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California Legislature  
Senate Select Committee  
on  
Autism & Related Disorders



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**Senate Select Committee on Autism & Related Disorders**

**INFORMATIONAL HEARING:**

***HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS (ASD):***

*Current Regulatory Oversight of Behavioral Intervention Therapy*

**July 13, 2011**

(10:00 AM to 12:30 PM)

**The Capitol Building; Room 3191**

**AGENDA**

1. **Welcome & Opening Comments** (10:00-10:15AM)  
Senator Steinberg and Committee Members
2. **Current Status of Behavioral Intervention Therapy (Panel):** (10:15-10:45AM)
  - a) *A Medical & Scientific Overview of Behavioral Intervention Therapy for ASD:* Joshua D. Feder, M.D.; Robin L. Hansen, M.D.
  - b) *The Challenges Faced by Consumers and Families in Accessing Healthcare Insurance Coverage for ASD:* Areva Martin, Esq.; Kristin Jacobson, MBA
  - c) *The Status of "Behavioral Health Treatment" as an Essential Benefit of the Patient Protection & Affordable Care Act of 2010:* Lorri Unumb, J.D.
  - d) *The Current Perspective of Health Plans with Regards to Behavioral Intervention Therapy for ASD:* Charles Bacchi
3. **Accessing Behavioral Intervention Therapy: Coverage & Medical Necessity** (10:45-11:15AM)
  - a) *Determination of "coverage" & "medical necessity"*
  - b) *Regulatory process to enforce "coverage" & "medical necessity"*

c) *Monitoring of compliance by health plans*

California Department of Insurance: Commissioner Dave Jones J.D.;  
Patricia Sturdevant, J.D., Deputy Commissioner, Policy and Planning;  
Tony Cignarale, J.D., AIC, Deputy Commissioner of the Consumer Services &  
Market Conduct Branch

Department of Managed Health Care: Maureen McKennan – Acting Deputy  
Director of Plan and Provider Relations;  
Kevin Donohue – Assistant Chief Counsel – Help Center;  
Drew Brereton – Staff Counsel, Office of Enforcement

4. **Delivery of Behavioral Intervention Therapy: Licensing & Certification**

(11:15-11:45 AM)

- a) *Current requirements by each department*
- b) *Regulatory basis for these requirements*
- c) *Statutory and litigation status for these requirements*
- d) *Monitoring of health plan compliance*

California Department of Insurance: Commissioner Dave Jones J.D.;  
Patricia Sturdevant, J.D., Deputy Commissioner, Policy and Planning;  
Tony Cignarale, J.D., AIC, Deputy Commissioner of the Consumer Services &  
Market Conduct Branch

Department of Managed Health Care: Maureen McKennan – Acting Deputy  
Director of Plan and Provider Relations;  
Kevin Donohue – Assistant Chief Counsel – Help Center;  
Drew Brereton – Staff Counsel, Office of Enforcement

5. **Discussion, Questions, and Next Steps** (11:45AM-12:05PM)

- a) *Committee members in dialogue with representatives  
of DMHC; Dept. of Insurance; advocates; health plans*

6. **Public Comments** (12:05-12:25PM)

7. **Closing Remarks & Adjournment** (12:25-12:30PM)

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**INFORMATIONAL HEARING ON AUTISM INSURANCE COVERAGE:**

June 10, 2010

(10:30AM to 1:00PM)

The State Capitol Building; Room 3191

**Topics for Discussion**

*Questions & Issues That Have Been Posed To Participants*

- What is considered to be the “standard of care” for the evaluation and treatment of ASD?
- What is the scientific evidence with regards to the medical treatment for ASD? What is the standard protocol for treatment of autism for children 0-5 and for those older than 5?
- What is the scientific evidence with regards to early intensive behavioral intervention (ABA) therapies and what is the impact of these treatments on brain function? What is the scientific evidence that these interventions are medically necessary for the treatment of ASD?
- Are ABA therapies medical or educational? How can they be differentiated?
- What are the problems and challenges that consumers face in accessing services from health plans for the evaluation and treatment of ASD?
- How often do plans challenge the diagnoses of ASD?

