



## ***Autism Insurance Benefits legislation (Shayan's Law)***

### **Q. Why should private insurance cover autism, isn't that the job of schools?**

**A.** Autism is a complex neurobiological medical condition often co-occurring with other neurological and/or other major systems including gastrointestinal and immune system. Limited neurodevelopmental therapy is available in schools; however, the therapy services required by the Individuals with Disabilities Education Act (IDEA) are required to be educationally relevant to allow a child to participate in the educational program. They are NOT intended to address the more specific needs of the child.

It is often assumed that children from 3-21 are receiving medical services through WA's special education programs (RCW 74.09.5241) because of the promise of the IDEA. For students with Autism, this assumption has led to detrimental decision making on the part of state public agencies and the state legislature regarding services & supports for individuals with autism. Subsequently children with Autism continue to be among the MOST underserved of all students with disabilities.

Many students with autism develop debilitating behaviors by the time they are in early elementary school that forces them into more and more restrictive environments and forces many Washington families to opt for out of home placement (Fircrest has admitted children as young as 6 years old).

The very limited neurodevelopmental therapies through public schools during the average 6 hour school day doesn't often meet the intensive behavioral, communication and social needs of students with Autism and PDD.

Private insurance is intended to cover medical expenses, this included medically necessary treatments for neurological disorders such as autism. Autism a medical diagnosis, Neurodevelopmental and cognitive behavioral therapies are medical treatments, hence they should be covered by insurance, but here in WA there are significant barriers to coverage.

Autism is not diagnosed by teachers and principals, why should the medical treatment be provided by schools.

### **Q. What are the barriers to having autism covered, don't we already have mandates in Washington that cover Autism?**

- A.** The existing mandates that cover Autism don't do so adequately. There are significant obstacles to effective treatment and medical care.
1. Definition of Autism: erroneously thought of as a mental illness by insurers; mental health parity only covers diagnosis and psychiatric & pharmacologic treatments, not effective treatment of core symptoms of autism (Communication, Socialization, Sensory, GI, Auto immune disorders and more)
  2. Cap for neurodevelopmental therapies were set in 1989 and are extremely low to cover children with autism or any other neurodevelopmental condition.
  3. Most empirically validated treatment for autism is not covered under either parity and most commonly denied form of treatment for autism (Applied Behavior Analysis).

### **Q. How is ASD treated?**

**A.** There is no single treatment protocol for all children with autism. However, most children are treated with a combination of behavioral, physical, occupational, and speech therapies, and in some cases, medications for co-

occurring conditions such as irritability, attention deficit hyperactivity disorder (ADHD), anxiety, or other disorders. Some of the most common and well-understood therapeutic interventions are based on Applied Behavior Analysis (ABA). As a theoretical umbrella, principles of ABA are often employed in behavioral, occupational, speech, and physical therapies. Behavioral therapy is generally the most highly utilized therapy for most children; while speech, occupational, and physical therapies might be prescribed for 1-2 hours per week, behavioral therapy may be required for up to 40 hours per week.

**Q. Is ABA the only thing covered by the proposed Autism Insurance Parity?**

- A.** No, The bill as introduced would provide coverage for the following:
- Diagnosis of Autism Spectrum Disorders (ASD) by a licensed physician or psychologist
  - Treatment for ASD
    - Determined medically necessary by a licensed physician or psychologist
    - Definition includes Autism, Asperger's Syndrome, and PDD-NOS
    - Speech, Occupational, Physical, and Applied Behavioral Analysis (ABA) therapies
    - Psychiatric and Psychological care
    - Rehabilitative and Habilitative care
    - Children birth-21 years of age
    - All therapy is subject to an annual limit of \$50,000, but is NOT subject to a limit on the number of annual visits

**Q. Will all treatment modalities be covered?**

**A.** As long as treatments are prescribed by a licensed treating physician and meet Washington Revised code definition for "medically necessary" and "evidence based". If the treatments do not have a procedure code, they are typically not covered by insurance (i.e. over the counter dietary supplements or foods).

**Q. Will respite care be covered, what about personal care?**

**A.** Autism insurance benefits would not cover respite care, however learning personal care is part of habilitative care, therefore that would be covered under these proposed benefits.

**Q. Who currently pays for ASD treatment in Washington?**

**A.** There is no required insurance coverage for the diagnosis or treatment of ASD in Washington. The state of Washington through the Department of Social and Health Services (DSHS) acts as the "payor of last resort" for certain autism services (such as speech, occupational, physical, and habilitation therapies) for school aged children whose family's income falls below poverty level. This income restriction does not apply to the DSHS infant/toddler early intervention program that serves children ages 0-3. However, children with Autism are rarely diagnosed prior to age 3 in order to access these services.

Intensive services are not provided to any of the children. ABA is not provided to anyone served through DSHS or DDD. The state also pays for residential placement of children in Washington's state institutions.

Because Washington law does not require insurance coverage for ASD treatment, families that do not qualify for the Infant Toddler Early Intervention Program (ITEIP) and/or DDD services pay for services out of pocket, often tens of thousands of dollars per year. Families that cannot afford to do so go without crucial interventions. In some instances, bearing this burden results in divorce and even bankruptcy.

**Q. What happens in other States?**

**A.** In contrast to Washington, 25 states and the District of Columbia have enacted some form of insurance coverage for autism, including CA, CO, CT, GA, IL, IN, IA, KS, KY, LA, ME, MD, NH, NY, OR, PA, RI, SC (Ryan's Law), TN, TX, VA. Laws specifically requiring coverage of ABA and other medically necessary treatments are found in AZ, FL, IN, LA, MN (legal action), PA, SC, and TX. Similar bills are pending in IL, MI, MO, MS, NJ, and OK.

**Q. Why should Washington require insurance companies to pay a share of the treatment costs related to ASD?**

**A.** Families would not bear the often ruinous financial strain of exorbitant out-of-pocket cost and more children would enter school ready and able to learn in a mainstream classroom. In addition, “The Caring for Washington Individuals with Autism Task Force” in their executive report to the governor at the end of 2007, named health insurance coverage of autism related treatments for individuals as the number one priority for the state of Washington. This was after two years of carefully studying available resources and the needs of the state. They determined that it was crucial for Washington State to provide healthcare coverage of Autism related treatments. For a complete review of the report, please go to the following link (see pg. 7 of the report, 17 of 139 PDF doc.):

[http://www.doh.wa.gov/cfh/mch/Autism/documents/2007\\_Report/ATFRptFinal1207.pdf](http://www.doh.wa.gov/cfh/mch/Autism/documents/2007_Report/ATFRptFinal1207.pdf)

**Q. Will the Washington bill significantly increase insurance premiums for employers and/or employees?**

**A.** The Washington bill would generate an estimated impact of 0.0023% on claim costs in Washington (Taken from Marginal Costs of Mandated Benefits, Health Watch, January 2007)

**Q. How can I help?**

**A.** Join the grassroots advocacy coalition now!

1. Look up which legislative district you live in: <http://apps.leg.wa.gov/DistrictFinder/Default.aspx>
2. Join Washington Autism Advocacy: <http://www.washingtonautismadvocacy.org/updates/wp-login.php?action=register> Include a brief description of why you're interested in Autism Insurance Parity and autism advocacy.
3. Look up action alerts on <http://www.washingtonautismadvocacy.org/>
4. Respond to action alerts using advocacy tools from our website.
5. Spread the word about Autism Insurance Parity with friends, therapists, doctors and anyone who would benefit from passage of Autism Insurance parity.