

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LATE

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

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

In reply, please refer to:
File:

Senate Committee on Ways and Means

S.B. 668, SD1, Relating to Health

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

February 21, 2013

WRITTEN TESTIMONY ONLY

1 **Department's Position:** The Department of Health appreciates the intent of S.B. 668, SD1 to improve
2 the access of individuals with autism spectrum disorders (ASD) to appropriate services.

3 **Fiscal Implications:** The Department of Health defers to the Department of Commerce and Consumer
4 Affairs.

5 **Purpose and Justification:**

6
7 S.B. 668, SD1 amends Chapter 431, Hawaii Revised Statutes to provide coverage for the
8 screening, diagnosis and treatment of ASD to the policyholder and individuals under twenty-six years of
9 age, and allows a maximum benefit of \$50,000 per year for Autism related services. The measure is not
10 to be construed as limiting benefits otherwise available to an individual under a health insurance
11 company. Also, benefits cannot exceed the essential health benefits specified under section 1302b of the
12 Patient Protection and Affordable Care Act (PPACA) as of January 1, 2016. Among other benefits, this
13 bill would allow families of individuals with ASD to obtain services, including evidence-based
14 behavioral health treatments.

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

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

11 Thank you for this opportunity to testify.

LATE

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: waynette.cabral@doh.hawaii.gov
Subject: *Submitted testimony for SB668 on Feb 21, 2013 09:00AM*
Date: Wednesday, February 20, 2013 9:03:11 AM

SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Waynette Cabral	State Council on Developmental Disabilities	Support	No

Comments:

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

February 20, 2013

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

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

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

The Community Children's Councils (CCC's) **strongly supports** the comments of The Autism Society of Hawaii and the Special Education Advisory Council in regards to SB 668 SD1, which proposes coverage for the diagnosis and treatment of autism spectrum disorders for individuals under the age of twenty-six years and treatment of an autism spectrum disorder through speech therapy, occupational therapy, and physical therapy, and applied behavior analysis.

The CCC's **strongly suggests** the inclusion of:

- 1) The 17 CCCs recommend the licensure or accreditation of ABA providers be considered in the implementing rule, bill or the act, as presently there are no licensure or accreditation procedures in the state for these providers and it would provide for greater protection of children with special needs.
- 2) The inclusion of specific “evidenced based treatments” should also be included.
- 3) Amending the definition of “behavioral health treatment” to include behavior analysis that is provided or supervised by a Board Certified Behavior Analyst or by a licensed clinical psychologist if the licensure or accreditation process in recommendation 2 is not adopted.
- 4) Mandated developmental screenings for all children at their well-baby and well-child check-ups as this will not only catch autism but other developmental disabilities.

The CCCs have maintained that *all* children benefit from early intervention and this is especially true in the case with children who have been touched with autism. 47% of children who received intensive intervention achieved normal functioning with intensive intervention and was able to mainstream into Kindergarten with no intervention. (Lovaas, 1987) The Academy of Pediatric recommends diagnostic tools that can be used to diagnose children early to receive early intervention.

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

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

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

Jessica Wong-Sumida, Co-Chair

(Original signatures are on file with the CCCO)



1600 Kapiolani Blvd. #620 Honolulu, HI 96814
www.autismhi.org (808) 394-7320 autismhi@gmail.com

February 20, 2013

TO: Senator Ige

RE: SB 668 Comments – RELATING TO HEALTH
Mandatory Health Coverage; Autism Spectrum Disorders

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

The Autism Society of Hawaii (ASH) **strongly supports** the passage of bill SB 668, which provides for treatment of autism spectrum disorder through speech therapy, occupational therapy, and physical therapy, and applied behavior analysis.

ASH **suggests** the inclusion of:

- 1) mandated developmental screenings for all children at their well-baby and well-child check-ups;
- 2) adding the specificity of “evidenced based treatments”; and
- 3) a state licensure and/or accreditation mechanism containing a grandfather clause for those providers already practicing in the field.