- What do plans believe must be covered for ASD under the mental health parity act?
- Do the plans cover ABA therapies? If not, why? If so, what level of services (i.e. assessment; planning; implementation) do they cover?
- Are there caps on services (other than lifetime caps for all services)?
- Which providers are acceptable to render which services?
- Have plans established networks of providers?
- What services are denied for the treatment of ASD; what are the bases for those denials?
- What are the problems and challenges that the California Department of Insurance and the California Department of Managed Health Care face in monitoring the compliance of health plans and insurance companies with the existing mental health parity law?
- Are there recommendations that DMHC can provide to address the grievances and complaints that have been filed by consumers with regards to ASD?

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*Perspectives & Overview of the Hearing: July 13, 2011*

**An Introduction to Autism Spectrum Disorders**

Autism Spectrum Disorders (ASD) and Pervasive Developmental Disorders (PDD) are a group of *behaviorally-defined* severe disorders of brain development affecting one in 110 children and more likely to occur in males than females at a ratio of 4:1. Some of the first signs of autism are unusual emotional behavior, reduced social interest, and poor eye contact that begin to be seen at about one year of age. By three years of age, a child may be given a diagnosis of autism if they display three core behavioral features: (i) impairments in reciprocal social interactions; (ii) abnormal development and use of language; and (iii) repetitive and ritualized behaviors and a narrow range of interests. Early warning signs of autism can now be detected in some children with this disorder during the first year of life. For example, young toddlers who subsequently develop these disorders show demonstrable differences in eye movement tracking, facial pattern recognition, and auditory stimulus responses. Other early warning signs include an absence or lack of "babbling," joyful expressions, single words or short phrases during the second year, and/or a loss of language skills at any age.

The term "Pervasive Developmental Disorders " (PDD), refers to a group of conditions, which in addition to ASD, also includes Asperger's Syndrome: difficulty with social interaction and communication; have a narrow range of interests; but usually average or above average intelligence; develop normally in the areas of

language and cognition. Childhood Disintegrative Disorder: rare condition; children initially are normal but between 2 and 10 years of age there is a loss of social and language skills, muscle coordination and other functions, including bowel and bladder control. Rett's Syndrome: very rare disorder almost always in girls; loss of many motor or movement, skills and develop poor coordination. Pervasive Development Disorder Not Otherwise Specified (PDDNOS): children with significant problems with communication, interactions, and play, but are too social to be considered autistic.

In addition to the core features of autism, there are common co-morbid neurological disorders, such as epilepsy, anxiety, and sleep disorders. Furthermore, many individuals with autism have severe to moderate delays of cognitive development, and many individuals with autism have troubling gastrointestinal problems and some have dysfunction of their immune system. Although the cause of autism is unknown, researchers believe that there is a strong interaction between genetic and environmental factors. In addition there is increasing evidence that ASD is also associated with abnormal connections in brain pathways and brain cell functions. For example, studies of very young children with autism have shown that certain parts of the brain actually mature too fast. All of these data support the conclusion that autism is a brain-based medical disorder.

## **Behavioral Intervention Therapy**

“Behavioral Intervention Therapy” (BIT), which encompasses a wide modality of interventions and treatments, is currently considered by many researchers, experts, and clinicians to be the most effective form of treatment for children with ASD/PDD. These interventions, which are also frequently identified as *Applied Behavior Analysis (ABA)*, may include an array of established modalities such as “*discrete trial training*,” “*incidental teaching*,” “*pivotal response training*,” and other behavioral programs designed to increase a child’s ability to communicate. Some forms of BIT, such as the “*Denver Early Start Model*,” “*Pivotal Response Therapy*,” “*DIR/Floortime*,” and “*RDI*” stress the importance of developmentally-based therapy

that is frequently provided in the child's natural environment. Evidence-based research has demonstrated the efficacy of BIT. In a study by J. S. Howard and colleagues that was published in 2005 about 50% of children with ASD who were treated with ABA therapy before the age of four had significant increases in IQ, verbal ability, and/or social functioning. In addition, a significant number of other children who received ABA therapy at an early age were eventually able to attend classes with their peers when compared to those who didn't. In 1999 the U.S. Surgeon general concluded that, "thirty years of research on the ABA approach have shown very positive outcomes when ABA is used as an early-intervention tool for autism." The Department of Managed Health Care (DMHC) has also validated the use of ABA as an effective medical intervention for the treatment of ASD/PDD. The Independent Medical Review (IMR) process allows patients to appeal services, interventions, and treatments that were requested by consumers but denied by health plans. This process has been guided by established medical guidelines and scientific best practices and conducted only by physicians who are experts in the field of ASD/PDD. Since 2008, IMR has granted the families' request for ABA therapy in ten out of eleven (91%) cases. These IMR rulings were accompanied by scientific explanations and supporting evidence. Examples of comments from the reviewing IMR experts that submitted rulings during the past year included the following:

