WRITTEN ONLY

TESTIMONY BY KALBERT K. YOUNG
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON WAYS AND MEANS
ON
SENATE BILL NO. 668, S.D. 1

February 21, 2013

RELATING TO HEALTH INSURANCE

Senate Bill No. (SB) 668, Senate Draft (S.D.) 1, 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. 1.

We are concerned that SB 668, S.D. 1 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. 1, 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 in 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. 1, upon Article 10A of the State of Hawaii Insurance Code.

NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

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KEALI`I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Thursday, February 21, 2013
9 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 668, S.D. 1 – RELATING TO HEALTH.

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND MEMBERS OF THE COMMITTEES:

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

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

The bill establishes a $50,000 maximum benefit for coverage for behavioral health treatment per year and a maximum lifetime benefit of $300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31, 2016, this bill requires the Commissioner, on an annual basis, to adjust the maximum benefit for inflation using the medical care component of the U.S. Department of Labor Consumer Price Index ("CPI") for all urban consumers. In addition, the Commissioner would be responsible for publishing the adjusted maximum benefit annually.

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

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

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

NEIL ABERCROMBIE
GOVERNOR

PATRICIA McMANAMAN
DIRECTOR

BARBARA YAMASHITA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
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February 21, 2013

TO: The Honorable David Y. Ige, Chair
Senate Committee on Ways and Means

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 668, S.D.1 – RELATING TO HEALTH**
Hearing: Thursday, February 21, 2013; 9:00 a.m.
Conference Room 211, State Capitol

PURPOSE: The purpose of this bill is to require health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning December 31, 2013.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) respectfully opposes this bill because it does not include an appropriation in general funds needed for the DHS to pay for these 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. The DHS provides medical assistance to approximately 150,000 children and the prevalence of autism is 1/88. If ABA is covered, it is estimated that it would cost $1,000 per week per child. In addition, under early prevention, screening, diagnosis, and treatment (EPSDT), if ABA is covered, the DHS could not place any limits on ABA for children.

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

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Government Relations

Testimony of Phyllis Dendle

Before:
Senate Committee on Ways and Means
The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair

February 21, 2013
9:00 am
Conference Room 211

SB 668 SD1 RELATING TO HEALTH

Chair Ige and committee members, thank you for this opportunity to provide testimony on SB 668 SD1 which would mandate expanded insurance coverage for people with autism spectrum disorders.

Kaiser Permanente Hawaii opposes this bill based on how it is written.

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 and the LRB made specific recommendations what would need to be included.

We also want to explain our concerns about specific language in this bill.

Age-This bill sets the upper limit of coverage at 26 years of age. This is far above what other states cover for autism related services. No state is above age 21 and many are set younger than that. Several states focus their resources on young children who research indicates may benefit from services described in the bill.

Screening and diagnosis-Screening and diagnosis are already covered services under existing law. At Kaiser Permanente we follow the guidelines of the American Academy of Pediatrics on identification and evaluation of children to diagnose those with autism spectrum disorders. When these children are identified they are linked to the State Department of Health early intervention services and as the child grows they are linked to the Department of Education both of whom currently provide services to children with

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autism as well as children with other developmental issues.

Maximum dollar limits-We appreciate the intention of the drafters of this bill to create some financial certainty to health plans by placing a dollar limit per year and per lifetime. However, we are concerned that this may be a violation of federal law. Federal mental health parity laws require that there be no coverage limits on mental health services which are not also on other health services. The federal Patient Protection and Accountable Care Act (ACA) prohibits any lifetime limit. We are concerned that this bill might pass with the limits listed but there could be rulings in the future would require coverage with no limits.

Also, 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 could easily exceed the proposed dollar figures.

Review of treatment- The bill would permit a health plan to review the treatment of a covered individual not more than once every twelve months. This is not in the best interest of the patient. All other medical treatments are subject to regular review to determine if the treatment is beneficial. It is essential for all medical care, including what is being required in this bill, to be based on what is medically necessary. If the individual is not improving it may be the wrong treatment or it may be the wrong provider. Under the circumstances described in the bill an individual could languish for a year making no improvement before the health plan would be able to evaluate the patient's progress. There is no requirement for the prescribing provider to have oversight to this care once prescribed. There is also no requirement that services provided be in line with evidence-based research and be provided to consistent standards.

