



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on SCR119

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: 3/24/23

Room Number: 225

1 **Department Position:**

2 The Department of Health (DOH) offers comments on Senate Concurrent Resolution 119
3 (SCR119) and defers to the Department of Human Services (DHS) on the State Medicaid Plan.

4 **Department Testimony:**

5 SCR119 requires the DOH and the DHS:

6 (1) To jointly review any research regarding Applied Behavior Analysis (ABA) for
7 adults;

8 (2) To develop and adopt rules, policies, and plan amendments necessary to ensure
9 that the State Medicaid program covers medically necessary services,
10 including applied behavior analysis (ABA) services, for individuals aged 21
11 and older with neurodevelopmental disorders, including autism spectrum
12 disorder (ASD); and

13 (3) To apply for any necessary approvals from the federal Centers for Medicare and
14 Medicaid Services (CMS) to amend the State Medicaid plan to provide
15 reimbursements for medically necessary services, including ABA services, to
16 Medicaid-eligible persons over the age of 21 diagnosed with ASD.

17 The DHS, Med-QUEST Division (DHS-MQD), is the designated State Medicaid Agency
18 (SMA) responsible for administering the state's Medicaid plan and Hawaii's two Medicaid
19 Waivers. Medicaid beneficiaries receive coverage for physical and behavioral health benefits

1 through managed care organizations that contract with DHS-MQD. The DOH does not have the
2 authority to apply for approvals of State Plan Amendments to the State Medicaid Plan, because it
3 is not the designated SMA. Accordingly, the DOH is not the agency responsible for developing
4 or adopting Medicaid rules and policies. DOH defers to DHS about the feasibility of such actions
5 in the context of SCR 119. DHS has testified on a similar bill (SB 1473) about the broad
6 parameters of “any neurodevelopmental disorder” and the prerequisite to first understand
7 services needed by this population as well as fiscal implications.

8 The DOH, Developmental Disabilities Division (DOH-DDD) operates, on behalf of
9 DHS-MQD, the Medicaid §1915(c) Home and Community Based Waiver for Individuals with
10 Intellectual and Developmental Disabilities. DHS-MQD determines admission into the §1915(c)
11 Medicaid Waiver for eligible individuals who have met the requirements for Medicaid and the
12 institutional level of care. The §1915(c) Medicaid Waiver provides services and supports that
13 allow these individuals to live at home and in the community rather than in an institution based
14 on an individual’s assessed needs.

15 Private health insurance plans offered by health insurers, mutual benefit societies (MBS),
16 and health maintenance organizations (HMO) are mandated to provide coverage for the
17 diagnosis and treatment of ASD for those under age 14, pursuant to HRS §§ 431:10A-133,
18 432:1-614, and 432D-23. Coverage for ABA is limited to a maximum benefit of \$25,000 per
19 year for services for children ages 13 and under, per HRS §§ 431:10A-133(d), 432:1-614(d), and
20 432D-23.

21 Coverage for the treatment of ASD by health insurers, MBS, and HMO is not limited to
22 ABA, per HRS §§ 431:10A-133(m), 432:1-614(m), and 432D-23.

23 "Treatment for autism" includes the following care prescribed or ordered for an
24 individual diagnosed with autism by a licensed physician, psychiatrist,
25 psychologist, licensed clinical social worker, or registered nurse practitioner if the
26 care is determined to be medically necessary:

- 27 (1) Behavioral health treatment;
- 28 (2) Pharmacy care;
- 29 (3) Psychiatric care;

- 1 (4) Psychological care; and
- 2 (5) Therapeutic care.

3 In terms of covering ABA services for adults, based on our review of the literature, there
4 is a lack of evidence to provide strong practice recommendations that ABA services are
5 effective in treating the population of adults with neurodevelopmental disorders, including ASD.
6 There has not been widespread adoption of insurance coverage or clinical guidelines for ABA in
7 adults. Recommendations for ABA therapy in adults have been considered on a case-by-case
8 basis. A growing number of peer-reviewed publications suggest ABA may be harmful and have
9 negative outcomes for some individuals with ASD. The DOH is willing to jointly review the
10 research regarding the efficacy of ABA for adults with DHS-MQD.

11 Medically necessary services for individuals under age 21 (including ABA) are provided
12 through the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit of Medicaid
13 plans. This is based on a body of research that ABA is most effective for younger children with
14 ASD and has marginal effectiveness in improving health outcomes for older individuals or
15 individuals with severe ASD. Until it is shown that ABA in adults meets the standard of medical
16 necessity and clinical practice guidelines are found to be safe and proven effective, the DOH
17 believes it is premature to develop rules that ensure coverage of this service for adults.

