



**HAWAII MEDICAL ASSOCIATION**

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

**LATE**

Date: Tuesday, April 2, 2013  
Time: 2:00 P.M.  
Place: CR 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. Steven Kemble, MD, President  
Dr. Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: SB 668 RELATING TO HEALTH

Position: Strongly Support

The Hawaii Medical Association is submitting testimony in strong support of SB 668.

There is an abundance of evidence that early diagnosis and treatment of ASD results not only in improved outcomes for children with ASD, but also significant savings in health care coverage and the need for additional services of the lifetime of the individual.

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

**OFFICERS**

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**LATE**

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Kent Anderson

Testimony of Kent Anderson  
April 2, 2013, 2:00pm; Conference Room 308  
Support for SB 668, SD2, HD1

Good Afternoon Committee Chair Luke, Committee Vice Chair Nishimoto, Committee Vice Chair Johanson, and Members of the Committee on Finance. Thank you for the opportunity to testify in support of **SB 668, SD2, HD1.**

My name is Kent Anderson, and I testify as the Executive Director of the Hawaii Autism Foundation (HAF). We are your partners in providing support for the autism community. Since 2008, the Hawaii Autism Foundation has educated parents about autism and evidence-based treatment options. HAF has given over \$100,000 in scholarships to help families access the care their children desperately need and deserve. We have also brought several physicians with expertise in treating autism to our islands to provide specialized treatment for our keiki.

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

The prevalence of Autism Spectrum Disorder (ASD) has doubled over the past 10 years and now affects 1 in every 88 children. A March 2013 Centers for Disease Control and Prevention (CDC) report proposes that more recent research indicates that the current rate is 1 in 50. By way of comparison, this is more children than are affected by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy and Down syndrome combined. ASD is associated with difficulties in social interaction, verbal and nonverbal communication, intellectual development, motor coordination, and physical health. ***If autism is identified early and individualized intervention programs are implemented, a child has a chance to reach a greater potential and greatly reduce the long-term financial burden to families and our government.***

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

Insufficient insurance coverage for autism has a greatly adverse financial impact on our State. The U.S. Surgeon General has reported that treatment for autism can spare an individual from life-long dependency as a ward of the state. According to a Harvard School of Public Health study, ***the lifetime societal cost of autism is estimated to be \$3.2 million per person. This cost can be reduced dramatically or eliminated with appropriate intervention.*** Many individuals

Hawaii Autism Foundation is a 501(c)(3) non-profit organization (26-1563850)  
Phone: (808) 233-9144 \* [www.hawaiiautismfoundation.org](http://www.hawaiiautismfoundation.org)  
P.O. Box 2775 Honolulu, HI 96803

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

SB 668, SD2, HD1 will help to provide needed health interventions to many children who are currently lacking critical health services. This legislation will ensure that Hawaii families receive the benefit of health coverage for the treatment of autism spectrum disorder, including applied behavior analysis (ABA). The legislation ensures that coverage cannot be denied because a particular treatment is deemed “habilitative” in nature. The bill also contains provisions to ensure that existing services provided through an individualized family service plan, an individualized education plan or an individualized service plan are continued.

Similar bills have been passed in 32 other states with great success. In the states where the laws are effective, individuals with autism are making remarkable progress, and the impact on premiums has been minimal. The average fiscal impact across five of the early adopting states that have reported data is approximately 31 cents per month for each member of the plan as a result of the added autism benefit. Over time, this up-front investment should greatly reduce State health and services expenditures and lead to enhanced tax revenues as treated individuals maximize their employment and entrepreneurship opportunities.

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

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

**LATE**

## **HAWAII DISABILITY RIGHTS CENTER**

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813

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

E-mail: [info@hawaiidisabilityrights.org](mailto:info@hawaiidisabilityrights.org) Website: [www.hawaiidisabilityrights.org](http://www.hawaiidisabilityrights.org)

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

#### **Committee on Finance Testimony in Support of S.B. 668, SD2, HD1 Relating to Health**

**Tuesday, April 2, 2013, 2:00 P.M.  
Conference Room 308**

Chair Luke and Members of the Committee:

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

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

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

Further, while some services are supposed to be provided via the DOE under the Individuals With Disabilities Education Act, in reality, the DOE has done a very poor job

of either educating or providing needed services to children with autism. Therefore, other means of providing coverage and services need to be addressed.

