SB668
TESTIMONY

AUTISM BEHAVIOR CONSULTING GROUP, INC.
ABC Group
www.AutismBehaviorConsulting.com

January 28, 2013

Ladies and Gentlemen of the Senate Committee on Health,
attn Senator Green, Sen. Baker, and Sen. Ruderman,

RE Bill - SB-668

I am a Board Certified Behavior Analyst (BCBA) and possess Master's and Bachelor's Degrees in Special Education, and am a PhD candidate at UH in Exceptionalities/Special Education with an emphasis in Applied Behavior Analysis (ABA), expected to graduate by August 2013.

I am also certified as a special education teacher, by the Hawaii Teacher Standards Board. I have provided behavioral treatment to children and adolescents with Autism Spectrum Disorders (ASD) using ABA treatment for over 20 years, including within the DOE, and here in Hawaii since 1995. I founded a service provision agency here on Oahu, and a center based program on Oahu, where we employ 5 Board Certified staff and well trained behavior technicians to provide intensive interventions utilizing ABA to children and adolescents with Autism.

ABA is defined as the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvements in behavior (Baer, Wolf & Risley, 1968).

There is an effective treatment for Autism and it is ABA, which is the only intervention for ASD recommended by the Surgeon General. When Autism is identified early and with early ABA treatment the symptoms and deficits of autism can be ameliorated and in many cases reversed. The research states that behavioral programs specifically for children with Autism should be comprised of 25-40 hours per week of individualized instruction using ONLY evidence-based teaching procedures and behavior reduction procedures. **The only available evidence-based teaching procedures are derived from the ABA literature (National Standards Report, 2009).**

In 2009, the National Autism Center (NAC) recommended that behavioral treatment services begin as soon as a child is suspected of having an autistic spectrum disorder. Such services should include a minimum of 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, and developmentally appropriate activity toward identified objectives. What specifically constitutes these hours, however, will vary according to a child's chronological age, developmental level, specific strengths and weaknesses, and family needs. The priorities of focus should include increasing functional spontaneous communication, social instruction delivered throughout the day in various settings, cognitive development and play skills, and proactive approaches to reducing behavior problems.

ABA can be used to target teaching a variety of skills or reduction of socially significant problem behaviors:

- **to increase behaviors (eg reinforcement procedures increase on-task behavior, or social interactions);**
- **to teach new skills (eg, systematic instruction and reinforcement procedures teach functional life skills, communication skills, or social skills);**
- **to maintain behaviors (eg, teaching self control and self-monitoring procedures to maintain and generalize job-related social skills);**
- **to generalize or to transfer well in the mainstream classroom);**
- **to restrict or narrow conditions under which interfering behaviors occur (eg, modifying the learning environment); and**
- **to reduce interfering behaviors and barriers to learning (eg, self injury or stereotypy).**

If Hawaii were to have an insurance mandate pass, this would give families the option to obtain ABA treatment for their child via their health insurer. These families would have the ability to access scientifically supported ABA services in order to make socially significant changes in their child's behavior, communication and functional skills. The progress given an intensive and well designed ABA program are astounding and life changing! And surprisingly, many children here in Hawaii have never received ABA treatment before.

The cost of ABA is minimal compared to the estimated $3.2 million over the cost of a lifetime, which is ultimately passed on to society and the tax payers who flip the bill to place these adults in residential settings that cost a fortune. That puts a dollar figure on it, but there is no way to measure the lost contributions to society of afflicted individuals if untreated.

Many families who have children with autism are not able to live a “normal” life, because of their child's significant behavior problems. The activities they can participate in as a family are limited, which is so unfortunate to hear when families tell us they can't go to church, or to the beach, or the movies as a family, for fear that their child will have a huge tantrum or engage in life threatening self injurious behaviors in public.

There is currently no cure for autism, however disruptive behaviors and symptoms, are treatable, much like any chronic disease or disorder are treatable. Without treatment, there is little chance for leading a “normal” life. With intensive ABA treatment, some individuals with ASD actually are able to lose their diagnosis, as they may learn skills, and reduce behaviors to the extent of not meeting the criteria for ASD any longer.

Numerous scientists have reviewed the complete corpus of scientific research and have concluded that competently delivered ABA interventions are evidence-based, effective, and safe for improving functioning, preventing deterioration, and ameliorating symptoms in people with ASD. **Therefore, ABA is a medically necessary behavioral health treatment for those spectrum of disorders.**

Although I am recommending that a bill be passed, I believe it needs to be revised to omit psychologists as being authorized to render ABA treatment. Behavior analysis is a distinct discipline. **The practice of ABA is a distinct profession**. It is not the same as psychiatry, clinical psychology, psychiatric nursing, or social work. The competencies and training required to practice ABA have been identified by the profession of behavior analysis through extensive job analyses spanning more than a decade. Those requirements are contained in the standards for obtaining the professional credentials in ABA that are issued by the Behavior Analyst Certification Board (BACB), a nonprofit organization that is accredited by the National Commission on Certifying Agencies of the Institute for Credentialing Excellence. Part of the rationale for establishing the BACB credentialing programs in 1999 was to provide consumers, funding agencies (such as insurers), and governments a means to identify practitioners who have demonstrated that they meet the standards which were established by the profession for practicing ABA. To illustrate the value of this credential, the Department of Defense and Tricare recognized the value of the BACB credentials in its 2007 report on ASD, and adopted them as the principal requirements for ABA supervisors in the provider standards ABA services. Many other health insurers recognize the value of the BACB credentialing for the provision of ABA for their members, such as Cigna, Aetna, and United Behavioral Health.

