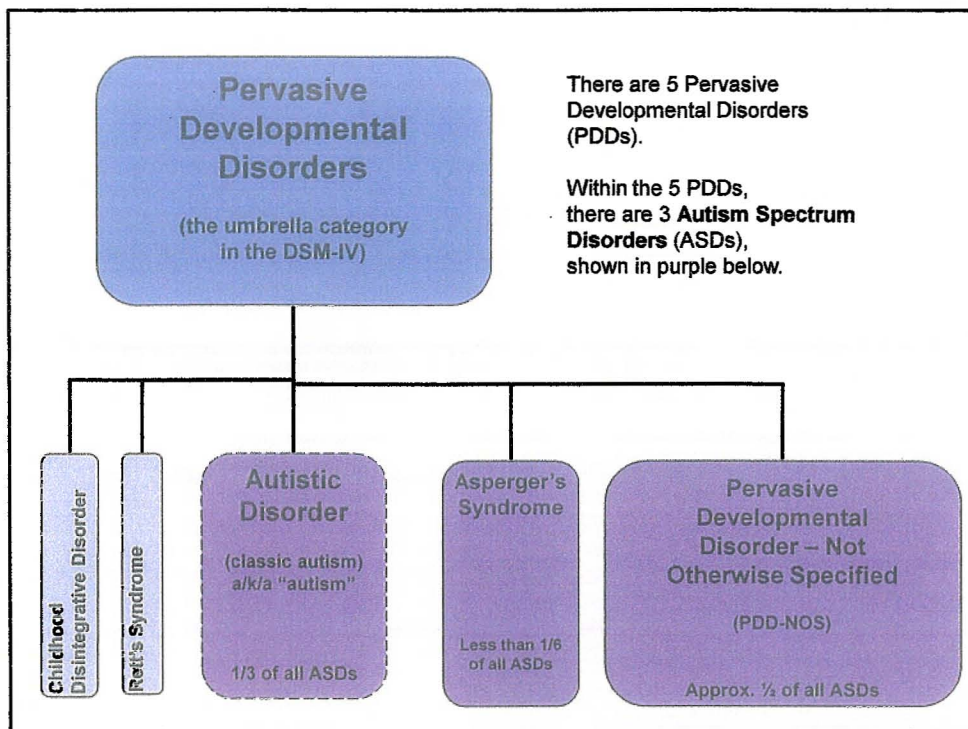




# Insurance Coverage for Autism in North Dakota

Lorri Unumb, Esq.  
Autism Speaks



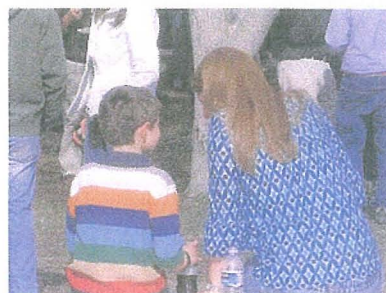
## Autism Spectrum Disorder

- Curable? No
- Treatable? Yes
- Impaired Communication
- Impaired Social Interaction
- Repetitive or Stereotyped Patterns of Behavior
- Narrow Range of Interests
- Four times more common in boys than girls



## Applied Behavior Analysis (ABA Therapy)

- One-on-one therapy based on principles of repetition, reinforcement, and extinction.
- When an environment supports a set of behaviors, they increase. When an environment does not support behaviors, they tend to extinguish and fade away.



## ABA Therapy Is Not Experimental

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

*Report of the Surgeon General of the United States, 1999*

- “ABA therapy is not experimental or investigational in nature.”

McHenry v. PacificSource Health Plans (D. Oregon, Jan. 5, 2010)



## Applied Behavior Analysis: Sample Therapy Structure

- Consultant
  - Highly educated and trained
  - Board certified
  - Evaluates, designs, trains
  - 3-6 hours per month
- Mid-level supervisor (lead therapist)
  - Highly educated and trained
  - May be board certified
  - Updates programming; trains; oversees
  - 6 hours per week
- Line therapists
  - Trained & supervised by above
  - Provide 40 hours per week of direct therapy, usually in 3-hour shifts