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

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

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**

April 2, 2013

2:00 pm

Conference Room 308

**SB 668 SD2 HD1 RELATING TO HEALTH**

Chair Luke and committee members, thank you for this opportunity to provide testimony on SB 668 SD2 HD1 which would mandate expanded insurance coverage for people with autism spectrum disorders. We appreciate the amendments made by the House Committee on Consumer Protection and Commerce to address the problems we brought to them regarding how the bill would affect families of children with autism.

**Kaiser Permanente Hawaii continues to have concerns about this bill and requests an amendment.**

Our first concern is that this bill reflects **none of the recommendations of either the Legislative Auditor or the Legislative Reference Bureau**. Both studies were done as requested by the legislature and the auditor's study recommended against passing this mandate. The LRB made specific recommendations based on the effect of the proposed language in the draft bill and what would need to be done prior to passing such a bill.

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 not consistent with 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 limit. We are concerned that **this bill might pass with the limits listed but will be superseded by federal law which would require coverage with no limits**.

Also, note that this dollar limit is only for "behavioral health treatment" and the bill specifically says this must be in addition to any coverage for other care, treatment, intervention, or service. The actual cost of care per person could easily exceed the proposed dollar figures.

As written, this bill sets up two different levels of care based on whether the plan is gotten through the health insurance exchange or outside of the exchange. Those in the exchange will not be covered for this mandate. This was done so the state would not have to pay for the additional mandate as required under federal ACA.

Also, MedQuest does not currently cover applied behavior analysis (ABA) services which are the primary program defined in this bill as behavioral health treatment. This bill wouldn't change that. The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) does not currently cover these services.

This bill places the cost of these services directly on businesses through increased premiums paid for purchasing coverage for their employees and to the individuals purchasing their own coverage. As with all mandates it is anticipated that there will be increased demand for the services described in this bill and all additional costs raise premiums.

In regards to premiums no one is exactly sure what the cost of these services will be and how it will affect premiums. Some studies have estimated one percent increase in premiums. For 2014 a one percent increase in premium cost for any reason for Kaiser Permanente's prevalent plan is about \$3.50 per member per month which would be \$42.00 per covered person per year. Even if it were less than one percent, a half of one percent increase would be \$1.75 per member per month or \$21.00 per covered person per year. This information is not specific to a mandate for autism but gives you some idea of what premium increase translates to in dollars.

The implementation date in the earlier drafts of this bill was January 1, 2014 which gives plans, providers and businesses only six months to prepare for the additional treatment and expenses generated by this bill. That's also the date that most of the remaining changes required by the federal accountable care act take effect. In addition we are concerned that there may not be sufficient qualified providers available to provide these services, particularly on the neighbor islands.

**We request that should this committee choose to pass this bill that it be amended to take effect January 1, 2015.**

However, in light of the concerns described here we ask that the committee consider deferring this measure. Thank you for your consideration.



April 1, 2013

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

**LATE**

**Re: In support of SB 668 SD2 HD1; Relating to Health. Mandatory Health Coverage; Autism Spectrum Disorders**

Dear Chair Luke and Members of the Committee,

My name is Kathy Iona, Regional Director – Hawaii 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 would like to ask each of you on April 2<sup>nd</sup> to support SB 668 SD2 HD1! Trumpet has qualified service providers that can help Hawaii's children with Autism and their families have a better quality of life today and in the future.

**Our TBH Ohana**

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

We employ 341 team members in the state of Hawaii which includes 17 Board Certified Behavior Analysts, 1 licensed psychologist, and 1 Licensed Mental Health Counselor.

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 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.

