

**TESTIMONY BY KALBERT K. YOUNG  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE HOUSE COMMITTEE ON FINANCE  
ON  
SENATE BILL NO. 668, S.D. 2**

**APRIL 2, 2013**

**RELATING TO HEALTH INSURANCE**

Senate Bill No. (SB) 668, Senate Draft (S.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 up to age 26. Maximum benefits for behavioral health treatment provided may be limited to \$50,000 per year, or \$300,000 during the lifetime of the individual, but shall not be subject to any limits on the number of visits an individual may make for treatment of autism spectrum disorder.

The Department of Budget and Finance provides the following comments in regards to SB 668, S.D. 2.

We are concerned that SB 668, S.D. 2, will: 1) limit a carrier's ability to control both the appropriateness of care and costs by mandating coverage for specific types of disorders 2) increase the cost of health insurance leading to higher premiums for employees and employers; and 3) duplicate coverage that is already available from the Department of Health and the Department of Education.

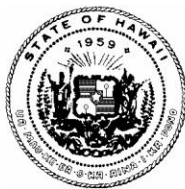
Active State employees are currently paying 50% of their health insurance and some employees are finding it increasingly difficult to afford health insurance coverage for themselves and their dependents. The State is struggling to find a way to fund health care for its employees and retirees. While SB 668, S.D. 2, may benefit a certain

insured group, any increase to the cost of health insurance premiums impacts all of the insured and their employers.

A study was performed by the legislative auditor in 2009 regarding mandatory health insurance for autism spectrum disorders. The auditor concluded that: 1) the Department of Education was providing educational services; 2) health plans were already providing coverage for diagnosis and medical treatment although not to the extent being proposed; and 3) the cost of the mandate was high and would get higher over time resulting in increases to the cost of premiums which would be passed on to all health insurance consumers. In a similar study performed by the Legislative Reference Bureau (2013), the bureau recommended obtaining an independent actuarial analysis of an autism spectrum disorder benefits mandate that would apply statistical modeling to provide information specific to the autism spectrum population and prevalence rate, provider networks and health care market in Hawaii.

We defer to the Insurance Commissioner in regards to the impact of SB 668, S.D. 2, upon Article 10A of the State of Hawaii Insurance Code.

NEIL ABERCROMBIE  
GOVERNOR



PATRICIA McMANAMAN  
DIRECTOR

BARBARA YAMASHITA  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809

April 2, 2013

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

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 668, S.D.2, H.D.1 – RELATING TO HEALTH**  
Hearing: Tuesday, April 2, 2013; 2:00 p.m.  
Conference Room 308, State Capitol

**PURPOSE:** The purpose of this bill is require health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) respectfully opposes this bill because as it does not include an appropriation in general funds needed for the DHS to pay for these new services.

This measure would have the effect of requiring health plans contracted with the DHS to provide applied behavioral analysis (ABA), a service not currently covered by the Hawaii Medicaid program. If this bill becomes law, ABA would be established as "medically necessary." This bill would cap benefits at \$50,000 per year. However, under the Medicaid Early Prevention, Screening, Diagnosis, and Treatment (EPSDT) program which covers children and youth up to age 21, the DHS could not place any caps on benefits for ABA services for children and youth.

The DHS estimates approximately 1,700 Medicaid children and youth would be eligible for services based on approximately 150,000 children who receive Medicaid and with the prevalence of autism at 1/88. The DHS estimates that it would cost a total of \$88.6 million (\$42.6 million in general funds) for Medicaid to cover the new service. This is based on 20 hours/week for 52 weeks/year at an estimated \$50/hour or \$52,000 per year per child. However, as stated earlier, EPSDT services cannot limit benefits so the costs could potentially be higher.

Thank you for the opportunity to provide testimony on this bill.



**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 2, 2013

The Honorable Sylvia 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 668 SD2 HD1 - RELATING TO HEALTH

The State Council on Developmental Disabilities **SUPPORTS THE INTENT OF SB 668 SD2 HD1**. 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.

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

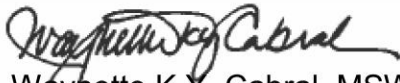
The Council considers the recommendations in LRB's report to have merit for consideration for action. We support the recommendations that address: 1) the actuarial analysis, 2) access to behavioral health treatments including applied behavioral analysis (ABA) on the Neighbor Islands, 3) board certification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

The Honorable Sylvia Luke  
Page 2  
April 2, 2013

The Council is pleased that the HD1: 1) requires insurers include in their network of approved service providers only those providers who have cleared criminal background checks as determined by the insurer, 2) requires well-baby and well-child screening as part of the coverage for the treatment of ASD, and 3) clarifies that behavioral health treatment means evidence based counseling and treatment programs. Screening for ASDs, including well-baby and well-child screening will assist in early identification and ensure that services are offered as early as possible.

Thank you for the opportunity to submit testimony **supporting the intent of SB 668 SD2 HD1.**

Sincerely,

  
Waynette K.Y. Cabral, MSW  
Executive Administrator

  
J. Curtis Tyler III  
Chair



An Independent Licensee of the Blue Cross and Blue Shield Association

April 2, 2013

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 668, SD2, HD1 – 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 668, SD2, HD1, which would require health plans to provide coverage for services for autism spectrum disorders (ASD). HMSA certainly is empathetic to the intent of this Bill. However, we are concerned that the Legislature and the community need more and clearer information about the consequences of such a mandate before legislation is enacted.

The issue of mandated coverage of services for ASD has been considered by prior Legislatures. The 2008 Legislature adopted SCR 196, 2008, requesting the State Auditor to assess the social and financial impact of mandating ASD coverage, as was proposed in SB 2532, SD1 (2008). The Auditor's report to the 2009 Legislature reported:

*We conclude that the treatments identified in SB 2532, SD 1, including applied behavior analysis, are generally available through federally funded and state mandated educational and health programs despite the lack of standards of care. Hence, the social impacts appear minimal. However, by mandating health insurers to cover the broad range of treatments generally available, families would have the option of increasing the frequency of educational interventions and health services for children diagnosed with autism spectrum disorders, resulting in an increase in demand for service providers and significant financial impacts to insurance carriers. **Those costs, estimated to be \$1 billion, more than likely would be passed on to the employer and consumer....***

**Enactment of Senate Bill No. 2532, Senate Draft 1, is not recommended.** [Emphasis added.]

The 2012 Legislature adopted HCR 177, HD2, SD1, directing the Legislative Reference Bureau (LRB) to study the impacts of mandating insurance coverage for the diagnosis and treatment of ASD. The LRB submitted that report, "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii," to this Legislature in January.