Even if ABA does appear in the scope of practice of Hawaii state laws for clinical psychologists, the State of Hawaii and consumers cannot be assured that those persons have the training required to provide or supervise ABA services unless they are also certified by the BACB. The burden of checking ABA qualifications of non-BACB certified individuals would likely fall on families of people with ASD, who may be unprepared to make those kinds of judgments and who are already overburdened.

Adoption of the bill in this form, with the provision for clinical psychologists to deliver ABA services, could open the door for people who claim that what they do is ABA to be reimbursed for providing ABA services without demonstrating that they have met the national standards for practicing ABA professionally, (i.e., the BACB certification requirements).

Please **<u>strongly consider</u>** studying this issue more for the sake of our children in Hawaii.

Respectfully submitted,

Amy Wiech
Amy Wiech, M.Ed., BCBA

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

Senate Committees on Health & Commerce and Consumer Protection

S.B. 668, Relating to Health

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

January 30, 2013

WRITTEN TESTIMONY ONLY

Department's Position: The Department of Health appreciates the intent of S.B. 668 to improve the access of individuals with autism spectrum disorders (ASD) to appropriate services.

Fiscal Implications: None.

Purpose and Justification:

S.B. 668 amends Chapter 431, Hawaii Revised Statutes to provide coverage for the screening, diagnosis and treatment of ASD to the policyholder and individuals under twenty-six years of age, and allows a maximum benefit of $50,000 per year for Autism related services. The measure is not to be construed as limiting benefits otherwise available to an individual under a health insurance company. Also, benefits cannot exceed the essential health benefits specified under section 1302b of the Patient Protection and Affordable Care Act (PPACA) as of January 1, 2016. Among other benefits, this bill would allow families of individuals with ASD to obtain services, including evidence-based behavioral health treatments.

The Department appreciates the importance of early diagnosis and treatment for ASD. This bill will allow best practice, evidence-based treatments such as Applied Behavioral Analysis (ABA) that has been shown to improve socialization and language of people, especially children with ASD. Treatment of ASD at an early age using ABA and/or other treatments will increase the opportunity for children and teens to develop the skills and functioning needed for adult life. Improved outcomes may lessen the need for long-term supports when children with autism become adults.

According to the U.S. Centers for Disease Control and Prevention, about 1 in 88 children has been identified with ASD. Research shows that early treatment services can greatly improve a child’s development. Increasing the access of individuals to appropriate services, including through private health insurance, will contribute to improved outcomes for individuals with ASD.

Thank you for this opportunity to testify.

February 23, 2012

Dear Sir or Madam: Testimony for SB2631

To the following members:
Ways and Means Committee Members:
David Y. Ige - Chair
Michelle Y. Kidani – Vice Chair
Senate on Health Committee Members:
Josh Green MD - Chair
Clarence K. Nishihara – Vice Chair
Commerce and Consumer Protection Members:
Rosalyn H. Baker – Chair
Brian T. Taniguchi – Vice Chair

I am writing you concerning SB 2631. This is our personal testimony.

RELATING TO HEALTH INSURANCE.
Requires all accident and health or sickness insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for well-baby and well-child screening and diagnosis and treatment of autism spectrum disorders beginning after 12/31/2012. (SD1)

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. 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. 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 is nurturing and provides an adequate program. Liliana receives 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. Thank you for reading our testimony and consider how our story relates to SB2631.

I am a State Registered Nurse MMMC ER and my husband is a Maui County Firefighter Battalion Chief.

Barbara and Allen Duarte
411 Iao Valley Road
Wailuku, Hawaii 96793

January 30, 2012

Senate Committee on Health and Committee on Commerce and Consumer Protection

SB 668 Relating to Health

Chair Green and Members of the Committee and Chair Baker and Members of the Committee:

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

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

Our son Luke is considered nonverbal and we send him to weekly speech therapy services at Oʻahu Speech Therapy. Our families out of pocket cost for this is $100 an hour. Additionally, Luke takes daily supplements which add another $100 to our monthly bills. We also have our son on a special gluten free, casein free diet. The cost of this special diet is another cost that many families with autistic children face.

We are in the process of seeking Biomedical Treatment from other physicians here locally. These services include prescription drugs and other treatments that could possibly help our son. Biomedical Physicians are very expensive and will put another financial burden on our family.

I believe that passing this bill will increase Luke's chances of thriving by allowing him to receive more therapy and treatments that could help him to "recover" from his autism diagnosis. Like every parent, they have dreams for their child. My dream for Luke is that one day he will not only be able to function independently but also be a contributing member of society. There are ten's of thousands of children who have been diagnosed with autism in Hawaiʻi and the statistics are showing that this number is on the rise. With your help these children can be given the opportunities that they deserve.