My name is Dr William Bolman. I am testifying as President of the Autism Society of Hawaii, and as a child psychiatrist specializing in the treatment of autism spectrum disorders for the past 15 years. Also, I am a retired Professor of Child Psychiatry at the John A. Burns School of Medicine, and in this role I try to stay current with research into the neuroscience of autism. What I would like to do is briefly summarize the present factual status of the autism spectrum disorders as it relates to insurance coverage.

Fact 1: In the past 20 years, the prevalence of autism has increased dramatically from 1 or 2 in 10,000 to 1 in 88, with a recent study by the Yale Child Study Center finding 1 in 38. The reasons for the increase are unknown, since the underlying causes are mostly unknown and appear to multiple in nature. We know that increased awareness accounts for about one-third of the increase, but the remaining two-thirds is genuine. One of the problems in determining the actual increase is we have tended to rely on routine data from physicians and educators which the Yale report shows will give us an underestimate of the issue. In my medical practice during the past 15 years, my case load started at 2 cases in 1990, and I now have several hundred. Most are still school-aged, but they are beginning to graduate high school, and encounter a marked absence of support services after leaving high school.

Fact 2: In addition to the dramatic increase in cases, combined with our ignorance of the causes and the degree of impairment autism causes, we are looking at a dramatic rise in the costs of life-long care for those affected by autism. The best estimate of the lifetime costs of autism (done by the Harvard School of Public Health) is \$3.2 million per person. If we take a conservative underestimate of just the number of young people I have seen who are likely to meet this cost due to the inadequacy of treatment (about 100), the cost will be about \$320,000,000. These costs are shared by parents and state agencies, but the majority of the costs are state based, as they arise between the years after the completion of schooling at age 21 and the 50+ years of dependent care.



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Fact 3: This worrisome increase in the autism is mostly a new social condition - what we know about the symptoms and causes show that society has not faced this condition before, which is why we are so unprepared. Because of this there has been a dramatic increase in research by the federal government and many private groups such as Autism Speaks. As a physician who formerly treated polio and childhood leukemia, I am thrilled at the wonderful advances this research has produced in the neuroscience of autism, and look forward to its eventual control. However promising this sounds, we are still stuck with an unknown number of years of an extremely expensive condition.

Fact 4: What we do know about causes and treatment is that autism is a neurologic condition in which the inner connections in the brain are miswired. This is a physical fact, so it does not respond to the usual medical treatments like medications and surgery. The reason for this is that the brain is a different organ than the heart, lungs, kidneys, etc. Brain function is based on our experience with the environment. Thus, correction of miswiring requires corrective changes in the child's life experience. These changes require intensive exposure to positive, corrective social behavior and language experience. This is why medical insurance has previously not covered these social and language treatments, seeing them as 'habilitative'. However, current neuroscience, genetics and brain imaging all point to the benefits of the kind of behavioral and social-language treatments that SB668 is proposing. There is also abundant evidence-based data showing that these treatments are effective and do reduce long-term impairment. What's important is that the earlier autism is diagnosed and given effective treatment, the better is the outcome and the less the financial impact on families and the state.

Fact 5: The reason that universal insurance coverage is for autism treatments is so important is the fact that it involves all social and ethnic groups (indeed in my own personal experience working as a consultant for the World Health Organization, autism is as common in Asia, India, the Near East and Europe as it is in Hawaii and the United States). Thus insurance needs to be broad-based. Fortunately, the experience of 30+ other states shows that autism insurance causes a very small increase in insurance costs given the broad base of the condition. I might add a side comment, that the reason for the increase in federal and private research is that the numbers of grandchildren of congressional legislators and wealthy private donors who have developed autism.

To sum up: The increase in autism is real, it is a medical-neurologic condition, it is expensive, it affects everyone, it can be partially treated successfully, and the experience with insurance coverage of other states show the cost is very manageable and cost-effective. Thank You.