18 The scope of “neurodevelopmental disorders” is not defined in SCR119. This term
19 encompasses a broad category of diagnoses ranging from learning disabilities to neurobehavioral
20 disorders such as attention-deficit/hyperactivity disorder (ADHD) and tic disorders. There is a
21 lack of scientific evidence to strongly recommend ABA as treatment for the broader population
22 of adults with neurodevelopmental disorders, including ASD. Additional research is needed
23 regarding the scope of diagnoses included in neurodevelopmental disorders, population statistics,
24 efficacy of ABA in the population of interest, and impact on access to services for other
25 populations such as children.

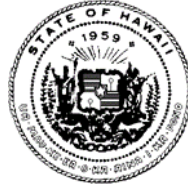
26 The House joint committee on Human Services and Health and Homelessness passed
27 House Draft 1 to SB 1473 SD2 – Relating to Health, which directs the DHS, DOH, and

1 Department of Education (DOE) to research rules, policies, and State Plan Amendments relating
2 to the population age 26 and under.

3 The DOH is aware of the challenges many adults with ASD and their families have in
4 accessing the services and supports they need. Navigating insurance coverage and the best
5 treatments can be difficult and confusing. Transitioning individuals from childhood to adulthood
6 by assuring the appropriate services and supports to help them achieve life-goals remains a
7 priority. The DOH is committed to continued work with DHS, community partners, and
8 interested stakeholders to identify solutions.

9 Thank you for the opportunity to testify.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 23, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: **SCR 119 - REQUESTING THE DEPARTMENT OF HEALTH AND DEPARTMENT OF HUMAN SERVICES TO: JOINTLY REVIEW ANY RESEARCH APPLIED BEHAVIOR ANALYSIS FOR ADULTS; DEVELOP AND ADOPT RULES, POLICIES, AND PLAN AMENDMENTS NECESSARY TO ENSURE THAT THE STATE MEDICAID PROGRAM COVERS MEDICALLY NECESSARY SERVICES, INCLUDING APPLIED BEHAVIOR ANALYSIS SERVICES, FOR INDIVIDUALS AGED TWENTY-ONE AND OLDER WITH NEURODEVELOPMENTAL DISORDERS, INCLUDING AUTISM SPECTRUM DISORDER; AND APPLY FOR ANY NECESSARY APPROVALS FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND THE STATE MEDICAID PLAN TO PROVIDE REIMBURSEMENTS FOR MEDICALLY NECESSARY SERVICES, INCLUDING APPLIED BEHAVIOR ANALYSIS SERVICES, TO MEDICAID— ELIGIBLE PERSONS OVER THE AGE OF TWENTY-ONE DIAGNOSED WITH AUTISM SPECTRUM DISORDER.**

Hearing: March 24, 2023, 1:02 p.m.
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments.

PURPOSE: This resolution requests that DHS and the Department of Health (DOH) (1) Jointly review any research regarding applied behavior analysis (ABA) for adults; (2) develop and adopt rules, policies, and plan amendments necessary to ensure that the State Medicaid program covers medically necessary services, including applied behavior analysis services, for individuals aged twenty-one and older with neurodevelopmental disorders, including autism spectrum disorder; and (3) apply for any necessary approvals from the federal Centers for

Medicare and Medicaid Services to amend the state Medicaid plan to provide reimbursements for medically necessary services, including applied behavior analysis services to Medicaid—eligible persons over the age of twenty-one diagnosed with autism spectrum disorder. DHS and DOH are requested to ensure that any rules, policies, and plan amendments adopted pursuant to this request do not impair or limit any existing coverages.

As DHS has testified on a similar bill, SB 1473, although DHS can research applied behavioral analyses for adults, we respectfully clarify that it is not feasible for DHS or DOH to adopt rules, policies, or State Plan amendments regarding the coverage of medically necessary treatments and services for an adult with any neurodevelopmental condition, given the broad parameters of both diagnoses (any neurodevelopmental disorder) and possible treatments. Additionally, it is not feasible to develop and submit state plan amendments to be able to reimburse for medically necessary services, including ABA, for those over 21 with “neurodevelopmental disorders” without first understanding the nature of the services and the fiscal implications. For the Legislature's information, once a state plan amendment is submitted to CMS, the services must be provided. Therefore, given the diffuse and broad nature of the proposed coverage expansion, it would likely require a large appropriation. Amending the state plan without the necessary appropriation will require reducing or limiting other existing services to pay for the added services.