Having a child with autism is very challenging and the cost of medical care and therapies is just one of the many hurdles that families must overcome. Currently 32 other states have Autism Reform for Health care and Hawaiʻi and its effected children are long overdue for some relief. By passing this bill, you be help ease some of the very real financial struggles that these children and their families face.

Thank you for your time and consideration,
Brandon M. Letoto
45-501 Apapane St.
Kaneohe, HI 96744
(808)220-9964

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	ckimochan@yahoo.com
Subject:	Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date:	Tuesday, January 29, 2013 2:33:56 PM

SB668

Submitted on: 1/29/2013

Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
C. Kimo Chan, M.D.	C. Kimo Chan, M.D., LLC	Support	No

Comments: As a psychiatrist providing behavioral health services to Autistic children and their families, I feel consideration of this bill would greatly benefit these families who incur exorbitant medical expenses on behalf of their children. These are compassionate, caring families who only want the best for their children; they shouldn't have to bear an additional, lifelong, financial burden.

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.

CHERYL STIGLMEIER
1925 HOKULEI PLACE
LIHUE, HI 96766
808-651-5861

Monday, January 28, 2013

Senate Clerk's Office
State Capitol, Room 10
415 South Beretania Street
Honolulu, HI 96813

RE: Testimony in support for SB668

As a community member who has family on the Ausitm Spectrum, as a member of the Children's Community Counsil, and as a provider of services to persons who fall on the Autism Spectrum, I am in **support of SB668** which 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.

Thank you for this opportunity to share our support. We look forward to working with the Legislature in ensuring that students with autism and other behavioral and emotional disabilities have access to effective health care.

Sincerely,

Cheryl Stiglmeier
Kauai CCC, Co-Chair

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	christina@lokelaniohana.org
Subject:	Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date:	Wednesday, January 30, 2013 12:18:49 AM

SB668
Submitted on: 1/30/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Chang	Individual	Support	No

Comments: Dear Senator Rosalyn H. Baker, Chair and Senator Brickwood Galuteria, Vice Chair, Thank-you for supporting this bill. The CDC estimates that 1 in 88 children has been identified with an ASD. This data comes from the ADDM Network, which estimated the number of 8-year-old children with ASDs living in 14 communities throughout the United States in 2008. The statistics now are even higher. Early diagnosis and treatment are essential in giving children in the autism spectrum any real help and hope. I am the mother of a 30 year old daughter with autism and the diagnostics and therapies that have helped her the most were not covered by insurance. I support this bill that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders. I go further in calling out the kind of coverage that is needed. All the leading research from the Autism Research Institute and centers like Great Plains Lab who work with veteran doctors in the field use biomedical testing. the recommended test for people in the ASD are: Organic Acids Test Amino Acids UrineTest Comprehensive Stool Analysis IgG Food Allergy Test w/ Candida Advanced Cholesterol Profile Copper/Zinc Profile I began my work 29 years ago with Dr. Bernard Rimland from the Autism Research Institute for my daughter and it has been invaluable for her. Maui's neurologist at the time Dr. Direnfeld told me my daughter would not walk or talk and I should institutionalize her. I did not listen to him. But I fought for her, paid for all the test and work out of pocket and believed she could improve. My daughter walks, talks, has a great sense of humor and delivers bananas to Mana foods every week, feeds her chickens and tilapia, volunteers at the human society and the IAO theater. We need to make sure this coverage will cover biomedical test, cover bodywork like cranial sacral therapy, work with sensory motor integration, support integrative listening programs, and even lobby for hyperbaric oxygen to be labeled with the AMA for the treatment of Autism. The result is remarkable. I am happy to bring my daughter to the Capitol for proof if the house and senate would like to meet her. She is a beautiful woman that has made remarkable progress through biomedical support and natural therapy. Bottom line, families need insurance to help support the needs of their children. And those plans need to include biomedical test done by labs and doctors that specialize in autism. Please ask your colleagues to support this bill and thank you for your support. You are our champions.

Christina Chang on Maui

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: cyndicares@gmail.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Wednesday, January 30, 2013 5:35:34 AM

SB668
Submitted on: 1/30/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Wittmeyer	Individual	Comments Only	No

Comments: I support the legislation to support families dealing with autism to provide insurance. My daughter's family struggles financially and has great concerns about the future of their 17 year old son who has numerous medical needs. Please pass this legislation for her and the others on the islands who need your vote. Thank you, Cynthia Wittmeyer (in behalf of my grandson and his family)

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.

Senator Josh Green, Chair Committee on Health

Hawaii State Capitol, Room 229

Wednesday, January 30, 2013

RE: SB 668 Relating Health

Dear Chair Green and members of the Committee on Health,

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

HAWAII MEDICAL ASSOCIATION
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Wednesday, January 30, 2013
2:00 p.m.
Conference Room 229

To: COMMITTEE ON HEALTH
Sen. Josh Green, Chair
Sen. Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Sen. Rosalyn H. Baker, Chair
Sen. Brickwood Galuteria, 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

Dear Chair Green, Chair and Vice Chair Baker, Vice Chair Galuteria and the Senate Committee on Health and Senate Committee on Commerce and Consumer Protection Members:

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.