Coordination of care- This bill does not clearly delineate the responsibilities between health plans and providers and the Departments of Health and Education. The schools are required to provide a range of services to students under federal disability and special education laws. This bill could set up circumstance where individuals are shuffled back and forth because it is not clear who is responsible for what services. This is similar to what was experienced before the Felix consent decree.

Who's covered- 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. Will Medicaid be required to pay for all of the same services to the same degree as commercial insurance? What will be the impact be on the EUTF?

Who pays- This bill shifts the cost of the services it requires directly to businesses and particularly large employers, through increased premiums paid for purchasing coverage for their employees and to the individuals purchasing their own coverage. At least part of the cost is shifted from the schools who receive federal funds to provide appropriate educational service to students with disabilities. As with all mandates it is anticipated that there will be increased demand for the services described in this bill.

Federal- The federal Accountable Care Act and its related regulations will have an impact on state mandates. In particular, mandates not already in effect will not be part of the federal essential health benefits which may shift the cost of providing these later mandates to the state rather than the purchaser of health coverage. This is just one of the peculiarities of ACA. Health providers and plans continue to work toward implementing the vast array of requirements of ACA and its ever-evolving regulations--in a short time frame.

Implementation- The implementation date of January 1, 2014 gives plans, providers and businesses only six months to prepare for the additional treatment and expenses generated by this bill. It is not clear that there are even sufficient qualified providers available to provide these services. When considered in the context of the changes being implemented by the federal government a more realistic date would be at least January 1, 2015.

Definitions - Autism Spectrum Disorder-the new DSM is anticipated to have a refined definition of ASD which may or may not include the list of disorders listed in the definition in this bill.

Autism Service provider-places no professional requirements on who may provide services. There is no certification or licensure requirement. There is no requirement that these individuals pass a criminal history record check.

These are serious matters that need to be addressed and corrected before this bill becomes law. We urge the committee to hold this bill. It is possible to create a law that would provide services that could improve the lives of children with autism and their families. This bill is more about shifting costs than providing effective care for children with autism.

Thank you for your consideration.

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February 21, 2013

Senator David Y. Ige
Chair, Committee on Ways and Means

Re: In support of SB 668 SD1; Relating to Health. Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chair Ige and Members of the Committee,

I am Mike Wasmer, Associate Director for State Government Affairs at Autism Speaks. Autism Speaks is the world's leading autism science and advocacy organization, dedicated to funding research into the causes, prevention, treatments and a cure for autism; increasing awareness of autism spectrum disorders; and advocating for the needs of individuals with autism and their families. Our state government affairs team has played a leading role in most of the now 32 states that have enacted autism insurance reform laws and I am happy to write in support of SB 668, SD1 with additional amendments (please see attached Addendum).

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

Today Kate is in 8th grade and has been in regular education without an aide since first grade. She is making straight A's, she has been in the school play, she is first chair in violin and she has a small group of true friends. Given access to the prescribed treatment, she did not need intensive special education. She is well on her way to becoming an independent tax-paying citizen and will not be reliant on state-funded adult services. If enacted, SB 668 would provide Hawaii children with autism the same opportunity to become self sufficient.

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

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

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

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

The majority of States have enacted legislation similar to SB 668, which require that state-regulated health plans cover the diagnosis and treatment of autism, including ABA. Actual claims data from states which were among the first to enact such legislation show the average cost of coverage is 31 cents per covered member per month (PMPM).

The cost of not providing appropriate treatment to individuals with autism has been estimated to be $3.2 million per child over their lifespan (Ganz, 2007). Much of this expense is associated with intensive special education, adult disability services and decreased productivity. Actuarial analysis has shown that the cost of autism insurance reform could be recovered in reductions in special education and medical expenses alone (Lambright, 2012). Enacting SB 668 is both a moral and a fiscal imperative.

Recommended amendments to SB 668, SD 1 are detailed in the attached Addendum and include several changes to Section 3 (re: mutual benefit societies) that simply maintain consistency with the provisions in Section 2 (re: accident and health or sickness insurance contracts).

