Testimony on the Study of the Autism Spectrum Disorders
Legislative Interim Human Services Committee
January 17, 2012

Chairman Wieland and members of the Human Service Committee, for the record I am Dr. Kenneth Fischer, Medical Director, Behavioral Health, for Blue Cross Blue Shield of North Dakota (BCBSND). I thank you for the opportunity to present these comments to your committee today.

Treatment for Autism Spectrum Disorders (ASD) in general

Most children in North Dakota are or should be served by a primary care clinician for developmental screening and health needs. The Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010—together referred to as "The Affordable Care Act (ACA)" –recognize that prevention, early intervention and when necessary, treatment of all medical conditions including Autism Spectrum Disorders are an integral part of improving and maintaining overall health. Coordination, communication, and linkage with primary care can no longer be optional given the prevalence of co-morbid health, mental health and substance use disorders.

A free and accessible public education is mandated in the United States. All children with ASD are required to pursue their education and receive comprehensive educational services under IDEA, including specific services for Autism Spectrum Disorders. The primary goals of education are to minimize autism's core features (social, communication and narrow interests) and associated deficits, maximize independence and quality of life, and minister to affected families who are often in distress.

These goals are often accomplished by multidisciplinary teams, usually and ideally in a school setting, because integrated teams are necessary to facilitate development and learning, promote socialization in a natural peer environment, reduce maladaptive behaviors (usually by methods that are eclectic, incorporating some principles of operant learning theory, and other behavioral theories as appropriate), and educate and support both the family and the school system.

Multidisciplinary Educational Interventions (as early as possible in the first few months to years of life, after proper diagnosis or when ASD is simply suspected), behavioral therapies (in the child's natural school environment) and habilitative therapies (SL, PT, OT in the child's natural school environment) remain the cornerstone of treatment.

BCBSND Coverage of ASD

Children with a diagnosis of ASD have the same comprehensive medical coverage under BCBSND that would be available to any other member. This typically includes coverage for routine medical care, childhood immunizations, surgery, hospitalizations, and pharmaceuticals.

Health insurance exists as a means to pay for safe and effective health care services. This is in addition to educational interventions appropriately delivered in the school under federal and state programs.

BCBSND recognizes the critical need to effectively coordinate our responsibilities with the relevant federal, state, and local agencies. The Federal Individuals with Disabilities in Education Act (IDEA) guarantees a "free and appropriate public education." One part of IDEA requires school districts to conduct outreach to pre-school children ages 0-3 who may be disabled and need special services,

called early intervention services (and referred to as multidisciplinary educational interventions above). Autistic children would be identified through this process, and the district would be expected to supply services to those children.

IDEA also requires school districts to set up an "individual education program" for disabled children aged 3-21, and to provide special services to such children. States are required to comply with IDEA and to submit compliance reports to the US Dept. of Education .

BCBSND provides coverage for our members with any established diagnosis, including Autism Spectrum Disorders, when such treatment is provided by appropriately trained, licensed and credentialed clinicians, and when treatment meets medical necessity guidelines. BCBSND seeks to ensure the highest quality of care that is evidence--based; evidence is information that suggests a clearly identified outcome will result from a clearly identified practice or intervention.

BCBSND specifically pays for Diagnostic Evaluations, Speech Therapy, Occupational Therapy, Physical Therapy, Inpatient/Partial Hospital/Residential Treatment Center and Chemical Dependency services, PATH family support services, along with Outpatient Psychotherapies for children and their families, in some form or other depending on the specifics of the member's benefit language.

Prior to engaging in these services, clinicians are required to provide identification of behaviors/symptoms to be targeted; objective , baseline measurement levels for each target in terms of frequency, intensity and duration; descriptions of treatment interventions and techniques specific to the member's targeted symptoms/behaviors including the number of service hours in terms of frequency and duration necessary for each intervention; treatment goals and objective measures of progress for each intervention; strategies for generalization of learned skills; strategies for coordinating treatment with school-based special-ed programs; plans for transition through a continuum of treatments, services and settings; and measurable discharge criteria and a discharge plan.

Medical Necessity determinations for coverage must be consistent with the Technology Evaluation Center Criteria of the Blue Cross Association. The TEC Criteria are a primary resource for the development of medical policy for BCBSND. In 2002, TEC was re-awarded a 5-year contract from the Agency for Healthcare Research and Quality (AHRQ) as one of 13 Evidence-based Practice Centers (EPC) in the United States.

Evidence-based medicine is commonly defined as "The conscientious, explicit, and judicious use of current evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett DL, Straus S, Richardson S, Rosenberg W, Haynes RB. Evidence-based Medicine: how to practice and teach EBM, ed 2. London: Churchill Livingston, 2000.)

The concept of evidence-based medicine provides the foundation of TEC assessments. TEC's mission is to provide healthcare decision makers with timely, objective and scientifically rigorous assessments that synthesize the available evidence on the diagnosis, treatment, management and prevention of disease.

This information also allows patients to participate in the medical decision-making process with their physicians. By sharing in the decision making, patients can express their personal preferences and goals that underline how they would like their treatment handled.

BCBSND believes that all treatments for ASD children, including behavioral and educational interventions, should be based on sound theoretical constructs, rigorous methodologies, and empirical studies of efficacy.

BCBSND reviews its policies for medical necessity consistent with evidence--based practices on an annual basis.

Please note these comments address only BCBSND's coverage of Autism Spectrum Disorders; the coverage provided by other insurance carriers both public and private in this state, can and does vary. Moreover, other variables may affect coverage including the current evidence base of any specific treatment proposed; the evidence base may change with evolving science.

Also, coverage may be affected by the federally unfolding Essential Benefits language and determinations. (Federal Employee Health Benefit Program (FEPHB), for example, recently determined that ABA or Applied Behavior Analysis is a specific benefit exclusion because it does not fit the "Medical Model" that the benefit plan allows, and is viewed as an educational program and training).

Conclusions

Blue Cross Blue Shield of North Dakota is dedicated to providing the best possible services to ASD children and their families. BCBSND constantly reviews emerging literature so that high quality, safe and effective care can be delivered to our members.

The emerging field of ASD treatment is only at the beginning, and much additional research is needed to identify those characteristics of any behavioral treatment for kids with ASD that maximize the treatment's effectiveness (ie content, technique, how often, when to start and when to stop).

BCBSND promotes a continuum of services within our benefit plan, with an emphasis on cost-effective, best practice approaches, within local systems of care in which primary care and behavioral health practitioners are aligned with one another and with the child's school and other systems.

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