## **Our Service Philosophy**

- Behavior is the result of interactions between genes and the environment. All behavior is functional. It is important to understand this interaction as well as the underlying motivation for a particular response.
- It is necessary to identify the triggers (antecedents) as well as the events that maintain a particular behavior (consequences). Behavior can only be changed when the antecedents and/or consequences are changed.
- Progress is not subjective. Data collection and behavioral observation are necessary for program development and ongoing intervention.
- When selecting behaviors targeted for reduction, there should exist a social value for change. Selected behaviors, if left untreated, will significantly limit independence or acquisition of appropriate behaviors.
- Appropriate alternatives to undesirable behavior should be taught and reinforced.
- Verbal behavior therapy is a necessary approach to teach the various functions of language to people with autism. Behavior is a form of communication; therefore, many inappropriate behaviors improve along with the ability to communicate appropriately.
- In respecting the autonomy of each person, the least restrictive behavioral procedures are always used before more restrictive procedures are attempted.
- All behavioral interventions we use have been empirically validated and held to the highest standards in peer-reviewed journals.
- Behavioral interventions are time-limited and person-centered. Objectives or benchmarks indicate progress toward goals.
- The clinician is a member of the interdisciplinary team, and should work collaboratively with all involved.
- Confidentiality and privacy are protected according to HIPAA and FERPA regulations.



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. In Hawaii, due to the diverse ethnicities that live here, the number of children with Autism could be even higher. Autism is an epidemic and a public health crisis. The time to act is now, and Trumpet Behavioral Health is ready to serve the Hawaiian community. Thank you for your consideration of my comments in support of SB 668 SD2 HD1.

Mahalo nui loa,


Kathy Iona

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**Kathy Iona | Regional Director | Trumpet Behavioral Health | Hawaii**

Ph: (808) 945-3055 ext. 204 | Fax: (808) 945-3064 | Mobile: (808) 779-2967 | [kiona@tbh.com](mailto:kiona@tbh.com) | [www.tbh.com](http://www.tbh.com)



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**LATE**

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS  
COMMENTING ON SENATE BILL 668, SD 2, HD 1, RELATING TO HEALTH

April 2, 2013

Via e mail:

Honorable Representative Sylvia Luke, Chair  
House Committee on Finance  
State House of Representatives  
Hawaii State Capitol, Conference Room 308  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chair Luke and Committee Members:

Thank you for the opportunity to comment on SB 668, SD 2, HD 1, relating to Health.

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

As drafted, SB 668, SD 2, HD 1, requires all insurers subject to its provisions to provide coverage for autism spectrum disorders.

Section 2 of the bill would amend Article 10A of Hawaii’s Insurance Code (relating to Accident and Health or Sickness Insurance) to include a new section to require that “Each individual or group accident and health or sickness insurance policy, contract, plan or agreement . . . shall provide to the policyholder . . . coverage for . . . autism spectrum disorders.” (Page 1, lines 8 – 15). Further, “[e]very insurer shall provide written notice to its members regarding the coverage required by this section.” (Page 1, lines 16-17).

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

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

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

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

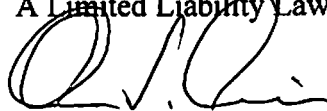
As a result it would appear that autism spectrum disorders coverage mandated by the bill would not apply to disability insurance ("DI").

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

§431: 10A- Autism spectrum disorders benefits and coverage; notice; definitions. (a) ~~Any other law to the contrary notwithstanding~~ Subject to the provision of HRS §431:10-A-102.5, Each individual or group accident and health or sickness insurance policy, contract, plan or agreement . . . shall provide . . . coverage for . . . autism spectrum disorders.

Again, thank you for the opportunity to comment on SB 668, SD 2, HD1.

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



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

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 provider of children with special needs (for 15 years), 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 (recent numbers on the news indicated 1 out of 50 children) 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,  
Fred Yuen, Behavioral Analyst

Your Voting Constituent

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

**LATE**

RE: Insurance Reform for Autism Coverage

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Sincerely,

Mae Anne Datuin

Your Voting Constituent

**LATE**

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415 South Beretania St.  
Honolulu, HI 96813

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Sincerely,

Your Voting Constituent

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

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Sincerely,

Jana Ortiz  
Your Voting Constituent



**FINTestimony**

**LATE**

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, April 02, 2013 7:27 AM  
**To:** FINTestimony  
**Cc:** miller.xoreymail@gmail.com  
**Subject:** \*Submitted testimony for SB668 on Apr 2, 2013 14:00PM\*

**SB668**

Submitted on: 4/2/2013

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>
Corey Miller	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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**LATE**

**SB668**

Submitted on: 4/2/2013

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>
Hardy Spoehr	Papa Ola Lokahi	Support	No

Comments: Papa Ola Lokahi strongly supports this legislation

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

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)