Autism Speaks also recommends an amendment to the definition of "behavioral health treatment" which clarifies that both direct services provided by a Board Certified Behavior Analyst (BCBA) or an appropriately trained licensed psychologist, and services provided by the therapists working under their supervision are covered services. This amendment is consistent with the tiered ABA service delivery model recognized by the Behavior Analyst Certification Board.[1]

Also included in the Addendum is a proposed amendment to the definition of "autism spectrum disorder" that reflects changes to the diagnostic criteria for autism which will appear in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) expected to be published in Spring 2013. As noted in the Legislative Reference Bureau (LRB) Report No. 2, 2013, "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii", the "Pervasive Developmental

[1] http://www.bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf

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Disorder" category in the current edition of the DSM will be renamed "Autism Spectrum Disorder" and subsume the diagnoses of autistic disorder, Asperger's Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). A related amendment proposes that an individual diagnosed with autism using criteria outlined in the current edition of the DSM (DSM 4) would remain eligible for coverage after publication of the DSM 5 without the need for repeat evaluation.

The LRB report also addresses the issue of licensure for ABA providers. As indicated in the report, licensure of ABA providers is not a prerequisite for enacting autism insurance reform laws. Nor is licensure a prerequisite for reimbursement of ABA providers by insurers. Of the 32 states that have mandated coverage for ABA for autism only 8 require licensure of ABA providers. The majority of States allow for reimbursement of ABA providers if they are credentialed by the national Behavior Analyst Certification Board or if they are an appropriately trained licensed psychologist. Factors for States to consider in the discussion of whether to require licensure of ABA providers include the cost of establishing licensure and recognition of the need to ensure that the licensure process does not restrict access to services.

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

Thank you for your consideration of my comments in support of SB 668.

Sincerely,

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

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Addendum

Proposed amendments to SB 668, SD1

1. **page 3, line 21**; Strike "2016" and replace with "2014"

   The section of the Patient Protection and Affordable Care Act referenced in subsection (i) becomes effective January 1, 2014 (not 2016).

2. **page 4, line 9**; Insert new subsections (j) and (k) and reassign existing subsection (j) as subsection (l):

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

   Similar to SB 668, California law allows for both BCBAs and licensed psychologists to provide ABA for autism. However some California insurers are only networking licensed psychologists which has limited access to care. The proposed amendment is in response to this concern.

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

   This amendment is in response to the pending publication of the DSM 5 in Spring of 2013.

   (l) As used in this section, unless ...

   Reassigns existing subsection (j) as subsection (l)

3. **page 4, line 19**; Strike lines 19 through line 2 on page 5 and insert:

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

   The recommended edit reflects the changes to the definition of "autism spectrum disorders" in the forthcoming edition of the DSM.

Addendum

4. **page 5, line 3**; Strike lines 3 through 7 and insert:

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

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

   This amendment clarifies that both direct services provided by a Board Certified Behavior Analyst (BCBA) or an appropriately trained licensed psychologist, and services provided by the therapists working under their supervision are covered services.

5. **page 5, line 11**; Strike lines 11-14, definition of "health insurance policy"

6. **page 6, line 5**; Strike the word "provided"

   The word "provided" should be deleted because the listed professionals are the ones who serve as gatekeepers at the "prescribing" or "ordering" phase, which is what is at issue in this clause. The appropriate professionals to "provide" the treatments are discussed elsewhere in the bill.

7. **page 7, line 2**; Change "...agreement, coverage for the diagnosis and treatment of autism..." to "...agreement, coverage for the screening, diagnosis and treatment of autism..."

   Screening of autism must be a covered service and is consistent with subsection (a) in Section 2 of the bill.

8. **page 7, line 12**; Change "Individual coverage provided under this section shall be subject to a maximum benefit of $50,000 per year..." to "Individual coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of $50,000 per year..."

   The dollar cap applies only to behavioral health treatment. This amendment is consistent with coverage in subsection (c) of Section 2 of the bill.

9. **page 8, line 8**; Strike lines 8 through 11 and insert:

   (d) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an individual or group hospital or medical service plan, policy, contract, or agreement that are no less favorable than the co-

payment, deductible, and coinsurance provisions for other medical services covered by the policy.