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

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

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

Thank you for the opportunity to express our concerns and offer our comments on SB 668, SD2, HD1.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark K. Oto". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Mark K. Oto  
Director  
Government Relations





**S E A C**  
**Special Education Advisory Council**  
919 Ala Moana Blvd., Room 101  
Honolulu, HI 96814  
Phone: 586-8126 Fax: 586-8129  
email: [spin@doh.hawaii.gov](mailto:spin@doh.hawaii.gov)

April 2, 2013

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

Dear Chair Luke and Members of the Committee,

SUBJECT: SB 668, SD 2 HD1 - RELATING TO HEALTH

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **strongly supports SB 668 SD 2 HD1** that proposes to mandate health insurance coverage for the diagnosis and treatment of autism spectrum disorders (ASD).

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

SEAC recognizes that SB 668, SD 2 HD1 does not relieve the Department of Education of its responsibility to provide individualized special education and related services to students with ASD; however the bill provides for critically needed diagnostic and *medically necessary* treatments for children and young adults up to age twenty-six. This legislation also clearly defines the diagnoses included in the coverage and the components of treatment.

Thank you for the opportunity to provide **supportive testimony, urging the passage of SB 668 SD2 HD1**. If you have any questions, I will be happy to answer them.

Respectfully,

Ivalee Sinclair, Chair



April 2, 2013

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 668, SD2, 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	HMAA	HMSA
HWMG	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 in opposition to SB 668, SD2, HD1, which would require health plans to provide coverage for autism and related services. HAHP recognizes that legislative health mandates are often driven by the desire for improved health care services to the community; as health plans, our member organizations are committed to the same ideal.

Intended Cost Shift for Autism Treatment

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

Cost of the Bill

We reasonably expect that virtually every child who has been diagnosed with autism, the most severe diagnosis in autism spectral disorder, would receive these new mandated benefits to the full extent of the proposed annual cap of \$50,000. Last year, the Department of Education reported that there were approximately 1,000 children in the DOE system with autism; so, we are looking at a minimum cost shift

and increase to local employers of \$50,000,000 annually. Adding the additional cost of those children with less severe symptoms will surely add significantly to this minimum estimate. Finally, even though there is a maximum lifetime limit proposed of \$300,000, the bill provides that there be no limits on the number of visits to an autism service provider. This latter provision in effect makes the cost per year and per lifetime not subject to any dollar limitation.

#### Who Will Bear the Cost of This Bill

Hawaii employers will bear the cost of this bill. Currently, legislative appropriations for the Departments of Education, Health and Human Services fund most of the direct services delivered to children and adolescents with autism spectral disorder. In our experience, never has the Hawaii Legislature mandated so expensive a benefit while at the same time relieving State agencies of a long held community responsibility. If passed, this bill is an important precedent for Government abrogating responsibility for delivering services while simultaneously assigning funding responsibility to the private sector.

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

Thank you for the opportunity to provide testimony.

Sincerely,



Rick Jackson  
Chair, Public Policy Committee



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

April 1, 2013

TO: Representative Luke  
Chair of the Committee of Finance – State Capitol

RE: SB 668 SD2 HD1 – RELATING TO HEALTH  
Mandatory Health Coverage; Autism Spectrum Disorders

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

The Community Children's Councils (CCC's) **strongly supports** the testimony of The Autism Society of Hawaii (ASH) and the Special Education Advisory Council (SEAC) in regards to SB 668 SD2 HD1, which proposes coverage for the diagnosis and treatment of autism spectrum disorders for individuals under the age of twenty-six years and treatment of an autism spectrum disorder through speech therapy, occupational therapy, and physical therapy, and applied behavior analysis.

The CCC's **strongly suggests** the inclusion of:

- 1) The 17 CCCs recommend the licensure or accreditation of ABA providers and licensed "clinical psychologist" be considered in the implementing rule, bill or the act, as presently there are no licensure procedures in the state.
- 2) The inclusion of specific "evidenced based treatments" should also be included.

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

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

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

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

Jessica Wong-Sumida, Co-Chair

(Original signatures are on file with the CCCO)



*Eric Gill, Financial Secretary-Treasurer*

*Hernando Ramos Tan, President*

*Godfrey Maeshiro, Senior Vice-President*

April 1, 2013

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

Members of the Committee on Finance  
State of Hawaii House of Representatives

**Re: Testimony in support of re: SB 668, SD2**

Chair Luke and Members of the Committee on Finance:

UNITE HERE, Local 5 represents over 10,000 workers in the hotel, restaurant and health care industries in Hawai'i. Over 1,800 of our members work at Kaiser Permanente, where they strive to provide good, quality patient care for our community. We firmly believe that providing insurance coverage of autism spectrum disorders is vital to the health of our community. For that reason, we appreciate the committee's consideration of this bill and we strongly support the passage of SB 668.

As society's awareness of these disorders has increased, our knowledge of how to effectively treat them has grown. It would be an understatement to say that autism makes life more difficult for those who have it and their families - words cannot do justice to what they must go through. The cost of raising children is already high, but the cost of raising autistic children is tremendous, in terms of time, effort, stress and money. 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.

Hawai'i is at a crossroads. If we continue on our current path, we will be allowing large corporations, developers and big banks to make massive profits from everything our state has to offer, while working people struggle more and more to stay healthy, pay bills, afford a home, and get a decent education. There is another option - we can break from that path and instead commit to building a healthy, sustainable community where the needs of the people come before corporate profits. You have before you today the opportunity to help change our course by providing much needed health care coverage for those that need it most.

One in 88 children is now diagnosed with an autism spectrum disorder. 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. Please pass SB668.

Sincerely,

A handwritten signature in black ink, appearing to read "Benjamin Sadoski".

Benjamin Sadoski  
UNITE HERE, Local 5



April 1, 2013

Representative Sylvia Luke  
Chair, House Committee on Finance  
State Capitol  
415 South Beretania St  
Honolulu, HI 96813

**Re: In support of SB 668 SD2 HD1 – Relating to Health**  
**Hearing Date: Tuesday, April 2, 2013 at 2:00 p.m.**

Dear Chair Luke and Members of the Committee,

I am Lani Fritts, Managing Director of Trumpet Behavioral Health. Trumpet Behavioral Health is the nation's leading provider of behavioral services for children and adults with Autism Spectrum Disorders (ASDs). Using proven, highly effective Applied Behavior Analysis (ABA) principles, our services are delivered by credentialed behavioral health professionals in the community, in homes, schools and our company-operated centers.

I'm here today to support SB 668 SD2 HD1 and to commit TBH's resources to enabling the Hawaiian health insurers to comply with the requirements of this bill.

### **TBH in Hawaii**

Trumpet Behavioral Health has provided services to individuals with autism and other special needs since 1980. Two of our subsidiary companies, Quality Behavioral Outcomes and Behavioral Counseling and Research center have operated throughout Hawaii since 1999. In fact, Quality Behavioral Outcomes was founded in Kihei, Maui in 1999.

We employ 341 team members here in Hawaii. Our Hawaiian team includes 17 Board Certified Behavior Analysts, 1 licensed psychologist, and 1 Licensed Mental Health Counselor.

We currently have offices on Oahu, Maui, and the Big Island.