Thank you for considering our testimony,

William Bolman
President



Board of Directors

President
Julianne King

Vice-President
Janet Edghill

Secretary
Don King

Treasurer
Peter Henriques

Executive Director
Kent Anderson

Testimony of Kent Anderson
February 21, 2013, 9:00 am; Conference Room 211
Support for SB 668, SD1

Good Afternoon Committee Chair Ige, Committee Vice Chair Kidani, and members of the Committee on Ways & Means. Thank you for the opportunity to testify in support of **SB 668, SD1**.

My name is Kent Anderson, and I testify as the Executive Director of the Hawaii Autism Foundation (HAF). We are your partners in providing support for the autism community. Since 2008, the Hawaii Autism Foundation has educated parents about autism and evidence-based treatment options. HAF has given over \$90,000 in scholarships to help families access the care their children desperately need and deserve. We have also brought several physicians with expertise in treating autism to our islands to provide specialized treatment for our keiki.

Treatment works! Many children have improved dramatically and can now function more independently. Some children have improved so dramatically that they no longer require intensive intervention. We've been able to assist dozens of children with treatment assistance, but it is heartbreaking to see hundreds of additional keiki not receive the treatments they need. Our goal is to help as many families as possible to pursue a healthier path; however, HAF is not a substitute for health insurance. We look forward to continuing our efforts to supplement State and business resources because we know that we must all work together to maximize the health and wellness of each member of our `ohana.

The prevalence of Autism Spectrum Disorder (ASD) has doubled over the past 10 years and now affects 1 in every 88 children. By way of comparison, this is more children than are affected by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy and Down syndrome combined. ASD is associated with difficulties in social interaction, verbal and nonverbal communication, intellectual development, motor coordination, and physical health. ***If autism is identified early and individualized intervention programs are implemented, a child has a chance to reach a greater potential and greatly reduce the long-term financial burden to families and our government.***

Sadly, many children with autism are currently receiving inadequate or no treatment due to insufficient insurance coverage. I have personally met local families who have each spent over \$100,000 over the past few years trying to provide the care that their children need. Families without financial means often go without critical care for their children. We believe that every child should have equal access to the care that she/he needs and deserves.

Insufficient insurance coverage for autism has a greatly adverse financial impact on our State. The U.S. Surgeon General has reported that treatment for autism can spare an individual from life-long dependency as a ward of the state. According to a Harvard School of Public Health study, ***the lifetime societal cost of autism is estimated to be \$3.2 million per person. This cost can be reduced dramatically or eliminated with appropriate intervention.*** Many individuals

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

SB 668, SD1 will help to provide needed health interventions to many children who are currently lacking critical health services. This legislation will ensure that Hawaii families receive the benefit of health coverage for the treatment of autism spectrum disorder, including applied behavior analysis (ABA). The legislation ensures that coverage cannot be denied because a particular treatment is deemed “habilitative” in nature. The bill also contains provisions to ensure that existing services provided through an individualized family service plan, an individualized education plan or an individualized service plan are continued.

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

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

Thank you again for this opportunity to testify. We request your support for this bill. Contact me at director@hawaiiautismfoundation.org or by phone at 808-233-9144 if the Hawaii Autism Foundation may be of assistance.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 21, 2013

The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair

Senate Committee on Ways and Means

Re: SB 668, SD1 – Relating to Health

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 668, SD1, 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, we are 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 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, clarifying the impact of a coverage mandate for those services on the community and the health care system also is imperative. 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 SB 668, SD1.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", written over a white background.

Jennifer Diesman
Vice President
Government Relations

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: deborahimonti@gmail.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Wednesday, February 20, 2013 10:20:28 AM

SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Imonti	Individual	Support	No

Comments: I support this measure. As a grandmother of twin girls now 4 years old that have Autism I have witnessed the need for early intervention. My granddaughters live in Orange County Calif where they have a very robust program that has been involved with the girls since they were 18 months old. My daughter could not afford this kind of therapy but the state has a measure to provide these services and has made significant impact on the girls progress. No parent or grandparent of an Autistic child should have to sit back helplessly because of a lack of money or services to help their loved ones. My daughter chose to stay in California just to have the best care possible for the girls. Hawaii should follow that model and provide our children with Autism the best care and services available. Please pass this bill it could one day be one of your grandchildren that need these services!! Respect and Aloha Deborah Imonti Kamuela HI

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TESTIMONY IN SUPPORT OF SB668

I am a child psychiatrist specializing in the treatment of autism spectrum disorders.

