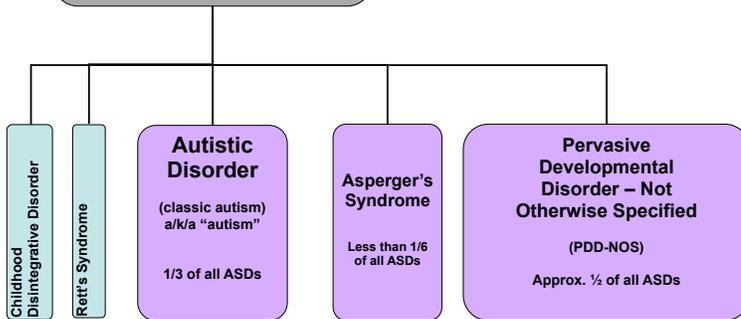


Pervasive Developmental Disorders

(the umbrella category in the DSM-IV)

There are 5 Pervasive Developmental Disorders (PDDs).

Within the 5 PDDs, there are 3 **Autism Spectrum Disorders** (ASDs), shown in purple below.



Diagnosing Autism

- The American Academy of Pediatrics recommends **screening** every child for autism at their 18 and 24 month checkups.
- Autism is **diagnosed** by a medical doctor; usually by a developmental pediatrician, pediatric neurologist or team of developmental specialists.

Autism is Treatable

- Although there is no known cure for autism, it can be treated so that the symptoms are not disabling
 - A non-verbal child can gain the ability to communicate
 - A non-social child can gain interaction skills.
- With treatment, children with autism are not cured but can overcome the disabling aspects of the condition.



June 20, 2012
Testimony of
Vera F. Tait MD, FAAP
On behalf of the
American Academy of Pediatrics
Before the
Subcommittee on Personnel,
Senate Armed Services Committee

“An example of a demonstrated, effective treatment for ASD is Applied Behavior Analysis, or ABA. ABA uses behavioral health principles to increase and maintain positive adaptive behavior and reduce negative behaviors or narrow the conditions under which they occur. ABA can teach new skills, and generalize them to new environments or situations. ABA focuses on the measurement and objective evaluation of observed behavior in the home, school, and community.”





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Testimony of
Vera F. Tait MD, FAAP
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“ASD is a medical/ neurodevelopmental condition with behavioral symptoms that are directly addressed by applied behavior analysis methods. ABA has proved effective in addressing the core symptoms of autism as well as developing skills and improving and enhancing functioning in numerous areas that affect the health and well-being of people with ASD.”





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“The effectiveness of ABA-based interventions in ASDs has been well documented through a long history of research in university and community settings. Children who receive early intensive behavioral treatment have been shown to make substantial gains in cognition, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups.”



ABA endorsements

United States Surgeon General (1999)

“Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.”

The U.S. Office of Personnel Management (2012)

“The OPM Benefit Review Panel recently evaluated the status of Applied Behavior Analysis (ABA) for children with autism. Previously, ABA was considered to be an educational intervention and not covered under the FEHB Program. **The Panel concluded that there is now sufficient evidence to categorize ABA as medical therapy.** Accordingly, plans may propose benefit packages which include ABA.”



United States Department of Defense



Military insurance (TriCare) covers autism and specifically includes a benefit for Applied Behavior Analysis therapy.



Cost Savings - *long term*

- **Without appropriate treatment**, the lifetime cost to the state has been estimated to be **\$3.2 million per child** with ASD (Ganz, 2007)
 - special education
 - adult services
 - decreased productivity
- Estimated lifetime cost **savings** of providing appropriate treatment are \$1 million per child (Jacobsen et al, 1998)