Additionally, Trumpet Behavioral Health invests in the ongoing training and professional development of its team members, creating a positive and productive synergy between our company, our team members and the consumers we serve. We are continuously building additional capacity, and have numerous team members in Hawaii currently completing the coursework and supervision requirements to become Board Certified Behavior Analysts. Therefore we expect the number of BCBA's on our Hawaii team to grow substantially between now and the SB 668 SD2 HD1 implementation date of January 1, 2014.



## **Our Experience with Health Insurance Programs**

We enable our clients to achieve their highest possible level of functionality and well-being while supporting their families in being effective participants in that success.

Our evidence-based track record of effectiveness, our professionalism, and our growing national footprint reduces long-term costs for insurers and their members, giving Managed Care Organizations (MCOs) a trusted behavioral services provider as a strategic partner.

We are currently in network with 17 health insurance carriers and we serve approximately 320 consumers under these agreements. In addition to our outstanding clinical team, we employ dedicated professionals who are knowledgeable in contracting, credentialing, authorizations, and billing who are ready to partner with the Hawaii health insurers.

Trumpet Behavioral Health holds itself and its team members to the highest ethical and professional standards, while emphasizing the need for compassionate care that is customized around the needs of the clients we serve.

The prevalence of autism as reported by the Centers for Disease Control and Prevention (CDC) is now 1:88. This represents a 1000 fold increase in the past forty years. Autism is an epidemic and a public health crisis. The time to act is now, and TBH is ready to serve the Hawaiian community. Thank you for your consideration of my comments in support of SB 668 SD2 HD1.

Sincerely,

Lani Fritts, Managing Director  
Trumpet Behavioral Health  
1600 Kapiolani Blvd.  
Suite 1325  
Honolulu, HI, 96814  
LFritts@tbh.com



April 1, 2013

Representative Sylvia Luke  
Chair, House Committee on Finance  
State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

**Re: In support of SB 668 SD 2, HD 1; Relating to Health. Mandatory Health Coverage;  
Autism Spectrum Disorders**

Dear Chair Luke and Members of the Committee:

I am Lorri Unumb, Esq., Vice President for State Government Affairs at Autism Speaks and the parent of a child severely affected by 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 leading role in most of the now 32 states that have enacted autism insurance reform laws, and I am happy to speak today in strong support of SB 668 SD 2.

**Cost**

At issue in most states is the question of cost. Opponents of SB 668 have suggested an actuarial analysis be performed to estimate the cost of proposed coverage. In fact, an independent actuarial analysis was performed on Hawaii SB 2631 SD1 last year and was submitted during testimony. SB 2631 SD 1 proposed identical terms of coverage to the bill you are considering today. The actuarial firm of Oliver Wyman estimated the long term impact on premiums as a result of such coverage to be less than 0.6%.

More compelling is the fact that we now have available actual claims data from states that were among the first to enact such legislation showing the average cost of coverage is 31 cents per member per month. This includes claims data recently reported by the Missouri Department of Insurance which also demonstrated that the actual cost of Missouri's autism benefit represented less than 0.2% of their overall health claims costs. Based on this observation the Missouri report concluded that "it is very unlikely that such costs will have an appreciable impact on insurance premiums."



## **Capacity to Provide Services**

A question has been raised about making this benefit effective on January 1, 2014 due to concerns about provider capacity. At the Finance Committee hearing will be one or more providers of Applied Behavior Analysis services who can speak to their capacity to serve the population of Hawaii children affected by autism. Additionally, based on experience in other states, Hawaii should expect to significantly increase the number of qualified providers once an autism insurance law is in place. For obvious reasons, providers are more likely to open business after a consistent funding stream is in place.

## **Non-applicability to Medicaid**

A concern has been raised about the applicability of this mandated benefit to the Hawaii Medicaid program. Specifically, the concern centers on the provision of Applied Behavior Analysis, which is a service not currently covered by the Hawaii Medicaid program. The concern about keeping Medicaid costs in check is understandable, and nothing in this bill language requires Medicaid to cover Applied Behavior Analysis. Indeed, in the 32 states that have enacted autism insurance mandates, the existence of the mandate in the private commercial insurance market has not resulted in any of the state Medicaid programs being required to cover Applied Behavior Analysis.

At any rate, the proponents of SB 668 SD 2, HD 1 do not object to the addition of language ensuring that this mandate does not apply to Medicaid plans.

## **Amendments We're Proposing**

### **1 – Page 1, line 12 (and Page 8, line 4):**

Insert “on or” after “in this State.”

### **2 – Page 1, line 13 (and Page 8, line 4)**

Insert “2014” after “January 1.”

Amendments 1 and 2 together, then, would make subsection (a) read as follows:

“... agreement issued or renewed in this State **on or** after January 1, 2014, shall provide to the policyholder ... “

*Purpose: Amendments 1 and 2 ensure that this benefit becomes available as plans renew on or after January 1, 2014, which, based on experience in other states, is an appropriate and adequate length of time to permit implementation of the coverage. The words “on or” ensure that plans that renew on January 1st, which is likely to be a substantial number of plans, will begin covering autism services in 2014, not 2015.*

### **3 – Page 4, line 2 (and Page 10, line 14):**

Insert the following sentence between the first and last sentences in subsection (g):



**AUTISM SPEAKS™**  
It's time to listen.

Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a licensed physician, psychiatrist, psychologist, clinical social worker, or registered nurse practitioner.

Subsection (g) should now read as follows:

Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders, an insurer may request a review of that treatment not more than once every twelve months unless the insurer and licensed physician, psychologist, clinical social worker, or registered nurse practitioner agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for an autism spectrum disorder and shall not apply to all individuals being treated for autism spectrum disorder by a licensed physician, psychiatrist, psychologist, clinical social worker, or registered nurse practitioner. The cost of obtaining any review shall be borne by the insurer.

*Purpose: The purpose of Amendment 3 is to ensure that a health plan does not make a blanket agreement "that a more frequent review is necessary" a condition of a provider contract.*

**4 – Page 4, lines 8-17 (and Pages 10-11, lines 20-22 and 1-7):**

Replace the existing subsection (i) with the following:

As of January 1, 2014, to the extent that this section requires the state to make payments for excess benefits under Section 1311(d)(3)(B)(ii) of the Patient Protection and Affordable Care Act (PPACA), Pub. L. No. 111-148, as amended, the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan as defined in the PPACA.

*Purpose: The purpose of this change is to ensure that our bill does not violate HHS policy by requiring a benefit in a qualified health plan outside the exchange but not a qualified health plan inside the exchange. Recent conversations with HHS and the Hawaii Health Connector have indicated that qualified health plans must be identical inside and outside the exchange. Furthermore, this new language specifies the triggering event that nullifies the mandate as to qualified health plans. Since the purpose of the paragraph generally is to insulate the state from having to defray the cost of the excess mandated benefit, the triggering event is the obligation to make payments under Section 1311 of the PPACA.*

Thank you for your consideration of my comments in support of SB 668 SD 2, HD 1 and for your consideration of this legislation, which will lift an enormous burden off the shoulders of Hawaii families struggling with autism.

