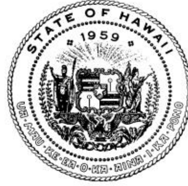
NEIL ABERCROMBIE
GOVERNOR OF HAWAII



GARY L. GILL
ACTING DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

LATE

House Committee on Health

HB 2174, Relating to Health

Testimony of Gary L. Gill
Acting Director of Health

January 31, 2014

1 **Department's Position:** The Department strongly supports this bill. Requiring insurers to provide
2 autism therapeutic coverage improves the long term outcomes for persons with autism and reduces the
3 burden of care on their families. Intensive behavioral interventions provided for children are evidenced
4 based and a recognized best practice. Children with these interventions achieve better outcomes in
5 socialization, employment and exhibit less challenging behaviors as they become adults.
6 **Fiscal Implications:** The Department recognizes that this bill impacts insurance rates for all citizens.
7 The cost for families with children with autism is significant. The National Institute of Health has
8 reported that one third of families with children with autism expend more than three percent of their
9 annual income on autism therapies. For some families with children with autism, extreme behaviors
10 create a great financial burden on families that can create major family stress and financial crisis.
11 Intensive treatment for autism for children does ameliorate challenging behaviors and lessens the life
12 long dependency upon Medicaid Home and Community Based personal assistance. The fiscal
13 implications to the Department of Health are lowered costs of long term care.
14 Thank you for this opportunity to testify.

NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

KEALI`I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Friday, January 31, 2014
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 2174 – RELATING TO HEALTH.

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE COMMITTEE:

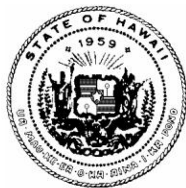
My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department takes no position on the bill, and submits the following comments:

This bill adds a new mandated health insurance benefit requiring health insurers, mutual benefit societies, and health maintenance organizations to cover the treatment of autism spectrum disorders.

Adding a new mandated coverage may trigger section 1311(d)(3) of the ACA, which requires states to defray the additional cost of benefits that exceed the essential health benefits in 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 A. YAMASHITA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

January 31, 2014

TO: The Honorable Della Au Belatti, Chair
House Committee on Health

FROM: Patricia McManaman, Director

SUBJECT: **H.B. 2174 - RELATING TO HEALTH**

Hearing: Friday, January 31, 2014; 8:30 a.m.
Conference Room 329, State Capitol

PURPOSE: The purpose of this bill is to require health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for treatment of autism spectrum disorders subject to a maximum benefit of $50,000 per year and a maximum lifetime benefit of $300,000. This bill would also exempt the Medicaid plans from the coverage requirements.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) provides the following comments for consideration regarding the provision of autism spectrum disorders.

Even though this measure purports to exempt Medicaid plans from providing services for autism spectrum disorders required by this bill, once these services are established as the standard of care, these standards will trigger the application of these services to Medicaid eligible children under the Early & Periodic Screening, Diagnosis & Treatment (EPSDT)

requirements for the more than 100,000 children in our Medicaid program. Additionally, it creates health care disparities by virtue of economic class.

Should ABA be covered in Medicaid, the DHS estimates a projected total cost of $135 million to serve children up to age 19 years, of which $24.9 million would be DHS's cost, including federal funds.

The Department of Human Services conducted a study, between legislative sessions, on the cost of Medicaid coverage of applied behavioral analysis (ABA) to treat autism. While the population effect size of ABA is unclear, research has focused on children younger than 6 years of age and as children grow older, ABA treatment hours generally diminish. Should ABA be covered in Medicaid, the DHS estimates its annual total cost would be $24.3 million to serve children up to 6 years of age, of which approximately half would be federally funded. This measure would create a new standard of care and in effect defines applied behavioral analysis (ABA) as being medically necessary. These factors would result in Medicaid being required to cover ABA under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. The Hilopa'a Project completed a comprehensive analysis that was utilized by the DHS and is included as an attachment to our testimony.

In Hawaii, the Department of Health (DOH) Early Intervention Program provides services to Medicaid beneficiaries ages 0-3 years who met eligibility criteria, and the Department of Education (DOE) Special Education program provides services during the school day for children beginning at age 3 years. The DHS would be responsible for services provided outside of the school day and for services not covered by DOE. While the DOH and the DOE would be responsible for funding the state share of the services, DHS would be responsible for accessing federal matching funds for the DOH and the DOE services for Medicaid qualified children.

Summary of the potential annual costs of covering ABA in Medicaid

	# Medicaid Children	Total Service Hours*	Total Cost** $ Millions	DOH***		DOE***		DHS	
				%	$ M	%	$ M	%	$ M
0-3	105	138,969	$10.7	100%	$10.7	0%	$0	0%	$0
3-6	1,145	1,556,055	$121.3	0%	$0	80%	$97.6	20%	$24.3
6-19	428	40,011	$3.2	0%	$0	80%	$2.0	20%	$0.6
Total	1,573	1,630,575	$135.2		$10.7		$99.6		$24.9

* Assumes an average of 1.5 cycles per year for 6-19 year olds
** Assumes $75/hr reimbursement for direct services and $100/hr for supervision, assessment and parent training; approximately half of cost would be federally funded
*** Additional funding may not be necessary if these programs already cover the service

Certain individuals may benefit from ABA, but whether the population of individuals with autism has a clinically significant benefit is unclear. Most studies have evaluated the effectiveness of ABA in children younger than 6 years old with autism, and the treatment intervention was typically no less than 20 hours per week of ABA. A 2012 Cochrane systematic review concluded:

> Early intensive behavioral intervention (EIBI) is one of the most widely used treatments for children with autism spectrum disorder (ASD). The purpose of our review was to examine the research on EIBI. We found a total of five studies that compared EIBI to generic special education services for children with ASD in schools. Only one study randomly assigned children to a treatment or comparison group, which is considered the 'gold standard' for research. The other four studies used parent preference to assign children to groups. We examined and compared the results of all five studies. A total of 203 children (all were younger than six years old when they started treatment) were included in the five studies. We found that children receiving the EIBI treatment performed better than children in the comparison groups after about two years of treatment on tests of adaptive behavior (behaviors that increase independence and the ability to adapt to one's environment), intelligence, social skills, communication and language, autism symptoms, and quality of life. The evidence supports the use of EIBI for some children with ASD. **However, the quality of this evidence is low as only a small number of children were involved in the studies and only one study randomly assigned children to groups** [emphasis added].[1]

[1] http://summaries.cochrane.org/CD009260/early-intensive-behavioral-intervention-eibi-for-increasing-functional-behaviors-and-skills-in-young-children-with-autism-spectrum-disorders-asd

This bill states that ABA is evidence-based, but evidence-based experts would disagree because there is not good quality evidence of effectiveness.

The U.S. Preventive Services Task Force (USPSTF) is considered the gold standard for clinical preventive services, and under the Affordable Care Act, insurers must cover services that receive an A or B recommendation by the USPSTF without requiring a co-payment. A recommendation of C would mean that there is evidence of benefit, but the benefit is small and the service is not routinely recommended to be provided; a recommendation of I would mean that there is insufficient evidence, i.e. that the service is not evidence-based. The USPSTF is currently developing an evidence report and recommendation on screening for autism spectrum disorders. The report will evaluate the effectiveness of screening for children ages 12-36 months and of treatment for children ages 0 to 12 years.[2]

Thank you for the opportunity to testify on this measure.

[2] http://www.uspreventiveservicestaskforce.org/uspstf13/speechdelay/spchfinalresplan.htm

ABA Utilization Projection for Hawaii Medicaid

The following assumptions serve as the basis for projecting utilization of Applied Behavior Analysis services for the children enrolled in the Hawaii Medicaid program.

1. Prevalence

1.1. National statistics indicate 1:88 children have Autism Spectrum Disorder (ASD), ranging in intensity from classic autism to Asperger's Syndrome

1.2. Population of children 18 and under in Hawaii for 2012 - 303,818

1.3. Total estimated children in Hawaii with an ASD – 3,452

1.4. Total children served by Department of Heath Early Intervention Section (DOH/EI) receiving ABA services, and Department of Education Special Eduation (DOE) who an eligibility of Autism or Developmental Delay – 3,486

1.4.1. Since the two numbers are so close, this projection will utilize the number reflecting identifiable children, the DOH, DOE combined number

1.5. Studies show there is no higher prevalence of ASD in children who are Medicaid eligible than those who are not

1.6. Using 3-month continuous eligibility for 90 days, 154,000 children are in the state Medicaid program, which equates to 47% of the 0-18 population

1.7. Applying the 47% to the total children served – 1,624

2. Treatment

2.1. Evidence shows that the most effective use of ABA are in the child's early years

2.2. Studies indicate for a child under the age of 3, between 25-30 hours a week of services ramping up to potential 40 hours a week at age 3 show significant improvement – these hours of services are across settings

2.3. For children over the age of 3, the general practice is to front load the intensive hours of treatment during the younger years and taper off the hours

2.4. As children grow older, the need for ABA services may be required to address targeted maladaptive behaviors triggered by puberty, emerging co-morbidities, as well as significant transitions

2.5. Typical utilization patterns (which have anecdotally been shared) indicate that families do not utilize all the hours that are authorized, as the rigor of an intensive program is quite difficult on families

2.6. ABA services would include 1) Assessment, 2) Plan Development, 3) Direct 1:1 service, 4) Service Supervision, and 5) Family Training

2.7. Ratio of supervision hours to direct service is 1:10

2.8. Current service provision of Assessments in the DD/MR Waiver are 30 hours to complete assessment, develop report, plan and provide initial family training

3. Projection Assumptions

3.1. Not all children will require the same level of high intensity

3.2. Comprehensive Intensive ABA services would be made available age 0-8

3.2.1. Literature indicates intensive services on general population is 0-6

3.2.2. Extended to age 8 due to health literacy for parent involvement and ability to provide stimulation rich environment to support services

- 3.3. Focused ABA services would be made available 8-19
  - 3.3.1. Literature indicates service provision should be individualized and made available
  - 3.3.2. For this exercise, the following tiered structure is proposed to be able to make some assumptions
    - 3.3.2.1. Preventive Planning and Intervention
      - 3.3.2.1.1. Preventive Planning and Intervention would be provided to identify early emerging problems as well as anticipated intervention needs to "pre-plan" for upcoming events which would require skilled intervention (e.g., preparing for puberty, etc.)
      - 3.3.2.1.2. Prevention Planning and Intervention would be made available at the following regularly scheduled intervals
        - 3.3.2.1.2.1. Age 7 (i.e., for children not already receiving comprehensive intensive ABA)
        - 3.3.2.1.2.2. Age 10
        - 3.3.2.1.2.3. Pre-puberty (i.e., could identify a stage in puberty, Stage 2)
        - 3.3.2.1.2.4. Age 14
        - 3.3.2.1.2.5. Age 16
        - 3.3.2.1.2.6. Age 19-20
    - 3.3.2.2. Targeted Assessment and Treatment
      - 3.3.2.2.1. Targeted Assessment and Treatment would utilized on an as need basis to address behaviors that affect health and safety of the individuals or others (e.g., aggression, self-injurious behaviors, etc.) as well as behaviors that restrict the setting of the individual (e.g., eloping, masturbating in public, property destruction, etc.)
      - 3.3.2.2.2. It is difficult to project the frequency of the service
        - 3.3.2.2.2.1. Frequency and intensity should diminish if the proposed preventive planning and intervention service could be develop and implemented
        - 3.3.2.2.2.2. Targeted Asssessment and Treatment may overlap the Preventive Planning and Intervention or defer the need for the service, so assumption would be to not include a quantity for this measure

4. Service Provision

- 4.1. Services are provided by DOH/Early Intervention Program (EI)
  - 4.1.1. EI services are currently authorized to meet the childs total need across settings
  - 4.1.2. EI serve numbers are included in the estimate
  - 4.1.3. EI ABA services should be included to the matrix to draw down federal dollars
  - 4.1.4. There should not be a need to provide more hours beyond what is provided by EI
- 4.2. Services are provided by DOE Special Education
  - 4.2.1. DOE services are currently authorized to meet the child's education needs in the school setting
  - 4.2.2. There will be a need to provide services beyond what is provided by DOE
    - 4.2.2.1. DOE federal mandate does not include addressing in home interventions
    - 4.2.2.2. Unable to direct all children through DOE unlike EI
  - 4.2.3. 80-100% of the child's need could be provided by the DOE, and what remains as a state plan only benefit should be nominal
  - 4.2.4. DOE should have a higher success rate in properly claiming for these services as it is new and the ABA providers are much more meticulous in charting than other DOE therapists
- 4.3. The service is typically supervised by a Board Certified Behavior Analyst (BCBA)
  - 4.3.1. Tricare reimburses this at $125.00/hour
  - 4.3.2. BCBAs typically do not provide the 1:1 direct, hands on service