This amendment makes cost-sharing provisions consistent with those in subsection (d) of Section 2 of the bill.

10. **page 8, line 15**; Insert new subsections (f) through (k) equivalent to new subsections (f) through (k) in Section 2 of the bill:

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

(g) Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders, an insurer may request a review of that treatment not more than once every twelve months. The cost of obtaining any review shall be borne by the insurer.

(h) This section shall not be construed to reduce any obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan.

(i) As of January 1, 2014, to the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan when the plan is offered in this State through the Hawaii health insurance exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the exchange.

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

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

11. **page 9, line 3**; Insert new definition of “autism spectrum disorders” as in #3 above.

12. **page 9, line 9**; Insert new definition of “behavioral health treatment” as in #4 above.

13. **page 9, line 17**; Strike lines 17-20, definition of “health insurance policy”

Addendum

14. **page 10, line 11**; Strike the word “provided”. See explanation in #6 above.

15. **page 11, line 13**; Change “...issued in this State by a health maintenance..” to “...issued or renewed in this State by a health maintenance...”

    This amendment is consistent with the requirements of accident and health or sickness insurance contracts in Section 2, and mutual benefit societies in Section 3 of the bill.

S.B. 668 S.D 1 – PROPOSED S.D.2

RELATING TO HEALTH.

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

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

SECTION 2. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

"**§431:10A- Autism spectrum disorders benefits and coverage; notice; definitions.** (a) Each individual or group accident and health or sickness insurance policy, contract, plan, or agreement issued or renewed in this State after December 31, 2013, shall provide to the policyholder and individuals under twenty-six years of age covered under the policy, contract, plan, or agreement, coverage for the screening, diagnosis, and treatment of autism spectrum disorders.

(b) Every insurer shall provide written notice to its policyholders regarding the coverage required by this section. The notice shall be in writing and prominently positioned in any literature or correspondence sent to policyholders and shall be transmitted to policyholders within calendar year 2014 when

annual information is made available to members or in any other mailing to members, but in no case later than December 31, 2014.

(c) Individual coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of $50,000 per year and a maximum lifetime benefit of $300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31, 2015, the insurance commissioner, on an annual basis, shall adjust the maximum benefit for inflation using the medical care component of the United States Department of Labor Consumer Price Index for all urban consumers. The commissioner shall publish the adjusted maximum benefit annually no later than April 1 of each calendar year, which shall apply during the following calendar year to health insurance policies subject to this section. Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, or service other than behavioral health treatment, shall not be applied toward any maximum benefit established under this subsection.

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

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

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

(g) Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders, an insurer may request a review of that treatment not more than once every twelve months. The cost of obtaining any review shall be borne by the insurer.

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

(i) As of January 1, 2014, to the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan when the plan is offered in this State through the Hawaii health insurance exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the exchange.

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

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

(l) As used in this section, unless the context clearly requires otherwise:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

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

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

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

(1) necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and

(2) provided or supervised by a Board Certified Behavior Analyst or by a licensed psychologist so long as the services performed are commensurate with the psychologist’s formal university training and supervised experience.

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

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

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

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

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

"Treatment for autism spectrum disorders" includes the following care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, or registered nurse practitioner if the care is determined to be medically necessary:

(1) Behavioral health treatment;

(2) Pharmacy care;

(3) Psychiatric care;

(4) Psychological care; and

(5) Therapeutic care."

SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article I to be appropriately designated and to read as follows:

"**§432:1- Autism spectrum disorders benefits and coverage; notice; definitions.** (a) Each individual or group hospital or medical service plan, policy, contract, or agreement issued or renewed in this State after December 31, 2013, shall provide to the member and individuals under twenty-six years of age covered under the service plan, policy, contract, or agreement, coverage for the screening, diagnosis and treatment of autism spectrum disorders.

(b) Every mutual benefit society shall provide written notice to its members regarding the coverage required by this section. The notice shall be in writing and prominently positioned in any literature or correspondence sent to members and shall be transmitted to members within calendar year 2014 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, 2014.