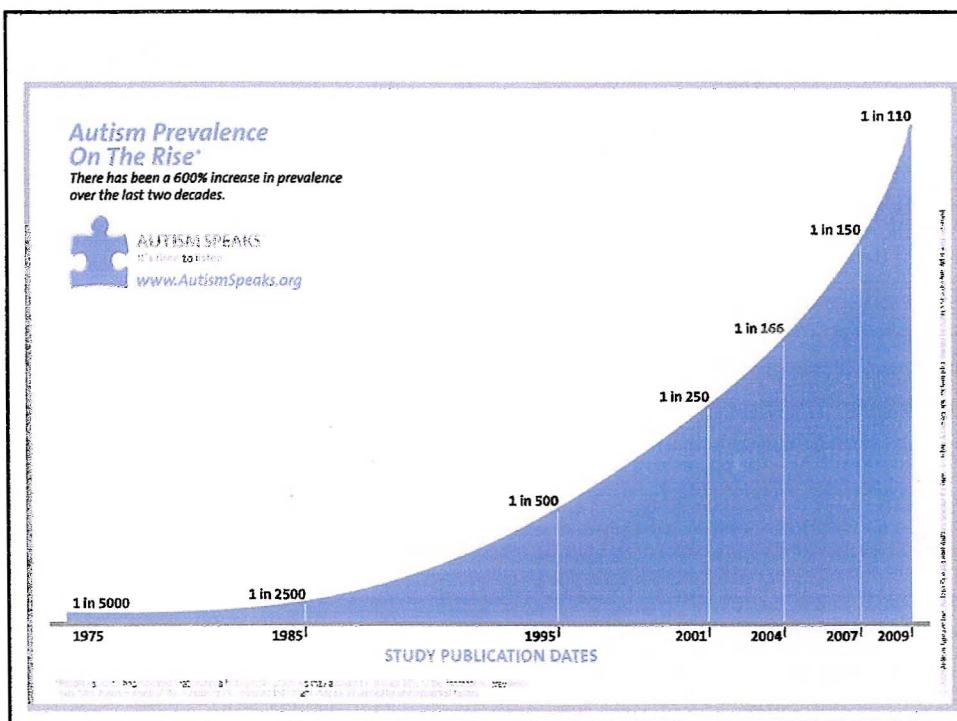
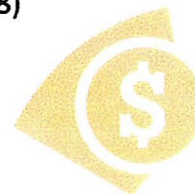
## Applied Behavior Analysis: Cost of a Sample Therapy Program

- Consultant
  - 3-6 hours per month
  - \$100-\$150/hour
  - 6 hours x \$150 = \$900/month
  - \$900 x 12 months = **\$10,800**
- Mid-level supervisor (lead therapist)
  - 6 hours per week
  - \$30-\$60/hour
  - 6 hours x \$60 = \$360/week
  - \$360/week x 52 weeks = **\$18,720**
- Line therapists
  - 40 hours per week
  - \$10 - \$30/hour
  - 40 hours x \$20 = \$800/week
  - \$800/week x 52 weeks = **\$41,600**
- **\$10,800 + \$18,720 + \$41,600 = \$71,120**

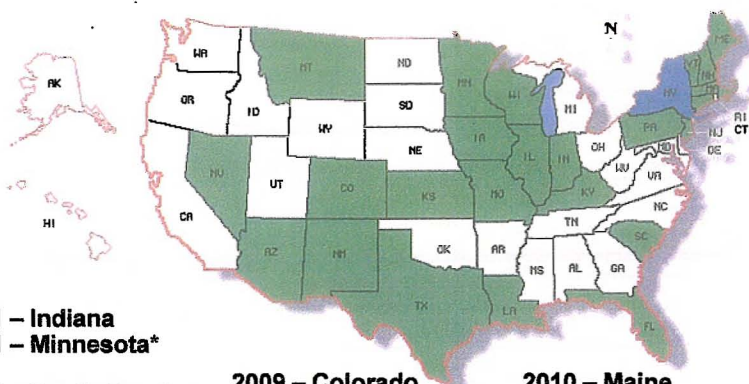


## Societal Costs of Autism

- Harvard School of Public Health (Ganz, 2006)
- \$3.2 million per person over lifetime
  - Includes direct and indirect costs, such as lost productivity
- Pennsylvania (Green, Jacobson & Mulick, 1998)
- Over \$1 million per person



## States with Autism Insurance Reform



2001 – Indiana  
2001 – Minnesota\*

2007 – South Carolina  
2007 – Texas

2008 – Arizona  
2008 – Florida  
2008 – Louisiana  
2008 – Pennsylvania  
2008 – Illinois

2009 – Colorado  
2009 – Nevada  
2009 – Connecticut<sup>20-10</sup>  
2009 – Wisconsin  
2009 – Montana  
2009 – New Jersey  
2009 – New Mexico

2010 – Maine  
2010 – Kentucky  
2010 – Kansas  
2010 – Iowa  
2010 – Vermont  
2010 – Missouri  
2010 – New Hampshire  
2010 – Massachusetts  
2010 – New York\*\*