With kind regards,

Lorri Unumb, Esq.  
Vice President, State Government Affairs  
Autism Speaks

A handwritten signature in black ink that reads "Lorri Unumb". The signature is written in a cursive, flowing style.

863 Corley Mill Road  
Lexington, SC 29072  
[lorri.unumb@autismspeaks.org](mailto:lorri.unumb@autismspeaks.org)  
803-582-9905

Marsha Bruhn  
UNITEHERE! Local 5  
1516 So. King St.  
Honolulu, HI 96826

March 11, 2013

Oral Testimony in Support of SB 668

Hi, my name is Marsha Bruhn representing UNITEHERE Local 5 and the Aikea movement.

One of the major platforms of Aikea is assuring there is quality healthcare for the people of Hawaii. As an organizer for Local 5, I represent 1900 labor, clerical, and medical workers employed by Kaiser Permanente. The workers support this bill that provides insurance coverage for autistic children. It is a shame that their Employer, the largest HMO in Hawaii, Kaiser Permanente chose to oppose this bill.

I remember when Kaiser led the way for the standard of healthcare in Hawaii. Others looked to Kaiser as an example for what quality health care meant. In recent years, however, they seem to be moving in the opposite direction. For a company who made 2.6 billion dollars in net income in 2012, that is a 30% increase in net income over the previous year, it is a travesty that this Employer chose to oppose this bill. In the past 6 months they have eliminated at least 69 good paying jobs in our community and the number is growing. They say that they are opening new facilities, yet they're cutting back on jobs. Do the arithmetic, it doesn't add up. That means they will be doing more with less. They have chosen to shut down the only Kaiser Urgent Care facility east of Moanalua, costing 12 more jobs. Where are those patients going? Have they increased the staffing in those areas? Folks, the answer is no. It doesn't add up.

Kaiser, shame on you for calling yourself a nonprofit organization, yet you are depriving our autistic children of the care they need and should have to become better-functioning members of our society.

My friend's nephew has autism spectrum disorder and luckily he lives in a state where it is covered by insurance. Once it was diagnosed and treated properly his nephew made great progress. Had his therapy sessions not been covered by law, it would have placed an extreme burden on the family to get care. By passing SB 668 you will be assisting more children like him to get the care they need and so rightfully deserve.

From: Jessie Mitchell, MA, BCBA  
95-982 Wikao St L204  
Mililani HI 96789

Please support Measure SB668: Requiring health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments.

Today, 60 people will be diagnosed with an autism spectrum disorder – the fastest growing developmental disability, which has seen a 600% increase over the past two decades. Approximately 1.5 million Americans live with ASD. According to the Center for Disease Control's most recent 2009 study, autism is prevalent in 1 in 110 births and 1 in 70 males. It is a complex developmental disability that affects a person's communication, socialization, and behavior. Individuals with ASD often possess an acute sensory awareness and may display a lack of social or emotional reciprocity or understanding.

A cure for autism doesn't exist, but its symptoms can be improved through **behavioral treatment via Applied Behavior Analysis**. Researchers believe that it originates from both genetics and the environment. Families with one autistic child run a 5 percent risk of having a second child with the disorder, according to the National Institutes of Health (NIH). When autism is diagnosed and treated early, its symptoms can be controlled as children enter adulthood.

The Autism Society estimates that the lifetime cost of caring for a child with autism ranges from \$3.5 to \$5 million, and the United States is facing almost \$90 billion annually in costs for autism. (This figure includes research, insurance costs and non-covered expenses, Medicaid waivers for autism, educational spending, housing, transportation and employment, in addition to related therapeutic services and caregiver costs.)

The direct and indirect costs of autism are staggering. Cost of treatment can be reduced by 2/3 with early diagnosis and intervention – THIS IS THE KEY.

**Applied Behavior Analysis** is a well-developed discipline among the helping professions, with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education in universities.

The **Behavior Analyst Certification Board®**, Inc. (BACB®) is a nonprofit 501(c)(3) corporation established in 1998 to meet **professional credentialing needs identified by behavior analysts**, governments, and consumers of behavior analysis services. The BACB adheres to the national standards for boards that grant professional credentials. The BACB certification procedures and content undergo regular psychometric review and validation, pursuant to a job analysis survey of the profession and standards established by content experts in the field.

The Behavior Analyst Certification Board's BCBA and BCaBA credentialing programs are accredited by the National Commission for Certifying Agencies in Washington, DC. NCCA is the accreditation body of the [Institute for Credentialing Excellence](http://www.institute-for-credentialing-excellence.com).

There are **77 certified BCBA-D/BCBA/BCaBA** in Hawai'i ready and willing to provide services. After each assessment cycle (3 times a year) there is an increase in the number of certified providers. <http://www.bacb.com/index.php?page=100155&by=state>

Mahalo Nui

Jessie Mitchell

Committee on Finance  
415 South Beretania Street  
Honolulu, HI 96813

RE: Insurance Reform for Autism Coverage

Dear Legislators:

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

As you are aware, the incident rates of autism continue to climb (CDC estimates as many as 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 proven the dramatic difference that early diagnosis, Applied Behavior Analysis (ABA) therapy, and coordinated intervention can have 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,  
Ty Tanaka

Your Voting Constituent

## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 29, 2013 1:40 PM  
**To:** FINTestimony  
**Cc:** kaleohone@gmail.com  
**Subject:** \*Submitted testimony for SB668 on Apr 2, 2013 14:00PM\*

### **SB668**

Submitted on: 3/29/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janell Europa	Individual	Support	No

### Comments:

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## **FINTestimony**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, March 29, 2013 9:04 AM  
**To:** FINTestimony  
**Cc:** vt86ufla@yahoo.com  
**Subject:** \*Submitted testimony for SB668 on Apr 2, 2013 14:00PM\*

### **SB668**

Submitted on: 3/29/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Eller	Individual	Support	No

#### Comments:

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**March 29, 2013**

House Committee on  
SB 668 Relating to Health

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

Thank you for the opportunity to testify on SB 668. My name is Brandon Letoto and I am in strong support of this measure.

My wife Lori and I are the proud parents of five 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 are in the process of seeking Biomedical Treatment from other physicians here locally. These services include prescription drugs and other treatments that could possibly help our son. Biomedical Physicians are very expensive and will 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. Just last week, the Centers for Disease Control and Prevention released a report that Autism Spectrum Disorders affect 1 in 50 American children. That number shows a steep increase from 1 in 88 just last year. 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 is just one of the many hurdles that families must overcome. Currently 32 other states have Autism Reform for Health care and Hawai'i and its effected children are long overdue for some relief. By passing this bill, you will help ease some of the financial struggles that these children and their families face and provide a brighter future for tomorrow.