COMMITTEE ON HEALTH
SENATOR JOSH GREEN, M.D., CHAIR
SENATOR ROSALYN H. BAKER, VICE CHAIR

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR BRICKWOOD GALUTERIA, VICE CHAIR

Gabrielle D. Toloza, Psy.D.
40 Aulike St #411
Kailua, HI 96734

Monday, January 28, 2013

In regards to SB688 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 strong favor of the bill as it addresses a very real and serious need for coverage that private insurers should provide, while still capping costs at $50,000 per year.

I have a very strong connection to the autism community. Since 2000 I have worked in some capacity as a 1:1 support person, behavioral specialist, behavioral consultant in schools and homes and most recently as a psychologist. I am the founder of Creative Connections Foundation, a small non-profit established in 2009 that aims to improve the social, emotional and behavioral functioning of youth and adults affected by Autism and other neurodevelopmental conditions. I am also in private practice where I perform psychoeducational evaluations and develop in-home behaviorally based programs for children with Autism and related conditions. These types of services cost money and are not commonly covered by insurers, yet they are necessary and effective at improving the current and future functioning of children with Autism.

Availability and access to quality programs outside of the public education system are limited, but more importantly they are costly due to the intensity and duration that is commonly needed to make improvements. Necessary supports and interventions that are proven effective must be sought and paid for privately by parents. This legislation would help to increase access to care for individuals under 25 who previously may not have received adequate support.

A common argument is that children's needs should be serviced within the school system, I personally believe that this is not only impossible but an unfair expectation on our educators. There is ample research to support the need for intensive behaviorally based programs that are team based and comprehensive in nature, thereby including the home and community environment. Without the funding such as this legislation would provide, families are left to rely solely on the school system or pay out of pocket an tremendous amount and the school systems are left bearing a responsibility much larger than intended. Sharing the responsibility with private insurance and allowing trained professionals with sufficient experience and training the ability to properly service these clients is the logical choice.

Thank you for the opportunity to share my perspective

Sincerely

Gabrielle Toloza, Psy.D.

1959

NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
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KEALI`I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH AND
COMMERCE AND CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Wednesday, January 30, 2013
2:00 p.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 668 – RELATING TO HEALTH.

TO THE HONORABLE JOSH GREEN AND THE HONORABLE ROSALYN H. BAKER, CHAIRS, 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 beginning after December 31, 2013.

The bill establishes a $50,000 maximum benefit for coverage for behavioral health treatment. 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.

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

January 30, 2013

Senator Josh Green, Chair
Senate Committee on Health
Senator Rosalyn Baker, Chair
Senate Committee on Commerce and Consumer Protection
State Capitol
Honolulu, HI 96813

RE: SB 668 - RELATING TO HEALTH

Dear Chairs Green and Baker and Members of the Committees,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **supports** SB 668 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 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:

- 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 committees 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 testimony on this important legislation. If you have any questions, I will be happy to answer them.

Respectfully,

Ivalee Sinclair

Ivalee Sinclair, Chair

TESTIMONY IN SUPPORT OF SB 668

Dear Senator Green,

I am the mother of a 5 year old son with severe autism. We are lucky Ryan was diagnosed early and began treatment before he was 2 years old. Through intensive therapy, he is slowly recovering and gaining new skills and vocabulary every day.

Although the Hawaii Department of Education does a tremendous job educating him, we also use private therapists to maximize his growth. Last year we spent $40,000 on treatment for Ryan that was not covered by health insurance, despite paying high premiums for years. We are fortunate we were able to make this sacrifice, but many other families are not in a position to do so. It is their children who go without needed care who do not reach their maximum potential.

Hawaii’s families deserve better. I strongly urge to you to vote “Yes” in support of SB 668.

Mahalo.

Aloha Nui,

Janet Edghill

COMMITTEE ON HEALTH
SENATOR JOSH GREEN, M.D., CHAIR
SENATOR ROSALYN H. BAKER, VICE CHAIR

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR BRICKWOOD GALUTERIA, VICE CHAIR

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

Monday, January 28, 2013

In regards to SB688 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 favor of the bill as it addresses a serious need for coverage that private insurers should bear some responsibility for, 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 subsection (j), which 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 Hawaiʻi.

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

Jerry L. Bump
3248 Lamaloa Place
Honolulu, HI 96816

January 25, 2013

Senate Committee on Health & Committee on Commerce and Consumer Protection

Hearing: January 30, 2013, 2:00 p.m., Conference Room 229

Re: Testimony in Strong Support of SB668 – Relating to Health

Dear Chair’s, Vice Chair’s and Members of the Committee’s,

Aloha and thank you for the opportunity to submit testimony in favor of SB668.

I am writing to you as a parent who is raising a child with an Autism Spectrum Disorder (ASD). If SB668 is passed, it will greatly improve my sons’ chance at an independent and productive life.

Currently, 33 states specifically require insurers to provide coverage for the treatment of autism. Year after year, study after study, the Hawaii Legislature passes on making real change in our keiki’s lives. Let this be the year Hawaii stops the discrimination and requires health insurers’ to provide the necessary treatment.