In the 1980's I saw 2 children with autism, a diagnosis that I had never seen in my 20+ years of practice. One of these children was fortunate in getting behavior and speech therapy, and that child is a college graduate who is employed and pays taxes. The other child lived in Hauula, where there were no services. This child did not finish elementary school, and is now in residential care, where he will be state-supported for the next 50 years. The estimated cost according to the Harvard School of Public Health is \$3.2 million.

Since 1990, when the autism epidemic started, I have seen nearly 500 children, some who got behavior treatment and have clearly improved, and some who did not and cost the DOH and DOE sizeable costs to maintain them. The current statistics show that 40 to 50% of children who get behavior treatments will do well. If we do not begin to act now, the anticipated costs are staggering.

The current bill is one step in the right direction. The experience of 30+ other states show that the rise in insurance costs is very small (30 to 50 cents). I pray that Ways and Means will approve SB668.

William Bolman, MD

Professor of Child Psychiatry, John A Burns School of Medicine (retired)

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: muffleyf001@hawaii.rr.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Wednesday, February 20, 2013 9:21:12 AM
Attachments: [SB668 SD1.docx](#)

SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Frank Muffley	Individual	Support	No

Comments:

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Our family is writing in support SB668 SD1. As parents we can speak firsthand to the positive results of therapy on our son's development and our families quality of life.

At age 3 ½ my wife and I were constantly translating what our son was saying due to significant articulation delays. We understood most of what he said, but other people did not. It significantly impacted our son's social experiences and development, making it difficult to have a positive preschool experience or play with other children. We felt isolated and confused since our son had very good language (vocabulary, grammar, ability to express ideas and understand others). We sought an evaluation through the DOE, and our son was initially denied speech services by the school. Thankfully, we sought a second opinion from a private speech therapist and his articulation skills tested in the 5%. The evaluation was helpful in understanding what was going on. Now, a little more than a year later of receiving private speech services twice a week and with lots of hard work on our families part (doing daily exercises recommended and monitored by our SLP) our circumstances have really changed. Many people, even children, understand much of what he says. We have had to use our retirement funds to pay for most of the therapy. We know there are many families who simply cannot afford therapy and we feel for them knowing the very real impact therapy can have on a child's life and their entire family.

Since our son is very articulate and high functioning, we thought we would ask for his input:

What has speech done for you?

"When I started speech I couldn't talk good. Most kids couldn't understand me. Now lots of kids can understand me."

How does that make you feel?

"Good."

My son used to be afraid to talk to others because he would be teased and bullied by other children and adults would just smile and stare at him.

Passing this bill would be good for the children and families of Hawaii.

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: Gtoloz@mac.cm
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Thursday, February 21, 2013 4:32:27 AM

SB668

Submitted on: 2/21/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Gabrielle toloza	Individual	Comments Only	No