- "There is compelling evidence that intensive behavioral therapy is successful in improving both language capacity and later social functioning."
- "ABA therapy has been shown to be efficacious in the treatment of autism and ASD. Improvements as a result of intensive early intervention with ABA therapy have been demonstrated in terms of measure IQ as well as in adaptive, social and communicative skills in comparison to control patients who did not have ABA treatment."
- "ABA is considered the standard of care, particularly in early intervention programs, by many experts in the field."
- "ABA is considered the gold standard of treatment of autistic children."

- ABA is not an experimental program, and the peer-reviewed literature has documented its effectiveness.
- “ABA is an effective therapy whose time has come to be recognized as standard care in the treatment of ASD.”

Treatment approaches that focus on changing behavior are used in a wide range of medical disorders, including addictions, depression, obsessive compulsive disorder, eating disorders, aphasia, and brain injury. Such treatments are administered by a wide range of health related professionals, including psychologists, psychiatrists, speech/language therapists, nutritionists, psychiatric social workers, occupational therapists, behavior analysts, and many others. Effective approaches used to change people's behavior, build more appropriate skills, and reduce inappropriate behavior, come from years of research on learning principles and underlie behavior therapy. The basic approach of BIT follows the principles that behaviors that help a person achieve their goals become stronger, and those that do not help a person achieve their goals become weaker, over time. These same principles can help nonverbal people learn to speak, can help people stop hurting themselves and others, and can help people learn to respond appropriately when others speak to them or try to help them. Furthermore, all of these symptoms respond to treatments designed to stimulate use of more typical ways of functioning. As in other medically necessary treatments, the treatment approach must be individualized for each person, based on their unique characteristics, and it must be designed by a professional with training and expertise in behavior change. However, as in other therapies, the interventions themselves, once designed, can be delivered by many different people, including therapy assistants and others being supervised by the professional in charge, which allows for a much more economical approach to treatment.

According to Dr. Sally Rogers, a world renowned expert at the MIND Institute on the treatment of ASD, “People with autism of all ages and all severity levels can respond well to carefully designed, individualized interventions. This is due to the plasticity of an infant's brain and the speed with which young children learn, and we see this

type of effect in other disorders as well – e.g. deafness, brain injury. To conclude, behavior intervention therapy has applied the science of learning to change behavior. It is successful at treating a variety of medical conditions, and it is the most successful treatment procedure that currently exists for improving the core biological symptoms of ASD, for persons of all ages and all levels of severity.

## **Mental Health Parity Law**

California's existing parity law (AB 88; Thomson) requires that private health plans and insurers provide medically necessary services for the diagnosis, care, and treatment of individuals with autism (ASD) and pervasive developmental disorders (PDD.) Furthermore, this legislation is intended to provide a "level playing field" of coverage and benefits for these disorders that is comparable to and offered on the same basis as other medical conditions. However, findings by the California Legislative Blue Ribbon Commission on Autism as well as a testimony presented at a prior hearing (June 10, 2010) by the Senate Select Committee on Autism & Related Disorders (Committee) indicated that many individuals still face the following barriers in accessing these services:

- The roles and responsibilities of health plans and insurers for ASD/PDD services are not well defined and that coverage for behavioral intervention therapy may be limited, inconsistent, or excluded altogether.
- Frequently there is lack of consensus about the medical necessity of services for individuals with ASD/PDD.
- When health plans and insurers contract (carve out) behavioral health services, there is often fragmentation and/or denial of services, leaving families with lost time and no services.
- Health plans and insurers do not consistently provide access to professionals with adequate training and expertise in ASD/PDD.

Some plans have denied certain services, which appear to be covered and medically necessary, by claiming that they are "educational." These denials have forced

families to try to obtain these services from school districts and from special education programs. Other consumers have been informed by health plans that early assessment and intervention services for ASD/PDD must be obtained from their Regional Center. The Lanterman Act specifically mandates that Regional Centers provide services as “the payers of last resort.” When health plans fail to provide covered benefits to their enrollees, they not only fail to fulfill their contractual obligations, but shift the burden of these costs inappropriately on California taxpayers.

