

April 5, 2013

To Health Care Committee Members:

My apologies, I was unable to rearrange my clinical schedule so that I could testify in person yesterday. I would be very pleased to respond to any questions in writing and appear in person at subsequent hearings. I am testifying today as a clinician although I wear several other hats: Professor of Pediatrics at OHSU, member of the Governor's Commission on Autism Spectrum Disorder and past chair of its health care committee, and medical consultant to the Oregon Center for Children and Youth with Special Health Needs at OHSU.

I have worked as a Developmental Pediatrician in Oregon for over 30 years. During that time, the apparent prevalence of autism spectrum disorders (ASD) in children has increased dramatically. Currently about 1 in 88 children will develop an ASD (data from Centers for Disease Control). The diagnosis is made at earlier ages and there is a great body of empirical research documenting effective interventions. And yet, current treatment services for children and in particular young children remain strikingly inadequate. Insurance plans provide very limited and at times no coverage for therapies for children with ASD and publically funded programs are markedly underfunded to meet the need. For example, a 2 year old with a new diagnosis of an ASD may receive Early Intervention (EI) services one hour per week through a center-based toddler group in addition to every other week home visits. In contrast, the Institute of Medicine of the National Academy of Sciences has recommended a minimum of 20-25 hours of structured intervention per week.

About 30% of young children with autism appear to be developing typically until regressing in their skills at 18-20 months of age. I ask you to picture yourselves in my shoes as I counsel the parents of a 2 year old who has just experienced such a regression; a child who was smiling, talking and singing nursery rhymes but now uses no words, has little eye contact and shows no joy. I work with the parents to see how we might put together a treatment program. I refer them to their local EI program knowing the limitation in funding for EI, I mention websites for further information, and I ask them to review their insurance plan knowing that many will have no treatment coverage for ASD services, and coverage of limited services from other plans may require repeated appeals.

It is time we did better. I strongly support SB 365. Families should be able to expect routine and consistent coverage across health plans for medically necessary treatments for ASD including behavioral health treatments. Early and intensive behavioral health interventions based on Applied Behavioral Analysis (ABA) principles are a critical part of the treatment of children with ASD. There is a rich body of research demonstrating the effectiveness of a variety of behavioral interventions based on ABA. These studies were recently reviewed by the National Autism Center and their National Standards Project ([www.nationalautismcenter.org](http://www.nationalautismcenter.org)). We owe children with ASD access to appropriate treatments. Dollars spent now on their health care will result in lower costs not only for K through 12 education but for future adult services.

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