4.4. The direct service is typically provided by a paraprofessional behavior technician

4.4.1. Tricare reimburses this at $50.00/hour and $75.00/hour based upon provider credential

4.5. There does not appear to be uniformity in rates between DOE/DOH-EI/DOH-DD/MR

5. Projection

Step 1: Establish a child count

Total Number of Children																		
AGE	<3	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
DOE ASD		81	86	108	122	123	121	112	91	91	89	82	86	78	67	60	44	25
DOE Dev. Delay		527	648	621														
EIABA Services	224																	
Counts	224	608	734	729	122	123	121	112	91	91	89	82	86	78	67	60	44	25

Total Number of Children Targeted for Services											
AGE	<3	3	4	5	6	7	8	10	14	16	19
Combined DOE and DOH	224	608	734	729	122	123	121	91	86	67	25
% Medicaid	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%	47%
Projection	105	286	345	343	57	58	57	43	40	31	12
Total	1,377										

Step 2: Establish a base for 100% participation and utilization

Comprehensive Intensive ABA Services								
Age	**# of Projected Medicaid Children**	**Service**	**Hours per child per week**	**Weeks per year**	**Total Hours for all**	**% DOH/ EI**	**% SPED**	**Total Hours Not Carved Out: DHS**
0-3	105	Direct Service	30	40	126,336	100%		0
		Supervision	3	40	12,633			0
3-6	1,145	Direct Service	30	40	1,374,000		80%	274,800
		Supervision	3	40	137,400			27,480
		Assessment	3	10	34,350			6,870
		Parent Training	1	9/mo	10,305			2,061
6-8	244	Direct Service	3	40	29,280		80%	5,856
		Supervision	3	10	7,320			1,464

Comprehensive Intensive ABA Services								
Age	# of Projected Medicaid Children	Service	Hours per child per week	Weeks per year	Total Hours for all	% DOH/ EI	% SPED	Total Hours Not Carved Out: DHS
		Assessment & Parent Training	1	9/mo	2,196			439

Focused ABA Services					
Age	# of Projected Medicaid Children	Service	Hours per child per cycle	% SPED	Total Hours Not Carved Out: DHS
7	58	Direct Service	120	80%	1,392
		Supervision	12	80%	139
		Assessment & Parent Training	30	20%	1,392
10	43	Direct Service	120	80%	1,032
		Supervision	12	80%	103
		Assessment & Parent Training	30	20%	1,032
14	40	Direct Service	120	80%	960
		Supervision	12	80%	96
		Assessment & Parent Training	30	20%	960
16	31	Direct Service	120	80%	744
		Supervision	12	80%	74
		Assessment & Parent Training	30	20%	744
19	12	Direct Service	120	80%	288
		Supervision	12	80%	29
		Assessment & Parent Training	30	20%	288

Step 3: Apply other factors against the base

Other factors could include:

- Participation rate, 100% of the services will not be utilized, in general
- Start up rate, service utilization would "ramp" up over a longer period of time
- Credentialing, as the Autism Bill currently is written, provision is not made for the technician level of direct service – which is a majority of the hours. The bill only supports qualified licensed providers and BCBAs

STATE OF HAWAI'I
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawai'i 96813-2917

JAN K. YAMANE
Acting State Auditor

MARION M. HIGA
State Auditor

(808) 587-0800
FAX: (808) 587-0830

**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR,
ON HOUSE BILL NOS. 2174 AND 2225,
RELATING TO HEALTH**

House Committee on Health

January 31, 2014

Chair Belatti and Members of the Committee:

Thank you for the opportunity to comment on HB 2174 and HB 2225, which would require health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder (ASD) treatments. The bills are substantively identical, with minor differences such as implementation date.

As you are likely aware, in 2009 our office published *Study of the Social and Financial Impacts of Mandatory Health Insurance Coverage for the Diagnosis and Treatment of Autism Spectrum Disorders* (Report No. 09-09). The report was produced pursuant to SCR No. 196, SD1 (2008), which requested the Auditor to conduct an impact assessment of mandating health insurance coverage for the diagnosis and treatment of autism spectrum disorders as provided in SB 2532, SD1 (2008). We applied criteria established in Chapter 23, HRS, *Auditor*; part IV, *Social and Financial Assessment of Proposed Mandatory Health Insurance Coverage.* We recommended the bill not be enacted.

Our 2009 report found that SB 2532, SD 1 (2008) would have amended Chapters 431 and 432, HRS, to require insurance coverage for the diagnosis and treatment of ASD with a maximum benefit of $75,000 per year and unlimited visits to providers. The current bills, HB 2174 and HB 2225, require a maximum of $50,000 per year and a maximum lifetime benefit of $300,000 but also with unlimited number of visits to service providers (HB 2174 at page 2, lines 12-13 and HB 2225 at page 2, lines 10-11).

We found the 2008 bill was problematic in defining the standard of care broadly so long as the care was prescribed, provided, or ordered by a licensed physician, psychologist, or registered nurse and determined to be "medically necessary." Under *medical necessity* as defined in Chapter 432E, HRS, health care insurers had the discretion to decide whether or not a treatment qualified as a covered benefit within its health plans even though the treatment was deemed medically indicated. As a result, health care insurers could have continued to deny coverage for educational interventions such as applied behavior analysis (ABA) based on the statutory definition under Chapter 432E, HRS. Both of the current bills have retained the "medically necessary" terminology (HB 2174 at page 7, lines 1-2 and 6; and HB 2225 at page 6, lines 16-17 and 21).

Our 2009 report also found the social impacts appeared minimal in Hawai'i, since both educational interventions and health services, including ABA, were generally available through the Department of Education and the Department of Health. In addition, health care insurers were providing partial coverage for the diagnosis and treatment of symptoms related to ASD through statutory mandates and provisions in health care insurance contracts. However, we concluded an increase in demand for service providers and significant financial impacts to

insurance carriers would have resulted if the bill were enacted, as families would have had the option of increasing the frequency of educational interventions such as ABA and health services. Moreover, costs could have potentially and unintentionally passed to health care insurers—and ultimately consumers—for treatments and services. We estimated that mandated insurance coverage could initially cost health insurers over $100 million per year to reimburse policy holders. Our estimate at the time was that, without inflation, payments for mandated services could exceed $1 billion up to the age of 21.

The current bills, HB 2174 and HB 2225, have added language prohibiting denial of coverage (Section 3, (f)); limiting insurers' request for review of treatment (Section 3, (g)); maintaining an obligation to provide other services (Section 3, (h)); conforming with the federal Patient Protection and Affordable Care Act of 2010 (Section 3, (i)); requiring criminal background checks for providers (Section 3, (j)); specifying equality in numbers of specialist providers (Section 3, (k)); and grandfathering diagnoses that meet current Diagnostic and Statistical Manual of Mental Disorders (DSM) as remaining eligible for coverage (Section 3, (l)). HB 2174 also mandates use of appropriately qualified personnel to oversee the program (Section 3, (m)). Other minor changes have also been made to the 2008 bill: "behavioral health treatment" is defined; coverage includes screening and wellness screening; and the definition of a health plan is revised and updated.

Thank you for the opportunity to provide these comments on HB 2174 and HB 2225. I am available to answer any questions you may have.

OFFICE OF INFORMATION PRACTICES
STATE OF HAWAII
NO. 1 CAPITOL DISTRICT BUILDING
250 SOUTH HOTEL STREET, SUITE 107
HONOLULU, HAWAII 96813
TELEPHONE: 808-586-1400 FAX: 808-586-1412
EMAIL: oip@hawaii.gov

To: House Committee on Health

From: Cheryl Kakazu Park, Director

Date: January 31, 2014 at 8:30 a.m.
State Capitol, Conference Room 329

Re: Testimony on H.B. No. 2174
Relating to Health

Thank you for the opportunity to submit testimony on this bill. The Office of Information Practices ("OIP") takes no position on the substance of this bill, which would require health insurers to provide coverage for autism spectrum disorders. OIP is testifying to ask for clarification of two references to chapter 92, HRS, at bill page 2, line 20, and bill page 9, line 16.

Both references permit the Insurance Commissioner to "post notice of and hold a public meeting pursuant to chapter 92." Part I of chapter 92, HRS, the Sunshine Law, does deal with public meetings, but it is does not set generic standards for holding a single public meeting. Rather, it applies to "boards," which are defined therein, and sets requirements not just for when a meeting must be open to the public and how to give notice, but also for when board members can communicate outside a meeting, what must be included in minutes, enforcement, and related matters. It is thus not possible for a single government official to "hold a public meeting pursuant to chapter 92" because the Sunshine Law's provisions are written to apply to a body of members that exists and regularly meets over a period of time.

A more appropriate standard to reference might be section 91-3(a), which sets out requirements for an agency to post notice of and hold a public hearing on proposed administrative rules. Alternatively, if this Committee still prefers to reference the Sunshine Law, OIP would suggest at least rephrasing the references as follows so that there is no implication that the Insurance Commissioner is expected to fully follow a set of requirements designed for deliberative bodies: "hold a public hearing that is publicly noticed as described in section 92-7 and is open to public attendance and testimony as described in section 92-3."

Thank you for the opportunity to testify.

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

LATE

January 31, 2014

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Seventh Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Au Belatti and Members of the Committee:

SUBJECT: HB 2174 – Relating to Health

The State Council on Developmental Disabilities (DD) **SUPPORTS THE INTENT of HB 2174.** The bill requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder (ASD) treatment.

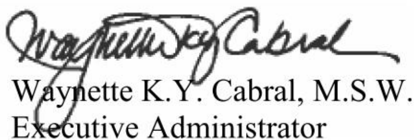
According to the U.S. Centers for Disease Control and Prevention, about 1 in 88 children have been identified with ASD. That rate is anticipated to significantly increase in the next decade. With this alarming rate, it is imperative that children with ASD are provided with early diagnosis and treatment. Evidence-based practice shows that early identification and treatment results in overall improved outcomes for children with ASD. Moreover, services provided early on may decrease or minimize long-term services and supports needed as the child becomes an adult and through the individual's lifetime

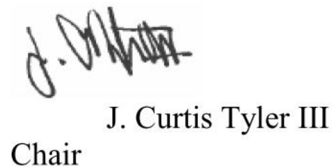
It is our understanding from the joint Senate Health and Commerce and Consumer Protection Committees' hearing on SB 2054 (similar to HB 2174) on January 28, 2014 that the Insurance Commissioner will be working with the Committees' Chairs on establishing coverage for ASD treatment as a separate insurance code.

The Council acknowledges that HB 2174 is also similar to HB 2225 with both bills providing coverage under 21 years of age for behavioral health treatment, pharmacy care, psychiatric care, psychological care, and therapeutic care. We acknowledge that both bills are a work in progress and appreciate the opportunity for continued discussions between the Legislature and stakeholders to flesh out the specific provisions of each bill.

Thank you for the opportunity to provide testimony supporting the intent of HB 2174.

Sincerely,





Waynette K.Y. Cabral, M.S.W.
Executive Administrator

J. Curtis Tyler III
Chair

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

DATE: Friday, January 31, 2014
TIME: 8:30 AM
PLACE: Conference Room 329

TO:
COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

FROM: Hawaii Medical Association
Dr. Walton Shim, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ron Keinitz, DO, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

RE: HB 2174 RELATING TO HEALTH & HB 2225 RELATING TO HEALTH

Position: Support

This measure requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for treatment of autism spectrum disorders.

HMA finds that treatment of autism spectrum disorders is medically necessary and as such supports this measure, which would ensure that autism treatment is covered by insurance.

Thank you for introducing this bill and for the opportunity to provide testimony.