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

Committee on Finance  
415 South Beretania Street  
Honolulu, HI 96813

RE: Insurance Reform for Autism Coverage

Dear Legislators:

I am writing in response to the recent action taken by Hawaii legislators with the introduction of SB668 and HB721. As a Board Certified Behavior Analyst (BCBA) and 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 as many as 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 proven the dramatic difference that early diagnosis, Applied Behavior Analysis (ABA) therapy, and coordinated intervention can have 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,

Cheryl Ebisui, M.Ed., BCBA

March 29, 2013

Please support the passing of SB 668. I have many friends who have children with autism and they struggle to pay for critical services that insurance does not cover. This creates a heavy burden on their families. Autism Spectrum Disorders are a "Medical" condition and they should be covered by "Medical" Insurance.

Please pass SB668 to provide these children with the care that they deserve.

Thank you.

Jerry L. Bump  
3248 Lamaloa Place  
Honolulu, HI 96816

April 2, 2013

To House Committee on Finance

Hearing: April 2, 2013, 2:00 p.m., Conference Room 308

Testimony in Strong Support of SB 668, SD2, HD1 – Relating to Health

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

Aloha and mahalo for the opportunity to submit testimony in favor of SB 668, SD2, HD1. I am a parent of 5-year old son who is diagnosed with an Autism Spectrum Disorder. If this bill is passed, it will greatly improve my son's chance to have an independent and productive life.

Please take a moment to consider the following:

1. **What is the purpose of health insurance?** *Even if you are in relatively good health and rarely incur medical costs, having health insurance provides peace of mind and enables you to afford the medical care that you may need in the future.* – This peace of mind was stripped from my family as our insurer made it clear that all services related to my son's autism are not covered. So even something as simple as helping my child to speak, we had to pay at great cost out of pocket for his speech therapy.
2. **ABA Therapy** – is widely recognized as a safe and effective treatment for autism. It has been endorsed by a number of state and federal agencies, including the U.S. Surgeon General.
3. **Duplication of Services** – I as a parent know firsthand that what the medical community and the DOE provide are two entirely different things.
4. **Cost** – please read the Oliver Wyman actuarial report submitted in previously testimony of this bill. An average increase in premiums of per member per month of 31 cents seems quite reasonable. Without the treatments provided by this bill, many more children will become wards of the state during their lifetime, thus costing our community greatly in the future.
5. **32 States already mandate coverage** – Isn't about time for Hawai'i to join this list? Hawai'i prides itself on the passage of the Prepaid Healthcare Act of 1974 and Governor Abercrombie's stated health care vision is that Hawai'i's healthcare system supports the optimum health of all state residents. Year after year, study after study, legislators pass on making real changes.
6. **Pono** – It is the right thing to do for Hawai'i families who struggle with raising kids with Autism Spectrum Disorders. Please pass SB 668, SD2, HD1 for all of Hawai'i's keiki.

TO: The House Finance Committee

RE: SB668

Aloha,

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

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

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

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

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

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

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

Mahalo,

Mrs Jill White

25 B Kilea Pl Wahiawa HI 96786 622-1255

Committee on Finance  
415 South Beretania Street  
Honolulu, HI 96813

RE: Insurance Reform for Autism Coverage

Dear Legislators:

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

As you are aware, the incident rates of autism continue to climb (CDC estimates as many as 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 proven the dramatic difference that early diagnosis, Applied Behavior Analysis (ABA) therapy, and coordinated intervention can have 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,

Julie Ebisui

MaryAnne Maigret  
P.O. Box 1654  
Kealahou, Hawaii 96750

Testimony in Support of SB 668, S.D.2 H.D.1

Committee on Finance Hearing, Tuesday April 2, 2013, 2:00 p.m., Conference Room 308

Representative Sylvia Luke, Chair

Dear Chair Luke,

I and my family **strongly support** the passage of SB668, which requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments.

My 17-year old son is on the autism spectrum. He is entering his senior year in public school, has a "B" average, and an intense interest in Zoology and Art. He wants to attend UH Hilo and become an expert on venomous marine animals.

We were extremely fortunate to have a pre-school teacher and a pediatrician who recognized the signs and symptoms of autism spectrum disorder, which prompted us to establish a good working relationship with the public school before our son started kindergarten. Without this early intervention, I have no doubt that my son and our family would have floundered.

Experiences like ours should be the norm. It is unacceptable if any child in Hawaii is undiagnosed or without treatment, and requiring insurance coverage for basic diagnostic testing as well as the emerging treatments would ensure better outcomes.

Autistic people contribute qualities of honesty, diligence, intense focus, and kindness in our society. Let's make sure they get the medical and psychological support they need to succeed.

I respectfully request your support of SB668.

Thank you for considering my testimony,

MaryAnne Maigret

My name is Theresa Jarnesky, and I have been blessed with five grandsons. One of them is named Luke; he is five and half. Luke does not speak, he is not learning to read like his twin brother, he cannot join a T-Ball League, or play soccer or even go to a movie with his parents. Luke is Autistic.

Autism presents many issues, including both financial and emotional stresses. However I would like to address just one as an example. Luke is non-verbal, he receives one hour of speech therapy per week through the DOE. Obviously, this is just minimal and not enough. Any additional speech or other therapy, would have to be paid for out-of-pocket, funds and resources that his parents and many other young working families just do not have.

Luke cannot tell his mother he is not feeling well. He cannot tell her where it hurts or even if he is in pain. Now imagine Luke is your child or your grandchild. Wouldn't you do everything in your power to help him?

Well, today you have the opportunity to do just that. Only you sitting here today can make a difference in the quality of Luke's life and others like him. You hold that power in your hands. I implore you to vote in favor of SB-668, and thereby improve the quality of life for Luke, his family and many others like them.

Thank you.



**TESTIMONY ON SB 668  
for House Finance Committee  
April 2, 2013, 2 PM**

**My name is Dr. William Bolman, a child psychiatrist specializing in the treatment of Autism, and president of the Autism Society of Hawaii.**

**Autism is a condition that requires early behavioral treatment, the type of treatment SB668 addresses. If it is not treated it puts huge costs on the state budget (Dept's of Health, Education, Welfare, Voc Rehab).**

**This bill is intended to provide private insurance to help cover early behavioral treatment so the state of Hawaii does not have to pay the full costs.**

**As a child psychiatrist I treated some of the earliest cases of autism. Many of those who got treatment are graduating high school, attending college, and working. Those who did not are dependent on lifelong state support.**

**The Autism Society does not benefit financially from SB668. The beneficiaries are the child, the parent and the state of Hawaii.**

Dan Santos  
421 Olomana Street  
Kailua, HI 96734  
808-226-0741

April 1, 2013

I am writing to express my strong support for SB668 to be passed. This proposed law mandates health insurance coverage for those with an autism spectrum disorder. I am the parent of a child on the autism spectrum. Last year, my wife and I spent over \$25,000 of our own money to fun therapies and medical treatments for our child because our insurance (HMSA and Kaiser Permanente) would not cover these services.

