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January 30, 2013

Senator Josh Green, M.D.
Chair, Committee on Health

Senator Rosalyn H. Baker
Chair, Committee on Commerce and Consumer Protection

Re: In support of SB 668; Relating to Health. Mandatory Health Coverage; Autism Spectrum Disorders

Dear Chairs Green and Baker and members of the committees,

I am Mike Wasmer, Associate Director for State Government Affairs at Autism Speaks. 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 32 states that have enacted autism insurance reform laws and I am happy to speak today in support of SB 668.

When my daughter Kate was diagnosed with autism at 2 1/2 many of her developmental skills were assessed at the level of a 6 month old. When most of her peers were speaking in sentences, Kate was completely non-verbal. While other children her age interacted with the group and followed instructions at Gymboree, Kate sat alone fixated by the patterns on the mat. Based on her individual strengths and weaknesses she was prescribed and received 30 hours per week of applied behavior analysis (ABA).

Today Kate is in 8th grade and has been in regular education without an aide since first grade. She is making straight A's, she has been in the school play, she is first chair in violin and she has a small group of true friends. Given access to the prescribed treatment, she did not need intensive special education. She is well on her way to becoming an independent tax-paying citizen and will not be reliant on state-funded adult services. If enacted, SB 668 would provide Hawaii children with autism the same opportunity to become self sufficient.

My colleague, Lorri Unumb testified to this joint committee in support of SB 2631 last session and shared an overview of autism spectrum disorders and our national experience with autism insurance legislation. Her testimony included a discussion of the epidemic increase in prevalence of autism; research documenting the efficacy of ABA therapy; actual claims data



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from states which were among the the first to enact autism insurance reform laws; and the long term cost savings and fiscal imperative of autism insurance reform.

This joint committee passed SB 2631 SD 2 with several key amendments including the following:

- a. An annual cap on behavioral health services of \$50,000 or a lifetime cap of \$300,000;
- b. A provision which removes the State of Hawaii from any obligation to defray the cost of proposed benefits by exempting plans sold through the Hawaii Health Connector from the required coverage if such benefits exceed the essential health benefits under the Patient Protection and Affordable Care Act (PPACA);
- c. Requires the reimbursement of applied behavior analysis when provided by a Board Certified Behavior Analyst (BCBA) or an appropriately trained licensed psychologist, with reimbursements also to be provided for the therapists working under the supervision of the BCBA or licensed psychologist;
- d. Coverage for treatment under this measure shall not be denied on the basis that the treatment is habilitative or non-restorative in nature.

These and other amendments agreed upon by this joint committee in SB 2631 SD 2 are detailed in Standing Committee Reports No. 2323 and 2778. I note them again here because it appears that SB 668 as filed was mistakenly adapted from SB 2631 as filed rather than SB 2631 SD 2. None of the amendments to SB 2631 appear in SB 668. Please refer to the addendum of this testimony for proposed amendments to SB 668 which would bring it into accord with SB 2631 SD 2.

Also included in this addendum is a proposed amendment to the definition of "autism spectrum disorder" that reflects changes to the diagnostic criteria for autism which will appear in the next edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) expected to be published in Spring 2013. As noted in the Legislative Reference Bureau Report No. 2, 2013, "Autism Spectrum Disorders and Mandated Benefits Coverage in Hawaii", the "Pervasive Developmental Disorder" category in the current edition of the DSM will be renamed "Autism Spectrum Disorder" and subsume the diagnoses of autistic disorder, Asperger's Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

The LRB report also addresses the issue of licensure for ABA providers. As indicated in the report, licensure of ABA providers is not a prerequisite for enacting autism insurance reform laws. Nor is licensure a prerequisite for reimbursement of ABA providers by insurers. Of the



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32 states that have mandated coverage for ABA for autism only 8 require licensure of ABA providers. Factors for States to consider in the discussion of whether to require licensure of ABA providers include the cost of licensure and the need to ensure that licensure not restrict access to services.

The prevalence of autism as reported by the Centers for Disease Control and Prevention (CDC) has increased 1000 fold in the past forty years. Since the joint committee heard testimony on this issue last year the CDC has updated the estimated prevalence of autism from 1 in 110 to 1 in 88. Autism is an epidemic and a public health crisis. The time to act is now.

Thank you for consideration of my comments in support of SB 668.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Wasmer'.

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

Addendum

Proposed amendments to SB 668

1. Please refer to details of all amendments to SB 2631 outlined in Standing Committee Reports 2323 (Feb 17, 2012; Re: SB No. 2631 SD1) and 2778 (Mar 2, 2012; Re: SB No. 2631 SD 2) and apply to SB 668 unless otherwise specified in this addendum.

Particular points in the Standing Committee Reports to stress:

- a) **Item #5 in Subcommittee Report #2323 re: Reimbursement of “supervisees”.** Allows for reimbursement to be provided to therapists working under the supervision of the Board Certified Behavior Analyst or licensed psychologist.
- b) **Item #6 in Subcommittee Report #2323 re: PPACA reference.** The date referenced regarding the date as of which benefits under this measure that exceed the essential health benefits under the PPACA shall not be required of a health plan offered through the Hawaii Health Connector. The date referenced must be January 1, 2014 to be consistent with the PPACA.
- c) **Item #11 in Subcommittee Report #2323 re: Coverage provided by mutual benefit societies** (Section 3 of bill). Coverage for the treatment under this measure shall not be denied on the basis that the treatment is habilitative or non-restorative in nature

2. page 4, beginning on line 19; re: definition of “autism spectrum disorders”

Strike lines 19 through line 2 on page 5 and replace with:

“Autism spectrum disorders” means any of the pervasive developmental disorders or autism spectrum disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

3. page 5, beginning on line 3; re: definition of “behavioral health treatment”

Strike lines 3 - 7 and replace with:

“Behavioral health treatment” means counseling and treatment programs, including applied behavior analysis, that are:

- (1) 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.

Addendum

4. page 6, line 5; re: definition of “treatment for autism spectrum disorders”

Strike the word “provided”

5. page 7, beginning on line 12;

Change “Coverage provided under this section shall be subject to a maximum benefit of \$50,000 per year...” to:

“Coverage for behavioral health treatment provided under this section shall be subject to a maximum benefit of \$50,000 per year...”

6. page 8, beginning on line 7;

Change “Coverage under this section shall be subject to copayment, deductible, and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to these provisions” to:

“Coverage under this section shall be subject to copayment, deductible, and coinsurance provisions of a health insurance policy ~~to the extent that other medical services covered by the policy are subject to these provisions~~ that are no less favorable than the copayment, deductible, and coinsurance provisions for other medical services covered by the policy.”

7. Add the following provision as an appropriate subsection of both §431:10A- and §432:1-

Insurers must 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.

8. Add the following provision as an appropriate subsection of both §431:10A- and §432:1-

If an individual has been diagnosed as having a pervasive developmental disorder or autism spectrum disorder meeting the diagnostic criteria described in the most recent edition of the DSM available at the time of diagnosis, then that individual shall not be required to undergo repeat evaluation upon publication of the subsequent edition of the DSM in order to remain eligible for coverage under this section.