(c) Individual coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of $50,000 per year and a maximum lifetime benefit of $300,000, but shall not be subject to any limits on the number of visits to an autism service provider. After December 31,

2015, the insurance commissioner, on an annual basis, shall adjust the maximum benefit for inflation, using the medical care component of the United States Department of Labor Consumer Price Index for all urban consumers. The commissioner shall publish the adjusted maximum benefit annually no later than April 1 of each calendar year, which shall apply during the following calendar year to health insurance policies subject to this section. Payments made by a mutual benefit society on behalf of a covered individual for any care, treatment, intervention, or service other than behavioral health treatment, shall not be applied toward any maximum benefit established under this subsection.

(d) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an individual or group hospital or medical service plan, policy, contract, or agreement that are no less favorable than the co-payment, deductible, and coinsurance provisions for other medical services covered by the policy.

(e) This section shall not be construed as limiting benefits that are otherwise available to an individual under an individual or group hospital or medical service plan, policy, contract, or agreement .

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

(g) Except for inpatient services, if an individual is receiving treatment for autism spectrum disorders, an insurer may request a review of that treatment not more than once every twelve months. The cost of obtaining any review shall be borne by the insurer.

(h) This section shall not be construed to reduce any obligation to provide services to an individual under an individualized family service plan, an individualized education program, or an individualized service plan.

(i) As of January 1, 2014, to the extent that this section requires benefits that exceed the essential health benefits specified under section 1302(b) of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), the specific benefits that exceed the specified essential health benefits shall not be required of a qualified health plan when the plan is offered in this State through the Hawaii health insurance exchange by a health carrier. Nothing in this subsection shall nullify the application of this section to plans offered outside the exchange.

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

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

(l) As used in this section, unless the context clearly requires otherwise:

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

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

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

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

(1) necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual; and

(2) provided or supervised by a Board Certified Behavior Analyst or by a licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience.

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

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

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

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

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

"Treatment for autism spectrum disorders" includes the following care prescribed or ordered for an individual diagnosed with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, or registered nurse practitioner if the care is determined to be medically necessary:

(1) Behavioral health treatment;

(2) Pharmacy care;

(3) Psychiatric care;

(4) Psychological care; and

(5) Therapeutic care."

SECTION 4. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

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

SECTION 5. The coverage and benefit to be provided by a health maintenance organization under section 4 of this Act shall apply to all policies, contracts, plans, or agreements issued or renewed in this State by a health maintenance organization after December 31, 2013.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect upon its approval

Report Title:
Mandatory Health Coverage; Autism Spectrum Disorders

Description:
Requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after 12/31/2013. Takes effect upon approval. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

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

February 20, 2013

Senator Ige
Chair of the Commerce Consumer Protection and Commerce – State Capitol

RE: SB668, SD1 COMMENTS – RELATING TO HEALTH
Comments for Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chair Ige, Vice-Chair Kidani and Members of the Committee,

The Community Children's Councils (CCC's) **strongly supports** the comments of The Autism Society of Hawaii and the Special Education Advisory Council in regards to SB 668 SD1, 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 be considered in the implementing rule, bill or the act, as presently there are no licensure or accreditation procedures in the state for these providers and it would provide for greater protection of children with special needs.

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

3) Amending the definition of "behavioral health treatment" to include behavior analysis that is provided or supervised by a Board Certified Behavior Analyst or by a licensed clinical psychologist if the licensure or accreditation process in recommendation 2 is not adopted.

4) Mandated developmental screenings for all children at their well-baby and well-child check-ups as this will not only catch autism but other developmental disabilities.

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. 47% of children who received intensive intervention achieved normal functioning with intensive intervention and was able to mainstream into Kindergarten with no intervention. (Lovaas, 1987) 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)

COMMUNITY CHILDREN'S COUNCIL OF HAWAII
1177 Alakea Street · B-100 · Honolulu · HI · 96813
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HAWAII DISABILITY RIGHTS CENTER

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813
Phone/TTY: **(808) 949-2922** *Toll Free*: **1-800-882-1057** *Fax*: **(808) 949-2928**
E-mail: **info@hawaiidisabilityrights.org** *Website*: **www.hawaiidisabilityrights.org**

THE SENATE
THE TWENTY-SEVENTH LEGISLATURE
REGULAR SESSION OF 2013

Committee on Ways and Means
Testimony in Support of S.B.668, SD1
Relating to Health

Thursday, February 21, 2013, 9:00 A.M.
Conference Room 211

Chair Ige 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.

