



Washington Autism Insurance Coverage: FAQ's

Q. What is autism?

A. Autism, or Autism Spectrum Disorders (ASD) is a complex neurobiological disorder that is typically life-long. "ASD" includes the three diagnoses of Autism, Asperger's Syndrome, and Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS). 1 in 150 individuals born today in the US are diagnosed with ASD, making it more common than all types of pediatric cancer, diabetes, and AIDS combined. ASD crosses all racial, ethnic, and social lines, but is four times more common in boys than girls. ASDs result in impairments in a combination of communication, social, and behavior domains. Symptoms can range from very mild to quite severe.

Q. How is ASD diagnosed?

A. ASD is usually diagnosed by a licensed psychologist or pediatrician who is often a specialist, such as a developmental pediatrician. Validated screening and diagnostic instruments such as the PEDS, mCHAT, ADI-R, and/or ADOS are typically used. Diagnostic assessments may take several hours to perform, and require specialized training. Parents generally report a speech delay or regression as the first warning sign, usually around 18 months of age, but this varies across demographic groups.

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. Why is behavioral therapy used and how do we know it is effective in treating ASD?

A. Behavioral therapy generally comprises the largest component of a child's treatment plan in terms of the number of hours. Research clearly demonstrates that most individuals respond best to highly-structured behavioral programs. The seminal article on this type of intervention was published by Ivar Lovaas at UCLA in 1987. This controlled, long-term study found that 47% of children with autism

achieved normal intellectual educational functioning after intensive behavioral treatment, compared to only 2% in the control group. Since the Lovaas article was published, 20 years of research and over 500 studies continues to support the effectiveness of behavioral therapy for autism. The National Institute of Child Health and Human Development, the National Research Council, the American Academy of Pediatrics, and other prominent groups all list ABA-based interventions among the recommended treatment for ASD.

Q. How much does ASD cost the US every year?

A. Autism costs the US over \$90 billion per year, and that cost is expected to double by 2017 due to the growing population of those affected. (Autism Society of America).

Q. How much does treatment cost for one child with ASD?

A. Over the lifespan, the average societal cost of caring for one person with autism is \$3.2 million (Harvard School of Public Health, 2006). Comprehensive intervention programs for preschool aged children can cost up to \$50,000 per year (New York Times 2006). However, investing \$50,000 per child for 3 years before school entry saves \$1 million per person by age 55 in costs related to housing, income subsidy, employment assistance, health care, and other public programs (Jacobson, et al., 1998).

Q. How many children in Washington have ASD?

A. Based on the December 2007 data from the Office of Superintendent of Public Instruction (OSPI), child count for Washington school districts for children ages 3-21 is 6,025. This is a 16% increase from the previous year. This excludes children in private schools, those home-schooled, and children under 3. Furthermore the Division of Developmental Disabilities (DDD) does not currently publish data about the number of people served under the autism diagnosis in Washington, nor do they serve individuals with Asperger's or PDD-NOS.

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

Q. What is covered under the proposed legislation in Washington?

A. The bill as introduced would provide coverage for the following:

- Diagnosis of 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
- Excludes self-insured (ERISA) plans
- Effective for contracts, policies, or evidences of coverage issued or renewed 90 days after the end of the Legislative session

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)