OFFICERS
PRESIDENT - WALTON SHIM, MD PRESIDENT-ELECT – ROBERT SLOAN
SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT – Stephen Kemble, MD
TREASURER – BRANDON LEE, MD EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO

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 31, 2014

Special Education Advisory Council

Ms. Ivalee Sinclair, *Chair*
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Jan Tateishi, Staff
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Representative Della Au Belatti, Chair
Committee on Health
State Capitol
Honolulu, HI 96813

RE: HB 2174 - RELATING TO HEALTH

Dear Chair Au Belatti and Members of the Committee,

The Special Education Advisory Council (SEAC), Hawaii's State Advisory Panel under the Individuals with Disabilities Education Act (IDEA), **strongly supports** HB 2174 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 has also been active in the last three years with a variety of key stakeholders who have collectively acknowledged the critical need for mandated insurance coverage in Hawaii to identify children with Autism Spectrum Disorders and provide timely and evidenced-based interventions to improve their health, academic and life outcomes. We therefore urge passage of HB 2174 and offer our availability for further discussion on this legislation.

Thank you for this opportunity to testify. If you have any questions or concerns, please feel free to contact me.

Respectfully,

Ivalee Sinclair, Chair

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 HOUSE OF REPRESENTATIVES
THE TWENTY-SEVENTH LEGISLATURE
REGULAR SESSION OF 2014

Committee on Health
Testimony in Support of H.B. 2174
Relating to Health

Friday, January 31, 2014, 8:30 A.M.
Conference Room 329

Chair Belatti, and Members of the Committee:

The Hawaii Disability Rights Center testifies in 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 31, 2014

The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair
House of Representatives Committee on Health

RE: Support of the Intent of HB 2174 - Relating to Health.

Dear Representative Belatti, Representative Morikawa and Members of the Committee:

I am Christopher Blanchard, President & CEO of Easter Seals Hawaii. For more than 60 years, Easter Seals Hawaii has provided exceptional, individualized, family-centered services to empower infants, children, youth and adults with disabilities or special needs to achieve their goals and live independent fulfilling lives. Easter Seals Hawaii is a statewide CARF accredited organization with 15 facilities from Waimea, Kauai to Hilo, Hawaii providing a variety of programs including Autism Services. These services include Applied Behavior Analysis /Verbal Behavior-Based Therapy, Speech/Language Pathology, Assessment, Training, Education and Consultation.

Easter Seals Hawaii strongly supports mandated coverage for services to individuals within the Autism Spectrum and therefore supports the intent of SB 2054 and offers the following recommendations:

1. Amend Section 3(j) – Background Check
   Adopt a uniform standard for background check requirements and guidlines stated in SB 2578, which references Med-QUEST requirements for direct support workers.

2. Section 5 – Benefits and Coverage
   Autism screening and well child visits are covered as part of the Preventive benefit requirement of the Affordable Care Act.

Easter Seals Hawaii appreciates the efforts of the Legislature to meet a critical need for services in our community. There are four (4) Autism related measures between the House and the Senate, in addition to the drafts in Conference Committee. We would welcome the opportunity to work collaboratively with all of the interested parties to resolve these issues.

Thank you for your time and consideration.

Respectfully,

Christopher E. Blanchard
President & CEO
Easter Seals Hawaii

KAISER PERMANENTE®

Government Relations

Testimony of Phyllis Dendle

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair

January 31, 2014
8:30 am
Conference Room 329

HB 2174/HB2225 RELATING TO HEALTH

Chair Belatti, and committee members, thank you for this opportunity to provide testimony on HB2174 and HB2225 which would mandate expanded insurance coverage for people with autism spectrum disorders.

Kaiser Permanente Hawaii supports this bill with our amendments.

Attached to this testimony is a detailed revision of the bill that we request you use to replace what is in these bills.

Because these two bills are based on last year's proposal and many of the things in them are already covered under the federal Accountable Care Act it is necessary to streamline the bills to be clear on what is being covered. Also it is important to remember that any and all additional mandates increase the cost of health care so care must be taken to balance wants and needs. This is particularly important this year federal law and regulations requires the state to pay for additional mandates they pass now. Even with that said we urge the legislature to assure that if they are going to provide these benefits for some under commercial insurance that they also assure that it is available to all in and out of the health connector and including Medicaid and EUTF.

While we have many concerns with the bills in the way they are written I will just highlight a few that are corrected in the attached draft:

Screening and diagnosis-Screening and diagnosis are already covered services

711 Kapiolani Blvd
Honolulu, Hawaii 96813
Telephone: 808-432-5210
Facsimile: 808-432-5906
Mobile: 808-754-7007
E-mail: phyllis.dendle@kp.org

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 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 is 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 which 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.

Who can provide the service- The bill limits the ability of health plans to contract with providers based on the needs of their patients and the availability of providers by requiring that insurers not contract with more licensed psychologists than board certified behavior analysts.

Appropriate diagnosis- The bill does not permit a health care provider to diagnose a patient using the most current diagnostic information available in the DSM-V but instead requires that any individual diagnosed at any time with autism spectrum disorder not be reevaluated based on updated critieria under any circumstances.

Definitions - Autism Spectrum Disorder-the term “pervasive developmental disorders” is not used in the most current Diagnostic and Statistical Manual of Mental Disorders. Individuals previously so diagnosed now are diagnosed as having autism spectrum disorder.

Autism Service provider-places no professional requirements on who may provide services. There is no certification or licensure requirement.

AS AMENDED this proposal focuses on providing coverage for services that are not otherwise covered or provided. It also focusses on assuring that it provides these services at the best possible time when the highest number of individuals could benefit. It solves the concerns we have about assuring the safety of patients by requiring the providers act and be treated like other medical professionals.

This amended bill specifically seeks to provide coverage for applied behavioral analysis. The research that is available including the March 2, 2012 actuarial cost estimate done by Oliver Wyman at the request of Autisim Speaks shows that the ABA utilization and therefore costs peak at age 5. From there utilization falls off dramatically through age 8 when it drops to almost no usage. This bill proposes to have health insurance pay for coverage up to age 6 when individuals become eligible for services through the Department of Education.

This would mean that there would be assistance for families when they need it most, when it would do the most good but would also limit the expected increase in costs to the state and to businesses which are required to pay for mandated benefits.

We urge the legislature to move forward this version of the mandate for continued discussion.

Thank you for your consideration.

Proposed amendments to HB2174 and HB2225

Red with strike-through to be removed.
Blue to be inserted.
Black to remain from original draft.

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 for all Hawaii residents by requiring coverage of treatment for autism spectrum disorders.~~ The legislature finds that appropriate screening can determine whether an individual as young as one year old is at risk for autism and demonstrates that early treatment improves outcomes. Autism Speaks, an autism science and advocacy organization, estimates that one out of every eighty-eight children is diagnosed with some form of autism. Autism Speaks stresses the importance of recognizing the early signs of autism and seeking early intervention services. The legislature further finds that the federal Affordable Care Act has improved the availability of screening, diagnosis, and treatment of autism. For example, habilitative services would permit individuals with autism to access ongoing services in speech, occupational, and physical therapy when their physician prescribes it.

However, behavioral health treatments such as applied behavior analysis specific to the treatment of autism have not been covered as habilitative services. The purpose of this Act is to require health insurance to provide coverage for behavioral health treatment of autism spectrum disorders when it is prescribed by an individual's physician and provided by trained professionals, at the time it will most benefit the individual. This treatment shall be covered by health insurance up to the age of six when the individual with autism may receive services as required by federal law from the department of education.

SECTION 2. This Act shall be known and may be cited as "Luke's Law".

SECTION 3. 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 on or ~~after July 1, 2014, shall provide to the policyholder and individuals under twenty-one years of age covered under the policy, contract, plan, or agreement coverage for the screening, including well-~~

~~baby and well-child screening, diagnosis, and evidence based treatment of autism spectrum disorders.~~

~~Nothing in this section shall be construed to require such coverage in a medicaid plan.~~

after December 31, 2015, shall provide to individuals under six years of age covered under the policy, contract, plan, or agreement, coverage for behavioral health 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 prominently positioned in any literature or correspondence sent to policyholders and shall be transmitted to policyholders within calendar year ~~2014~~ 2016 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, ~~2014~~ 2016.

~~(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; provided that the commissioner may post~~

~~notice of and hold a public meeting pursuant to chapter 92 before adjusting the maximum benefit. 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)~~ (c) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an accident and health or sickness insurance policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

~~(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, contract, plan, 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 unless the insurer and the individual's licensed physician, psychiatrist, psychologist, clinical social worker, or nurse practitioner agree that a more frequent review is necessary. Any such agreement regarding the right to review a treatment plan more frequently shall apply only to a particular insured being treated for autism spectrum disorder by a licensed physician, psychiatrist, psychologist, clinical social worker, or nurse practitioner. The cost of obtaining any review shall be borne by the insurer.~~

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

~~(i)~~ (e) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, qualified health plans as defined in section 1301 of the Patient Protection and Affordable Care Act, Medicare supplement, disability income, long-term care, or other limited benefit hospital insurance policies.

~~(j) Insurers shall include in their network of approved autism service providers only those providers who have cleared criminal background checks as determined by the insurer.~~

~~(k) Insurers shall 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.~~

~~(l) If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder, then that individual shall not be required to undergo repeat evaluation upon publication of a subsequent edition of the Diagnostic and Statistical Manual of Mental Disorders to remain eligible for coverage under this section.~~

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

"Applied behavior analysis" means the evidence-based 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 relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy,

psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

~~"Autism service provider" means any person, entity, or group that provides treatment for 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 American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).

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

(1) Medically necessary ~~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~~.~~ ; provided that all providers of services regardless of their licensure or certification shall demonstrate they meet the same criminal history and background check standard as

required by the department of human services Med-QUEST division.

"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 nurse practitioner and any health-related services that are deemed medically necessary to determine the need for 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, licensed social workers, licensed clinical social workers, or licensed physical therapists.~~

"Treatment for autism spectrum disorders" includes ~~the following care~~ behavioral health treatment; and habilitative services as defined by the state for the benchmark benefit package in the health insurance exchange; that are prescribed or ordered for an individual with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, licensed clinical

social worker, or 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. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriately designated and to read as follows:

"**§432:1   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 on or ~~after July 1, 2014, shall provide to the policyholder and individuals under twenty-one years of age covered under the policy, contract, plan, or agreement coverage for the screening, including well-baby and well-child screening, diagnosis, and evidence based treatment of autism spectrum disorders.~~

~~Nothing in this section shall be construed to require such coverage in a medicaid plan.~~

after December 31, 2015, shall provide to individuals under six years of age covered under the policy, contract, plan, or

agreement, coverage for behavioral health 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 prominently positioned in any literature or correspondence sent to policyholders and shall be transmitted to policyholders within calendar year ~~2014~~ 2016 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, ~~2014~~ 2016.

~~(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; provided that the commissioner may post notice of and hold a public meeting pursuant to chapter 92 before adjusting the maximum benefit. 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)~~ (c) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an accident and health or sickness insurance policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

~~(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, contract, plan, 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 unless the insurer and the individual's licensed physician, psychiatrist, psychologist, clinical social worker, or nurse practitioner agree that a more frequent review is necessary. Any such agreement regarding the right to review a~~

~~treatment plan more frequently shall apply only to a particular insured being treated for autism spectrum disorder by a licensed physician, psychiatrist, psychologist, clinical social worker, or nurse practitioner. The cost of obtaining any review shall be borne by the insurer.~~

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

~~(i)~~ (e) Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, qualified health plans as defined in section 1301 of the Patient Protection and Affordable Care Act, Medicare supplement, disability income, long-term care, or other limited benefit hospital insurance policies.

~~(j) Insurers shall include in their network of approved autism service providers only those providers who have cleared criminal background checks as determined by the insurer.~~

~~(k) Insurers shall 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.~~

~~(l) If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder,~~

~~then that individual shall not be required to undergo repeat evaluation upon publication of a subsequent edition of the Diagnostic and Statistical Manual of Mental Disorders to remain eligible for coverage under this section.~~

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

"Applied behavior analysis" means the evidence-based 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 relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

~~"Autism service provider" means any person, entity, or group that provides treatment for 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 American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM).

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

(1) Medically necessary ~~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~~.~~ ; provided that all providers of services regardless of their licensure or certification shall demonstrate they meet the same criminal history and background check standard as required by the department of human services Med-QUEST division.

