



National Association of Social Workers Hawai'i Chapter

March 7, 2013

LATE

TO: Representative Angus L.K. McKelvey, Chair Committee on Consumer Protection and Commerce
Representative Derek S.K. Kawakami, Vice Chair

Representative Della Au Belatti
Representative Tom Brower
Representative Rida T.R. Cabanilla
Representative Romy M. Cachola
Representative Mele Carroll
Representative Cindy Evans
Representative Sharon E. Har

Representative Ken Ito
Representative Chris Lee
Representative Clift Tsuji
Representative Ryan I. Yamane
Representative Bob McDermott
Representative Cynthia Thielen

Date: March 11, 2013 Time: 2:00 p.m. Location: Conference Room 325

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

RE: SB 668 Relating to Health – Mandatory Health Coverage; Autism Spectrum Disorders - **SUPPORT**

Representative Angus L.K. McKelvey Chair, Derek S.K. Kawakami Vice Chair, and members of the Consumer Protection Committee, my name is Marty Oliphant. I serve as the Executive Director of the National Association of Social Workers, Hawai'i Chapter (NASW). I support the intent SB 668 Relating to Relating to Health – Mandatory Health Coverage; Autism Spectrum Disorders. While an excellent step in the right direction for the autism community, as currently written Licensed Clinical Social Workers (LCSW) are not specifically included as providers.. In section, 431: 10A- (j) definitions are provided, including specifically naming licensed professions: Speech and Language Therapists, Occupational Therapists, Psychiatrists and Psychologists. Initially it seemed to be an oversight in not including LCSWs as providers as they are able to provide the same level of diagnosis and treatment as a licensed psychologist.

There are so few professionals that have expertise in Autism Spectrum Disorders to limit and exclude social workers from this bill would be a disservice to families, especially those on the neighbor islands where providers are already limited. It is important to include social workers in the definition of "treatment for autism spectrum disorders" as professionals qualified to diagnose autism spectrum disorders.

I urge your favorable consideration of SB 668 with the addition of LCSW. Thank you for this opportunity to testify.



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Testimony of Kent Anderson

March 11, 2013, 2:00pm; Conference Room 325

Support for SB 668, SD2

Good Afternoon Committee Chair McKelvey, Committee Vice Chair Kawakami, and Members of the Committee on Consumer Protection & Commerce. Thank you for the opportunity to testify in support of **SB 668, SD2.**

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. 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

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

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

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

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

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