Please do the right thing for my child and the rest of Hawaii’s keiki and pass SB668.

Mahalo,
Jerry Bump

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

January 28, 2012

Senator Green and Senator Nishihara
Chair of the Committee on Health and Committee on Commerce Consumer Protection – State Capitol

RE: SB668 – RELATING TO HEALTH
Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chairs Green and Baker, Vice-Chair Galuteria and Members of the Committee,

The CCC's **strongly supports** the testimony of The Autism Society of Hawaii and SB668, which proposes coverage for the diagnosis and treatment of autism spectrum disorders for individuals under the age of twenty-one 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) Mandated developmental screenings for all children at their well-baby and well-child check-ups

2) The 17 CCCs recommend the licensure of ABA providers be considered in the implementing rule, bill or the act, as presently there are no licensure procedures in the state.

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

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

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

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

(Original signatures are on file with the CCCO)

JOHN P. DELLERA
Attorney at Law

619 Ahakea Street
Honolulu, HI 96816
Telephone 808 739 9078

TESTIMONY IN SUPPORT OF S.B. 668 RELATING TO HEALTH

January 29, 2013

The Honorable Josh Green, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Committee on Health

The Honorable Rosalyn H. Baker, Chair
The Honorable Brickwood Galuteria, Vice Chair
Committee on Commerce and Consumer Protection

Dear Chairs, Vice Chairs, and Members of the Committees:

I am pleased to testify in support of S.B. 668, which would require 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.

Autism is one of the most pressing public health issues of our time. Twenty years ago, one in 3,000 to 5,000 children born in the United States were diagnosed with autism, but today, the incidence is one in 88. In some areas, close to 2% of boys are diagnosed with autism by age 2, and in South Korea, the incidence was recently estimated at 2.6% (1 in 38).

The lifetime cost of caring for an autistic individual is estimated at $3.25 million. That includes care 24 hours a day, 7 days a week by individuals who have the knowledge and skills to deal with autism and the range of behavioral issues it presents. Obviously, such costs are far beyond the means of most Americans.

People with developmental disabilities (including autism) were usually institutionalized before the 1970s in places like Willowbrook State School on Staten Island, Sonoma State Hospital in California and other large mental facilities throughout the country. Geraldo Rivera exposed the conditions at Willowbrook in the early ‘70s, and reported on filthy and squalid conditions for its 5,000 residents, with a single aide assigned to care for 80 teenage boys. Senator Robert Kennedy called the facility a “snakepit.” The U.S. Senate committee that reported in favor of the Education of All Handicapped Children Act in 1975 called the conditions “subhuman.”

Families of adults with autism cannot afford the cost of lifetime care, and our society can only say “never again” to the horrendous institutions that were once used to house such people.

Early intervention has proven to be effective in helping perhaps 10-20% of children with autism so that they can acquire communication skills and improve their chances to live independently and to find gainful employment. Care and treatment of others who cannot care for themselves remains a pressing need that will only increase as the tsunami of individuals with autism become adults.

The use of health insurance to pay for care and treatment would spread the burden among all members of society to make it manageable. The alternative of relying on annual appropriations could lead to substantial cuts in other programs and increases in taxes with reduced economic growth.

I respectfully urge the Committees to pass this measure.

Sincerely yours,

John P. Dellera

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: kmason52@yahoo.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 12:29:59 PM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Mason	Individual	Support	No

Comments: My 6 year old son is autistic. We are fortunate enough to have an insurance company which covers ABA therapy, and he has been receiving support for over a year. He has made great progress in that time. Every autistic person deserves access to support services so they can achieve their full potential.

FAMILY VOICES OF HAWAI'I

HILOPA'A
Family to Family Health Information Center

Date: January 29, 2013

To: COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Brickwood Galuteria, Vice Chair

Fr: Leolinda Parlin, State Coordinator for Family Voices of Hawaiʻi

Re: **SUPPORT THE INTENT** – SB 668 – RELATING TO HEALTH

On behalf of Family Voices of Hawai`i, I offer testimony in support the intent of SB 668, which seeks to mandate insurance coverage of medically necessary services for individuals with an autism spectrum disorder (ASD). As an organization, Family Voices is national grass roots organization of family of friends of child with special health care needs. In Hawaiʻi, we operate the federally funded Hilopaʻa Family to Family Health Information Center.

While it can be said that the Affordable Care Act "could" cover ASD related services, there has been specific guidance from the Center on Medicare and Medicaid Services, CMS, which addresses this issue. Furthermore, the catch all essential benefit "habilitation" has not been defined at an operational level by the state of Hawaiʻi yet. In 2016, the essential benefits will be re-evaluated. Mandating coverage at this time will insure that regardless of what happens with the Affordable Care Act

To further strengthen and clarify the specificity of the bill, I offer the following amendments and recommendations:

Articulate the specific obligation of entitlements by name
Page 3 line 17: (h) This section shall not be construed as reducing any obligation to provide services to an individual under the Individuals with Disabilities Education Improvement Act of 2004 IDEIA 2004, Section 504 of the Rehabilitation Act of 1973, as amended, or the Vocational Rehabilitation Services, Recovery Act (2009) ~~an individualized family service plan, an individualized education program, or an individualized service plan~~.