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

DATE: Thursday, February 21, 2013
TIME: 9:00 a.m.
PLACE: Conference Room 211
State Capitol

To:
COMMITTEE ON WAYS AND MEANS
Senator David Y. Ige, Chair
Senator Michelle N. Kidani, 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.

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

February 21, 2013

Senator David Y. Ige, Chair
Senate Committee on Ways and Means
State Capitol
Honolulu, HI 96813

RE: SB 668, SD 1 - RELATING TO HEALTH

Dear Chair Ige and Members of the Committee,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports** SB 668 SD 1 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 1 does not relieve the Department of Education of its responsibility to provide individualized special education and related services to students with ASD; however the bill provides for critically needed diagnostic and *medically necessary* treatments for children and young adults up to age twenty-six. This legislation also clearly defines the diagnoses included in the coverage and the components of treatment.

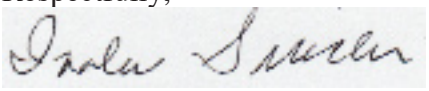
SEAC offers the following recommendations regarding SB 668, SD 1:

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

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

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

Respectfully,



Ivalee Sinclair, Chair

From: mailinglist@capitol.hawaii.gov
To: WAM Testimony
Cc: blarrabeeduarte@hawaii.rr.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Tuesday, February 19, 2013 6:30:36 PM

SB668
Submitted on: 2/19/2013
Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Duarte	Individual	Support	No

Comments: In June of 2011 our beautiful 3-year old daughter Liliana suddenly stopped speaking and lost all fine motor movement ability. Up until this moment Liliana was cruising along with no issue or developmental problems. My husband and I are both medical personal, he is a fire battalion chief and I am an emergency room RN. We quickly took her to our physician with Kaiser Permanente. Because there was no so called “medical problem” we waited six weeks to see a specialist. While waiting I sought out resources to get Liliana diagnosed and treated. She was too old to be seen through Imua services because she had already turned three. My husband and I paid out of pocket while we were at lost our daughter’s sudden lost of verbal and motor ability. All her speech was gone, no saying mommy daddy, no bye-bye, no please or thank you, no words or full sentences she had spoken previously, no using her spoon to eat cereal, she was unable to grasp items and no longer hold her toys. In July 2011 Liliana was diagnosed with sudden onset Autism Spectrum Disorder. She needed immediate speech and occupational therapy to get her moving back to baseline. Our insurance does not pay for any of these services. Liliana started special needs preschool with the DOE in August 2011 at Wailuku Elementary. The school was nurturing and provided an adequate program. Liliana received speech therapy three a week and occupational therapy twice a week. Liliana’s progress was slow to start. My husband and I decided she needed more therapy than what was available with the DOE. We put her in private speech, occupational therapy, and ABA therapy and quickly saw a greater improvement in Liliana’s ability. We are paying out of pocket $237.50 weekly/$950.00 per month for Liliana’s therapies not covered by insurance. This financial burden is rough on our family finances and each month we can see the debt although see our daughter improving. Liliana is now in Head Start mainstream preschool at Wailuku Elementary. She has an educational assistant with her in class. She continues to receive speech an occupational therapy at school through the DOE and outside supplemental services we pay for. The steady improvement she has made is truly from the costly out of pocket additional supplemental therapies she gets regularly outside of the DOE. For families with children on the spectrum having insurance provide early intervention speech therapy, ABA therapy and occupational therapy would be helpful for families undergoing this disorder. Liliana is now socially engaged living in our world back to cruising along

pretty well now. Thank you for reading our testimony and consider how our story relates to SB668. Barbara & Allen Duarte

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

Bill SB668 SD1

Honorable Donna Mercado Kim
President of the Senate
Twenty-Seventh State Legislature
Regular Session of 2013
State of Hawaii

Dear Senator Mercado-Kim,

I am submitting this letter in support of SB668 SD1 as a parent of a child with Autism and as an advocate for many other families with children under the spectrum. I have been involved with the Children's Community Council as Chairman for over 2 years and am also on the Board of Special Olympics.