## Comparison of Autism Mandates

State	Annual Cap	Age Cap
Indiana	None	None
Minnesota	None	None
South Carolina	\$50,000 - ABA	16
Texas	None	11
Pennsylvania	\$36,000	21
Montana	\$50,000/\$20,000 at 10	18
Arizona	\$50,000/\$25,000 at 9	17
Missouri	\$40,000	18
New Hampshire	\$36,000/\$27,000 at 13	21
New York	None	None
Massachusetts	None	None
Iowa	\$36,000	21

## Behavioral Therapy Benefits for Autism Major Group



### Student Guide



### State of South Carolina State Health Plan Autism Spectrum Disorder Benefit

Effective with the 2009 Plan Year, the State Health Plan began covering Applied Behavior Analysis (ABA) for children diagnosed with Autism Spectrum Disorder. The Employer Groupings Program (EGP) will also provide coverage for ABA services for children with Autism Spectrum Disorder (ASD) who are not covered by the State Health Plan. The EGP will also provide coverage for ABA services for children with ASD who are not covered by the State Health Plan. The EGP will also provide coverage for ABA services for children with ASD who are not covered by the State Health Plan.

Plans that are not covered by the State Health Plan will be required to provide direct coverage to their staff. The State Health Plan will also provide direct coverage to their staff. The State Health Plan will also provide direct coverage to their staff.

The state benefit became effective on January 1, 2009. Full details of the benefit are available in the plan documents.

**Eligibility Requirements:**

1) Member must be covered by the State Health Plan and under contract with one of the following providers:

2) Member must be covered by the State Health Plan and under contract with one of the following providers:

3) Diagnosis (e.g., 6) must be confirmed by the following diagnostic-specific testing/evaluation:

4) Autism Disorder using one of the following:

5) Asperger's Syndrome using one of the following (documented for school-age children):

6) Pervasive Developmental Disorder, NOS using the following:

7) Member must be covered by the appropriate diagnostic code to include the following as a self-reported condition:

8) Member must be covered by the appropriate diagnostic code to include the following as a self-reported condition:

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## Excerpt from 2009 Report of Council of Affordable Health Insurance: "Health Insurance Mandates in the States"

BENEFITS:	Est. Cost	#
Alcoholism	1-3%	45
Autism	<1%	23
Contraceptives	1-3%	29
In Vitro Fert.	3-5%	15
Prescriptions	5-10%	3

Available at [www.CAHI.org](http://www.CAHI.org)

The Council for Affordable Health Insurance is a research and advocacy association of insurance carriers active in the small group, individual, HSA, and senior markets. CAHI is an active advocate for market-oriented solutions to the problems in America's health





## Actual Claims Data BCBS of Minnesota

- In effect for nearly 10 years
- No dollar cap; no age cap
- Premium impact PMPM = \$0.83
- Average annual cost of ABA = \$30,000



## South Carolina State Employee Health Plan

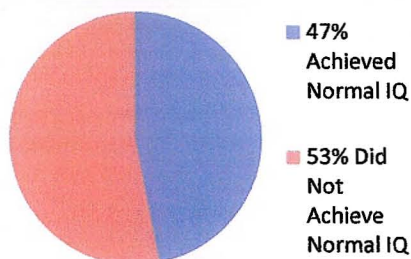
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Dates               <ul style="list-style-type: none"> <li>– Statute passed in 2007</li> <li>– Applicable to state health plan as of 1-1-09</li> </ul> </li> <li>• Population               <ul style="list-style-type: none"> <li>– State has 4.5 M</li> <li>– State employee health plan has 350,000 members</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Terms               <ul style="list-style-type: none"> <li>– \$50,000 cap <u>on ABA</u></li> <li>– To age 16</li> </ul> </li> <li>• Projected Cost               <ul style="list-style-type: none"> <li>Original: \$18.9 million</li> <li>Revised: \$9 million</li> </ul> </li> <li>• Actual cost in 2009               <ul style="list-style-type: none"> <li>\$856,371</li> <li>PMPM: 20 cents</li> </ul> </li> </ul> |
|--|--|



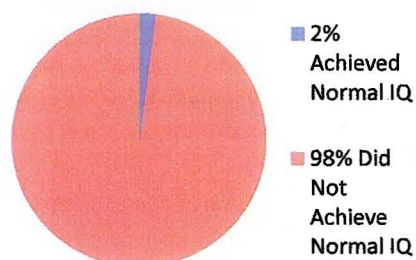
## Savings to the State: Special Education