Insure evidenced-based treatments
Page 1 Line 16: the evidenced-based treatment of autism spectrum disorders.

Inclusion of Board Certified Behavior Analysts as a provider type
Page 6 line 5, Page 10, line 13: licensed physician, psychiatrist, psychologist, board certified behavior analyst or registered nurse practitioner if the care is determined to be medically necessary:

Thank you for your time and consideration in passing SB668.

Written Testimony of

Liza Guzman

Submitted January 29, 2013

As a struggling single Autistic mom to two children (one on the Autism Spectrum), I am submitting my written testimony in support of the new Hawaii Autism Insurance Reform Bill **SB-668**, as there is a crucial need for *mandatory* autism-related health insurance coverage here in Hawaii.

To reiterate, my family *needs* required Autism health care coverage; as treatment is necessary, and the out-of-pocket costs are unaffordable.

Therefore, together with the entire Hawaii Autism community, I implore the Legislature to pass this *vital* bill.

Thank you so much for your consideration of passing this important bill.

HAWAII DISABILITY RIGHTS CENTER

900 Fort Street Mall, Suite 1040, 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 Health
Committee on Commerce and Consumer Protection
Testimony in Support of S.B.668
Relating to Health

Wednesday, January 30, 2013, 2:00 P.M.
Conference Room 229

Chair Green, Chair Baker and Members of the Committees:

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.

January 29, 2013

Melissa Yoshimoto
2826 Manoa Road

Honolulu,HI 96822

re: SB-668

Greetings,

My name is Melissa Yoshimoto and I am a mother of a 9-year old boy who has a diagnosis of Autism. My son Daniel, has difficulties communicating with others, understanding social interactions, and has difficulties playing with others. I am writing in support of SB 668.

As parents, we have been looking for treatments and therapies that are aligned with research-based interventions and will not exhaust our bank accounts. In the past, we have paid out of pocket for $12,000 of private speech therapy, independent assessments, social groups, and occupational therapy. Although, I have family medical insurance, these items are not covered or there has been limited coverage.

Autism is a life-long neurological disability and with research-based therapies, a child with autism would have intensive intervention to address the critical deficit areas. Children that receive appropriate intervention would have outcomes that exceed the present prohibitive costs.

Please support SB668.

Sincerely,

«First» «Last»

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	vt86ufla@yahoo.com
Subject:	*Submitted testimony for SB668 on Jan 30, 2013 14:00PM*
Date:	Tuesday, January 29, 2013 9:01:34 AM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Eller	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.

NINO L. MURRAY, Ph.D.
608 Kopa'a Road Hilo, Hawaii 96720   PH: (808) 895-9760   Email: ninomurray@yahoo.com

January 29, 2013

Health, and Commerce and Consumer Protection Committee Testimony
Re: SB-668, Hawaii Insurance Reform Bill to Support Health Needs of Special Individuals to Age 25

Nino L. Murray, Ph.D. – Concerned parent of an 18-year-old daughter with special needs.

Senator Josh Green and Senator Russell Ruderman and other distinguished committee members, I want to thank you for this opportunity to address SB-668.

I urge you to support and pass this very important legislation. I live in Hilo with my wife and two daughters who attend public schools. My older daughter was diagnosed with Autism Spectrum Disorder (ASD) at age five. ASD is one of the most devastating developmental childhood disorders. When a child is diagnosed with autism, parents experience tremendous stress from the perception that they know nothing about the disorder or how to help their child. The parental stress can also spill over into the family system and contribute to conflicts between family members. Parental and family stresses are also caused by the lack of resources in the community's system of care, especially in rural areas. Families like us bear a great burden from the difficulties with obtaining accurate evaluations, finding supports and services, financial pressures, family stress, and community isolation. Families also have to deal with long-term care related to housing, medical care, respite, environmental and assistive implements, personal assistants, and mental health care. Children with ASD often experience other comorbid health disorders. Our daughter has a heart condition that required open-heart surgery at age 10 months. She will need a valve replacement in the near future.

Dealing with the school system is another source of parental stress because education professionals typically dominate the decision making process for evaluation and treatment. The schools are often limited by budget constraints, which lead to disagreements between educators and parents about appropriate education programming and evaluation. So much time and money is wasted on resolving these types of disputes, and regrettably, our special students miss the much needed services.

Legislative bill SB-668 would not only allow families to have access to appropriate evaluations and treatments; it would lessen the financial and emotional stress experienced by so many families like us. In the 1970s, the reported prevalence was about 1 in 2,500. The Centers for Disease Control and Prevention reported in 2010 that the occurrence of autism was 1 in 110. The lifetime cost per autism case may currently be approaching $3 million. That cost could be cut considerably with early detection and appropriate treatments.

Thank you for your attention to this important issue and your commitment to the health of all special needs individuals and their families in Hawaii.

January 29, 2013

Patricia Woodd
1068 Kahului Street
Honolulu, HI 96825

Re: SB-668

Hello,

Autism is a lifelong neurological disability and with research based therapies, a child with autism would have intensive intervention to address critical deficit areas of social behavior. Children that receive appropriate intervention would have outcomes that exceed the present prohibitive costs.
Our grandson has been diagnosed with Autism. He struggles with every day playground interactions because he does not understand the social environment amongst we live. He is 9 years of age.
Please support SB668.