Children with autism often have co-occurring conditions, such as behavioral problems, speech disorders, anxiety, muscle or joint problems, ear infections, gastro-intestinal problems, vision and hearing problems, and allergies. The wide range of co-occurring problems leads to their need for services from trained medical professionals and for a full-range of therapies. Mandated private health insurance coverage will provide services that are desperately needed by children with autism, who have greater health care needs than children without autism. The costs of this insurance reform are small and will have very little impact on the cost of health insurance premiums for the individual consumer.

Unfortunately, children with autism are often denied coverage for necessary therapies by private health insurance companies. The therapies frequently denied include speech therapy, occupational therapy, and intensive behavioral therapy, such as Applied Behavior Analysis (ABA). Applied Behavior Analysis (ABA) is a data-based intervention for autism that has a decades-long record of efficacy. ABA therapy has shown to increase educational placements and increased IQ levels of those with autism. This therapy is recognized by the U.S. Surgeon General's 2001 Report on Mental Health as being widely accepted as the effective treatment for autism. But insurers frequently deny ABA as a benefit, and families are often forced to pay for these costly services out of pocket.

I know too many local families of children with autism deeply in debt as a result of the lack of health insurance coverage for these necessary therapies. However, the cost of paying for the therapies out of pocket not only causes financial strain for the families, but it also causes heavy emotional distress. For many of these families, the stress is more than they can bear and many of the marriages end in divorce. But in spite of the burdens of autism on the insurance companies, the government, the families, and even on society as a whole. Without passage of legislation requiring private health insurance coverage for autism, the costs associated with autism will continue not only to affect families, but will have far reaching social effects as well. SB668 is about all children with autism in Hawaii who deserve to have a better quality of life.

I urge you to pass SB668. We need to make insurance coverage for autism a

reality. The children with autism in Hawaii deserve to have the opportunity to thrive. We are not asking for the moon. We are asking health insurers cover treatments for a disorder just as they cover treatments for other disorders in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. I do not think this is too much to ask.

Thanks for considering my testimony. If you have any questions please call me.

Aloha,  
Dan Santos

## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, March 30, 2013 7:25 PM  
**To:** FINTestimony  
**Cc:** fneves@tbh.com  
**Subject:** Submitted testimony for SB668 on Apr 2, 2013 14:00PM

### **SB668**

Submitted on: 3/30/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Faye Neves	Individual	Support	No

Comments: 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, Your Voting Constituent

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, March 31, 2013 10:18 PM  
**To:** FINTestimony  
**Cc:** gpinnow@rocketmail.com  
**Subject:** Submitted testimony for SB668 on Apr 2, 2013 14:00PM

### **SB668**

Submitted on: 3/31/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

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

Comments: 4/1/13 Today I wish to submit testimony as a parent, a professional, and as a tax paying community member. I am the parent of Luke, who this bill was named after. Luke started his journey with Autism on the Big Island. I sat teary eyed during one of the earlier hearings as I recounted the times I had requested services for my child here in Hawaii and the school and insurance company denied my requests. I remembered my boss, who was principal at the time, who sat down at the table during our son's FSP and told them that they could not tell us, the parents that there were no speech services as they had no one to provide. Most of all I remember my son's pediatrician at our IEP just shake her head at the school and say to us, "At this time the best thing you can do is to be a family for your son." I had a choice. I could have taken my son and moved to my parent's hometown which was 20 minutes from Yale, New Haven or I could stay in Hawaii. You see Luke, our son, is Hawaiian, his great grandmother was one of the civilians that was killed during the Pearl Harbor Attack. Luke loves the ocean. So why should he have to leave his home, Hawaii? Please pass this bill so no other family in Hawaii, has to be faced with these decisions. So when insurance is contacted for ASD services the child and family are not denied. As a teacher, I have experiences with children going through diagnosis and eligibility process. Do you know the time it takes for this to happen with Department of Education? These kids are in the general education class unaided. This is very difficult on the school, the child with autism, but also on the students in those classes. The teacher has to give inordinate amounts of time to that child, rather than educate the rest of the children. Are the teachers trained in Autism? No! Most have never received a class to learn about autism. Our schools are not equipped to handle one in fifty (amount of autistic kids reported on national news last week.) You can give the students as much STEM (science, technology, engineering, and math) as you want but without the attention and instruction from the teacher.....I think you see it too, no? This bill could alleviate that by having diagnosis and therapy happen through our insurance carriers. So when you make a difference for the child with autism you make a difference for us all! You have the power to make the difference with every community member in Hawaii! How? By passing this bill into law. There are people who say the state cannot afford it? Apparently it will only cost less than .50 for insurance with this law in affect. Well let me tell you about the cost of Luke without this bill.....I heard that a skills trainer can cost 65 thousand a year by the time you are done paying the agency, etc... By the time Luke graduates from high school it will have cost over 1 million dollars! Times this by 1 in 50! If he had gotten the help that is outlined in this bill he would not have needed that help in school! He still is young enough to get help by you. The time is NOW to pass this. We can't let these kids down, the schools down, and the community at large! You have the power to make this difference for ALL!

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## FINTestimony

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**Sent:** Monday, April 01, 2013 12:11 PM  
**To:** FINTestimony  
**Cc:** BINGONURSE@HOTMAIL.COM  
**Subject:** Submitted testimony for SB668 on Apr 2, 2013 14:00PM

### **SB668**

Submitted on: 4/1/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
MARY ANN FOLEY	Individual	Support	No

Comments: AS A REGISTERED NURSE, I KNOW THE IMPORTANCE OF EARLY TREATMENT OF AUTISTIC SPECTRUM CHILDREN. IT IS A HEARTBREAKING DISORDER, THAT IF TREATED EARLY, HAS A BETTER OUTCOME FOR A CHILD TO LEAD A MORE PRODUCTIVE LIFE. I HAVE CONTRIBUTED TO SUPPORT A CHILD WITH AUTISM- THE OUT OF POCKET EXPENSES FOR A PARENT ARE EXTREMELY BURDENSOME.

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## FINTestimony

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**To:** FINTestimony  
**Cc:** mnmchibs@yahoo.com  
**Subject:** Submitted testimony for SB668 on Apr 2, 2013 14:00PM

### **SB668**

Submitted on: 3/29/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Chibana	Individual	Support	No

Comments: I support bill SB688 which will provide the much needed support to families who are caring for children with autism. In the past few years I have personally come into contact with many families who have a child with autism and I was alarmed to find out the frequency at which this disease is rapidly growing. Caring for a child with autism is extremely costly and will no doubt put a financial strain on most if not all families involved. Any additional support that can be given is necessary.