"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 nurse practitioner and any health-related services that are deemed medically necessary to determine the need for 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, licensed social workers, licensed clinical social workers, or licensed physical therapists.~~

"Treatment for autism spectrum disorders" includes ~~the following care~~ behavioral health treatment; and habilitative services as defined by the state for the benchmark benefit package in the health insurance exchange; that are prescribed or ordered for an individual with an autism spectrum disorder by a licensed physician, psychiatrist, psychologist, licensed clinical social worker, or 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 5. 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-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-125, 431:10A-126, 431:10A-122, [~~and~~] 431:10A-116.2, and 431:10A- and chapter 431M."

~~SECTION 6. Notwithstanding section 432D-23, Hawaii Revised Statutes, the coverage and benefit for autism spectrum disorders to be provided by a health maintenance organization under section 5 of this Act shall apply to all policies, contracts, plans, or agreements issued or renewed in this State by a health maintenance organization on or after July 1, 2014.~~

~~SECTION 7.~~ Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION ~~8~~ 7. If any provision of this Act, or the application thereof to any person or circumstance, is held invalid, the invalidity does not affect other provisions or applications of the Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SECTION ~~9~~ 8. This Act shall take effect on July 1, 2014.

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS
COMMENTING ON HOUSE BILL 2174, RELATING TO HEALTH

January 31, 2014

Via e mail: hthtestimony@capitol.hawaii.gov

Honorable Representative Della Au Bellati, Chair
Committee on Health
State House of Representatives
Hawaii State Capitol, Conference Room 329
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Au Bellati and Committee Members:

Thank you for the opportunity to comment on HB 2174, relating to Health.

Our firm represents the American Council of Life Insurers ("ACLI"), a Washington, D.C., based trade association with approximately 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers' products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, and reinsurance, representing more than 90 percent of industry assets and premiums. Two hundred twenty-five (225) ACLI member companies currently do business in the State of Hawaii; and they represent 92% of the life insurance premiums and 90% of the annuity considerations in this State.

As drafted, HB 2174 requires all insurers subject to its provisions to provide coverage for autism spectrum disorders.

Section 3 of the bill would amend Article 10A of Hawaii's Insurance Code (relating to Accident and Health or Sickness Insurance) to include a new section to require that "[e]ach individual or group accident and health or sickness insurance policy, contract, plan or agreement . . . shall provide to the policyholder and individuals under twenty-one years of age covered under the plicy, contract, plan, or agreement, coverage for . . . treatment of autism spectrum disorders." (Page 1, lines 9 – 18).

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

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

> Except as provided . . . elsewhere in this article, when use in this article, the terms "accident insurance", "health insurance", or sickness insurance" shall not include an accident-only, specified disease, hospital indemnity, long-term care, disability, dental, vision, Medicare supplement, or other limited benefit health insurance

contract that pays benefits directly to the insured or the insured's assigns and in which the amount of the benefit paid is not based upon the actual costs incurred by the insure.

However, HB 2174, as drafted, mandates autism spectrum disorders coverage for "each individual or group accident and health or sickness insurance policy, contract, plan or agreement . . . ." ACLI submits that the intent and purpose of this bill is to require only health insurers to provide coverage for autism spectrum disorders – not insurers issuing limited benefit health insurance contracts.

In order to dispel any confusion as to what this bill is intended to cover, ACLI suggests that the new section proposed to be added to §431: 10A (on page 2 beginning on line 10) be amended as follows:

> §431: 10A- Autisim spectrum disorders; benefits and coverage; notice; definitions. (a) Subject to the provisions of HRS §431:10-A-102.5 , ~~E~~[e] ach individual or group accident and health or sickness insurance policy, contract, plan, or agreement, issued or renewed in this State . . . . [etc.].

Again, thank you for the opportunity to comment on HB 2174.

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

Oren T. Chikamoto
1001 Bishop Street, Suite 1750
Honolulu, Hawaii 96813
Telephone: (808) 531-1500
Facsimile: (808) 531-1600
E mail: otc@chikamotolaw.com

HILOPA'A

Family to Family Health Information Center

LATE

Date: January 30, 2014

To: COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Re: Support the Intent – HB 2174 – RELATING TO HEALTH

On behalf of Family Voices of Hawai`i, we support the intent of SB 2174. Family Voices of Hawaiʻi & the Hilopaʻa Family to Family Health Information Center continue to support mandated coverage for services to individuals within the Autism Spectrum. There are 3 Autism related measures between the House and the Senate, in addition to the drafts in Conference Committee.

As the legislation moves through the session, we would like to highlight the following:

1) An insurance mandate should apply for all children and youth in the Spectrum who are covered by public, private insurance as well as those provided through the Exchange;
2) Any Medicaid dollars that are brought into the state equate to double the amount in economic stimulus and new jobs;
3) Medicaid coverage allows the Departments of Health and Education the opportunity to draw down federal dollars to offset the expenses of medically necessary services provided to children with Autism which are currently 100% state funded; and
4) The savings in state dollars for DOH and DOE Autism services could offset the premium differential for plans sold off of the Exchange.

Thank you for your time and consideration. We look forward to working together on developing a final measure across all of the chambers and stake holder groups.

House Committee on Health
January 31, 2014
8:30 a.m. HST

Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair
State Capitol
415 South Beretania St
Honolulu, HI 96813

Re: In Support of HB 2174
Relating to Health. Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism spectrum disorder treatments. Effective July 1, 2014.

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee,

I am Mike Wasmer, Associate Director for State Government Affairs at Autism Speaks and the parent of a child with autism. Autism Speaks is the world's leading autism science and advocacy organization, dedicated to funding research into the causes, prevention, treatments and a cure for autism; increasing awareness of autism spectrum disorders; and advocating for the needs of individuals with autism and their families. Our state government affairs team has played a leading role in most of the now 34 states that have enacted autism insurance reform laws. Autism Speaks is pleased to submit testimony in strong support of HB 2174.

Autism Spectrum Disorder (ASD) is a medical condition, brought on through no fault of the family. While the definitive causes 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, 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.

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.

Thirty four (34) other States have enacted legislation similar to HB 2174 which require state-regulated health plans to cover the diagnosis and treatment of autism, including ABA. In addition to Hawai'i, bills are pending in eight (8) other states this year. 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 (*see attached table*).

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 HB 2174 is both a moral and a fiscal imperative.

Insurance coverage for autism was debated in multiple committee hearings last session. Over the course of these hearings significant stakeholder concerns were raised and addressed with consensus amendments which were reflected in SB 668 SD2 HD1. Based upon our discussions with other stakeholders and State agencies over the interim, further amendments to SB 668 SD2 HD1 were recommended to clarify:

1) that nothing in the bill shall be construed to require the proposed coverage in Medicaid plans;
2) to which private insurance markets the proposed coverage applies *without triggering an obligation for the State to defray the cost of benefits under the Affordable Care Act*;
3) and that coverage for ABA shall include the services of personnel who work under the supervision of the Board Certified Behavior Analyst (BCBA) or the licensed psychologist overseeing the program.

These amendments appear in the current draft of HB 2174.

The prevalence of autism as reported by the Centers for Disease Control and Prevention (CDC) is now 1:88. This represents a 1,000 fold increase in the past forty years. Autism is an epidemic and a public health crisis. The time to act is now. Please support passage of HB 2174.

Thank you for your consideration of my comments,

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

14617 South Garnett St.
Olathe, KS 66062
816-654-3606
michael.wasmer@autismspeaks.org

The Cost of Autism Insurance Reform

Thirty four (34) states have enacted legislation that requires coverage for the treatment of autism including Applied Behavior Analysis (ABA). Autism Speaks has been able to collect claims data from the second full year of implementation of these laws in seven States (see Table below).

The average cost of providing coverage for the treatment of autism in these states is **31 cents per member per month (PMPM)**

	Number of covered lives	Total Claims Paid	PMPM cost
South Carolina	397,757	$2,042,394	$0.43
Illinois	170,790	$197,290	$0.10
Louisiana	149,477	$722,828	$0.40
Florida	386,203	$1,748,849	$0.38
Arizona	130,000	$388,662	$0.25
Missouri	1,429,153	$6,555,602	$0.38
Kansas	99,465	$309,216	$0.26
Average Cost			$0.31

References: Data collected by Autism Speaks from State agencies responsible for administering State Employee Health Benefits Programs (2011); Missouri Department of Insurance, Financial Institutions and Professional Registration (2012); and the Kansas Department of Health and Environment (2012)

Claims data reported from SC, IL, LA, FL, AZ and KS represent the cost of providing coverage in the **State Employee Health Plans** alone, thereby reflecting the actual cost to the State of providing the benefit.

The data from Missouri reflects claims from all state regulated health plans as reported by the Missouri Department of Insurance. Please refer to the attached Executive Summary of the 2013 Missouri report for additional details.

Annual Report
to the
Missouri Legislature

Insurance Coverage for Autism Treatment & Applied Behavior Analysis

Statistics Section
Feb. 1, 2013

DIFP

Jeremiah W. (Jay) Nixon
Governor

Department of Insurance,
Financial Institutions &
Professional Registration

John M. Huff
Director

Executive Summary

This is the second annual report to the General Assembly related to insurance coverage for Autism Treatment and Applied Behavioral Analysis. The findings of the first annual report reflected the fact that 2011 was a transitional year during which much of the infrastructure necessary to deliver the mandated benefits was developed. As expected, data show that the benefits of the mandate were more fully realized in 2012, while the costs as a percent of overall health care costs remained negligible.

1. **Coverage.** During 2012, all insureds in the small and large group markets were covered for autism and the associated ABA mandate. A much lower proportion, less than one-third, received similar coverage in the individual market, including individually-underwritten association coverage. A few large providers of individual insurance coverage extended autism coverage to all of their insureds. However, Missouri statute only requires autism benefits as an optional coverage in the individual market, and most insurers do not provide it as a standard benefit. For those insurers that do not provide the coverage as a standard benefit, only a negligible number of insureds purchased the optional autism rider.

2. **Number impacted.** Over 2,508 individuals received treatment covered by insurance for an ASD at some point during 2012. This amounts to 1 in every 548 insureds, ranging from 1 / 2,765 in the individual market to 1 / 438 in the large group market. These figures are consistent with estimates in the scientific literature of treatment rates.[1]

3. **Licensure.** The first licenses for applied behavior analysis were issued in Missouri in December, 2010. Between 2011 and 2012 the number of individuals that held Missouri licenses as a behavior analyst grew by 44 percent. As of January 17, 2012, 161 individuals were licensed, and an additional 24 persons obtained assistant behavior analyst licenses.

4. **Claim payments.** Between 2011 and 2012, claim costs incurred for autism services increased from $4.3 million to $6.6 million, of which $3 million was directed to ABA services. These amounts represent 0.16 percent and 0.07 percent of total claims incurred, consistent with initial projections produced by the DIFP.[2] For each member month of autism coverage, total autism-related claims amounted to $0.38, while the cost of ABA treatment amounted $0.17.

[1] While the CDC estimates that the prevalence of autism is 1/88, autism presents with a high degree of variability. Not all such individuals will benefit from, or seek, treatment specifically targeted at the ASD.

[2] The DIFP estimated that the mandate would produce additional treatment costs of between 0.2 percent and 0.8 percent. The analytical assumptions associated with the lower-end of the estimate range appear to be validated by the claims data presented in this report.

5. **Average Monthly Cost of Treatment.** For each individual diagnosed with an ASD that received treatment at some point during 2012, the average monthly cost of treatment across all market segments was $222, of which $101 consisted of ABA therapies. The average, of course, includes individuals with minimal treatment as well as individuals whose treatments very likely cost significantly more.

6. **Impact on premiums.** Given that treatment for autism represent less than 0.2% of overall claims costs, it is very unlikely that such costs will have an appreciable impact on insurance premiums. However, because the DIFP has no authority over health insurance rates and does not receive rate filings, a more exact assessment of the impact of the mandate on rates cannot be provided.

7. **Market Segments.** This study focuses upon the licensed insurance market (i.e. those entities over which the DIFP has regulatory jurisdiction). Many employers provide health insurance by "self-insuring," that is, by paying claims from their own funds. Such plans are governed under the federal Employee Retirement Income Security Act (ERISA), and states have little jurisdiction over private employers that choose to self-fund. The Missouri statute does extend the autism mandate to the Missouri Consolidated Health Care Plan (MCHCP), which covers most state employees, as well as all self-funded local governments and self-insured school districts.