### **Focus of the Committee Hearing: July 13, 2011**

Among the gaps and barriers related to private insurance coverage for ASD/PDD, issues related to “Behavioral Intervention Therapy” (BIT) are the most contentious and frequently noted. Furthermore, during prior Committee hearing (edited transcript of this hearing is also enclosed) on this topic, Senator Steinberg and other members noted the following:

- The impressive scientific and medical evidence on the efficacy of BIT
- A seemingly incontrovertible dispute between health plans and consumers as to whether BIT is “educational” or “medical”
- The lack of clarity and regulatory oversight regarding BIT
- The importance of resolving these disparities and providing appropriate access for BIT

Therefore, Senator Steinberg has re-convened the Committee in order to determine the progress that has occurred in closing these gaps and resolving these issues. The first panel will provide a brief overview of the current status of BIT; the challenges faced by consumers and their families; the perspective of the health plans on these issues; and an update on the status of BIT as an essential benefit of the Affordable Care Act of 2010. The remainder of the hearing will primarily focus on information and testimony that will be provided by the California Department of Insurance (DOI) and the Department of Managed Health Care (DMHC). The second

panel will discuss procedures, regulations, and oversight that are utilized to establish issues of coverage and medical necessity for BIT. The third panel will provide testimony on the implantation and oversight of BIT; including a discussion on the licensing and certification of the providers for these interventions. The hearing, following a series of questions and discussion from the Committee members and the panel participants (Agenda Item 5), will conclude with public comments and closing comments by the Committee.

Respectfully submitted,

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## Overview of Panel # 1 (Agenda item 2)

The First Panel will “set the stage” for the hearing. Since many members of the Committee did not participate in the prior autism insurance hearing (June, 2010) this panel will provide an **overview of behavioral intervention therapy (BIT)** for ASD. This presentation will discuss whether BIT should be considered a “medical” vs. “educational” intervention; a discussion why the Am. Academy of Pediatrics included BIT as an educational intervention; and a comparison of BIT with other forms of medical therapies for ASD. This panel will also include a brief overview of the **challenges faced by parents** in accessing appropriate healthcare services for ASD (we can include more extensive information on this issue for the Committee Members in our hearing binder.) This panel will provide an update on **the federal aspects** of this issue: i.e. the behavioral health treatment component of the essential health benefits has been included in the “Affordable Care Act of 2010.” The **California Association of Health Plans** representative will present their perspectives on the issue of BIT as well as possible updates on the federal healthcare reform act.

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### Overview of Panel # 2

#### (Agenda item 3)

The Second Panel will include representative from the Department of Managed Health Care and the Department of Insurance. This panel will be asked to focus on issues that are related to the determination of “coverage” and “medical necessity” for Behavioral Intervention Therapy (BIT). The following questions and issues will be discussed:

- A. DMHC and DOI will be asked to provide a brief introductory statement as to the current status of providing behavioral health treatment for individuals with ASD and whether Behavioral Intervention Therapy (also frequently called ABA therapy) should be viewed as a component of therapy that is regulated under California’s Mental Health Parity Law.
  - What have you done between last year and this year regarding autism insurance cases?
  - The problems we see facing families with autism are systemic and yet are handled on a case by case basis – what have the departments done to address the problems systematically?
- B. How is “coverage” and “medical necessity” for BIT determined by each department? What has been the “process” for these making these determinations?
- C. During the hearing in June, 2010 hearing on this issue, Sen. Steinberg recommended that regulations with regards to BIT therapy should be

established by both departments; have these been implemented? (please discuss)

- D. Can health plans initially deny BIT based on “medical necessity” and subsequently (after exhausting the internal appeals process) deny the same case on the basis of the “coverage” issue or the other way around?
- E. How can consumers determine whether BIT is a covered benefit and should be provided by their health plan?
- F. What has been the number of cases related to BIT that have gone to IMR during the past 5 years? (Please review and discuss the implications of these findings)
- How many ABA complaints are handled through the standard complaint process versus the IMR process?
  - How does this break down by year AND pre March, 2009 and post March 2009
  - What are the outcomes for the standard complaints?
  - What are the outcomes for the IMRs?
  - How do outcomes of cases handled as standard complaints and IMRs differ?
  - Incomplete applications – how many IMR applications fail to be processed due to incomplete information? Of these, how many are due to the lack of the Autism Physician Questionnaire (APQ), which is required by the DMHC by not by DOI? For standard (coverage) complaints, how many of these cases that are not decided in favor of families are due to the licensing to licensing and certification issues, although the APQ does not indicate that these services must be provided by a licensed provider?
  - In the Watchdog case the court gave the DMHC the discretion to send cases to IMR or handle as standard complaints – why is the department not following the option that provides more consumer protection and letting doctors decide these cases?
  - Does the department allow plans to change denial reasons from experimental/not medically necessary to “not a covered benefit” to avoid the IMR process? (DMHC does, DOI does not). If you do, how do you

prevent plans from mischaracterizing the denials with the express purpose of avoiding the IMR process?

