

SB-562 Health Care Coverage: Autism Spectrum Disorder

The Problem and Background Information:

As defined by *The American Psychiatric Association's Diagnostic and Statistical Manual, Fifth Edition* (DSM-5), Autism Spectrum Disorder (ASD) is characterized by a continuum of impairments in social communication and interaction alongside restricted, repetitive behaviors and/or interests. The Center for Disease Control (CDC) approximates that 1 in 54 children is diagnosed with ASD. In 2017, the State of California signed into law Cal. Insurance Code § 101v4.51, requiring that all health care service plans and health insurance companies cover prescribed, medically necessary, evidenced-based behavioral health services for individuals meeting criteria for ASD. However, there are several issues of concern.

First, the way in which “behavioral health treatment (BHT)” is currently defined by state law has resulted in many patients with ASD receiving coverage for one form of behavioral health treatment (i.e., Applied Behavioral Analysis [ABA]) only, which is strictly rooted in behavior theory. This narrow definition imposes many limitations to service accessibility for Californians with ASD, namely leaving the choice of treatment at the hands of insurers rather than clinical professionals. Second, the law provides barriers to service accessibility by *requiring* parent participation to achieve the goals and objectives outlined in the behavioral treatment plan. While a caregiver’s ability to reinforce the skills provided by the ABA therapist is important to the efficacy of services rendered, children whose parents are unable to participate in therapy are provided reduced BHT or denied BHT as a whole. Lastly, state law identifies “qualified autism service providers,” “qualified autism service professionals,” or “qualified autism service paraprofessionals” as the eligible administrators of BHT based on education and training requirements outlined by the Department of Developmental Services (DDS). However, the limitations in defining what constitutes these service providers has resulted in a shortage of providers and lengthy waitlists.

Thus, SB-562 would expand the definition of BHT to require coverage for treatments based on developmental, relationship-based, and/or other evidenced-based models in addition to the existing behavioral-based qualification currently set in place. Moreover, the bill would disallow denial or reduction of BHT based on the setting, location, and/or time of treatment, or when caregivers are not able to participate in the intervention plan. Instead, qualified service providers would need to develop an individualized treatment plan that is specific to the patient and the caregiver’s participation abilities or consider an alternative plan should the caregiver be unable to participate. Finally, SB-562 would expand the definitions of qualified autism professionals and paraprofessionals by outlining specific education and work/training experiences that individuals could meet (pending a background check) when DDS requirements are not met.

Our Position:

This bill should be passed, as it will benefit children with ASD as well as their families by reducing wait lists, expanding access to services, and allowing services to be tailored to individual patient needs.

Arguments in Support:

Disability Rights California writes that when the Legislature passed SB 946 in 2011, the BHT definition was broadly defined to include all physician or psychologist prescribed evidence-based forms of therapy. Despite the best intentions, in practice the law limited this. At present, typically only behaviorally-based

approaches such as ABA are covered by insurance carriers, leaving many children unable to receive other forms of effective developmental and relationship-based interventions even when prescribed by a health professional. Though agencies that provide ABA therapy, such as the Center for Autism and Related Disorders, argue that behavioral approaches have demonstrated more effectiveness in research, a recent meta-analysis on the effectiveness of various interventions for children with ASD published by the American Psychological Association reported that randomized control trials across studies demonstrated strong evidence for the effectiveness of developmental approaches such as DIR/Floortime as well as naturalistic developmental behavioral interventions such as the Early Start Denver Model (Sandbank et al., 2019). This bill will help families in need of a wider variety of evidence-based BHT by allowing health professionals already licensed by the State of California or registered under the provisions of the Business and Professions Code to be covered for providing medically necessary, physician prescribed, evidence-based behavioral health treatment under strict supervision. This increase in available providers would additionally shorten waitlists for services, as there would be more in-network providers to address service needs.

Additionally, though both the California Chamber of Commerce and the Department of Finance raised concerns regarding the cost of expanding behavioral health treatment coverage, this bill stands to benefit the State financially in a number of ways: (1) Regional centers will no longer be required to provide coverage for BHT when private insurances deny coverage for physician prescribed BHT, (2) the number of Independent Medical Review appeals through the California Department of Insurance (CDI) and Department of Managed Healthcare (DMHC) will be reduced, and (3) providing the most appropriate forms of therapy for the individual allows for better outcomes and reduces the long term needs for both therapy and other forms of assistance saving both insurance and the State support costs.

Summary:

In summary, we are advocating for the passing of this bill, as it will benefit those with Autism Spectrum Disorder and their families. This legislation increases the standard of care for families who would benefit from much needed behavioral health services tailored to their child's needs while also empowering parents and caregivers to have more of a voice in their children's treatment. As healthcare professionals who regularly support families accessing behavioral health services, we see that the benefits far outweigh the costs when it comes to increasing access, care, number of providers, and elevating the voices of families with children with Autism. Doing so will lead to long-term improvement in health outcomes, life satisfaction as well as overall family wellness. Parents and caregivers should not have to bear the brunt of a taxed and oftentimes, under resourced medical system. We support legislation that impacts the macro, meso, and micro-levels of healthcare and gives clients the services they need to thrive.

References:

Sandbank, M., Bottema-Beutel, K., Crowley, S., Cassidy, M., Dunham, K., Feldman, J. I., Crank, J., Albarran, S. A., Raj, S., Mahbub, P., & Woynaroski, T. G. (2020). Project AIM: Autism intervention meta-analysis for studies of young children. *Psychological Bulletin*, 146(1), 1–29.