I strongly believe that my family would have benefitted from this legislation about 6 years ago when my son Spencer was first diagnosed as having ASD as there are many resources and treatments that may have been helpful if they were affordable or covered by insurance. I am in a better financial situation than many other parents who have the same challenge, so I can only imagine how hard it has been for them.

This legislation will make it easier for those families to get additional support for their child, which is not currently available to them now. My family is blessed by the fact that my son is in the 90 percentile of the spectrum which places him well ahead of most. We have had a hard time affording the correct support and services and my wife has been a stay at home mom due to this since he was diagnosed. Had she not done this he may not have come as far as he has. This coupled with intensive therapy, not only for Spencer but for the family, to learn about ASD and how to help him and cope with the challenges that come with having a family member with this disorder have been time consuming and very costly.

I also believe that families of ASD have been limited by services that can help them lead as productive lives as possible. Many of these children do not get what they need to be self-sufficient once they reach the age to live on their own. Having this support will also support the families and getting their children to be as productive as they possibly can with less restriction on services available due to cost.

Please pass this bill, not for me and my family, for those whose children are lower on spectrum and really need the services to help their child be self-sufficient and productive citizens in the future.

Mahalo!

Dennis C. Maher

Parent of a child with Autism Spectrum Disorder

808-590-0950

February 21, 2013, 9:00AM, Conference Room #211

To: Senate Committee on Ways and Means
Senator David Ige, Chair
Michelle Kidani, Vice Chair

Re: SB668 SD1 RELATING TO MANDATORY HEALTH COVERAGE; AUTISM SPECTRUM DISORDERS

Chairs and Committee Members:

I, Dianna Matsumoto, support Senate Bill 668 related to mandatory health coverage for autism spectrum disorders. I have been providing direct treatment to children with autism spectrum disorders (ASD) for almost five years and have witnessed first-hand the blood, sweat, and tears, families with children with autism spectrum disorders endure to provide the best possible outcome for their children. Unfortunately, the reality is, there are very few families in Hawaii that have the resources necessary to do this. I support Bill 668 to give more children with ASD a fighting chance.

According to the Center for Disease Control (CDC) (2012), one in 88 children are diagnosed with ASD. The CDC estimates up to 730,000 people under the age of 21 have an ASD and the number is rising faster than ever before. There is no cure for ASD but it is a treatable condition. Research has supported behavioral interventions, such as applied behavior analysis (ABA), as effective in improving the symptoms of children with ASD; however, ABA treatment has shown to be costly and traditionally not covered by health insurance. Families have reported spending upwards of $50,000-$75,000 per year to pay for autism-related services such as ABA, as reported by the National Conference of State Legislature in 2012, which many families cannot afford.

For those diagnosed with ASD, financial support for extra services by health insurances companies, as supported by Senate Bill 668, would give motivated families the option to seek additional services such as evidenced-based ABA in order to make significant changes to their child's behavior. The National Autism Society (2009) recommends educational services begin as soon as a child is suspected of having ASD and such services should include a minimum of 25 hours per week of individualized instruction of evidence-based teaching procedures. As reported by Vincent Strully, CEO of the New England Center for Children, 10 to 40 percent of children who access two to three years of effective interventions as very young children have the potential to completely lose their diagnosis. This means, if more children access effective services, more will improve their quality of life, participate as productive members of society, and less people with ASD will have to be supported by public assistance in the form of special education, disability insurance, and other public services.

Additionally, I have had the opportunity to participate in educational advocacy and due process with the families I work with. With this experience, I have been made aware that the Department of Education cannot undertake the burden of providing services for these children singlehandedly. They are overwhelmed by the increase in prevalence of those who require autism-related services. In brief, the Hawaii Department of Education simply cannot do it alone. They need the help of the Hawaii Senate to pass Bill 668 to help service individuals diagnosed with ASD.

Hawaii families struggling with the financial and emotional burdens of raising a child with autism are in imminent need of support. Mandating insurance companies to provide financial aid is the support they need to continue on their road to recovery from autism. Thank you for the opportunity to submit testimony in support of Senate Bill 668.