G. What happens if the health plans fail to implement the IMR findings and recommendations?

- How long do decisions take to be implemented by plans? How does this differ between standard complaints and IMRs?
- How does the department monitor whether decisions are implemented?
- How many of the decisions in favor of families have NOT been implemented by the plans?
  - How does this differ between standard complaints and IMR
  - How long have they been pending?
  - What is the department doing about cases where plans have not implemented their orders?

H. Enforcement

- What kind of enforcement actions have been taken by the department?
- What kinds of actions are being planned?
- Have any plans/insurers been fined for not implementing IMR or standard complaint decisions? Have any plans been fined for implementing decisions after the statutory time frames?
- How are the departments monitoring compliance by the health plans?

I. Other questions

- Cessation of services: It has been alleged that some health plans have started abruptly terminating services that were previously ordered and covered – what is the department doing to address that specific issue since kids are at particular risk when services are abruptly changed or interrupted? Systematic problems – what steps is the department taking to address systematic problems by the plans/insurers?
  - Systematic denials
  - Systematic misprocessing of claims (e.g., over standard units despite prior auths)

- Ensuring that there is an adequate network of providers for BIT and that these providers are receiving appropriate compensation for their services
- To ensure that families are not subject to multiple and recurrent denials for essentially similar services
- To ensure that barriers such as inappropriate terms/conditions/requirements are not placed on ABA providers
- Speech/Language Therapy; Occupational Therapy (ST/OT): Although these services are considered basic health care treatments, it is alleged that some health plans systematically deny them for autism. They are denied because some plans and insurers limit ST & OT only for traumatic brain injury or to restore loss of skills. This policy would seem to violate the mental health parity law. Please indicate what policies and procedures are in place to ensure that appropriate ST and OT are provided for individuals with ASD.
- Are the departments enforcing the relevant federal laws that also address these issues? If so, how?
  - For example, Wellstone Federal Mental Health Parity Act prohibits visit and financial limits and is more consumer protective in some aspects than the California mental health parity law.

For example, ERISA law prohibits changing denial reasons once initial denials are issued for plans that are regulated by both ERISA and California law (e.g., fully insured group plans).

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## Overview of Panel # 3 (Agenda item 4)

The Third Panel will include representative from the Department of Managed Health Care and the Department of Insurance. This panel will be asked to focus on issues that are related to the delivery and implementation of BIT. The following questions and issues will be discussed:

- A. What are the licensing/certification requirements that have been established by each department with regards to BIT?
- B. What is the regulatory basis for these requirements and what was the process by which these regulations were established?
- C. How are health plans monitored to determine that they are providing an adequate network of providers?
- D. Please provide an overview and update with regards to any litigation that involve each department and involve ASD issues

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### **HEALTH INSURANCE COVERAGE FOR AUTISM SPECTRUM DISORDERS (ASD): Current Regulatory Oversight of Behavioral Intervention Therapy**

**July 13, 2011**

(10:00 AM to 12:30 PM)

**The Capitol Building; Room 3191**

### **Panel Biographies**

**Joshua D. Feder, M.D.** National Merit Scholar Dr. Joshua Feder attended Boston University where he received his Bachelor of Arts in Mathematics Magna Cum Laude in 1982 and Doctor of Medicine Cum Laude in 1986 with the John M. Murray Prize in Clinical Psychiatry, working with children and adults with autism and other developmental disorders, conducting research on use of mammography and on immunologic efficacy of stored blood products, received Distinction for work on mathematical models of the brain that predicted the effect of Ritalin in Attention Deficit Hyperactivity Disorder. Dr. Feder is the Director, Department of Research in the Graduate School of the Interdisciplinary Council on Developmental and Learning Disorders, and a clinical assistant professor at UCSD School of Medicine, teaching biostatistics, research design, and psychopharmacology for PhD Candidates. Dr. Feder specializes in neurobehavioral medicine and application of multimodal interventions. Dr. Feder has served on the Autism Committee of the American Academy of Child and Adolescent Psychiatry, where he helped write the Practice Parameters for Assessment and Treatment of Autism and Related Disorders " that might be important. Dr. Feder is the recipient of numerous awards and citations, military and civilian. Dr. Feder was named a Distinguished Fellow of the American Psychiatric Association in 2008. He is licensed to practice medicine in the State of California, and has held active licenses in Hawaii and Maryland. Dr. Feder holds dual board certifications in General Psychiatry and Child and Adolescent Psychiatry and he has served several times as an examiner for the American Board of Psychiatry and Neurology.

