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State Autism Insurance Reform						Version is	
Indiana	2001	6,484,000	None	None	Yes	Yes	
South Carolina	2007	4,625,000	\$50K	16	Yes	No	
Texas	2007	25,146,000	None	<10	No	Yes	
Arizona	2008	6,392,000	\$50K: 0-8, \$25K: 9-16	16/17	Yes	No	
Louisiana	2008	4,533,000	\$36K	<17	Yes	Yes	
Florida	2008	18,801,000	\$36K (\$200K lifetime)	<18	Yes	No	
Pennsylvania	2008	12,702,000	\$36K	<21	Yes	No	
Illinois*	2008	12,831,000	\$36K	<21	Yes	Yes	
New Mexico*	2009	2,059,000	\$36K (\$200K lifetime)	19/22	No	Yes	
Montana	2009	989,000	\$50K: 0-8, \$20K: 9-18	18	Yes	Yes	
Nevada	2009	2,701,000	\$36K	18/22	Yes	Yes	
Colorado	2009	5,029,000	\$34K: 0-8, \$12K: 9-19	<20	Yes	Yes	
Connecticut*	2009	3,574,000	\$50K: 0-8, \$35K: 9-12; \$25K: 13-14	<15	Yes	No	
Wisconsin	2009	5,687,000	\$50K for 4 yrs, \$25K after	None	Yes	Yes	
New Jersey*	2009	8,792,000	\$36K	21	Yes	Yes	

State Autism Insurance Reform						ACTIVATION OF		
Maine	2010	1,328,000	\$36K	<6	Yes	Yes		
Kentucky	2010	4,339,000	\$50K: 0-7, \$1000/mo: 7-21	1-21	Yes	Yes		
Kansas	2010	2,853,000	\$36K: 0-7, \$27K: 8-19	<19	Yes only	No		
lowa	2010	3,046,000	\$36K	<21	Yes only	No		
Vermont	2010	626,000	None	1 1/3 - 6	Yes	Yes		
Missouri	2010	5,989,000	\$40K	19	Yes	Yes		
New Hampshire	2010	1,316,000	\$36K: 0-12, \$27K: 13-21	21	Yes	Yes		
Massachusetts	2010	6,548,000	None	None	Yes	Yes		
Arkansas	2011	2,916,000	\$50K	<18	Yes	No		
West Virginia	2011	1,853,000	\$30K for 3 yrs; \$24K up to 18	3-18	Yes	Yes		
Virginia	2011	8,001,000	\$35K	2-6	Yes	No		
Rhode Island	2011	1,053,000	\$32K	15	Yes	No		
New York	2011	19,378,000	\$45K	None	Yes	Yes		
California	2011	37,254,000	None	None	No	Yes		
Michigan	2012	98,836,640	\$50K if <7, \$40K if 7-12, \$30K if 13-18	18	Maybe	Yes		
Alaska	2012	722,718	None	21	Yes	>20		
Delaware	2012	907,135	\$36,000	21	Yes	Yes		







Average	Second	Year	Cost	of
Autism	Insurar	nce R	eform	1

	Year of coverage	Number of Covered Lives	Total Claims	PMPM cost	
South Carolina	2	397,757	\$2,042,394	\$0.43	1
Illinois	2	170,790	\$197,290	\$0.10	
Louisiana	2	149,477	\$722,828	\$0.40	(BBAR
Florida	2	386,203	\$1,748,849	\$0.38]
Arizona	2	130,000	\$388,662	\$0.25	
	Avera	\$0.31			
State estimated	<u>ا</u>	ge second ye		[ļ

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Savings to the State: Special Education "A study published in a national journal found that Pennsylvania could save an average of \$187,000 to \$203,000 on each child who received three years of EIBI relative to one who received special education services until age 22. The Pennsylvania study also suggested that cost savings would likely continue to accrue after children exit the school system. The study found that the state could save from \$656,000 to \$1.1 million per child if expenditures up to age 55 are included. Another study published in a national journal found that Texas could save an average of \$208,500 in education costs for each student who received three years of EIBI relative to a student who received 18 years of special education from ages four to 22. Applied to the estimated 10,000 children with ASDs in Texas, it was estimated that the state could save almost \$2.1 billion by implementing intensive treatment programs." Source: 2009 Report of the Joint Legislative Audit and Review Commission to the Governar and General Assembly of Virginia (ILARC Report) pulling a data series

"Educational in Nature"?

- False choice
- What does "educational in nature" mean?
- Schools provide?
- Schools would provide if adequate resources?
 - No obligation under IDEA or state law to <u>treat</u> medical condition
 - Schools are required to accommodate the disabling condition, not remedy it.

- Is speech therapy "educational in nature"? AAP report.
- Provided by school personnel?
- Academic goals
- ASD is diagnosed by a doctor, not a principal
- Argument du jour
 - Rejected in 30 states
 - Rejected in federal court

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The world's largest employer, the Federal Employee Health Plan, recently added ABA as a plan option for its 8 million employees:

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

Over the last two years, the infrastructure to support the delivery of ABA has matured rapidly. Today 30 States require at least some health insurance coverage of ABA, and 14 have licensure procedures for ABA providers. ABA providers most frequently have a graduate degree in Psychology with additional training in ABA, leading to formal Board Certification in Behavior Analysis. States often exercise their supervision of certified or licensed providers through the same pathway which oversees other health care practitioners, such as a Board of Medicine or Psychological Examiners. It is also common practice to require a physician's or Psychologist's prescription before a health plan will approve ABA for a specific child.

OPM made a decision to reclassify ABA as a medical therapy rather than an educational service based on the evolving body of clinical research and the maturing provider infrastructure to deliver this modality under a medical model."

Federal Health Care Reform: The Essential Benefits Package

(as enacted)

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

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