



**TESTIMONY OF STUART SPIELMAN, SENIOR POLICY ADVISOR AND COUNSEL,
AUTISM SPEAKS, BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA,
SUPPORTING WITH AMENDMENTS THE “HEALTH INSURANCE COVERAGE FOR
CHILDREN WITH AUTISM ACT OF 2009.”**

MARCH 24, 2010

Autism Speaks is the world’s largest autism science and advocacy organization, with 7,400 supporters in the District alone. Autism Speaks is dedicated to increasing awareness of autism, to funding research into autism, and to advocating for the needs of affected families.

Autism Speaks supports the Health Insurance Coverage for Children with Autism Act of 2009, but urges the Council to amend certain sections of the bill. I will address our suggested changes shortly.

I. THE PROBLEM – CHILDREN WITH AUTISM OFTEN RECEIVE INADEQUATE HEALTHCARE.

- Autism is a developmental disability that results in difficulties with communication and social interaction, as well as repetitive behaviors.
- Autism affects 1 in every 110 children. Although often debilitating, autism is treatable.
- Effective treatments for autism, however, are often not covered by insurance.

- For example, section 3.01.006 of the CareFirst BlueCross BlueShield Medical Policy Reference Manual provides as follows:

*Applied Behavior Analysis, including Verbal Behavior Therapy, for the treatment of a pervasive developmental disorder/autism is considered **experimental/investigational** . . .*

- This policy is simply not supported by science. More than a decade ago, the Surgeon General’s Report on Mental Health made the following findings about Applied Behavior Analysis, an intensive therapy covered that will be covered by the Health Insurance Coverage for Children with Autism Act of 2009:

“Intensive, sustained special education programs and behavior therapy early in life can increase the ability of the child with autism to acquire language and ability to learn. . . . Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.”

Applied behavior analysis is the standard of care in the treatment of autism. Accordingly, we recommend that section 2(6) and section 3(c)(1) be revised to read as follows:

- Sec. 2(6) – “Habilitative or rehabilitative care” means professional, counseling, and guidance services and treatment programs and devices, including speech generating devices and applied behavior analysis (ABA) provided by or under the supervision of a board certified behavior analyst credentialed by the Behavior Analyst Certification Board, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.
- Sec. 3(c)(1) – Subject to paragraph (2) of this subsection, coverage for applied behavior analysis shall be limited to a maximum benefit of \$55,000 annually.

II. THE SOLUTION – REQUIRE COVERAGE OF EVIDENCE-BASED AUTISM CARE

- States around the country have enacted or are considering legislation that, like the legislation now before the Council, requires coverage of evidence-based, medically necessary care.
- Fifteen states have enacted strong autism insurance laws:
 - 2001: Indiana
 - 2007: South Carolina, Texas
 - 2008: Arizona, Florida, Louisiana, Pennsylvania, Illinois
 - 2009: New Mexico, Montana, Nevada, Connecticut, Wisconsin, New Jersey

III. THE COST OF ADDRESSING THE PROBLEM.

- Autism Speaks has engaged the Actuarial Consulting Practice of Oliver Wyman, an international firm that specializes in developing cost models for health legislation.
- Based on Oliver Wyman's estimates of similar legislation in other states, the impact on premiums of the bill before this committee would be \$1.67 per covered insured per month.
- This low-cost estimate is consistent with preliminary actual cost data from South Carolina and other states.

IV. THE COST OF DOING NOTHING.

- Staggering long-term costs.
- The lifetime cost of caring for a person with autism has been estimated to be \$3.2 million, and the cost of caring for all persons with autism born in a given year has been estimated to be \$35 billion.
- Unmet and expensive short-term healthcare needs. Average medical expenses for individuals with autism
 - exceed those for individuals without autism by \$4,110–\$6,200 per year.
 - are 4.1–6.2 times greater than those for individuals without autism.
 - Differences in median expenditures range from \$2,240 to \$3,360 per year with median expenditures 8.4–9.5 times greater.
- Increased pressure on schools, community services, the public health system, hospitals, and other existing programs.

V. THE BENEFITS OF PROVIDING COVERAGE.

- Comprehensive intervention reduces long-term costs by as much as 2/3s.
- Children who achieve higher levels of functioning
 - have lower health care costs
 - do better in school
 - need less assistance from their families

The pertinent question is not whether we can afford to provide appropriate interventions to people with autism but, rather, whether we can afford not to.