**Hansen, Robin L, M.D.** Director of Clinical Programs, M.I.N.D. Institute; Professor and Chief, Developmental-Behavioral Pediatrics, Department of Pediatrics, School of Medicine; Director, University Center for Excellence in Developmental Disabilities.

Dr. Hansen is a developmental-behavioral pediatrician/researcher with vast experience in diagnosing and treating children with neurodevelopmental problems such as pervasive developmental disorder, autism, learning disorders, and attention deficits. She heads a multidisciplinary clinic that diagnosis children, plans/initiates intervention strategies, and works closely with patient families. Her clinical research has focused on children's temperament and its effects on parenting, long-term effects of prenatal drug exposure, and etiologic diagnosis of pervasive developmental disorders such as autism, including clinical characteristics, biologic markers and gene-environment interactions. Dr. Hansen has developed services for families affected by parental substance abuse, infant mental health, and children in foster care in Sacramento County. She has been an advocate for children at high risk for developmental/behavioral disorders, through her research and her community service at the local, state and national level.

**Areva D. Martin, Esq.** Known to audiences across the country from her regular appearances on *The Dr. Phil Show*, as well as CBS *The Early Show*, *The Doctors*, and various Fox News programs, Areva is an accomplished and multi-award winning attorney and nationally recognized disability rights advocate who has also been featured on the pages of publications ranging from the *New York Times* to *Ebony Magazine* to *Redbook* and the *LA Times*. Areva is the founding and Managing Partner of Martin & Martin, LLP, one of the largest African American-owned female law practices in Southern California. She is also the co-founder and President of Special Needs Network, Inc., a 501 © grassroots organization whose mission is to raise awareness of developmental disabilities and provide resources to families in underserved communities and to impact policies that impact children and adults with autism. The organization has provided resources and training to more than 20,000 families in the South Los Angeles community and is recognized by elected officials, community and business leaders and parents as the “go to organization” in Los Angeles on issues of autism and its impact on families of color and those in low-income communities. The recipient of numerous awards including *the Los Angeles County Women of the Year* and the *California Legislative Black Caucus' Martin Luther King Trailblazer Award*, Areva served as one of the Vice-Chairs on the California Blue Ribbon Commission on Autism and the Chair of the South Los Angeles Regional Task Force for the Senate Select Committee on Autism. An honors graduate from the University of Chicago and Harvard Law School, Areva shares her story as a mother of an autistic child and legal expertise in her best-selling second book, *The Everyday Advocate: Standing Up for Your Child with Autism and Other Special Needs* (Penquin 2010).

**Kristin Jacobson** Co- Founder and President: Autism Deserves Equal Coverage; Steering Committee Member: Alliance of California Autism Organizations; Statewide Advocacy Chair Autism Speaks - California. As part of a more than 20 year career in healthcare marketing and reimbursement, Kristin has been advocating for autism related causes for 6 years and is currently leading the statewide effort to get autism insurance reform passed in California. Before co-

founding Autism Deserves Equal Coverage to help families and providers access health care treatment through private insurance, Kristin Jacobson co-founded the Bay Area Autism Advocacy Group in 2006 to organize parents to advocate for legislative reform for autism. The group became the advocacy group for Autism Speaks and Kristin now serves as statewide Advocacy Chair for Autism Speaks. She serves on the Steering Committee of the Alliance of California Autism Organizations, representing more than 40 autism organizations around the state, is a Council Member on the Statewide Coordinating Council of the Senate Select Committee on Autism and Related Disorders, Chair of the Bay Area Autism Regional Task-force (BAART) (Co-chair of Insurance Sub-group), member of the Consumer Advisory Panel to the California Department of Insurance under Commissioner Dave Jones, and served on the Autism Advisory Workgroup for the Department of Managed Health Care (DMHC). Kristin has testified numerous times before the California Blue Ribbon Commission on Autism and at California legislative panels and hearings. Kristin co-founded the ASD insurance help yahoo group to assist parents secure insurance coverage for autism. Kristin began her career as a Business Analyst at McKinsey & Company, earned her Masters in Business Administration from Stanford University where she was an Arjay Miller Scholar, and has spent her career in healthcare marketing, with a specialty in health insurance reimbursement.

