

Why Virginia Should Help Children with Autism

Guest Editorial by

Delegate Robert G. Marshall (R-Prince William)[1]

Delegate David E. Poisson (D-Loudoun)[2]

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Why should insurers cover the cost of treating children with autism?

First, there is real hope. The U.S. Surgeon General has reported that early treatment can spare an autistic child from life-long dependency as wards of the state.

Second, a recent study in *Pediatrics*, published by the American Academy of Pediatrics, found that children with autism are significantly more likely to have problems accessing health care. These children are more likely to live in families that report financial problems, need additional income for the child's medical care, and pay more out-of-pocket for the child's care. Parents of more than half of children with autism reduce or stop work altogether to care for their child.

Roughly one of every 150 Virginia children has autism. Studies suggest that boys are more likely than girls to develop autism and receive the diagnosis three to five times more frequently. Current estimates are that one out of 94 boys is diagnosed with autism.

As the Surgeon General notes, with early intervention, a sizable minority of children diagnosed with autism are able to achieve normal social and intellectual functioning. These children can be mainstreamed into regular classrooms and may be indistinguishable from peers. Even children who make less dramatic progress benefit from early intervention, showing gains in language, fewer inappropriate behaviors and less overall costs to taxpayers.

Under Virginia law, public schools must provide a free appropriate education to children with disabling conditions. However, that mandate is complicated by the absence of private health insurance to treat the core symptoms of autism. The school system, charged principally with the education of children with and without disabilities, cannot bear the full burden of attending to the health needs of children with autism. Unless private insurers do their fair share, the needs of these children will not be met and the stresses on their families will not diminish.

To help children and families and the communities in which they live, we have introduced H.B. 1588 to require insurance coverage for the treatment of autism. The bill covers proven, evidence-based, medically necessary care prescribed, provided, or ordered by a physician or psychologist for a child under the age of 21. Coverage is subject to an inflation-adjusted annual maximum benefit of \$36,000 and will complement rather than supplant school services.

H.B. 1588 is similar to laws enacted in Louisiana and Pennsylvania, two of the eight

states that have enacted legislation ensuring coverage of children with autism. The Louisiana Legislative Fiscal Office estimated the total premium cost of autism coverage in that state as ranging from \$1.12 to \$3.87 per policy per month, while an independent panel report in Pennsylvania found a marginal premium increase cost of approximately \$1 per insurance plan member per month attributable to the autism benefit. H.B. 1588 will likewise have a similarly modest impact on premiums. The General Assembly's Joint Legislative Audit and Review Commission concluded that the financial impact of covering autism treatment is within the range of existing Virginia health insurance mandates.

While the cost of autism treatment may be calculated with reasonable accuracy, no calculus fully measures the toll autism takes on children and families. Balancing medical, social, and financial considerations, the Joint Legislative Audit and Review Commission concluded that health insurance coverage of autism treatment is necessary. Even in these difficult economic times, the pertinent question to ask is not whether we can afford to provide appropriate interventions to Virginia children with autism but is instead whether we can afford not to.

The lives and futures of affected Virginia families depend upon passage of H.B. 1588.

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[1] Delegate Marshall was first elected to the Virginia House in 1992. He serves on the House Finance, Science and Technology, and Counties, Cities and Towns Committees.
[2] Delegate Poisson was first elected to the Virginia House in 2005. He serves on the House Counties, Cities and Towns and Militia, Police and Public Safety Committees.