Thank you,

Patti

Patti Woodd

Community
Alliance *for*
Mental Health

To: The Hawai'i State Senate Committee on Health
Re: SB 668

To: The Honorable Senator Green and the members of the committee.

Aloha,

The Community Alliance for Mental Health along with United Self Help strongly supports SB 668. This is a step towards the fair and equal treatment this disorder has yet to receive from the health community and we applaud the Committee for taking this action.

Mahalo,
Robert Scott Wall
Vice-President

ROBIN E. S. MIYAMOTO, PSY.D.
677 ALA MOANA BOULEVARD SUITE 904
HONOLULU, HI 96813
PHONE: (808) 525-6255   FAX: (808) 525-6256

TESTIMONY IN SUPPORT OF SB 668

Relating to Health

January 29, 2013

Honorable Chairs Baker, Green, Vice Chair Galuteria and members of the committee, my name is Dr. Robin Miyamoto. I am a Clinical Psychologist and Past-President of Hawai‘i Psychological Association. I would like to provide testimony in support of Senate Bill 668

As a founder and the Director of Training of I Ola Lāhui, a non-profit committed to increasing the availability and quality of services available across the State of Hawai‘i, particularly rural and underserved areas, I am very familiar with the high cost of mental health care and shortage of services.

Availability and access to quality Autism programs outside of the public education system are limited, but more importantly they are costly due to the intensity and duration that is commonly needed to make improvements. Necessary supports and interventions that are proven effective must be sought and paid for privately by parents. This legislation would help to increase access to care for individuals under 25 who previously may not have received adequate support.

A common argument is that children's needs should be serviced within the school system, I personally believe that this is not only impossible but an unfair expectation on our educators. There is ample research to support the need for intensive behaviorally based programs that are team based and comprehensive in nature, thereby including the home and community environment. Without the funding this legislation would provide, families are left to rely solely on the school system or pay large sums of money out of pocket and the school systems are left bearing a responsibility much larger than intended. Sharing the responsibility with private insurance and allowing professionals with sufficient experience and training the ability to properly service these clients is the logical choice.

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

Respectfully submitted,

Robin E. S. Miyamoto, Psy.D.

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: keikicare@hawaii.rr.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Sunday, January 27, 2013 7:07:53 PM

SB668
Submitted on: 1/27/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Vera Marie Asato	Individual	Support	No

Comments: I'm for this bill. I have a 21 year old son diagnose with Asperger. It is really hard on our family to have to pay for his medical bill. This bill will help lesson the hardship on our finance. Living in Hawaii we already have a high cost of living. So many states already pass the law. Please let us be the next.

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.

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

January 30, 2013

The Honorable Josh Green, M.D., Chair
Senate Committee on Health
and
The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senators Green and Baker, and Members of the Committees:

SUBJECT: SB 668 – RELATING TO HEALTH

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 668.** The bill requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after December 31, 2013.

Since 2008, there have been several initiatives by the Legislature to address health care coverage and benefits for autism spectrum disorders.

1. Act 221 (2008) established the Autism Spectrum Disorders Benefits and Coverage Task Force to seek input on problems faced by parents of children with autism; seek input on what can be done to ensure proper health benefits and services including applied behavioral analysis techniques; review health insurance coverage plans; and develop a plan of services that health insurers should be asked to consider covering. The report dated December 2008 was submitted by the Department of Health to the Twenty-Fifth Legislature, 2009.

2. SCR 196, SD1 (2008) requested the Legislative Auditor to conduct a study of the social and financial impacts of mandatory health insurance coverage for the diagnosis and treatment of autism spectrum disorders. Part of that study included a review of specific health service, disease, or provider that would be covered; extent of the coverage; target groups that would be covered; limits on utilization; and standards of care. At the time of the study, there were 11 states that enacted legislation to require health insurance coverage for autism spectrum disorders. The results of the

study were submitted to the Twenty-Fifth Legislature, 2009 (Report No. 09-09, July 2009).

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

The Council considers the recommendations in LRB's report to have merit for consideration for action. **We respectfully ask the Legislature to consider immediate action on the first recommendation in the report (Page 83) that addresses an actuarial analysis. "An actuarial analysis would take into account Hawaii's actual ASD population, provider networks, and insurance market and apply statistical modeling to create a clearer picture of costs, risks, and benefits of an ASD mandate in Hawaii. In addition, to provide insight on various policy options that may be available, the Legislature may wish to specify that the analysis take into account several coverage options that have been implemented in other states, such as varying ABA service limits and ages for which ABA is covered."**

Thank you for your consideration and the opportunity to submit testimony in **support of SB 668.**

Sincerely,

Waynette KY Cabral

Waynette K.Y. Cabral, MSW
Executive Administrator

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: woolfcat@mac.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 11:24:45 AM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
tom woolf	Individual	Support	No

Comments: If caught in time and enough resources are devoted to therapy autism can be reversed. Please help to save an innocent child and everyone who is connected with him. Ultimately this effects you and everyone you know. Be advised, it is treatable, curable and preventable. Autism is a manmade disease. Only man can cure it. Thank you, Tom Woolf Maui