Outcome of 1987 UCLA Study on Efficacy of ABA

**ABA Group**

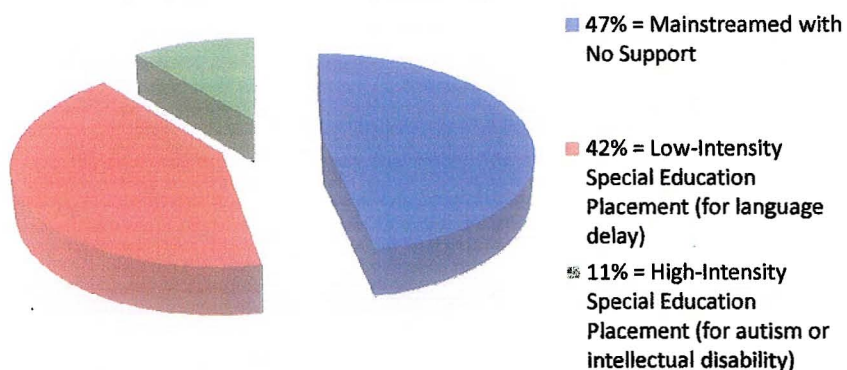


**Other Intervention (Control) Group**



## Outcome of 1987 UCLA Study

**Educational Placements for Group That Received ABA**



## 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 Governor and General Assembly of Virginia (JLARC Report)



### "Educational in Nature"?



- False choice
- What is "educational in nature"?
- *Schools provide?*
- *Schools would provide if adequate resources?*
- No obligation under IDEA to treat medical condition
  - Accommodate v. remedy
- Is speech therapy "educational in nature"?
- *Provided by school personnel?*
- Academic goals
- Diagnosed by?
- Argument du jour
- Rejected in 15 states
- Federal court



## “Educational in Nature”?

- McHenry v. PacificSource Health Plans (D. Oregon, Jan. 5, 2010)
- “While ABA therapy may have beneficial effects on an autistic child’s social and academic skills, its defining characteristic is application of techniques to modify behavior in every area of an autistic child’s life. In this regard, a sports analogy is instructive. While participation in sports can benefit a student’s academic and social skills, no one would classify sports as academic or social skills training.
- Similarly, the incidental benefits in these areas resulting from ABA therapy, while real, do not dictate that it be classified as either academic or social skills training.
- . . . While aimed at improving social and academic functioning, it does this by specifically addressing behavioral deficits possessed by autistic children that interfere with every area of their life, not by educating kids on social norms or teaching study skills or other tools specific to academic success.”

## Two Approaches to Autism-Specific Insurance Bills

- **BROAD**
  - Insurers must cover screening, diagnosis and treatment as prescribed by physician
- **LAUNDRY-LIST**
  - Insurers must cover screening, diagnosis and treatment; treatment will include:
    - ABA
    - ST, OT, PT
    - Psychological & Psychiatric Care
    - Pharmacological Care

## Impact of Federal Health Care Reform

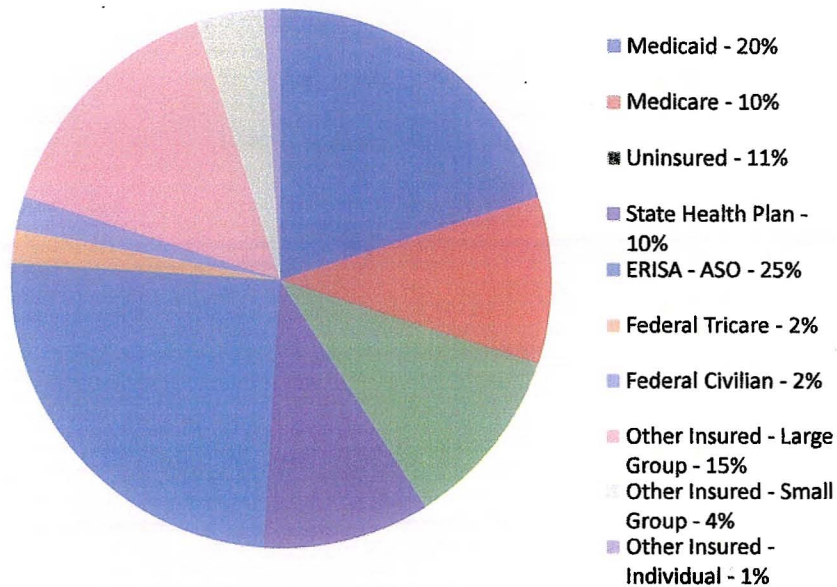
- Amendments by Rep. Doyle (Pa.) and Sen. Menendez (NJ)
- Changed "**Mental health and substance use disorder services**", one of ten enumerated minimum covered services, to "**Mental health and substance use disorder services, including behavioral health treatments**".
- Plans issued through exchanges as well as small group and individual plans.
- Starts in 2014.