Although it may not be feasible for DHS to adopt rules or submit a state plan, we understand that many adults with autism and their families face challenges accessing the necessary services and support. Navigating the best services and treatments can be complicated and confusing. Thus, we are committed to working with DOH, impacted families, and community partners to find solutions.

Thank you for the opportunity to provide comments on this resolution.



Committee on Health and Human Services

Friday, March 24, 2023

1:02 p.m.

VIA VIDEOCONFERENCE

Conference Room 225

State Capitol

415 South Beretania Street

SUPPORT SCR 119 RELATING TO THE DEPARTMENT OF HUMAN SERVICES

Chair San Buenaventura, Vice Chair Aquino, and members of the Committee:

On behalf of the Hawai'i Association for Behavior Analysis (HABA) we thank you for the opportunity to submit testimony in strong support of SCR 119, which requests the Department of Health and Department of Human Services jointly review and research for applied behavior analysis (ABA) services for adults, and develop and adopt rules, policies, and plan amendments necessary to ensure that the state Medicaid program covers medically necessary services.

HABA would greatly appreciate any opportunity to work with DOH, DHS, and other stakeholders in support of this effort.

Hawaii can look to the state of New Mexico, which adopted a bill to remove age caps on Medicaid covered ABA services related to autism and has a state plan amendment approved by CMS (see [New Mexico SPA NM-22-0022 approved on January 25, 2023](#).) Additionally, the [State of New Mexico Medical Assistance Program Manual Supplement for ABA Guidance](#) includes specifics for adult recipients of ABA services.

HABA supports creating access to medically necessary services across the lifespan. In our state, Med-QUEST beneficiaries under the age of 21 with an autism diagnosis can access their medically necessary services through their health plan; however, when they turn 21, as a QUEST beneficiary they lose access to therapy. This bill would ensure that individuals aged 21 and over would be able to access medically necessary services. Further, this bill would create parity for QUEST beneficiaries, as those with private insurance are already covered across the lifespan. (Although the Hawaii autism insurance reform law HRS §§ 431:10A-133, Luke's Law, passed in 2015 does include age and dollar caps, these do not align with the [federal mental health parity act \(MHPAEA\)](#) and therefore private insurers in the state do not limit access to ABA based on age.)

There is a robust body of literature available supporting ABA which includes both clinical research applications for evidence-based treatment with adults as well as published generally accepted standards of care for ABA.

The ABA Coding Coalition's publication, [Model Coverage Policy for Adaptive Behavior Services](#) originally published in 2020 and revised in 2022, **includes model health insurance coverage policy and a bibliography of research examples including adults and other neurodevelopmental conditions.**

The Council of Autism Service Providers (CASP) is a nonprofit organization that publishes the generally accepted standards of care for medically necessary ABA—[Applied Behavior Analysis: Treatment of Autism Spectrum Disorder Practice Guidelines for Healthcare Funders and Managers](#) in its second edition published in 2020 notes “Treatment should be based on the clinical needs of the individual and not constrained by age [...] ABA is effective across the life span. Research has not established an age limit beyond which ABA is ineffective” (p. 18). It is worth noting that the CASP practice guidelines include a *selected bibliography*, not a comprehensive list of available research and the bibliography has not been updated since its original publication in 2014 (the selected bibliography includes 15 studies, three of which focus on adults). Research, including randomized control trials and meta-analyses, have demonstrated the effectiveness of behavioral intervention for adults and many of these studies are housed by the National Library of Medicine.

In 2014, the nonprofit organization, Autism New Jersey, published a report titled [Insurance Coverage of Applied Behavior Analysis for Adults with Autism: A Review of the Evidence](#). In this report, the authors concluded “The robust empirical support for ABA-based interventions for children with autism combined with the effectiveness of focused ABA-based interventions for adults with autism make a compelling argument to require insurance coverage of ABA-based interventions for adults with autism” (p.7).

In 2015, the National Autism Center published the [National Standards Project, Phase 2: Addressing the need for evidence-based practice guidelines for autism spectrum disorder](#). This report reviewed research findings for adults age 22+ and found that there was a body of research available for behavioral intervention (ABA) with adults to conclude that ABA is the only established intervention meeting the criteria for evidence-based intervention.