The advocacy group Autism Speaks maintains a list of self-funded private employers that have chosen to voluntarily provide coverage autism and ABA therapy to their employees. Among this group are many of the most recognizable "high-tech" companies, including Microsoft, Intel, Adobe, Cisco, IBM, Apple, Yahoo and E-Bay. From the healthcare field are the Mayo Clinic and Abbott Laboratories. Additional companies come from a variety of sectors, from Home Depot to Wells Fargo. Because the DIFP lacks jurisdiction over private self-funded employers, the number of Missourians receiving autism benefits under private self-funded plans is unknown.

Autism Speaks created a "Tool Kit" for employees of self-funded plans to approach their employers about adding benefits to their company health plan. The Self-Funded Employer Tool Kit can be found at: http://www.autismspeaks.org/sites/default/files/docs/gr/erisa_tool_kit_9.12_0.pdf

LATE

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Helping Hawai`i Live Life Well

1124 FORT STREET MALL, SUITE 205. HONOLULU, HI 96813
ACCESSIBLE ENTRANCE: 67 SOUTH PAUAHI OFF BETHEL PH. 808.521.1846
F: 808.533.6995 E: INFO@MENTALHEALTH-HI.ORG W: WWW.MENTALHEALTH-HI.ORG

DATE: January 30, 2014
TO: House Health Committee Chair Della Au Belatti, and Committee members
FROM: Marya Grambs, Executive Director, Mental Health America of Hawaii
RE MEASURE #: HB2174, Relating to Health: Requires coverage for autism spectrum disorders
HEARING AT: January 31, 2014, 8:30 am

Mental Health America of Hawaii is in strong support of this bill.

There is ample research based evidence that supports the use of intensive behaviorally based treatment programs both for young children as an early intervention and for older children and young adults. Early intervention enables children to make notable gains in functional communication and self--regulation that can impact them as learners in their future years.

For older children/young adults, continued intensive behavioral interventions can reduce the severity of the impact of their condition on an individual and their family, and ultimately society.

It is estimated that the cost of caring for a single individual with autism for a lifetime is $3 million. Techniques such as applied behavioral analysis have been effective in mitigating, reducing, or eliminating the effects of autism if used at an early age.

It’s once again: Pay now, or pay later - and devastate families in the meantime

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

Eric Gill, Financial Secretary-Treasurer   Hernando Ramos Tan, President   Godfrey Maeshiro, Senior Vice-President

January 31, 2014

Rep. Della Au Belatti, Chair, Committee on Health
Rep. Dee Morikawa, Vice Chair, Committee on Health

Members of the Committee on Health

Re: Testimony in support of re: HB 2174

Chair Au Belatti and Committee Members:

UNITE HERE, Local 5 represents over 10,000 workers in the hotel, restaurant and health care industries in Hawaiʻi. Over 1,700 of our members work at Kaiser Permanente, where they strive to provide good, quality care for all Kaiser patients. We firmly believe that providing insurance coverage of autism spectrum disorders is vital to the health of our community. For that reason, we appreciate the committee's consideration of this bill and **Local 5 strongly supports the passage of HB 2174.**

Over the last several months, Local 5 members have spoken with one another and with members of the community about the need to pass this bill. We have gone out into our communities and talked to our neighbors about it. In a short time, we have gathered over 700 signatures from those who support coverage of ABA treatment for people with autism.

As society's awareness of these disorders has increased, our knowledge of how to effectively treat them has grown. It would be an understatement to say that autism makes life more challenging for those who have it and for their families. Their struggle can significantly impact their quality of life, and in many cases even more so because of the additional costs of autism treatment. The cost of raising children is already high, but the cost of raising children with autism can be tremendous. If we fail to address this, many people with autism may go without appropriate treatment – this comes at an even greater cost, both to families and to society as a whole. Families have shouldered the significant additional burden of paying out of pocket for autism treatment for far too long.

One in 88 children is now diagnosed with an autism spectrum disorder according to the U.S. Centers for Disease Control. These are our ʻohana. Treatment can make a real difference in their lives. No one should have to choose between putting food on the table and providing the health care their children need to become functioning members of society. You have before you today the opportunity to help change the future of Hawaiʻi for our keiki by providing health care coverage for those that need it most.

Please pass HB 2174.

Sincerely,

Benjamin Sadoski
UNITE HERE, Local 5

Attachment: Petition urging the legislature to pass SB 668, a 2013 bill similar to HB 2174.

1516 South King Street • Honolulu, Hawaii • 96826-1912 • Phone (808) 941-2141 • Fax (808) 941-2166 • www.unitehere5.org

The Chamber of Commerce of Hawaii
The Voice of Business in Hawaii

Testimony to the House Committee on Health
Friday, January 31, 2014 at 8:30 A.M.
Conference Room 329, State Capitol

LATE

RE: HOUSE BILL 2174 RELATING TO HEALTH

Chair Belatti, Vice Chair Morikawa, and Members of the Committee:

The Chamber of Commerce of Hawaii ("The Chamber") **cannot support** HB 2174 Relating to Health.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

We appreciate the intent of the bill to help those with autism spectrum disorders. However, the Chamber has several concerns with the bill.

- The findings of the 2009 Auditor's report on similar legislation that has concerns on the enactment of a mandated benefit.
- Presently these services are already being offered by the Departments of Education and Health.
- The projected cost could be at least $70 million per year if not more for private sector companies.

We strongly urge this committee to implement the recommendations of the Legislative Reference Bureau study requested by HCR 177, HD2, SD1 in 2012. Specifically the recommendation to commission an independent actuarial analysis which will help project the cost of this mandated benefit. Also, we highly suggest that the Legislature ask the affected agencies to conduct an analysis what would be the additional cost per this mandate. Based on testimony from some government agencies it could cost the state and county governments at least an additional $80 million per year. Also the benefit caps in this bill may be impacted by ACA.

While we understand problems facing our community, we do not believe that business should be the group responsible for paying for this mandated benefit. Ninety percent of the cost of an employee's health care premium is paid for by the employer. Most employers would be unable to pass this new cost onto the consumer. Please keep in mind that this would be in addition to new ACA fees and taxes (4-5%) and the annual inflation based increase in health care premiums of 7-10% each year.

Thank you for the opportunity to testify.

Blue Cross Blue Shield of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

LATE

January 31, 2014

The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair
House Committee on Health

Re: HB 2174 – Relating to Health

Dear Chair Bellatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2174, which, would require health plans to provide coverage for services for autism spectrum disorders (ASD). HMSA certainly is empathetic to the intent of this Bill. However, as we noted during the last legislative session, we continue to be concerned that the Legislature and the community need more and clearer information about the consequences of such a mandate.

The 2012 Legislature, in fact, did attempt to gain that knowledge by adopting HCR 177, HD2, SD1, directing the Legislative Reference Bureau (LRB)study of the impacts of mandating insurance coverage for the diagnosis and treatment of ASD. The LRB submitted that report, "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii" to the 2013 Legislature

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

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

While providing services for persons with ASD is important, we need to emphasize that, pursuant to the ACA, the cost of providing these services under a new mandate will not be a charge to the issuers, but must be borne by the State. And, that applies to plans sold both through and outside of the health insurance exchange. It is important that the Legislature clarifies the financial impact of a coverage mandate for those services on the community and the health care system. Consequently, the Legislature may wish to consider pursuing some or all of the additional studies recommended by the LRB.

Thank you for the opportunity to offer our comments on HB 2174.

Sincerely,

Jennifer Diesman
Vice President
Government Relations

Hawaii Medical Service Association | 818 Keeaumoku St.• P.O. Box 860 Honolulu, HI 96808-0860 | (808) 948-5110 | Branch offices located on Hawaii, Kauai and Maui | Internet address www.HMSA.com

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, January 31, 2014 / 8:30 am
Hawai'i State Capitol

Dear Senators Belatti and Morikawa,

My name is Lara Bollinger and I am a professional who works with children with autism. I am writing to you because I want to talk about **HB2174 / Luke's Law** and how it will benefit children and families with autism.

I first got involved in the field of autism and Applied Behavior Analysis about 15 years ago when I signed up to be a counselor at a camp for students with disabilities. I had no idea that choice would change the course of my life and I'm so glad it did! Over these past 15 years, I have seen what a positive difference ABA can make in the lives of those affected by autism and other developmental disabilities.

I have seen an 11-year old, whose parents were told he would never talk or be toilet trained, learn to do both. I've seen students with severe challenging behaviors able to overcome these, learn to communicate their wants and needs, and transition into much less restrictive settings. I've seen young adults learn to brush their teeth, make a sandwich, and learn some basic vocational tasks that could help them gain more independence and a job in the future. I've seen young children say their first words and then take off with an explosion of language. Just yesterday, I saw a student who spoke his first word only 2 weeks ago add yet another word to his vocabulary as he asked me for some of my apple. I've seen students who were struggling in school learn academic skills at a pace that far exceeds that of their typically developing peers and gain confidence needed to succeed in the future. The difference for all of these students was Applied Behavior Analysis.

Without access to Applied Behavior Analysis services, I've seen many families struggle with how to best educate and help their child. I've worked with families coming into ABA for the first time and seen the difference it can make in their child's and family's life. I've seen the joy in a parent's eyes when a child says their first words, asks their parent a question for the first time, or shows their parent any of the new skills they have learned.

ABA is research based and driven. Techniques used are those that have been proven effective. Access to these services should not be only for those children lucky enough to be born into families that can afford to pay out of pocket or those that are in the military and have federal insurance. Providing access for all children and families through insurance reform is a step that so many other states have already taken. This access can change the lives of countless children and families.

Thank you for your time and for hearing my point of view of why you should vote to pass HB2174 / Luke's Law.

Respectfully,

Lara Bollinger, M.S.Ed., BCBA
Autism Behavior Consulting Group
lara@autismbehaviorconsulting.com

January 30, 2014

The Honorable Representatives Della Au Belatti and Dee Morikawa

Dear Representative Au Belatti and Representative Morikawa,

My name is Nicole Domingo and I am a Behavioral Clinician at Malama Pono Autism Center located in Mililani, Hawaii. I have the opportunity each day to work with one on one with children who have been diagnosed with Autism. I have also worked with children with Autism in their school and home settings. Autism can create challenges for children in learning, interacting socially and being able to communicate with others.

I am writing to ask you to pass Luke's Law, HB2174, to require many health plans to cover therapies to treat Autism such as Applied Behavior Analysis (ABA) and other services. While providing services in the home, I witnessed how aggressive behaviors of a child with Autism affect not only themselves, but also the entire family. Being a parent is already a full time job, but having a child with special needs adds extra challenges. Once this bill is passed, services will be more affordable for families to get their child the support he or she needs. As these children learn to live with Autism they will not only support their families, but also their communities.

I appreciate your help and I ask for your reply of your opinions and position on legislation HB2174. Thank you for your time and consideration.

Sincerely,

Nicole Domingo
NicoleD@mpautismcenter.org

-----Original Message-----
From: Suzanne Egan [mailto:segan808@gmail.com]
Sent: Wednesday, January 29, 2014 7:39 PM
To: WAM Testimony
Cc: segan808@gmail.com
Subject: HB2174

re: HB2174
date: February 17-28
House Finance/Senate Ways and Means

Aloha,

We are writing today as a family who has been devastated by Autism.
Without access to Evidence Based Practices such as ABA Intensive Early Intervention, our child's outcome has been severely compromised. With the wealth of information available Nationally, this state's neglect is nothing short of sinful. The culture of service avoidance by the DOE/ the State's lack of accountability to it's own service model (DOE), and the lax interpretation of Medicaid law are breeches of Legal Rights. The failure of Hawaii's Private Health Insurance companies to recognize the glaring evidence base is unjust.