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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Hello my name is Raymund Florentin. My wife, Meredith, and I have a 6 year old son, Jacob, diagnosed with severe autism. He is non-verbal, has severe behavior, communication, and sensory issues. We have given all we can afford, including early intervention, speech, occupational therapy, psychology evaluation, and intense home ABA, but have a long way to go. Most of his therapy has been out-of-pocket cost which isn't covered by our insurance plan. For the past 13 years I have been a civilian federal employee working for the Department of Defense at Tripler Army Medical Center; however my Federal Plan does not cover Autism Therapy. Many of the therapists we contacted would accept Tricare but not my insurance. We have been denied by the state of Hawaii for any medical assistance for Jacob even though he is qualified for Disability service by the Department of Health. Jacob's physicians, psychologist, speech, and occupational therapist have recommended more services which wouldn't be coverage and has also been denied by his special education program of the Department of Education. Because of this we are in due-process with the DOE. I know many parents who has taken this necessary route, which appears to be even more costly for the State of Hawaii. My wife and I was raised, purchased a home, and made a decision to raise our family here in Ewa Beach. We work multiply jobs, but all around Jacobs therapy sessions. Still, I feel like we are falling behind financially, Jacob is regressing more, and his behavior has turned into more violent situations. Living here in Hawaii for us parents with this special need is becoming more impossible. Many of us have considered relocating to a state with this insurance coverage. We feel Insurance Coverage for Autism is an obvious choice which shouldn't be denied. It would be unfortunate to deny these evidence based treatments for our kids with these disabilities.

## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, April 01, 2013 12:15 PM  
**To:** FINTestimony  
**Cc:** timmah1142@gmail.com  
**Subject:** Submitted testimony for SB668 on Apr 2, 2013 14:00PM

### **SB668**

Submitted on: 4/1/2013

Testimony for FIN on Apr 2, 2013 14:00PM in Conference Room 308

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tim Lindsey	Individual	Support	No

Comments: The Committee on Insurance Reform 415 South Beretania St. Honolulu, HI 96813 RE: Insurance Reform for Autism Coverage Dear legislators: I am writing in response to the recent action taken by Hawaii legislators with the introduction of SB668 and HB721. As a friend of children with special needs, I am pleased with the progress they are making to join the other 33 states that have enacted into law requirements for insurers to provide coverage for the treatment of autism. As you are aware, the incident rates of autism continue to climb (CDC estimates 1 in 88 people are on the autism spectrum) and as such likely impact a good percentage of your constituent base. According to a 2006 Harvard study by health economist Michael Ganz, the direct costs to raise a child with autism to age 22 are more than \$500,000 (and that's in 2003 dollars!) Ganz estimated that families also, indirectly, lose almost \$160,000 in income across their child's first 22 years, on average, as parents must scale back on work to care for their child. The most staggering number though is this one: Over the course of a person with autism's lifetime, the total cost to society -- of treatments, care and the lost work potential of both the person with autism and their caregivers -- is more than \$3 million. During a time of great economic concern, your action to offer families with options to reduce these costs is needed. Research has proved the dramatic difference early diagnosis, ABA therapy, and coordinated intervention has on children with autism and other special needs. Your leadership is needed now more than ever and I hope I can count on you to keep this issue at the forefront of the legislative agenda. I look forward to seeing Hawaii added to the list of 33 states with autism insurance coverage reform. Sincerely, Tim Lindsey Your Voting Constituent

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March 31, 2013

House Committee on Finance

SB 668, SD2, HD1      Relating to Health

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

Thank you for the opportunity to testify on SB 668. My name is Lori Letoto and I would like to express my strong support for this measure.

My son, who is soon to be six, was diagnosed with Autism when he was 22 months old. Since then, I have tried to make sense of this complex diagnosis and what it means for my son, my family and our future. What are its causes and can it be treated? Will he have a happy, productive and meaningful life? What can I do to ensure he lives up to his potential?

The answers to most of my questions are unclear. There is conflicting research about what causes Autism and no one can of course predict the future, especially for children with neurological disorders and developmental challenges. But in all my research, and my personal experience, one thing is clear and apparent. **Yes, Autism can be treated** through a combination of biomedical and behavioral interventions. Improvements can and are being made in the lives of children and adults on the Autistic Spectrum everyday when they are put in the care of professionals who provide them with psychological, speech and occupational therapies, behavioral analysis, diet guidance and even certain prescription medications among other things.

The services our children get from the DOE schools are a good start and greatly appreciated, but they are not enough. Currently in Hawaii, if a family wishes to implement a comprehensive treatment plan for their Autistic child, they face doing so purely “out of pocket.” For most families, the costs are so high, it is simply out of reach. The state of Hawaii and parents alone cannot and should not bear the full financial burden of giving these special children what they need to grow, flourish and become what everyone wants to see them be – healthy, independent and productive members of our society. We need help from the same place that would “help” if these children were born with other diagnosed conditions, the health insurance providers.

The disorder is real. The need is there and growing. There are effective ways to treat Autism but treatment comes at a financial cost far too high for families. **Why aren't we “covered?”** I see in my son, and other Autistic children, limitless potential that can be reached if they have affordable access to care. Please pass SB 668 because it's the right thing to do not only for families directly affected by Autism, but for our community as a whole.

Sincerely, and with much appreciation,

Lori J. Letoto

**APRIL 2, 2013, 2:00 PM**

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

**S.B. 668, SD2, HD1**

**SUBMITTING IN STRONG SUPPORT OF S.B. 668,  
ALSO KNOWN AS "LUKE'S LAW"**

TESTIMONY OF:

Christopher M. Letoto, Senior Business Analyst - HMSA

Chair Luke, Vice Chair Nishimoto, Vice Chair Johanson and Members of the House of Representatives Committee on Finance, I write in strong support of Luke's Law, S.B. 668.

I have personally been touched by this disorder with my nephew who also happens to be named Luke Letoto, so I hope that this is a great sign that "Luke's Law" will be passed. He is the most amazing, loving, smart and happy young boy, but being diagnosed with autism he deserves a chance to receive autism-related psychiatric, psychological, pharmaceutical and therapeutic care. I pray and hope that someday he will be able to function and interact the same way that we all take for granted every day. He deserves to have the type of care and treatment that can help him grow up into an amazing man and member of our Hawaii community. We must stop pushing this issue to the side and address it with understanding and action. Additionally, I know of four other families who have children diagnosed with autism and they are all boys. This is a serious problem and we have to put in place the proper funding to get these children the help and support they deserve and require. Just imagine if this was your child and I know that you will make the right decision in support of Luke's Law.

Being involved in health care and finance, I believe it is a fundamental human right that all residents of Hawaii are provided with access to quality health care. And we can do this by requiring coverage for the treatment of autism spectrum disorders. It is a fact that autism prevalence figures are growing and it's the fastest growing serious developmental disability in the U.S. Autism now affects 1 in 88 children and 1 in 54 boys, with boys nearly five times more likely than girls to have autism. Financially, autism costs a family \$60,000 a year on average and this disorder currently only receives less than 5% of the research funding of many less prevalent childhood diseases. Currently, many families struggle to help their children because medical insurance carriers do not cover autism related services. We have to start making decisions that help foster the learning and growth of our children that live here in Hawaii. And by taking action now, we can help change the lives of so many children that need our love and support, by passing Luke's Law.