Extending coverage of ABA services to Medicaid eligible adults would greatly benefit our community by creating access to needed behavioral health services and addressing this health equity issue for a vulnerable population.

Mahalo,



Kristen Koba-Burd, BCBA, LBA, CDP
Legislative Chair
Hawai'i Association for Behavior Analysis

SCR-119

Submitted on: 3/21/2023 6:26:25 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

In support.

March 23, 2023

RE: SCR119 REQUESTING THE DEPARTMENT OF HEALTH AND DEPARTMENT OF HUMAN SERVICES TO: JOINTLY REVIEW ANY RESEARCH APPLIED BEHAVIOR ANALYSIS FOR ADULTS; DEVELOP AND ADOPT RULES, POLICIES, AND PLAN AMENDMENTS NECESSARY TO ENSURE THAT THE STATE MEDICAID PROGRAM COVERS MEDICALLY NECESSARY SERVICES, INCLUDING APPLIED BEHAVIOR ANALYSIS SERVICES, FOR INDIVIDUALS AGED TWENTY-ONE AND OLDER WITH NEURODEVELOPMENTAL DISORDERS, INCLUDING AUTISM SPECTRUM DISORDER; AND APPLY FOR ANY NECESSARY APPROVALS FROM THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID SERVICES TO AMEND THE STATE MEDICAID PLAN TO PROVIDE REIMBURSEMENTS FOR MEDICALLY NECESSARY SERVICES, INCLUDING APPLIED BEHAVIOR ANALYSIS SERVICES, TO MEDICAID-ELIGIBLE PERSONS OVER THE AGE OF TWENTY-ONE DIAGNOSED WITH AUTISM SPECTRUM DISORDER.

I write to you today on behalf of The Council of Autism Service Providers (CASP) and our member organizations in Hawaii, which are serving children and adults diagnosed with autism spectrum disorder. CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance quality of care. Of particular interest to our members is the coverage of evidence-based care for autistic individuals of all ages in both private health insurance plans as well as through Medicaid.

We appreciate your thoughtful consideration of the critical need for access to applied behavior analysis for Hawaiians of all ages. Coverage by not only private health insurance plans, but also Medicaid will ensure best practice availability across the lifespan. The Centers for Disease Control¹ estimate that 1 in 36 people are diagnosed with autism spectrum disorder and that:

¹ <https://www.cdc.gov/ncbddd/autism/new-data.html>

Fewer young people with ASD have the same opportunities as their peers without ASD.

High rates of unemployment or under-employment ^[1-7]

Low participation in education beyond high school ^[4,7,8]

Majority continue to live with family members or relatives ^[1,9]

Limited opportunity for community or social activities—nearly 40% spend little or no time with friends ^[6,10-12]

In addition, individuals with ASD may experience changes in their ASD symptoms, behaviors, and co-occurring health conditions during adolescence and young adulthood. These changes can affect their ability to function and participate in the community.²

Generally accepted standards³ of care specific to medically necessary treatments for individuals diagnosed with an autism spectrum disorder indicate that although:

There is evidence that the earlier treatment begins, the greater the likelihood of positive long-term outcomes.

Treatment should be based on the clinical needs of the individual and not constrained by age. Consistent ABA treatment should be provided as soon as possible after diagnosis, and in some cases, services are warranted prior to diagnosis. There is evidence that the earlier treatment begins, the greater the likelihood of positive long-term outcomes. Additionally, ABA is effective across the life span. Research has not established an age limit beyond which ABA is ineffective.

We wholeheartedly support SCR119 and ask for your favorable passage of it today. Should you need any additional information. Please do not hesitate to contact me.

Judith Ursitti
Vice President Government Affairs

² <https://www.cdc.gov/ncbddd/autism/autism-spectrum-disorder-in-teenagers-adults.html>

³ [Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers \(2nd ed.\)](#)

SCR-119

Submitted on: 3/23/2023 12:59:41 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Linda Elento	Individual	Support	Remotely Via Zoom

Comments:

Aloha Chair, Vice chair and Committee members.

I request the Committee consider my testimony in support of SB1473 (2023 hearings and SR114 (2022)).

