise:~~

~~"Applied behavior analysis" means the evidence-based design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.~~

~~"Autism service provider" means any person, entity, or group that provides treatment for autism spectrum disorders.~~

~~"Autism spectrum disorders" means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).~~

~~"Behavioral health treatment" means evidence based counseling and treatment programs, including applied behavior analysis, that are:~~

- ~~(1) Medically necessary 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; provided that all providers of services regardless of their licensure or certification shall demonstrate they meet the same criminal history and background check standard as required by the department of human services Med-QUEST division.

~~"Board certified behavior analyst" means a behavior analyst credentialed by the Behavior Analyst Certification Board as a board certified analyst.~~

"Diagnosis of autism spectrum disorders" means medically necessary assessments, evaluations, or tests conducted to diagnose whether an individual has an autism spectrum disorder.

~~"Pharmacy care" means medications prescribed by a licensed physician or nurse practitioner and any health-related services that are deemed medically necessary to determine the need for or effectiveness of the medications.~~

~~"Psychiatric care" means direct or consultative services provided by a licensed psychiatrist.~~

~~"Psychological care" means direct or consultative services provided by a licensed psychologist.~~

~~"Therapeutic care" means services provided by licensed speech pathologists, registered occupational therapists, licensed social workers, licensed clinical social workers, or licensed physical therapists.~~

"Treatment for autism spectrum disorders" includes the following care behavioral health treatment; and habilitative services as defined by the state for the benchmark benefit package in the health insurance exchange; that are prescribed or ordered for an individual with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, licensed clinical social worker, or nurse practitioner if the care is determined to be medically necessary .-:

~~(1) Behavioral health treatment;~~

- ~~(2) Pharmacy care;~~  
~~(3) Psychiatric care;~~  
~~(4) Psychological care; and~~  
~~(5) Therapeutic care."~~

SECTION 5. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

**"§432D-23 Required provisions and benefits.** Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the State after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, ~~431:10A-122, [and] 431:10A-116.2, and 431:10A-~~ and chapter 431M."

SECTION 6. Notwithstanding section 432D-23, Hawaii Revised Statutes, the coverage and benefits for autism spectrum disorders to be provided by a health maintenance organization under section 5 of this Act shall apply to all policies, contracts, plans, or agreements issued or renewed in this State by a health maintenance organization after December 31, 2015.

SECTION 7. Section 453, Hawaii Revised Statutes, is amended to add the a new part as follows:

**[\$453 - ] Application for licensure of behavior analysts and certified behavior analyst assistant.** (a) An applicant shall be issued a license by the department if the applicant provides satisfactory evidence to the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) is of good moral character and conducts his or her professional activities in accordance with accepted professional and ethical standards, including:

(a) compliance with the BACB Professional Disciplinary and Ethical Standards and the BACB Guidelines for Responsible Conduct for Behavior Analysts; and

(b) completion of a state approved criminal background check and/or jurisprudence examination; and

(2) (a) for a Licensed Behavior Analyst applicant:

(i) file an application with the department;

(ii) have received an education, including a Master's or Higher Degree from a Program registered by the Department or determined by the department to be the substantial equivalent, thereof, in accordance with the Commissioner's regulations;

(iii) have experience in the practice of applied behavior analysis satisfactory to the department in accordance with the Commissioner's regulations;

(iv) has passed the Board Certified Behavior Analyst ("BCBA") examination; and

(v) maintains active status as a Board Certified Behavior Analyst.

(b) for a Licensed Assistant Behavior Analyst applicant:

(i) file an application with the department;

(ii) have received an education, including a Bachelor's or Higher Degree from a Program registered by the Department or determined by the department to be the substantial equivalent, thereof, in accordance with the Commissioner's regulations;

(iii) have experience in the practice of applied behavior analysis satisfactory to the department in accordance with the Commissioner's regulations;

(iv) has passed the has passed the Board Certified Assistant Behavior Analyst ("BCABA") examination;

(v) maintains active status as a Board Certified Assistant Behavior Analyst; and

(vi) provides proof of ongoing supervision by a Licensed Behavior Analyst who is a current Board Certified Behavior Analyst in a manner consistent with the Behavior Analyst Certification Board's requirements for supervision of Board Certified Assistant Behavior Analysts.

SECTION 8. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 9. This Act shall take effect on July 1, ~~2050~~ 2014.