Terms of State Autism Mandates

State	Year Enacted	Annual Dollar Cap	Age Cap
Alaska	2012	None	21
Arizona	2008	\$50K: 0-8, \$25K: 9-16	16/17
Arkansas	2011	\$50K	<18
California	2011*	None	
Colorado	2009	\$34K: 0-8, \$12K: 9-19	
Connecticut	2009	\$50K: 0-8, \$35K: 9-12;	
Delaware	2012	\$36K	
Florida	2008	\$36K (\$200K lifetime)	
Illinois	2008	\$36K	
Indiana	2001	None	
Iowa	2010	\$36K	
Kansas	2010	\$36K: 0-7, \$27K: 8-19	
Kentucky	2010	\$50K: 0-7, \$1000/mo: 7	
Louisiana	2008	\$36K	
Maine	2010	\$36K	
Massachusetts	2010	None	
Michigan	2012	\$50K: 0-6, \$40K: 7-12, \$30K 13-18	<19
Missouri	2010	\$40K	19
Montana	2009	\$50K: 0-8, \$20K: 9-18	18
Nevada	2009	\$36K	18/22
New Hampshire	2010	\$36K: 0-12, \$27K: 13-21	21
New Jersey	2009	\$36K	21
New Mexico	2009	\$36K (\$200K lifetime)	19/22
New York	2011*	\$45K	None
Pennsylvania	2008	\$36K	<21
Rhode Island	2011	\$32K	15
South Carolina	2007	\$50K	16
Texas	2007	None	<10
Vermont	2010	None	21
Virginia	2011	\$35K	2-6
West Virginia	2011	\$30K for 3 yrs., \$24K up to 18	3-18
Wisconsin	2009	\$50K for 4 yrs., \$25K after	None

August 2012

In States with Autism Insurance Reform...

- Children who have never before been able to receive treatment are making remarkable progress.
- Providers have joined adequate networks of participating providers and negotiated satisfactory reimbursement rates.
- The impact on premiums has been negligible.

What is the cost of autism insurance reform?

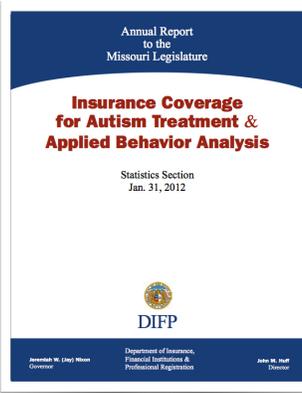
Average First Year Cost of Autism Insurance Reform

	Year of coverage	Number of Covered Lives	Total Claims	PMPM cost
South Carolina	1	371,384	\$856,369	\$0.19
Illinois	1	171,979	\$187,684	\$0.09
Florida	1	382,083	\$390,724	\$0.09
Arizona	1	130,000	\$473,818	\$0.30
Kentucky	1	240,000	\$278,922	\$0.10
Average first year cost				\$0.15

Source: Data collected from State agencies responsible for administering State Employee Health Benefits Programs

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Cost of ABA



- Average monthly cost of ABA per individual with ASD = \$35
- 6 cents PMPM
- 0.02% of total claims

"The costs associated with the autism and ABA coverage mandate has thus far been minimal, even as the mandate has led to dramatically expanded coverage and the delivery of medically beneficial services."

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Average Second Year Cost of Autism Insurance Reform

	Year of coverage	Number of Covered Lives	Total Claims	PMPM cost
South Carolina	2	397,757	\$2,042,394	\$0.43
Illinois	2	170,790	\$197,290	\$0.10
Louisiana	2	149,477	\$722,828	\$0.40
Florida	2	386,203	\$1,748,849	\$0.38
Arizona	2	130,000	\$388,662	\$0.25
Average second year cost				\$0.31

Source: Data collected from State agencies responsible for administering State Employee Health Benefits Programs

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What Should an Autism Benefit Look Like?

- No denials on the basis that treatment is
 - Habilitative in nature
 - Educational in nature
 - Experimental in nature
- For Applied Behavior Analysis coverage, treatment must be provided or supervised by
 - a behavior analyst who is certified by the Behavior Analyst Certification Board®, or
 - a licensed psychologist so long as the services performed are commensurate with the psychologist's formal university training and supervised experience



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About Autism Speaks

Autism Speaks is the world's largest 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.

Autism Votes is an Autism Speaks initiative; a comprehensive grassroots advocacy program, coordinating activist efforts in support of federal and state legislative initiatives.

For more information, please visit www.autismvotes.org and www.autismspeaks.org