I request the Legislature to determine if the DHS can submit a state plan without having funds appropriated and begin implementing a plan immediately. Consider an individual continuing the ABA with providers: Take away the cutoff date of the 21st birthday under Medicaid MedQuest health insurance (which currently requires an autism diagnosis). The DDD's waiver program is not sufficient; both the ABA services and providers are not the same as they are under MedQuest. The time involved to apply for a new program and reevaluate and obtain diagnoses and providers and authorizations is unbelievable. The problem is not necessarily navigating state agencies and programs. The programs are distinctly different and not a substitution for ABA services as required under Medicaid's EPSDT provisions. For example an individual who had just begun ABA services through Medicaid outside of DOE educationally related ABA on campus, ended ABA through Medicaid solely because they turned 21 although they still had a diagnosis of autism and ABA was medically-necessary. School/educational/FAPE based ABA continued until 22nd birthday. They have waited over a year for DD Waiver's "ABA-like" services with three separate functional behavior evaluations were initiated and incomplete and no services are available.

SCR-119

Submitted on: 3/21/2023 10:07:22 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Naomi Tachera	Individual	Support	Written Testimony Only

Comments:

Aloha,

I strongly support SCR119, which requires the state Medicaid program to cover medically necessary services, including applied behavior analysis services, for individuals aged 21 and older with neurodevelopmental disorders, including autism spectrum disorder. As a parent of two children with autism, I have witnessed the benefits of ABA services through their Medicaid plans. However, access to these services can be limited, especially for adults. It is crucial for the state Medicaid program to provide ongoing support and services for individuals with neurodevelopmental disorders as they transition into adulthood.

SCR119 will ensure that individuals with disabilities receive the care they need to lead fulfilling lives. I urge you to support this bill and prioritize the needs of the disability community in your policymaking. Let us provide the necessary funding and support for these services so that all individuals with disabilities can reach their full potential.

Mahalo nui,

Naomi Tachera

SCR-119

Submitted on: 3/22/2023 12:13:47 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Carla T Schmidt	Individual	Support	Written Testimony Only

Comments:

I support this measure!

SCR-119

Submitted on: 3/22/2023 12:16:21 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Dallas Star	Individual	Support	Written Testimony Only

Comments:

SCR119 is a cost saving measure for the state. Autism and the need for services is not age dependent, it does not stop at 21, losing access to these services based on age limits our ability to support individuals who could continue to gain skills, become more independent, and less reliant on other state, healthcare, family, and local resources.

SCR-119

Submitted on: 3/22/2023 2:01:18 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Eliza Lipp	Individual	Support	Written Testimony Only

Comments:

It is extremely important and necessary for the local communities in Hawaii and our families for adults in the state of Hawaii to have access to medically-necessary ABA services as QUEST members.

SCR-119

Submitted on: 3/22/2023 2:06:11 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Leslie Allison Schurtz	Individual	Support	Written Testimony Only

Comments:

Adults should have appropriate access to medically necessary services as well

SCR-119

Submitted on: 3/22/2023 3:58:41 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Leilani Artaho	Individual	Support	Written Testimony Only

Comments:

I support this measure because we want adults in our state to have access to medically-necessary ABA services as QUEST members.

SCR-119

Submitted on: 3/22/2023 4:34:03 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Josliene Miller	Individual	Support	Written Testimony Only

Comments:

Wr want adults in our state to have access to medically-necessary ABA services as QUEST members. This is critical.

SCR-119

Submitted on: 3/22/2023 6:59:22 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah Krekel	Individual	Support	Written Testimony Only

Comments:

I support this measure so that ALL adults in our state have access to medically-necessary ABA services as QUEST members.

SCR-119

Submitted on: 3/22/2023 8:54:56 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Kehaulani Dickerson	Individual	Support	Written Testimony Only

Comments:

I support this measure

SCR-119

Submitted on: 3/23/2023 7:45:34 AM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathleen Penland	Individual	Support	Written Testimony Only

Comments:

I support this measure.

SCR-119

Submitted on: 3/23/2023 8:35:58 AM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Pamela Wood	Individual	Support	Written Testimony Only

Comments:

I want adults in the state to have access to medically-necessary ABA services as QUEST members

SCR-119

Submitted on: 3/22/2023 12:08:25 PM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Rachel Miller	Individual	Support	Written Testimony Only

Comments:

I support this measure as an ABA provider in the state of Hawaii.

SCR-119

Submitted on: 3/23/2023 10:05:18 AM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsea Gornichec	Individual	Support	Written Testimony Only

Comments:

I support this measure!

SCR-119

Submitted on: 3/23/2023 9:57:07 AM

Testimony for HHS on 3/24/2023 1:02:00 PM

Submitted By	Organization	Testifier Position	Testify
Tyasia Williams	Individual	Support	Written Testimony Only

Comments:

I support this measure