

Testimony on HB 2023: ABA Therapy Coverage

February 11, 2025

Chair Nosse and Members of the Committee,

My name is Dr. Mike Franz, and I'm the Executive Medical Director of Behavioral Health for Regence BlueCross BlueShield of Oregon. I'm also a practicing child and adolescent psychiatrist. Every Friday I run a neurodevelopmental specialty clinic in Bend where I treat some of the most complex cases of autism and other developmental disorders. Many of my patients are non-verbal and have genetic syndromes resulting in their developmental delays including intellectual disabilities (IDD). Some of my patients have IDD with autism and some do not. This is very important distinction, along with their level of functioning, in determining the most appropriate treatments, including ABA. My comments today are heavily informed by my experience working with these families.

We really appreciate Representative Elmer's work on this bill. Like, Rep. Elmer, we want those who need ABA therapy to be able to receive the necessary care. That said, we'd like express concerns about HB 2023, not only because of financial impact, but also specifically because of its requirement that ABA therapy coverage be required for a broad range of intellectual or developmental disability diagnoses. This bill would deviate from medically accepted standards of treatment supported by high-quality empirical evidence that currently limits its application to autism spectrum disorder.

ABA therapy and patient outcomes for autism spectrum disorder (ASD) are complex and multifaceted. The intensive therapies required for ASD patients can vary significantly in duration, making it essential to tailor treatment plans to individual needs. Our clinical team at Regence ensures that patients receive the most suitable level of care. However, the availability of research on ABA therapy for other intellectual and

developmental disabilities (IDD) is limited. While some lower quality studies have been published on the use of ABA therapy for individuals with Down syndrome, there is a notable lack of large-scale, high-quality studies on its effectiveness for IDD conditions in general. As a result, the existing evidence provides limited guidance for treatment decisions, highlighting the need for further research in this area.

Oregon, like the rest of the country, has a behavioral health workforce shortage problem and with the increases in ASD diagnoses outpacing providers, there are simply not enough autism providers to meet the needs of children with ASD^[1]; even among the state's ABA providers we see high variability of the quality of ABA upon review of clinical documentation as well as family feedback. The bill's broadening of diagnoses for ABA therapy could make access even more challenging for those who need the care if insurers are required to broaden the indication for coverage to include IDD without autism as a co-morbidity. ABA therapy requires intensive sessions and requires long-term commitment from the patient, family and the provider. We would recommend the state dedicate those resources to the patients and families able to make the necessary commitment and who most likely to benefit from care.

We've seen a huge increase the past two years in costs/utilization of ABA therapy resulting in autism being the pediatric BH diagnostic category with the highest total costs, even higher than costs for anxiety or depression which have substantially more prevalence in the pediatric population. We appreciate the legislation's maintenance of a medical necessity review for any expansion of ABA therapy, and the ability to use utilization management to ensure this medically appropriate and quality care occurs. We want to be clear that given that there is not strong support for the use of ABA therapy outside of autism diagnosis, it is unlikely that carriers would determine ABA therapy to be medically necessary for members with IDD who are not autistic except for the most targeted of treatments such as mitigating stereotypical movements with self-injurious behaviors.



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I've attached a document summarizing research studies and their findings about this subject.

Please do not hesitate to contact me with questions.

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¹¹ New Study Finds a Shortage of Therapists to Treat Children with Autism; Significant Variation by Reg. (n.d.). <https://www.psychiatry.org/news-room/news-releases/new-study-finds-a-shortage-of-therapists-to-treat>