

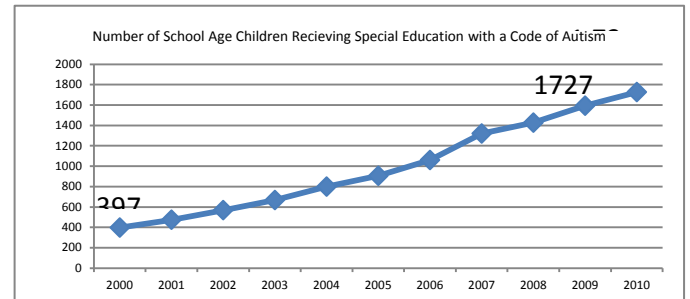
# Priorities *for* New Hampshire's Children 2012

## Insuring Quality Outcomes Through Early Intervention

### Issue Overview

Autism Spectrum Disorders (ASDs) are a group of complex, neurodevelopmental disabilities that can cause significant social, communication and behavioral challenges. First identified as a specific condition in the late 1930's, autism was once thought to be a severe but rare psychiatric illness that tragically affected young children. The modern view is far more complex: As with many behavioral health issues research has expanded our understanding of the neurological underpinnings of ASD. Now considered a "spectrum disorder," diagnostic criteria have also broadened to reflect the fact that ASD impacts individuals differently and to varying degrees. Epidemiological research has highlighted the presence of multiple co-morbidities, including immune system and gastrointestinal disorders, seizures, and psychiatric conditions such as anxiety and depression.

For reasons that are not well understood, the prevalence of ASD has increased significantly over the past two decades, rising 289.5% in the twelve year period from 1997 to 2008, according to the Centers for Disease Control (CDC). The most recent report by the CDC estimates that an average of 1 in 110 children in the U.S. has an ASD. In New Hampshire according to the NH Department of Education Report on Statewide Census by Disability, the total number of students receiving special education under the code of autism was 1727 in November, 2010, a more than fourfold increase from 2000.<sup>i</sup> Similarly, NH's Early Supports and Services system has seen a significant increase in the number of children with ASD seeking services; from FY 2000 to FY 2006, the number of children



birth to three years of age who were identified with an ASD grew 30%.

There are many supports and accommodations that have enabled those with ASD to achieve long-term academic success, sustained employment, and independence. For these reasons, guidelines published by the American Academy of Pediatrics (AAP) in 2007<sup>ii</sup> high-light the importance of universal screening, early identification, and intensive treatment, including an approach known as Applied Behavior Analysis (ABA). ABA is highly structured, targeted to developmentally appropriate skills, and ideally conducted for a minimum of 25 hours/week. Although there remains no cure, intensive therapies have been found to reduce interfering symptoms in up to 87% of cases.

These treatments are effective, but costly. A Harvard University study found that the cost associated with the lifetime support of an individual with autism is \$3.2 million<sup>iii</sup>. At least 90% of this cost is incurred during adult life. In other words, choosing not to provide intensive, early treatment translates into both a tremendous loss of human potential and a staggering increase in tax payer dollars.

Here in New Hampshire, great strides have been made in establishing routine screening and earlier diagnosis.



The New Hampshire Child Advocacy Network (NH CAN), a program of the Children's Alliance of New Hampshire, is a statewide nonpartisan coalition of Partners and Advisors working to improve the well-being of New Hampshire's children. NH CAN partners annually develop a consensus set of *Priorities for New Hampshire's Children* focused on safety and well-being, health and wellness, economic security and education. This agenda for the state's children informs government policy and budget priorities and inspires community action.

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However, there remain significant barriers to intensive treatment including lack of insurance coverage, ambiguity in the use of Medicaid waiver services and inadequate reimbursement rates.

In the 2009 legislative session, the NH Council on Autism Spectrum Disorders successfully partnered with NH CAN and other advocacy groups to secure the passage of HB 569, also known as "Connor's Law." Embedded in NH's mental health parity statute, this bill sought to clarify what treatments should be covered for ASD and to align that coverage with American Academy of Pediatrics guidelines. Connor's Law was signed by Gov. John Lynch in August, 2010 and became effective January 1, 2011.

## Proposed Solution

In the 2012 legislative session, two bills threaten to roll back established protections in NH law for the coverage of early, intensive intervention for children with ASD or other developmental disabilities: (1) HB 309, which has been recommended by the House Commerce Committee as "ought to pass," adds periodic utilization review to the requirements for coverage under Connor's Law and under a second statute known as the "Early Childhood Mandate." (2) HB 627 takes a more global approach to reducing these state consumer protections. It would tie NH's minimum coverage requirements to the standard set by the federal Patient Protection and Affordable Care Act (PPACA) for "essential benefits". This benchmark has not been set by federal authorities but may, in effect, set aside Connor's Law and similar protections for therapeutic services.

In addition, service providers and families have reported significant difficulty in securing the benefits guaranteed by Connor's Law. Coverage for ABA is still commonly denied or rendered

unavailable due to low reimbursement rates. A recent area agency survey indicated that coverage for early childhood services such as speech and occupational therapy is denied in 50% of claims, despite the above noted protections; this rate is consistent with past claims reviews.

## Call to Action

We are proposing two-pronged strategy: First, NH advocates must work diligently to defeat or derail legislation that would undermine existing consumer protections for health insurance coverage that supports intensive intervention for children with ASD or other developmental disabilities. Second, working with the NH Department of Insurance, providers, and families advocates must insure that carriers are faithfully implementing Connor's Law and the Early Childhood Mandate.

## Find out More

The NH Council on Autism Spectrum Disorders will work closely with NH CAN, the NH Council on Developmental Disabilities, the Autism Society of NH, and other partners to orchestrate a coordinated campaign for improved insurance coverage for the treatment of ASD and other developmental disabilities. For more information, contact Kirsten Murphy, Director, NH Council on ASD at [kirsten.murphy23@gmail.com](mailto:kirsten.murphy23@gmail.com).

## References

<sup>i</sup> It should be noted that this does not reflect NH's entire ASD school population, as many students with ASD receive special education services that do not fall under the autism code and are not captured by the Department of Education Census.

<sup>ii</sup> Chris Plauché Johnson, MD, MEd, Scott M. Myers, MD and the Council on Children With Disabilities, "Identification and Evaluation of Children with Autism Spectrum Disorders," *Pediatrics*, Vol. 120 No. 5 November 2007, pp. 1162-1182; and Chris Plauché Johnson, MD, MEd, Scott M. Myers, MD and the Council on Children With Disabilities, "Management of Children with Autism Spectrum Disorders" *Pediatrics*, Vol.

<sup>iii</sup> Ganz, M. L. "The Lifetime Distribution of the Incremental Societal Costs of Autism." *Archives of Pediatrics & Adolescent Medicine* 161.1 (2007): 343-349.



**Children's Alliance**  
of New Hampshire  
*Raising our Voices for Children*



*NH CAN is a program of the Children's Alliance of New Hampshire*

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