Health Care reform, would, without question, begin a process of rectification, without which, families like my own, communities, the State and Health Insurance Companies themselves suffer exacerbated socio-economic costs. Already, my insurance co. has been paying for regular psychotherapy which I've needed to mitigate mental health issues related to lack of support for my child. My son has broken his arm twice, due to lack of attention to his sensory regulation needs and lack of supervision at school related to ignorance/resistance to knowledge, lack of awareness which is chronic across fields; there will likely be an injury claim against the state. My son, who is non-verbal, has had clear communicative intent since age 2 , and has been ripe for ABA therapy for a long time; the formative window is almost closed. My son has just qualified for DOH/DD services; Without appropriate early intervention, he may be with them for his lifetime. Without appropriate early intervention, he may be a recipient of SSI benefits for his lifetime. Children with Autism need appropriate services, particularly early Identification and Intensive Early Interventions. My son needs Behavioral and Developmental Interventions, OTSI and Speech Therapies particular to praxis. At almost 5 years of age, without access to these therapies, he may never speak. He may never be independent. It is an appalling Deliberate Indifference, for which many will pay a price.

We are grieving and angry; to know what your child needs and not be able to secure it, is like watching your child starve to death.

Please accept our testimony in support of:

HB 2174

Thank You,

Suzanne, Emily and Julian Egan

Committee on Health
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, January 31, 2014 / 8:30 am
Conference Room 329, Hawai'i State Capitol

Dear Representatives Belatti and Morikawa,

My name is Sheena Garganian and I am a professional who works with children and families affected by autism. I am writing to you because I want to talk about SB2054: Luke's Law, and how it will benefit children and families with autism.

I was first introduced to applied behavior analysis in 2010 by accepting a position as behavior interventionist (therapist/tutor) who works with children with autism ranging in ages from 2 to 13 years old in Colorado. One of the first clients I worked with demonstrated deficits in communication and social skills as well as engaged in aggressive behaviors that further impacted him from learning. Being new to the field, I honestly was not sure how ABA would decrease those behaviors (fecal smearing, biting and hitting others) of this child. Over a short period of time, this client made significant process and there was apparent reduction in those behaviors. That was only one of many experiences that helped me understand how ABA helped and how it can shape behaviors, whether it is a behavior to increase or a behavior to decrease. Aside from the research stating the effectiveness of behavior analysis, it was just plain obvious based on my interactions with each child I work with. In that same year, I decided to pursue further education in behavior analysis and received my certification in 2013 as a Board Certified Behavior Analyst. Prior to behavior analysis, I have 10 years experience working with the mental health population, particularly adolescent girls ranging from 13 to 18 years old and adults in transition from psychiatric hospital to residential health care facility ranging from 18 to 75 years old. I hear myself saying, "if I only knew then, what I know now…" because behavior analysis would have been extremely beneficial to that population as well. The only prevalent issue is that behavior analysis is not widespread or accessible. Unfortunately, this is not an isolated situation. In 2014, families in 17 of the 50 United States are still without the support they need from their communities, state legislators and insurance companies.

I moved to Hawaii last year and, in my short time here, see the lack of services that are available to individuals with Autism. Previous states have endured the struggles that Hawaii is now experiencing, though support from the community, families, and professionals have made remarkable impact on enacting autism insurance reform. I am employed as a Clinical Supervisor at Malama Pono Autism Center (MPAC) in Mililani where I am responsible in providing supervision and consultation to behavior clinicians (therapist/tutor), lead clinicians, and parents across several

settings (in-home, center, and school). At this time, we are able to provide services to families in the military (Tricare) and to families with the ability to pay for treatment (private pay). We met many families who were looking for ABA services, though their insurance does not cover that service or the out-of-pocket expense was too high.

I would like to also mention that ABA is not solely an educational treatment, but medically necessary, evidence-based treatment approach for children diagnosed with autism. Schools are not fully equipped to meet the needs of children with autism. This is clearly indicated in the recent ruling by Administrative Law Judge Haunani Alm, regarding the abuse at Kipapa Elementary in Mililani. (http://www.Hawai'inewsnow.com/story/24391699/charges-of-cover-up-in-mililani-abuse-case). ABA is not just another trend because of the prevalence of autism; it is a science of evidence-based interventions and is supported by organizations such as the US Surgeon General, American Academy of Pediatrics, American Psychological Association, and Autism Society of America, to name a few. (http://appliedbehaviorcenter.com/ABAEndorsements.htm). ABA is effective for individuals from birth to death.

I would like to state my support for HB 2174. I appreciate your time and thank you and the committee for hearing my point of view of why you, and all of Hawaii's legislators should vote to pass Luke's Law.

Respectfully,

Sheena Garganian, M.S. BCBA
Clinical Supervisor, Malama Pono Autism Center
Legislative Chair, Hawaii Association of Behavior Analysis (HABA)

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, January 31, 2014 / 8:30 AM
Conference Room 329, Hawai'i State Capitol
415 South Beretania Street, Honolulu, HI

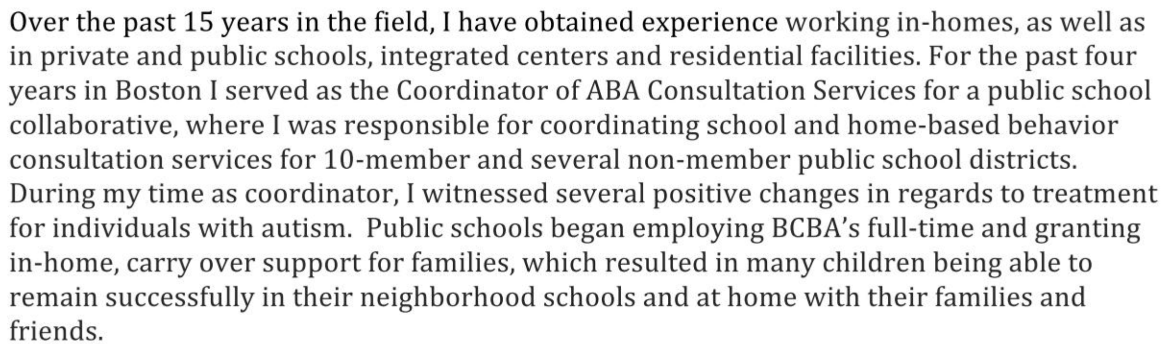
Dear Representative Belatti and Morikawa,

My name is Amanda N. Kelly and I am a professional who works with children and families affected by autism. I am writing to you because I want to talk about HB2174: Luke's Law, and how it will benefit children and families with autism.

In 1999, while enrolled in my undergraduate program, I came across a flyer advertising the need for therapists to work with a 2-year-old child diagnosed with an autism spectrum disorder. Though I was enrolled in an education program, not much was known at the time regarding the disorder, nor which treatments might be effective. When my advisor gave me a less than satisfactory answer to "what is autism", I decided to meet with the family and learn for myself. When I met with the family, it was clear that their son had struggles that other typically developing children did not. He was unable to speak clearly and he would often exhibit aggressive or self-injurious behavior in attempts to communicate. It was heartbreaking to say the least. After meeting with the family and learning of their dedication to help their son and their commitment to educate and train the therapists, I agreed to join their team. I received my initial training in applied behavior analysis (ABA) through a company who sent a consultant (from New York to West Virginia) every six weeks. While the child and family made great progress, obtaining and maintaining quality treatment became too much of a financial burden for the family, and after two and a half years, they were forced to discontinue funding his services. Unfortunately, this is not an isolated situation. As a matter of fact, 15 years later, in 2014, families in 16 of the 50 United States are still without the support they need from their communities, state legislators and insurance companies.

After graduating with my Bachelors in Elementary Education in 2002, I decided to make a shift in my career. Rather than becoming an elementary school teacher, I began to look for employment as an ABA therapist. In order to obtain employment as a therapist, I relocated from West Virginia to Massachusetts. In January 2003, I began working at a now nationally recognized, day and residential treatment facility for children, adolescents and young adults with autism and other related neurological disorders. I learned a great deal during my time in private and residential settings. However, my passion remained in helping children succeed in their neighborhood schools, local communities, and home settings.

In 2005, I completed coursework and a national examination to become a Board Certified assistant Behavior Analyst (BCaBA). The following year, I began my masters program at Simmons College in Behavioral Education and in 2008, I obtained certification as a Board Certified Behavior Analyst (BCBA). I was impressed --floored actually at the progress I observed children and teens to make when they received properly implemented ABA services. In 2013, I successfully defended my dissertation, *Effects of presession pairing on challenging behaviors for children with autism*, and graduated with my PhD in Behavior Analysis, also from Simmons College in Boston, Massachusetts.


Over the past 15 years in the field, I have obtained experience working in-homes, as well as in private and public schools, integrated centers and residential facilities. For the past four years in Boston I served as the Coordinator of ABA Consultation Services for a public school collaborative, where I was responsible for coordinating school and home-based behavior consultation services for 10-member and several non-member public school districts. During my time as coordinator, I witnessed several positive changes in regards to treatment for individuals with autism. Public schools began employing BCBA's full-time and granting in-home, carry over support for families, which resulted in many children being able to remain successfully in their neighborhood schools and at home with their families and friends.

Hawai'i is not the first state to grapple with the potential consequences of enacting autism insurance reform. Although Massachusetts was one of the first states to submit an act relative to insurance coverage for individuals with autism (ARICA), we were the 23rd state to pass and enact such legislation, when we finally did so in 2010. It was an exhausting process, yet very worthwhile in the end. Hawai'i has the benefit of observing and learning from the experience of other states that have successfully enacted and enforced legislation, which covers ABA treatments for children, teens and adults diagnosed with autism (Massachusetts legislation has no dollar or age cap).

I moved to Hawai'i last year, after obtaining my PhD for two reasons: the weather (of course) and (more seriously) the need for experienced individuals who are dedicated and experienced in advocating for individuals and families affected with autism. At present, I have been on this island for four short months. Yet, in this time I have come in contact with many children, families and professionals in need of support. Presently, I am employed as a Clinical Supervisor at Malama Pono Autism Center (MPAC) in Mililani where I am charged with providing supervision and consultation to behavior technicians, lead instructors, and parents across clinic, school, and in-home settings. Unfortunately, the individuals who I have been able to service are limited to those who have military (TRICARE) insurance or those who are financially strong enough to privately pay for treatment. This seems unnatural and in direct contradiction to the "Aloha Spirit" that permeates every other aspect of life on the island. In what way does it make sense that children of military families can receive necessary services, but Hawaiians and local children and families cannot?

Briefly, I would like to address some misconceptions of those who oppose the passage of the current bill.

- ABA is not solely an educational treatment. It is considered to be a medically necessary, empirically validated treatment approach for children diagnosed with autism (and other related disorders). Public schools on island are not equipped to fully meet the needs of children with autism, as clearly evidenced by the recent ruling by Administrative Law Judge Haunani Alm, regarding the abuse at Kipapa Elementary in Mililani. http://www.Hawai'inewsnow.com/story/24391699/charges-of-cover-up-in-mililani-abuse-case

- ABA is not new, nor is it a passing fad. Applied behavior analysis is a science of evidenced-based interventions that have been substantiated by over 1,000 research studies. ABA been backed by the US Surgeon General, American

Academy of Pediatrics, American Psychological Association, Autism Society of America and National Institute of Mental Health http://appliedbehaviorcenter.com/ABAEndorsements.htm.

- ABA is effective for individuals from birth to death. There is NO evidence that would support ABA as an intervention ONLY for young children with autism. For a list of common misconceptions and rebuttals, please visit http://www.behaviorbabe.com/commonmisconceptions.htm.

I appreciate your time and thank you and the committee for hearing my point of view of why you, and all of Hawaii's legislators should vote to pass Luke's Law: HB2174.

Respectfully,

Amanda N. Kelly, PhD, BCBA-D
Clinical Supervisor, Malama Pono Autism Center
Vice President, Hawai'i Association for Behavior Analysis
www.behaviorbabe.com
Behaviorbabe@yahoo.com

Dear Legislators,

My name is Kristen Koba-Burdt and I am a Board Certified Behavior Analyst (BCBA) working with individuals with autism, writing in support of HB 2174.

For the last several years, I have worked on Maui assisting individuals in the public schools and in home and community based Department of Health programs. I have experienced first-hand the tremendous difference ABA services can make for individuals and families. The positive change created by ABA programming for individuals, families, teachers, and those affected by autism was so significant it motivated me to pursue graduate education and become a BCBA.

Sadly, many families are not able to access quality ABA programs because they have no financial means to pay for this type of therapy out-of-pocket. This lack of effective intervention for children of Hawaii has, in my opinion, led to greater expenses for the state. It's no secret that Hawaii spends a tremendous amount of money on Special Education services and on Department of Health-Developmental Disabilities Division Medicaid Waiver services. The population of those affected by autism continues to grow and without effective ABA services, the cost to the state will continue to grow exponentially.

