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House committee passes autism bill unanimously

Would require PEIA and insurance coverage



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CHARLESTON — The House Finance Committee unanimously approved a bill to mandate insurance coverage for autism spectrum disorders (ASD), but the committee substitute differs significantly from the one that came out of interims and was sent to both chambers.

Committee members and bill supporters have mixed opinions of the new version of HB 2693.

As written, HB 2693 required coverage under PEIA and commercial insurance companies — self-insured plans are exempted. It incorporated ASD treatment into the mental health statute and permitted coverage limits only if they complied with the federal Patient Protection and Affordable Care Act. Joint interim Judiciary Committee staff had said that other states have put ASD coverage in their mental health code, and it puts

A SAMPLING of other bills introduced since Wednesday.

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them on firmer footing looking ahead to federally mandated health care exchanges in 2014.

The committee substitute removes ASD from the mental health code and addresses it separately. It adds WVCHIP to the required coverage.

It also places monetary caps on Applied Behavior Analysis (ABA) — the intensive, one-on-one therapy that is considered the only proven ASD treatment. The bill works

under the assumption that children under 3 are covered under the federally subsidized Birth To Three program, which pays for some services for children with developmental delays.

For children ages 3-6, the bill caps annual coverage at \$30,000. PEIA Director Ted Cheatham said that's the average cost for ABA treatment. For children ages 7-18, it caps monthly coverage at \$1,000. There are no lifetime caps.

The bill requires PEIA to report annually on costs, numbers served and recommended changes.

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Lead bill sponsor Delegate Barbara Evans Fleischauer, D-Monongalia, said she understood why the committee leaders added the caps: It's a measure to hold down costs. Separate fiscal notes estimate the Fiscal Year 2012 impact of the committee substitute at \$1.5 million for PEIA and \$1.3 million for WVCHIP.

But she said she understands parents concerns about the caps, and explained that the lower caps for the older children stemmed from the idea that they will be in school and will have less time for ABA.

Regarding the costs, Fleischauer referred to financial worksheets showing that other state plans can cost less and provide more coverage.

Lorri Unumb, senior policy adviser and counsel for the Autism Speaks advocacy organization, and parent Vicky Shears talked about the worksheets and their views of the bill.

The financial projections are based on claims data in Minnesota and South Carolina, which already mandate ASD coverage.

South Carolina caps annual ABA costs at \$50,000 through age 16. In West Vir-

be 75 cents a month.

Using the Minnesota plan, with no caps or age limits, and figuring from 177,000 PEIA members, the state's cost would be about \$1.7 million and the per-member hike would be 79 cents.

Working from the \$675,000 South Carolina model.

breaking the bank."

Unumb continued, in an email exchange after the meeting, "Autism Speaks applauds the members of the West Virginia Legislature for grappling with this important issue. Families of children with autism have been financially devastated by the lack of insur-

offers meaningful coverage for individuals with autism of any age," she said. "I think most people in West Virginia would be willing to give up one soft drink a month so that individuals with autism can get the care they need."

Shears said she believes the Finance Committee was

nizes the seriousness of the issue and understands he needs to recognize budgetary constraints. But she's disappointed by the caps.

She notes some problems with the new version of the bill. One, many children aren't diagnosed until later than 3. "They could be cut off before they even started in terms of getting the intensive therapy they need."

Two, children can benefit from ABA therapy up to ages 8-12, she said. "Thus, the age cap is too narrow. If there is going to be a cap, it should start with age of diagnosis and continue until a later age."

Delegate Denise Campbell, D-Randolph, is on the Finance Committee and has an 8-year-old son, Logan, diagnosed with ASD. Autism coverage bills have stalled in previous years, she said.

"This was a big hurdle for us. This will be so wonderful for the children who are diagnosed, especially the young ones who benefit the most from the ABA. I'm really excited. I think it's a wonderful, wonderful win."

Her son falls into age range for lower caps, she said. She understands the fiscally conservative approach, but hopes maybe someday the caps will come

ginia, based on 177,000 PEIA members, the state would pay about \$934,560, and the monthly per-member premium hike would be 44 cents. Based on 75,000 employees, the state's cost would be \$675,000 and the per-employee hike would

Unumb said, "Because we now have actual claims data from states that enacted autism coverage several years ago, we know that West Virginia can require insurers to provide meaningful coverage without

ance coverage for medically necessary autism treatments. Some families have moved to one of the 23 other states where coverage is required.

"We encourage members to pass a bill that is fair to West Virginia families and that

working with some wrong information regarding Birth To Three coverage: It doesn't cover ABA, just certain other therapies.

She said she's pleased that Finance Chairman Harry Keith White recog-

off. Still, "It's a wonderful day for children with autism."

There are three other autism bills before the Legislature: SB 218, an una-mended twin to HB 2693, and two different twins, SB 321 and HB 2699.