**Lorri Unumb, J.D.** Lorri Unumb is a lawyer and the mother of three children – Ryan (10), who has autism; Christopher (7); and Jonathan (3). In 2005, while working as a law professor, she wrote ground-breaking autism insurance legislation for South Carolina (“Ryan’s Law”) that passed in 2007 and served as a catalyst for the national movement toward autism insurance reform. In 2008, Unumb became employed by the New York-based non-profit Autism Speaks, where she advocates full-time on behalf of individuals with autism. As head of state government affairs, she has testified 50+ times on health insurance issues in state legislatures around the country. For her advocacy efforts, Unumb has been recognized with the Jefferson Award for Public Service; the Autism Society of America 2008 “Parents of the Year” award (along with her husband); and the Behavior Analyst Certification Board’s Michael Hemingway Award. Unumb’s work has been profiled on CNN, on NPR’s “Morning Edition,” and in Town&Country magazine, from whom she received one of three 2009 “Women Who Make a Difference” awards. Unumb teaches a law school seminar at George Washington University called “Autism and the Law.” Earlier this year, she and her husband Dan released the first-ever comprehensive textbook on legal issues related to autism, also called “Autism and the Law.” Unumb is presently working in her home state to establish the non-profit Autism Academy of South Carolina, the only ABA-based, one-on-one center for children with autism in the state.

***Charles Bacchi; Executive Vice President—California Association of Health Plans***

Charles Bacchi is Executive Vice President for the California Association of Health Plans and the chief lobbyist to the California Legislature on behalf of the 39 health plans that are members of CAHP. Mr. Bacchi has 17 years of experience in the Sacramento legislative arena. Mr. Bacchi previously served as Legislative Advocate for the California Chamber of Commerce, the largest broad-based business advocacy group in California with more than 13,000 members. At the Chamber, Mr. Bacchi was instrumental in developing and negotiating the 2004 workers

compensation reform package, and also lobbied on issues such as education, insurance, tourism and land use. Mr. Bacchi also served as Legislative Director for Senator and then Assembly Republican Leader Bill Leonard. He was a key participant in negotiating the 1998 school bond and worked on a bipartisan basis on many policy issues, including efforts to place another school bond on the ballot in 2002. Mr. Bacchi graduated from the University of Santa Barbara with a degree in English Literature.

**Dave Jones, J.D. — California Department of Insurance Commissioner.**

Since taking the oath of office on January 3, 2011, Jones has secured crucial victories for consumers, including: Saving individual health insurance policyholders more than \$87 million in premiums; Issuing emergency regulations to require that at least 80 percent of the individual health insurance premium dollar go to actual health care, and not to insurer profits, marketing and overhead; Issuing guidance to implement federal healthcare reform, including requiring health insurers to cover children with pre-existing conditions; Protecting California's seniors with new regulations on the sale of annuities; Obtaining insurance company investments in low and moderate income communities; Investigating fraud, which has led to 190 arrests to date; Filing two major anti-fraud lawsuits to combat healthcare provider fraud, which have cost consumers hundreds of millions of dollars; Investigating life insurance companies' failure to pay death benefits despite constructive knowledge of policyholder deaths. Jones served in the California State Assembly from 2004 through 2010, where he chaired the Assembly Health Committee, the Assembly Judiciary Committee and the Budget Subcommittee on Health and Human Services. Named "Consumer Champion" by the California Consumer Federation in 2008, Jones was also awarded the "Leadership Award" by the Western Center on Law and Poverty. Planned Parenthood, Environment California, the Urban League, Preschool California and CalPIRG have all honored his work. Capitol Weekly named Jones California's "most effective legislator" other than the Assembly Speaker and the Senate President Pro Tempore.