Sincerely,

Dianna Matsumoto

Senator David Ige, Chair Committee on Ways and Means

Hawaii State Capitol, Room 221

Wednesday, February 20, 2013

RE: SB 668 Relating Health

Dear Chair Ige and members of the Committee on Ways and Means,

I am in stong support of SB 668 which would essentially call for insurance to cover autism.

I am the father of a 12 year old son who is diagnosed with autism. Along our journey, we have befriended hundreds of families who are in the same boat. We spend thousands of dollars a year to help our children become as independent as they possible can. We are lucky that we have family that can help us with costs but most people aren't nearly as fortunate.

Health care coverage for autism is a win win situation both for our state and the families directly affected. Early and effective intervention can greatly improve the long term outcomes for children with autism. 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.

In the absence of health insurance coverage, families are required to pay out-of-pocket for treatment, if they can afford it. In the process, many risk their homes and the educations of their unaffected children – essentially mortgaging their entire futures. Worse yet, children born into families without means go untreated. Without treatment, these individuals are likely to become a significant financial burden on 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.

With 1 in 88 children diagnosed with autism, if we don't invest in these children when they are young and more pliable, then we will need to care for them for the entirety of their lives.

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 also insures 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.

It is time to end the injustice of insurance not covering autism. Please support SB688.

Sincerely,

Don King

320 Poopoo Place

Kailua, HI 96734

TESTIMONY IN SUPPORT OF SB668

Please accept my testimony in strong support of SB668, Relating to Health; Mandatory Health Coverage; Autism Spectrum Disorders. I am the mother of a 5 year old son with severe autism. He receives services through DOE, but he requires still more help. Last year for 10 hours a week of behavioral therapy, I spent over $40,000, and I have health insurance.

Studies show autistic children can improve to such a point as to lose their diagnosis or to become independent individuals with an improved quality of life. I respectfully ask that you support SB668.

Mahalo. VR/Janet Edghill

COMMITTEE ON WAYS AND MEANS
SEN. DAVID Y. IGE, CHAIR
SEN. MICHELLE N. KIDANI, VICE CHAIR

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

Tuesday, February 19, 2013

In regards to **SB668 SD1** that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after 12/31/13, I am **in support** of the bill as it addresses a serious need for coverage that private insurers should bear, while capping costs at $50,000 per year.

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

While I strongly support the intent of the measure, I am a little reticent to give a wholehearted endorsement as I am concerned about the subsection that defines an autism service provider as "any person, entity, or group that provides treatment of autism spectrum disorders." I would like there to be minimum requirements regarding training in the use of Applied Behavior Analysis and that providers be licensed in the State of Hawai'i. BCBAs should be able to provide services, but for the purpose of consumer protection, I feel they should be under the supervision of a licensed psychologist or psychiatrist specializing in assessment and treatment of Autism Spectrum Disorders. The reasons for this are twofold; if for some reason there is a complaint, there would be no recourse for consumers except through their insurance companies. Second, while competent and highly trained, BCBAs do not have the wider view of ASDs that doctoral level providers have.

Let's look at that more closely. Treatment of ASD is not just about the child, it's about the child in all of his/her contexts, including home (family), school, community, and peer group. In addition, it's about the child receiving team-based services from interdisciplinary teams, including but not limited to parents, teachers, occupational therapists, speech therapists, psychologists, psychiatrists, behavioral support specialists (e.g., BCBAs), parent/family advocates, skills trainers, and sometimes other family members, nutritionists, pediatricians, and audiologists. As a former MCH-LEND trainee (I received two certificates in maternal child health and neurodevelopmental disabilities while earning my Ph.D. in clinical psychology at the University of Hawaii), I am acutely aware of the importance of transdisciplinary skills and understanding to provide the most appropriate and comprehensive treatment to children with ASD. In addition, I am acutely aware of the need to consider culture and diversity as moderators of outcome. BCBAs do not have the training necessary to adopt these wider viewpoints, relying instead on a micro-analysis and fine-grained treatment approach, which, while demonstrably effective, should be supervised by someone with a broader, transdisciplinary, diversity-minded perspective.

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