ABA offers the potential to change this trend. Research on ABA programming for individuals with autism has demonstrated time and time again that significant changes can be made for a child's level of functioning and ability to be a contributing member of society. Insurance reform is an absolutely necessary step in creating this change for Hawaii. I ask for your support in helping SB 2054/Luke's Law become a reality in this legislative session.

Thank you for your time and consideration,

Kristen Koba-Burdt, M.S., BCBA

(808) 250-8405
kkburdt@gmail.com

January 30, 2014

Dear House Health Committee,

My name is Anne Lau and I am the Clinical Director of the Autism Behavior Consulting Group clinic. I am writing to you because I want to talk about my support for **HB 2174 / Luke's Law** and how it will benefit children and families with autism.

I have been working in the field of Applied Behavior Analysis (ABA) for the last 10 years. I have seen the difficulties that parents have had in trying to secure the services that their doctors were recommending. I have seen parents cash in their life savings, sell their house, and go into nasty battles with school districts.

I have seen schools put in a terrible position of trying to prove that they can provide ABA, when in fact they are not equipped. Public schools cannot be expected to provide treatment for all disorders and diseases that occur in childhood. Imagine if schools were asked to treat leukemia! Some children have medical problems that supersede the need for compulsory education. Many children with autism lack the skills to benefit from school, yet they are required to attend instead of receive the treatment that they desperately need. This is a loss for them, a loss for the schools, and a loss for society.

The scientific research is very clear (Eldevik, et.al. 2010, Rogers & Vismara, 2008, Cohen, Amerine-Dickens, & Smith, 2006, Sallows & Graupner, 2005, Howard, et. al. 2005, Eikeseth, et. al. 2002, Smith, Green, & Wynn, 2000, McEachin, Smith, & Lovaas, 1993, Lovaas, 1987) that children with autism can make substantial gains with ABA, and those that are receiving intensive treatment, defined as 30-40 hours of treatment per week for several years, can in fact lose the symptoms of autism that would have prevented them from benefiting from a general education, gaining employment, and living as an independent adult. Autism is treatable and ignoring that fact is an enormous mistake.

Thank you for your time and for hearing my point of view of why you should vote to pass **HB 2174 / Luke's Law**.

Respectfully,

Anne Lau, M.Ed. NCC, BCBA
Clinical Director

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vs: 10/2012

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 1:14 PM
To: HLTtestimony
Cc: jjflash007@gmail.com
Subject: *Submitted testimony for HB2174 on Jan 31, 2014 08:30AM*

HB2174
Submitted on: 1/29/2014
Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jack Little	Individual	Support	No

Comments:

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

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COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, January 31, 2014 / 8:30 AM
Conference Room 329, Hawai'I State Capitol
415 South Beretania Street, Honolulu, HI

Dear Representatives,

My name is Nedelka Martinez. I'm a recently graduated Board Certified Behavior Analyst (BCBA). I have worked with children and families of those individuals diagnosed with developmental disabilities for several years now. I've had all my clinical experience in the state of Florida. I have moved to Hawaii to fill the need for more behavior analysts on the island. I am one of the lucky individuals who can genuinely say they love their job. I am fiercely passionate about the services I provide to my clients and their families.

I stumbled into the field after a presentation I saw during my undergraduate degree. I feel forever grateful for that day. I have worked with many families and have not only shared in their joys but also their struggles. It is a beautiful thing to see the look in a parent's eyes when they hear their child communicate for the first time or make eye contact while having a conversation with them. In the same breath I can tell you that it is heart breaking to see how heavily it weighs on families when they see their child self-injuring themselves and feel completely helpless. I can go on and go on about the joys and struggles I've witnessed while in this field, but at the end of the day what really matters is that there is something that can be done, and that something is Applied Behavior Analysis.

Applied Behavior Analysis is rooted in research. The field only uses those procedures that have been shown to work time and time again. ABA has the ability to change people's lives in significant ways. No person diagnosed with a disability should have to do without it because of their economic capabilities. I urge you to look at the facts and all that can be accomplished if ABA is approved by insurance companies.

Respectfully,

Nedelka Martinez, MS, BCBA

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

AMENDED NOTICE OF HEARING

DATE: Friday, January 31, 2014
TIME: 8:30 AM
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

Dear Representatives Belatti & Morikawa,

My name is Brandi M. Picardal. I am the mother of a 4 year old Autistic child named Ethan. I am writing to you because I want to talk about H.B. 2174 / Luke's Law and H.B. 2225 and how these bills will affect our family and many other families in Hawaii.

Having a child with Autism is something I would not wish on anyone. As parents we try to find the silver lining in having a child with Autism, but the truth is not one parent who has a disabled child would ever chose to have a child with Autism.

Having a child with Autism is overwhelming and devastating to our families. Most children with Autism, like Ethan, have Co-Morbid medical conditions with their Autism. People do not understand that children with Autism do not only suffer from Social and Communication delays, but often suffer from Mitochondrial Dysfunction, Sensory Processing Disorder, Anxiety disorders, Immune disorders, Gastrointestinal dysfunction, Food Allergies and Seizures. I know this because my son, Ethan, has been diagnosed with almost all of these, as well as Maldigestion and Malabsorption.

Parents of children with Autism depend on insurance to help pay the overwhelming amount of therapies and medical treatments that our children need. As with most children with Autism, there are visits to the Neurologist, Psychologist, Gastroenterologist, Allergist, Developmental Pediatrician, Opthamologist, Audiologist, Speech Therapist, Occupational Therapist, MAPS trained physicians and the list goes on. Our kids need to have Evaluations done to see what their needs are and these evaluations are very costly. Even with insurance, we still are overwhelmed by copays. Families are forced to prioritize their child's needs because we are unable to pay for all the help our children need.

Ethan has so many therapy and medical bills that ABA therapy has never been an option. If H.B. 2174 / Luke's Law and H.B. 2225 are passed, Ethan will be able to start ABA therapy. Why is this so important? **ABA therapy is the single most proven therapy to help children with Autism. ABA therapy is the gold standard for Autism treatment.**

Thank you for your time and for hearing why our family and so many families in Hawaii are counting on you to vote to pass H.B. 2174 / Luke's Law and H.B. 2225 .

Respectfully,

Brandi M. Picardal
94-1415 Welina Lp. Apt. 8B, Waipahu, HI 96797
808-741-2283

1-27-14

Decisions

We are all faced with them. You, the legislature, make them all day. I, as a teacher make hundreds of them during my day. My son with autism made a decision that he would like to go to college. My husband and I will be faced with that decision at his school on February 4th during his IEP. Luke in all intents and purposes will most likely not be going. As you see it is not because he doesn't want to but because we didn't have the means or resources available through Autism Insurance Coverage.

Luke is intelligent, funny, and can order anything off the internet if you'd give him a credit card. He has a memory like an elephant and will remember all your names, face, and other information you give him.

What we can't do is go back in time and get him and afford for him treatment that this bill will offer at an early age.

What we can do is pass the best bill that can become "Luke's Law" that will help every family in this state who gets the devastating medical diagnosis "You're child has Autism" today.

You have the power through your decision to change it today for less than a cup of coffee.

It will be a positive change for the child with autism, their family, and also every constituent in this State.

Respectfully submitted,

Gerilyn Pinnow

January 29, 2014

The Honorable Chairwoman Belatti and Vice-Chairwoman Morikawa:

My name is Sara Sato and I am Board Certified Behavior Analyst (BCBA). I have a Masters Degree in Special Education, Severe Disabilities/Autism Specialization from the University of Hawaii at Manoa and have been working with individuals with disabilities for 15 years. I have worked in Hawaii and San Francisco as an Educational Assistant, Skills Trainer, Behavior Therapist, Special Education Teacher, and Behavior Analyst. I am writing this testimony to voice my wholehearted support for HB 2174.

I clearly remember the first child I ever met with Autism. He was a preschooler named “Ben”, with flowing, black hair and had the longest eyelashes I have ever seen. Ben cried often, engaged in aggression towards others, was self-injurious and completely non-vocal. When I first started working with him, I struggled to figure him out. I never knew what he wanted and constantly felt helpless: I wanted to help and I just didn’t know how! However, when it was time for recess he sought me out and sat next to me on top of the play structure. When it was time to nap, he would bring his face right up to mine, and rub his eye brows against mine. Ben’s mannerisms and interactions with me were so fascinating, I was intrigued and wanted to learn as much as I could about Autism.

As a Skills Trainer working for a DOE contracted company, I participated in trainings about Autism, Challenging Behavior, and Data Collection. I had the opportunity to work with numerous children with Autism and other disabilities under the direction of Behavioral Supervisors and teachers. In this setting, I saw how intensive, structured programs using the principles of Applied Behavior Analysis (ABA) truly benefitted the children. The students gained academic skills, their challenging behavior decreased, and they became more independent. At the same time I witnessed other children’s programs that were less structured and intensive, and saw how these children were stagnant in their growth.

In 2009 I was fortunate enough to begin working for Behavior Analysis No Ka Oi, an ABA company lead by Christine Walton, Ph.D, BCBA-D. Dr. Walton has significant training in the field of ABA from some of the leaders in the field. She spent countless hours training me, attending every session I had with our clients at first, carefully ensuring that we were providing the best services we could. I immediately saw significant improvements in all of the children we serviced. We worked with children that would spit at others, bite, head lock, engage in self-injury, scream, and flop to the ground. Children who were non-vocal, those who would only engage in echolalia, or ones who would imitate TV shows all day long. Through the systematic procedures that we implemented, parent and teacher training, and consistent, daily work with our clients, they all made incredible progress. I felt so gratified to do this work and took tremendous pride in helping these individuals and their families.

After this experience I moved to San Francisco and was determined to gain more opportunities in ABA. I also had my mind set on becoming a Board Certified Behavior Analyst (BCBA). This involved taking 5 post-graduate courses that were extremely rigorous, accumulating 1500 hours of supervision hours from a BCBA, and taking a comprehensive exam with a less than 40% pass rate. I was fortunate enough to find employment with an incredible company in San Francisco and gained countless experiences as a Program Supervisor and Behavior Analyst, working in homes and schools in the Bay Area. It was there that I also accumulated many of my supervision hours and passed the BCBA exam.

In San Francisco I was amazed at the structure of the DOH and DOE systems. When a child was diagnosed with Autism, they were allowed to have intensive ABA services from time of diagnosis until at least Kindergarten, focusing on early intervention. I saw how having these intensive services from the moment they were diagnosed until becoming school age had a tremendous impact on their lives. It was amazing to work with children who were non-vocal to being able to fully communicate their wants and needs and eventually be rescinded from special education. To meet with parents who were in tears when we would start services and then have tears of gratitude when hearing their children talk for the first time.

Being back in Hawaii, I am blessed once again to be working for Behavior Analysis No Ka Oi, in the role of a Behavioral Specialist. I supervise Behavior Tutors to work with children with Autism, design their programs, and provide parent training. This position is difficult, time consuming, and stressful. But each day I come to work, I hear a child speak a new word or a parent tells me their child is listening to them more. I witness a child call their mother, "Mama" for the first time or work on social interactions with teenagers. Each day I am helping individuals reach their highest potential. I am so proud of what I do and I want nothing more than to continue to help as many individuals with Autism as I possibly can.

Thank you for your time in reading this,

Sara Sato, M.Ed., BCBA

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

Friday, January 31, 2014 / 8:30 AM
Conference Room 329, Hawai'i State Capitol
415 South Beretania Street, Honolulu, HI

Dear Rep. Della Au Belatti & Rep. Dee Morikawa,

My name is Dana Simmons and I am the aunt of an amazing nine year old boy with autism as well as a Board Certified assistant Behavior Analyst (BCaBA) currently working with children diagnosed with autism and developmental disabilities. I am writing to you because I want to talk about SB2054 / Luke's Law and how it will benefit children and families with autism.