Thank you for your consideration.

Sincerely,

Christopher M. Letoto, MBA

TESTIMONY IN SUPPORT OF SB668 SD2 HD2, AKA LUKE'S LAW

Reps. Luke, Nishimoto, Ling Johanson and Committee Members:

Please accept my testimony in strong support of SB668, Luke's Law to require health insurers to cover treatment for autism. I am the mother of a severely autistic 5 year old son, Ryan and have spent thousands of dollars out of pocket for his therapy. It has been a sacrifice for us, but many families cannot bear this cost. Ryan's school does an admirable job educating him, but autism is a medical condition that requires medical therapy and should not be excluded from insurance coverage. No one questions that diabetes, cancer or other conditions should be covered. Why is autism singled out for exclusion?

Hawaii's families affected by autism are relying on you to right this wrong.

Thank you.

Sincerely,

Janet Edghill

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

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

Monday, April 1, 2013

In regards to **SB668, SD2** ("Luke's Law") 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 the bill.

I would like to **reiterate my concern re: the provision under section (I)**, on pages 6 and 13, in the subsection on "behavioral health treatment." The way the bill is worded, Board Certified Behavior Analysts (BCBAs) would be given authority to provide counseling and other behavioral health treatments, as well as supervise others providing said treatments, despite what may well be a lack of training in such treatments that are evidence-based but NOT Applied Behavior Analysis. In addition and to reiterate what I wrote in my previous testimony, many children and adolescent with ASD have additional mental health problems, such as anxiety, depression, and/or ADHD, for which they would benefit from evidence-based behavioral health treatments. As written, the bill permits BCBAs to provide or supervise treatment for these comorbid diagnoses under "treatment of ASD," even though they are not licensed, nor psychologists, nor clinicians trained to treat depression, anxiety, or ADHD. In my humble opinion, this would be akin to allowing optometrists to perform appendectomies.

The fact that this has not been addressed over the course of revisions to this bill leads me to submit these cautionary comments. In my past testimony, I have deferred to the DCCA, but it may be that this agency is not knowledgeable enough about the various behavioral health treatments that have scientific evidentiary support, in which BCBAs are not trained, but which may apply to children with ASD. Given the kinds of ASD cases that receive the most attention, it would not surprise me that society at large and members of the DCCA and your colleagues in the State Legislature have a limited understanding of the scope of ASD and the **extreme range** of needs, symptomatology, and severity. The bill as written describes treatment provision intended only for those on the high end of need; hence my consternation. There are many children with ASD who need other kinds of treatment (non-ABA) for their unique developmental problems, such as parent management training, peer pairing, and social/occupational/physical therapy for ASD-specific symptoms, and/or exposure-based treatments for anxiety if such comorbidity exists.

As I have stated in previous testimony, I am a strong supporter of the work of BCBAs with young children with ASD, particularly as ABA is an empirically supported treatment for ASD symptoms (with "best" support), the cost of which will be reduced if said services are being provided by BCBAs rather than by psychologists and/or psychiatrists, but I am very uncomfortable with the idea of BCBAs providing or supervising treatment for depressive symptoms or social anxiety as the current language in the legislation permits.

I'd like to offer the following suggestion:

Separate the “behavioral health treatment” section of the bill into two parts – one part specifically focusing on Applied Behavior Analysis which can be performed by either BCBA’s or other properly trained and educated licensed professionals, including psychologists, and another part focusing on behavioral health treatments that are not Applied Behavior Analysis, which can be performed by properly trained and educated licensed professionals, including psychologists, psychiatrists, clinical social workers, mental health counselors, and/or registered nurse practitioners. Please note that licensed mental health counselors were omitted from previous versions of this legislation, but they receive as much if not more training in behavioral health treatments than clinical social workers and should therefore be included.

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





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

April 1, 2013

Honorable Sylvia Luke, Chair  
Honorable Scott Y. Nishimoto, Vice Chair  
House Committee on Finance

RE: SB 668 - HD1 Mandatory Health Coverage; Autism Spectrum Disorders - **SUPPORT WITH REVISIONS**

Chairman Luke, Vice Chair Nishimoto and Members of the House Committee on Finance:

**With revisions, I look forward to supporting SB 668-HD1.** 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 waiting for a professional with expertise to provide a thorough assessment, diagnosis, recommendations and treatment for their child. This is especially true on neighbor islands where experienced professionals are more challenging to secure. I commend this legislation for providing an expansive array of treatments and providers, including Licensed Clinical Social Workers (LCSWs) and am hopeful through its passage we will see improved outcomes for individuals on the Autism Spectrum.

Autism is a complex multi-faceted disorder and requires a trans-disciplinary multi-faceted treatment approach. **I am concerned about the practice implications of the current supervisory requirements** relating to providers of "behavioral health treatment" (page 6 line 5 – 15). In Hawai'i Licensed Clinical Social Workers are recognized as competent to provide this level of treatment under the Hawai'i Revised Statutes (HRS 467E) without further supervision having already performed 3,000 hours of post-masters degree clinical supervised work as well as passed the state-licensing exam and license renewal when applicable. **These requirements create an unnecessary barrier to treatment for families and licensed professionals.**

I respectfully submit that either the supervisory requirement is removed, as most health insurance plans already provide guidance to the types of providers that may provide behavioral health treatment, or the language be modified to read:

"Provided or supervised by a licensed clinical social worker or licensed psychologist..." (Page 6, line 11)

Licensed clinical social workers bring clinical expertise to the field as well as a long established understanding of family systems and the ability to work with a variety of professions. The inclusion of LCSWs, ensures families are provided freedom to choose from the widest array of qualified professionals. And in doing so, **respecting the clinical judgment of professionals as well as a family and individual's right to pursue evidenced based treatments that suit their unique needs and circumstances.**

The spirit of this bill is evident: to increase access to services and the quality of life for individuals with autism. I firmly believe by allowing families and individuals the greatest freedom of choice of licensed qualified professionals, including LCSWs; this legislation has the power to do just that. With a widened scope, I look forward to providing my support and celebrating its passage with the families I serve.

Respectfully,  
Lauren Wilson, MSW  
Autism Service Provider

TESTIMONY IN SUPPORT OF SB668 SD2 HD2, AKA LUKE'S LAW

Reps. Luke, Nishimoto, Ling Johanson and Committee Members:

Please accept my testimony in strong support of SB668, Luke's Law to require health insurers to cover treatment for autism. I am the father of a son with autism and this bill will help so many children like him to get the medical care they need and deserve.

Autism is emotionally, physically and financially draining. It is a medical condition and should therefore be covered by health insurance. Our family does the right thing and pays premiums every month only to be told autism is specifically excluded from coverage.

Please vote in favor of Luke's Law.

Thank you.

Sincerely,

Tom Pearson