## Impact of Federal Mental Health Parity Law

Wellstone-Domenici prohibits:

- Quantitative Treatment Limitations
- Non-Quantitative Treatment Limitations



**Sources of Health Care Coverage**

## Self-Funded ERISA Plans

- “Overall, self-funded plans voluntarily cover 86% of the cost of mandated services.”
- 2008 Report of Maryland Health Care Commission

The MARYLAND  
HEALTH CARE COMMISSION

## Self-Funded ERISA Plans

- Microsoft
- Home Depot
- Intel
- Arnold & Porter
- Halliburton
- Eli Lilly
- Deloitte
- Ohio State University
- Lexington Medical Center
- University of Minnesota
- Progressive Group
- Greenville Hospital System
- Symantec
- DTE Energy

## Provider Credentials [www.BACB.com](http://www.BACB.com)



The Behavior Analyst Certification Board, Inc.® (BACB®) is a nonprofit corporation established as a result of credentialing needs identified by behavior analysts, state governments, and consumers of behavior analysis services.

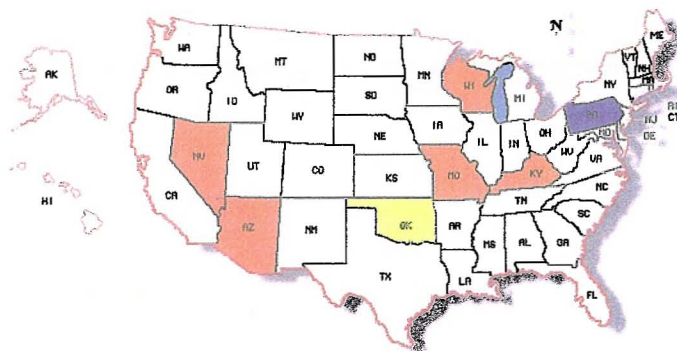
The BACB's mission is to develop, promote, and implement a voluntary international certification program for behavior analyst practitioners.

The BACB credentials Board Certified Behavior Analyst® (BCBA®) and Board Certified Assistant Behavior Analyst® (BCaBA®).



## Insurance States that License Behavior Analysts

- License
- "Behavior specialist"
- License/no insurance



5-29-10

## Ineffective?

- Such policy statements are simply not supported by science.

"The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research . . . . Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, 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."

*American Academy of Pediatrics*

# Neurology

January 2007 Issue

Table 3 Summary of evidence: Incidence and prevalence of 13 neurologic disorders

Disorder	Class of evidence	Range of ages included (y)	Median estimates				Rate ratio, M/F†	Age(s), y, or peak incidence
			Annual incidence		Prevalence			
			Rate/100,000	No.*	Rate/1,000	No.*		
Autism spectrum disorders	I, II	2-16	—	—	5.8	500,000‡	4.2	—
Cerebral palsy	I, II	3-13	—	—	2.4	207,000‡	1.3	—
Tourette syndrome	II	7-17	—	—	3.5§	301,000	4.8	—
Migraine	I, II	12-65	—	—	121	35,461,000	0.4	—
Epilepsy	I, II	All	48	142,000	7.1	2,098,000	1	<1, ≥80
Multiple sclerosis	I	All	4.2	12,000	0.9	266,000	0.5	30
Traumatic brain injury	I	All	101	293,000	—	—	2.1	20, ≥80
Spinal cord injury	I, II	All	4.5	13,000	—	—	4.2	20
ALS	I, II	All	1.6	5,000	0.04	12,000	1.3	≥60
Stroke	I, II	All	183	541,000	10	2,958,000	1.1	≥80
		≥65	1,093	401,000	—	—	—	—
Alzheimer disease	I, II	≥65	1,275	468,000	67	2,469,000	0.5	≥80
Parkinson disease	I, II	≥65	160	59,000	9.5	349,000	1.8	≥70

\* Estimated number of cases in United States in 2005, rounded to nearest 1,000.

† Ratio of rates among males to rates among females.

‡ Estimated number of cases among children younger than 21 years of age only.

§ Data inadequate for firm estimate.

## Why Our Job Is Not Done

- May 27, 2010 at 5:08pm
- Subject: thanks
- I just wanted to say thank you for accomplishing what many people would not have attempted. I live in Charleston, SC. My husbands insurance is self funded so we are having to give up custody of our autistic 2 year old to my parents because their insurance is better. ABA is really helping and there is nothing I wouldn't do for him. You are inspirational to me and a hero. God bless you.





**“[N]o  
disability  
claims more  
parental  
time and  
energy than  
autism.”**

New York Times,  
12/20/04