In the past five years I have seen many families' lives changed by the application of Applied Behavior Analysis (ABA). I began working in this field approximately a year after receiving my undergraduate degree in Speech Pathology. I worked as a Speech-Language Pathologist Assistant (SLPA) for many months in California but took a job tutoring children with autism upon arriving in Hawaii. It took less than 6 months for me to realize that the work I was doing was so powerful that it could help many children learn at a rate higher than many in a regular education classroom. I did not need any convincing to immediately change my career path. Proof of the effectiveness of this treatment had been shown over and over again through me, many other technicians and Behavior Analysts applying the principles of Applied Behavior Analysis with a wide variety of children on the autism spectrum. I have worked harder to learn more, become certified and am currently enrolled in a master's program for ABA and autism. With this degree I hope to assist children, young adults and families with a wide variety of life challenges that come along with an autism diagnoses.

In the past, working as an SLPA, I felt that working with children with disabilities was my calling. I would go classroom to classroom pulling children to the side to work on particular sounds and language skills that they were having trouble with. At that time I had no knowledge of ABA and my efforts and advances with their progress were mediocre at best, this likely being typical with practices based on theory. I do not want to slander the ways of others but merely point out the changes that ABA has made in helping me help others. Armed with the scientifically proven procedures used in the application of ABA I have been able to assist children who were falling behind and have been considered "helpless" by many other professionals. I have worked with children who have been literally abused, likely because their teachers were frustrated by their own inability to communicate and have them follow instructions. Without ABA I would not have been able to assist those children in learning how to ask for what want and tell others what they need. Without ABA, it is likely that those children would never have had a voice. Most heartbreaking of all, I have watched my own nephew struggle with school and social skills for more than 5 years, due to a lack of funds to cover ABA services that have been proven to help him. He falls behind his peers in school every day, even with extra classroom aide. Living so far away from them, I see a family who needs a cohesive,

comprehensive program to assist not only my nephew, but his family in maintaining consistency that could ease all of their lives.

In my experience with ABA I have seen a child unable to speak any intelligible language, walk away from his specialized program nine months later and join his peers in a regular education classroom. I have seen children who scream, cry and hit others as a form of communication, learn to verbally ask for food and use the toilet on their own, after years of unsuccessful attempts at home. I have seen children learn math and reading at a rate higher than any typically developing child I know; all due to the application of ABA.

Applied Behavior Analysis has the potential to not only help diminish behaviors that interfere with learning but also to help individuals join their society and lead happier lives. ABA can be used in so many ways that will benefit children's lives, their family's lives, a teacher's ability to teach or a schools ability to educate. Through years of research, this has been proven. Please give our children in Hawaii the opportunity to be educated in ways that can help them lead more enriched lives. They are full of humor and brilliant ideas, given the chance they may just help change our world for the better someday.

I am more than willing to share a thousand more stories if you would like to contact me but I hope that you have also taken a moment to meet some of these beautiful children and see the difference ABA has made in their lives. I honestly thank you for your time and for hearing my point of view of why you should vote to pass HB2174.

Respectfully,

Dana Simmons, BCaBA
dana@autismbehaviorconsulting.com
(228) 357-0840

COMMITTEE ON HEALTH
REP. DELLA AU BELLATI, CHAIR
REP. DEE MORIKAWA, VICE CHAIR

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

Wednesday, January 29, 2014

In regards to **HB 2174** that require health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders, I am **in support** of these bills as they address a serious need for coverage that private insurers should bear.

I am a psychologist who was raised here in Honolulu and I am a 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, for more than 10 years.

While I strongly support the intent of the measure, I am a little reticent to give a wholehearted endorsement as I am concerned with the scope of services granted to Board Certified Behavior Analysts given they are not licensed in the State of Hawaii and therefore would not be held accountable to the same degree as other providers who are licensed in the State. BCBAs should be able to provide services, but for the purpose of consumer protection, they should be under the supervision of a licensed psychologist, psychiatrist, or advanced psychiatric nurse practitioner specializing in assessment and treatment of Autism Spectrum Disorders, until such time as they are licensed, assuming licensure emerges for this professional group in the near future. The way the bill reads, I think, BCBAs would be able to bill insurance companies for their direct services even though they are not licensed. If for some reason there is a complaint, there would be no recourse for consumers except through their insurance companies.

I believe BCBAs should be held to the same level of accountability as other professionals in the field, including psychologists, psychiatrists, clinical social workers, mental health counselors, and marriage and family therapists, if they wish to be eligible for 3rd party reimbursement (i.e., insurance companies). It seems the bill allows BCBAs to circumvent the law that governs other professionals with considerably more education (including terminal degrees in their fields), by allowing them to bill insurance companies without having licenses to practice.

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

Sonya Toma & Derrick Lahrman
24 N. Church Street, Suite 312
Wailuku, Maui, Hawaii 96793
(808) 281-8068

Testimony of Sonya Toma & Derrick Lahrman
IN SUPPORT OF H.B. No. 2174
Mandatory Health Coverage; Autism Spectrum Disorders
Before the House Committee on Health
January 31, 2014 at 8:30 a.m.
State Capitol, Conference Room 329

Our son, Joey, now almost five, was diagnosed with an Autism Spectrum Disorder when he was three years old and it has changed our lives immensely. We are constantly seeking information about treatments and therapies that will help Joey to be the best he can be. We have learned that early intervention is extremely important and have sought out all the services and therapy that is available to us. Furthermore, living on Maui presents unique challenges with a limited availability of services. It is also difficult financially and a strain on both our jobs. We are constantly taking off from work for appointments, school meetings and therapy.

Joey participates in occupational therapy every two weeks at the Maui Center for Child Development, which specializes in treatment for Autism Spectrum Disorder. Joey sees an excellent licensed occupational therapist who has helped him learn to self-regulate and manage some of his issues, including improving his sensory, gross motor and fine motor skills. She is also a great teacher and resource for us, and helps us to understand Joey's unique challenges and gives us insight into how to make his life better and more enjoyable.

Our current heath insurer is HMSA and coverage for Joey's therapy is limited to only 8 sessions per year, or roughly four months of therapy. Last year we briefly received medical insurance coverage from a Maryland medical insurer through Derrick's employer (who has a Maui office but is based in Maryland). In Maryland, Autism coverage is mandated by law. Under this Maryland carrier, the same appointments were covered without limitation. Once his coverage for this year runs out, we will have to pay the full price for the therapy to continue. Since it is very important to us, we will continue but it will be financially difficult.

We strongly believe that coverage for Autism services should be mandated by law and offer our full support of this bill.

Thank you for the opportunity to comment on this bill.

Sincerely,
Sonya Toma & Derrick Lahrman

Dear Representatives of the House Committee,
Thank you for the opportunity to submit testimony supporting HB2174, which would mandate health insurers to fund treatments for individuals on the autism spectrum. I am a Clinical Psychologist and a Board Certified Behavior Analyst (BCBA) with more than 20 years of experience working with individuals with autism and other developmental disabilities. I am currently the President and Clinical Director of Behavior Analysis No Ka Oi, Inc., a clinic that primarily serves children on the autism spectrum.

I was born and raised in Honolulu, Hawaii and moved to California in order to complete my undergraduate degree in Psychology. As a college freshman looking for a part time job, I responded to a parent's ad to work with a "6 year old nonverbal boy with autism." When I first met this boy, he engaged in aggressive behaviors, needed help with most of his self-help skills such as brushing his teeth and toileting, and could not communicate verbally. The parents paid privately for a consultant who taught me behavioral principles. Approximately a year later, this boy dressed, toileted, and brushed his teeth independently, learned to do his homework on the computer, and used pictures to communicate. Because of this experience, I became very passionate about learning how to effectively teach individuals with autism. I quickly realized that this 6 year old child taught me more about understanding behavior than any professor had in my psychology classes.

After graduating with my bachelor's degree, I called the President of the Hawaii Autism Society inquiring about jobs in the field of autism. He informed me that there were very few people in Hawaii with expertise in the area of autism and that if I really wanted to learn more about effective treatments in autism that it was best that I stay on the mainland. I took his advice, researched and discovered that Applied Behavior Analysis (ABA) was the only evidenced-based intervention in the field of autism. I decided to pursue my doctorate in Psychology with an emphasis in Behavior Analysis at West Virginia University.

While attending graduate school, I was given the opportunity to observe first-hand how applied behavior analysis had impacted the lives of children and adults on the autism spectrum. Nonverbal children were able to develop language and sustain friendships with peers. Adults living in institutions were given opportunities to reside independently and work competitive jobs.

After approximately 10 years of schooling and training on the mainland, I moved back home to Hawaii to fulfill my dream of opening up a clinic to teach local families the power of applied behavior analysis and the impact it would have on children diagnosed with an autism spectrum disorder. I was discouraged that the Hawaii insurance carriers did not provide coverage of treatments for individuals with an autism spectrum disorder. One prominent insurance carrier informed me that they only provide treatment for the families to "cope" with the diagnosis, which as you can imagine, is horrifying from a provider's perspective.

Currently, my clinic primarily works with military families, since Tricare is the only Hawaii insurance carrier that provides treatment for ABA services. We also work with several local families who pay privately to ensure their child receive ABA services. I know of several families who have had to mortgage their homes or relocate to the mainland just to receive ABA, highlighting the social injustice in the denial of services for those on the autism spectrum.

In conclusion, I urge you to support HB2174 that mandates health insurance coverage for autism spectrum disorders. HB2174 provides access to quality health care for those on the autism spectrum without forcing families to decide to relocate to the mainland, mortgage their homes or forego crucial services.

Thank you for the opportunity to submit testimony on this very important bill.

Christine Kim Walton, Ph.D., BCBA-D
Behavior Analysis No Ka Oi, Inc.

COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

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

January 31, 2014

In regards to HB2174 that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders. I am in strong favor of both of these bills as they address a very real and serious need for coverage that private insurers should provide.

There are some Key points:

1. ABA interventions work, the data is strong and it's a necessary component of a child's treatment program.
2. The financial burden placed on families is extensive. ABA treatment is one intervention that is necessary for children on the spectrum. They have to pay for many interventions services, special modifications that are substantially more than the demands placed upon a typical family. Assisting them with this particular treatment, which is highly efficacious is best practice, stress reducing and the future outcomes and benefits tremendous. Even by providing this, the financial burden is certainly not completely alleviated for these families.
3. One argument is that this is a schools responsibility. Yes they do have a responsibility and they should and do in some instances provide a small degree of these services. However, having working as a contract provider for the school and worked in families homes, community and a private clinic, it is fact that treatment for these children MUST occur in ALL settings and by all caretakers. This to me justifies that entities outside of the DOE (i.e. 3rd party reimbursement) must become part of the treatment options available for these children and their families.

HB2174 emphasizes the need for these services for these children and their families. There is ample research based evidence that supports the use of intensive behaviorally based treatment programs as an intervention is efficacious; and that children can make notable gains in functional communication, self-regulation that can impact them as learners in there future years. The needs of children and young adults on the spectrum persist through their lifespan, and with continued intensive behavioral interventions the severity of impact on an individual and their family, and ultimately society, can be notably reduced.

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 mental health professional in private practice. 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 as co-owner of Hawaii Center for children and Families, where I perform psychoeducational evaluations and develop in-home behaviorally based programs for children with Autism and related conditions; as well as provide individual, group and family therapy to the individual and families affected by Autism.

Some of these 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. Families with limited income are not able to afford these quality programs and therefore experience limited progress for their children and teens. This legislation would help to increase access to care for individuals under 21 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 a 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.

My only concern with this legislation is the scope of services that are granted to Board Certified Behavior Analysts. Though they are highly trained and very skilled in the area of Applied Behavior Analysis, they are do not necessarily have the extensive training, practicums or education in treating the comprehensive needs of children with mental health condtions compared to other professionals that are granted access to 3rd party reimbursement, such as Licensed Psychologists, Licensed Mental Health Counselors, Licensed Clinical Social Workers or Licensed Marriage and Family therapists. One suggestion is that BCBA need to attain a license to practice consistent with other professions and/or be supervised by a Licensed Professional with commensurate training, experience and education.

Thank you for the opportunity to share my perspective

Sincerely

Gabrielle Toloza, Psy.D.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 11:33 PM
To: HLTtestimony
Cc: ichitt@aol.com
Subject: Submitted testimony for HB2174 on Jan 31, 2014 08:30AM

<u>HB2174</u>
Submitted on: 1/30/2014
Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
IONE CHITTENDEN	Individual	Support	No

Comments: Simply put, we cannot afford ABA. In the long run, this service would help my daughter and many others like her become a contributer to society rather than a burden.

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morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 9:04 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
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HB2174

Submitted on: 1/30/2014
Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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