Highlights of Jones' legislative accomplishments include: Reforming California's conservatorship laws, enacting sweeping protections for seniors and dependent adults facing abuse (Assembly Bill 1363 of 2006); Preventing HMOs and health insurers from discriminating against women by charging men and women different rates for the same health insurance policies (Assembly Bill 119 of 2009); First-in-the-nation "green insurance" legislation allowing Californians to share their personal vehicles in car-sharing pools without invalidating their auto insurance (Assembly Bill 1871 of 2010); Securing billions in federal funding to improve California's hospital health care safety net and fund children's health care by establishing a hospital provider fee (Assembly Bill 1383 of 2009); Protecting private medical records from misuse (Assembly Bill 1298 of 2007) and disclosure (Assembly Bill 211 of 2008); Creating the nation's largest early childhood education and preschool program to give children the best possible start (Assembly Bill 2759 of 2008). Jones began his career as a legal aid attorney, providing free legal assistance to the poor with Legal Services of Northern California from 1988 to 1995. In 1995, Jones was one of only 13 Americans awarded the prestigious White House Fellowship. He served in the Clinton Administration for three years as Special Assistant and Counsel to U.S. Attorney General Janet Reno. Jones served on the Sacramento City Council from 1999 to 2004. Jones was elected Insurance Commissioner on November 2, 2010 and leads the California Department of Insurance (CDI), the largest consumer protection agency in the state. As Insurance Commissioner, Jones regulates California's insurance industry, which makes up almost one-tenth of the California economy with annual revenues of \$125 billion. Jones graduated with honors from DePauw University, Harvard Law School and Harvard's Kennedy

School of Government. He and his wife, Kim Flores, have two children, Isabelle and William, and live in Sacramento.

**Patricia Tenoso Sturdevant, J.D.; DOI, Deputy Commissioner, Policy & Planning.**

Sturdevant focuses on policy, strategic planning and special projects for the Insurance Commissioner. She is a nationally recognized consumer protection lawyer with expertise in health care law, consumer protection and abusive insurance practices. Most recently Sturdevant served as Assistant Chief Counsel for the California Department of Managed Health Care, where she obtained a precedential ruling that health care contracts in the individual market cannot be terminated unless the health plan proves that the enrollee misrepresented his/her health history. She also negotiated a novel consent agreement in an enforcement action against one of California's largest HMOs by which the plan contributed \$3 million to Donate Life, California, the state's organ and tissue registry, in addition to paying a \$2 million penalty. The donated funds were used in an outreach and media campaign focused on communities of color where the unmet need for organ donation is greatest, and resulted in substantially increasing commitments to donate. Sturdevant was formerly Executive Director and General Counsel of the National Association of Consumer Advocates, which she co-founded and led into a national voice for consumer justice. Sturdevant has extensive experience as a public interest lawyer at San Francisco firms Sturdevant & Sturdevant and Alioto & Alioto, and in Los Angeles at the Western Center on Law and Poverty. Sturdevant is President of California Women Lawyers. Her awards and honors include the Ronald M. George Public Lawyer of the Year Award in 2009, a California Lawyer magazine Lawyer of the Year (CLAY Award) in 2008 and a Stars for Life Award from the Golden State Donor Network in 2007. She is the only person to have received the National Consumer Law Center's Vern Countryman Award for significant achievement protecting low-income consumers and the William F. Willier Award for actions having substantial and lasting influence in shaping the consumer law movement. She earned both her Bachelor of Arts degree, with honors, and her Juris Doctorate, Order of the Coif, from the University of California, Los Angeles.

**Tony Cignarale, J.D., AIC; DOI, Deputy Commissioner of the Consumer Services & Market Conduct Branch.**

The Consumer Services Division responds to and investigates consumer complaints and inquires relating to all lines of insurance, including automobile, homeowners and health insurance issues. The Market Conduct Division conducts on-site examinations of insurer claims, rating and underwriting practices. Tony is also Co-chair of the Department's Fair Claims Settlement Practices Task Force, which monitors claims settlement practices and effects regulation changes when necessary. Prior to his recent appointment, Tony was Chief of the Consumer Services Division a position he has held since 2001. Tony has been with the Department of Insurance since 1992 in various supervisory and management positions. Prior to 1992, Tony held several management positions in the insurance industry. In 1999, Tony graduated from William Howard Taft University, School of Law and was admitted to the State Bar of California in June 1999. Tony also holds an Associate in Claims designation and Casualty Claims Law Specialist designation with the Insurance Institute of America. In 1985, Tony obtained a Bachelor of Science in Management degree from Clarkson University, in New York.

**Maureen McKennan, DMHC Acting Deputy Director, Plan and Provider Relations.**

Maureen McKennan is the Acting Deputy Director, Plan and Provider Relations, at the California