

April 21, 2021

House Health Policy Committee  
House Bill 4657

Dear Chair Kahle, Vice-Chair Meerman and Members of the Committee:

I write to you today on behalf of The Council of Autism Service Providers (CASP) in respectful opposition to House Bill 4657.

CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance quality of care.

CASP staff were involved in the years-long effort to pass Michigan's existing autism insurance law, which requires coverage for treatment of autism spectrum disorder. When the bill was drafted, inclusion of parent training models was contemplated and appropriate language was included in the version that eventually became law.

The statute<sup>1</sup> specifically states that

*"treatment of autism spectrum disorders means evidence-based treatment that includes the following care prescribed or ordered for an individual diagnosed with 1 of the autism spectrum disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary:*

- Behavioral health treatment
- Pharmacy care
- psychiatric care
- Psychological care

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<sup>1</sup> <http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0099.pdf>

- *Therapeutic care*”

It goes on to state that a

*“treatment plan means a written, **comprehensive and individualized intervention plan** that incorporates specific treatment goal and objectives and that is developed by a board certified or licensed provider who has the appropriate credentials and who is operating within his or her scope of practice, when the treatment of an autism spectrum disorder is first prescribed or ordered by a licensed physician or licensed psychologist.”*

The proposed language in HB 4657 references “an evidence-based model” overseen by a “supervising health professional.” As previously mentioned, evidence-based treatment is clearly covered in the existing language as are the professionals (i.e., psychiatrist, psychologists, speech therapists, occupational therapists, physical therapists, social workers, board certified behavior analysts) that create and provide the previously mentioned comprehensive and individualized intervention plan.

As an example, parent involvement and training are existing components of best practice for the provision of applied behavior analysis and thus, are covered in the existing statute.

[Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers \(2nd ed.\)](#)<sup>2</sup> states:

*The need for family involvement, training and support reflects the following:*

- *Caregivers frequently have unique insight and perspective about the client’s functioning, information about preferences, and behavioral history.*
- *Caregivers may be responsible for provision of care, supervision, and dealing with challenging behaviors during all waking hours outside of school or a day treatment program. A sizeable percentage of individuals with ASD present atypical sleeping patterns. Therefore, some caregivers may be responsible for ensuring the safety of their children and/or implementing procedures at night and may, themselves, be at risk for problems associated with sleep deprivation.*
- *Caring for an individual with ASD presents many challenges to caregivers and families. Studies have documented the fact that parents of children and adults with ASD experience higher levels of stress than those of parents with typically*

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<sup>2</sup> <https://casproviders.org/asd-guidelines/>

*developing children or even parents of children with other kinds of special needs.*

- *The behavioral problems commonly encountered with persons diagnosed with ASD (for example, stereotypy, aggression, tantrums) secondary to the social and language deficits associated with ASD, often present particular challenges for caregivers as they attempt to manage their behavior problems. Typical parenting strategies are often insufficient to enable caregivers to improve or manage their child's behavior, which can impede the child's progress towards improved levels of functioning and independence.*
- *Note that while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment.*

The proposed language also unnecessarily singles out the parent-intervention model, even though it is already covered in the existing language, putting it on par with medically necessary care directly provided to the individual with autism by qualified practitioners such as psychiatrists, psychologists, speech and occupational therapists as well as board certified behavior analysts. This increases the likelihood that insurers will require families to use the less expensive, parent-led programming in lieu of intensive, medically necessary care provided by qualified practitioners.

*Because of the concern that insurers had been attempting to substitute parent training models for medically necessary treatment, the Behavior Analyst Certification Board and the Association of Professional Behavior Analysts issued a clarification document<sup>3</sup> in February, 2019. It states that*

*"..authorizations for services to the client should not be predicated on requirements for parents or other caregivers to participate in training or to implement treatment protocols with the client for any fixed, pre-determined amount of time. Further, that time must not be counted toward, substituted for, or offset against ABA services delivered directly to the client by professional behavior analysts, assistant behavior analysts, and behavior technicians. As the Guidelines state, ...while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment."*

Because of the intent and clarity of the original legislation and the very likely possibility that health insurers will exploit the opportunity to shift the treatment model to family

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<sup>3</sup> <https://www.apbathome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/Clarifications.ASDPracticeGuidelines.pdf>

members, we ask that this additional ambiguous language not be added as it could generate confusion and prevent families from accessing coverage of medically necessary care. Not only would autistic individuals and their families experience the consequences, Michigan taxpayers would as well. The Harvard School of Public Health reports that the incremental cost of caring for a person with autism is \$3.2 million over their lifetime.<sup>4</sup>

If advocacy specific to implementation of the existing law needs to occur, we are ready and willing to provide support and expertise. Should you need additional information regarding our concerns, please do not hesitate to contact me at [jursitti@casproviders.org](mailto:jursitti@casproviders.org) or at (508) 785-4074.

Respectfully,



Judith Ursitti, CPA  
Vice President of Community Affairs

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<sup>4</sup> <https://jamanetwork.com/journals/jamapediatrics/fullarticle/570087>