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: tom8344@gmail.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 10:23:02 AM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tom Pearson	Individual	Support	No

Comments: This legislation isn't just good for the children, but also vitally important for the future of the state as children that aren't helped will be a burden on the tax payers. Autism coverage has bi-partisan support across the nation, Hawaii is way behind in passing 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

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: vlhippensteel@yahoo.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 6:59:06 PM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Veronica Hippensteel	Individual	Support	No

Comments: My son has severe autism and needs intense aba. The dda has us in emergency status and paid 10 thousand for aba over the summer and it made some improvements but he needs more. I have the documents on how it improved him and his school teacher and staff are so impressed with the improvements. The state could save money by having the insurance company provide the therapy since it improves behavior and then we would need less behavior support staff at the schools. The children also have a better chance of improving when they receive aba therapy early in life. Wish I could come but I do have the teacher emails and the center for autism letter.

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.

HAWAII
AUTISM
FOUNDATION

LATE

Testimony of Kent Anderson
January 30, 2013, 2:00pm; Conference Room 229
Support for SB 668

Good Afternoon Committee Chair Green, Committee Chair Baker, Committee Vice Chair Galuteria, and Members of the Committees on Health and Commerce and Consumer Protection. Thank you for the opportunity to testify in support of **SB 668.**

My name is Kent Anderson, and I testify as the Executive Director of the Hawaii Autism Foundation. We are your partners in providing support for the autism community. We have and will continue to be your partners 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.*** Furthermore, many individuals can become long-term financial contributors to the State as opposed to long-term expenses if they receive proper treatment.

SB 668 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 25 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.

From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: gpinnow@rocketmail.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 10:13:21 PM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gerilyn Pinnow	Individual	Support	Yes

Comments: 1/29/13 Families struggle with autism. That is what our family has done, struggle, sacrifice, and more sacrifice. This bill will make the difference for those families with children who have Autism. It will also positively impact the community at large. Let me tell you what it is like NOT to have this help for the last 13 years. When Luke,our son who has Autism, was having trouble as a preschooler we took him to the Mayo Clinic in Minnesota. His doctor in Waimea recommended it. Both my husband and I work for the Department of Education and had HMSA. We tried to submit claims from the Mayo but were denied. $10,000.00 later we had a diagnosis of Pervasive Development Disorder Not Otherwise Specified. It took years to recover. As we continued to live on the Big Island in Waikoloa, HI, my son needed outside speech services. I had to beg our insurance company, HMSA, to please grant us these services. At first I was denied then after some persistence, I was granted a couple of speech classes in Kona. So after a long day of teaching, I would drive to Kona and get the speech/sensory services he so much needed. After 7 – 10 sessions I was told we could no longer come to speech as insurance was not going to cover anymore. We then moved to Hilo in search of services for our son. We continued working hard all day and seeing the gap widen for Luke as he fell farther behind. We again searched for services that were needed for him. We found a psychiatrist and paid out of pocket. She advised us to go to Oahu as fast as we could to get services for Luke because his window of opportunity was closing. We knew that we needed to invest in our son before it was too late. So here we are on Oahu still trying to get services that we can AFFORD out of pocket. Wow, to have been able to use our insurance for his trip to the Mayo Clinic, for ABA classes, and other services we couldn't afford alone. What a different child he would be today. What a different position our family would be in. Our daughter, Emma who is gifted and talented, wouldn't have to say can we afford that Mom when I have to budget for her brother's out of pocket needs that insurance could have paid for. What a difference this will make for the future families of Hawaii! Respectfully submitted, Gerilyn Pinnow M.Ed.

From:	mailinglist@capitol.hawaii.gov
To:	HTHTestimony
Cc:	cjpaeaea@hawaii.rr.com
Subject:	Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date:	Tuesday, January 29, 2013 8:24:55 PM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chantell Tsutsumi	Individual	Support	No

Comments: My 6 year old daughter has autism and with medical insurance to help cover costs for therapy it will only help my daughter to grow as an independent individual and overcome autism. She is progressing with her treatments from school, so could only imagine how much more she would progress with any and every additional treatments.

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From: mailinglist@capitol.hawaii.gov
To: HTHTestimony
Cc: kahunakabobs@hotmail.com
Subject: Submitted testimony for SB668 on Jan 30, 2013 14:00PM
Date: Tuesday, January 29, 2013 9:21:59 PM

SB668
Submitted on: 1/29/2013
Testimony for HTH/CPN on Jan 30, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Boughey	Individual	Support	No

Comments: This bill would change the lives of many children and families in search of proper assistance for Autism. The medical insurance companies have turned their backs on us for far too long. We need help, and these children can finally have a true chance for success. We have had to litigate over services for our child, and it has come at great costs to both us as well as the tax payers. This could all be avoided by a change in the way the medical association chooses to deal with these children. Our child has come a long way through ABA services. We can only hope that you will make the right choice today to help more children that really need our help. Please vote to create this measure into a reality. Our children deserve to get the treatment that will help them the most. This is a medical issue, and it should be addressed as such.