Comments: COMMITTEE ON WAYS AND MEANS Senator David Y. Ige, Chair Senator Michelle N. Kidani, Vice Chair Gabrielle D. Toloza, Psy.D. 40 Aulike St #411 Kailua, HI 96734 Wednesday February 20, 2013 In regards to SB668 that requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for autism spectrum disorders beginning after 12/31/13, I am in strong favor of the bill as it addresses a very real and serious need for coverage that private insurers should provide, while still capping costs at \$50,000 per year. I have a very strong connection to the autism community. Since 2000 I have worked in some capacity as a 1:1 support person, behavioral specialist, behavioral consultant in schools and homes and most recently as a psychologist. I am the founder of Creative Connections Foundation, a small non-profit established in 2009 that aims to improve the social, emotional and behavioral functioning of youth and adults affected by Autism and other neurodevelopmental conditions. I am also in private practice where I perform psychoeducational evaluations and develop in-home behaviorally based programs for children with Autism and related conditions. These types of services cost money and are not commonly covered by insurers, yet they are necessary and effective at improving the current and future functioning of children with Autism. Availability and access to quality programs outside of the public education system are limited, but more importantly they are costly due to the intensity and duration that is commonly needed to make improvements. Necessary supports and interventions that are proven effective must be sought and paid for privately by parents. This legislation would help to increase access to care for individuals under 25 who previously may not have received adequate support. A common argument is that children's needs should be serviced within the school system, I personally believe that this is not only impossible but an unfair expectation on our educators. There is ample research to support the need for intensive behaviorally based programs that are team based and comprehensive in nature, thereby including the home and community environment. Without the funding such as this legislation would provide, families are left to rely solely on the school system or pay out of pocket an tremendous amount and the school systems are left bearing a responsibility much larger than intended. Sharing the responsibility with private insurance and allowing trained professionals with sufficient experience and training the ability to properly

service these clients is the logical choice. Thank you for the opportunity to share my perspective Sincerely Gabrielle Toloza, Psy.D.

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Cc: gpinnow@rocketmail.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Wednesday, February 20, 2013 9:54:32 PM

SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Gerilyn Pinnow	Individual	Support	No

Comments: You have the power to make the difference in the lives of so many of Hawaii's children who have autism, in their families and our larger community! Less than the cost of a coffee a family could avoid bankruptcy, homelessness, and severe financial struggles. My son, Luke, has asked for his autism 'to be pulled out of him'...we know that there is no cure but we could tell him that we will help him! As an educator in this state for 20+ years I know we are not equipped to help him there. We live it daily! Please help us help Luke and all the other children of Hawaii who have autism! Please pass this bill!

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Cc: lisa.daijo@expresspros.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Wednesday, February 20, 2013 11:49:27 AM

SB668

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Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Daijo	Individual	Support	No

Comments: The cost incurred to help these children are starting to burden the state in cost factors that out way the cost related to medical coverage. Children that are cared for early on show signs of improvement. We need to pass this law not only to help the autistic community but the entire state of Hawaii.

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Cc: vt86ufia@yahoo.com
Subject: *Submitted testimony for SB668 on Feb 21, 2013 09:00AM*
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SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Eller	Individual	Support	No

Comments:

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To: [WAM Testimony](#)
Cc: woolcat@gmail.com
Subject: Submitted testimony for SB668 on Feb 21, 2013 09:00AM
Date: Wednesday, February 20, 2013 11:22:05 AM

SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

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

Comments: Autism is a man made disease. Please help us in our efforts to deal with it effectively, as it can be reversed. Next step is to prevent it from happening so we don't have to treat it! Please conduct 3rd party, private donation, (no corporate funded, no big pharma) studies to ascertain the truly safe levels of the effects of mainlining, i.e. vaccinations, such ingredients as mercury, formaldehyde, aluminum, dna from animals whose dna should not be a part of ours in the natural world, etc. These are the partial ingredient list of toxilological poisons that can be found in the ingredients list of your average vaccine. No independent studies have ever been done. We only have the vested interests of the studies done by big pharma, which do not count as there is NO safe limit of mercury in a person's blood stream. To say otherwise, as they would have us believe, is criminal. This is a criime against humanity and in the future these times will be compared to the Nazi Holocaust. Help right the wrongs you can and help put an end to this madness. Mahalo, Tom Woolf

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To: [WAM Testimony](#)
Cc: tabraham08@gmail.com
Subject: *Submitted testimony for SB668 on Feb 21, 2013 09:00AM*
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SB668

Submitted on: 2/20/2013

Testimony for WAM on Feb 21, 2013 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments:

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