

Mohan Krishnan, PhD  
Clinical Director  
Hope Network Center for Autism

## Testimony for Senate Health Policy Committee discussion of SB414-415 – 03/01/2012

---

Allow me to first thank the ladies and gentlemen of this committee for letting me speak to you on behalf of SB414-415, which you are currently considering. My name is Dr. Mohan Krishnan, and I am a clinical neuropsychologist and clinical director of the Center for Autism, an interdisciplinary evaluation and treatment center at Hope Network. We serve children and adults with autism spectrum disorders as part of a broader range of services for individuals with medical and behavioral health needs. Our staff includes a board certified behavior analyst as well as professionals from social work, psychology, occupational therapy, and other disciplines.

As you know, autism spectrum disorders are neurodevelopmental disorders – diseases of the growing brain – that affect approximately one of every 110 children. The term “spectrum” is used because all affected individuals have problems in the areas of language-based and non-verbal social communication and restricted behavioral patterns, but individuals vary in both global severity of the disorder and the relative degree of impairment in each of those areas. Although we have strong evidence supporting the idea that autism is caused by a combination of genetic and environmental factors, most factors of both kinds have not been clearly identified, and our ability to engage in prevention at this time is limited. Autism affects both girls and boys, although it is more common in boys, and it affects people from all racial and ethnic groups. Treatment attempts to improve functioning and independence, but there is no known cure at this time.

At present, insurance support for providing high-quality *diagnostic* services is reasonably widespread, both in Michigan and across the nation. In terms of the treatments we recommend, although medication is also typically a covered service, its role is limited. For many children with autism spectrum disorders, who have relatively mild symptoms, some medication usage, interventions through the school system, and individual or family psychotherapy are reasonably adequate in producing good outcomes. However, these tools do not address the needs of children with more significant autism severity.

Applied Behavior Analysis is a family of intensive behavioral treatments that has been extensively, scientifically developed and validated over the past 50 years. In particular, substantial work was done in California in the 1980s to adapt this approach to autism, and studies conducted there and elsewhere have repeatedly shown that it produces significant gains for children with autism, including those at the “severe” end of the spectrum. This

includes a substantial increase in children who can be “mainstreamed” – that is, children whose need for special services through the school and other state agencies decreases and/or is eliminated completely. These children are, of course, substantially more likely to attain independent living and vocation as adults. As such, ABA has been recognized as *the* evidence-based practice in management of autism by multiple governing bodies inside and outside the US, including the American Association of Pediatrics, the Surgeon General’s office, and many others.

This therapy is costly on a per-person basis, and only a very small number of families would be able to afford this service by paying out of their own pockets. On the other hand, since the number of children needing the service is limited, the overall impact on the cost of healthcare is minimal, and studies have shown that much or all of this is offset by decrements in other aspects of healthcare or social service utilization due to the improvements attained through ABA. Early intervention may also reduce development of more long-term psychiatric comorbidity in these children. Anxiety and depression are common in untreated adults with autism, and so early intervention can reduce downstream insurance costs while improving functioning. I believe a statewide insurance approach is therefore appropriate, and in the long term, this is likely to be an investment that reaps dividends for our state’s growth.

I also believe autism is in a relatively unique position among healthcare problems in that there are well accepted diagnostic and treatment procedures, and relatively little controversy over what should be done based on medical necessity, but treatment services are almost completely unavailable through health insurance at this time. While other concerns such as parity for behavioral and medical care have merit, the situation with autism is qualitatively distinct, because many children and adults have insurance coverage for psychotherapy, but almost no one, on even the most elaborate employer- or state-sponsored insurance plans, has coverage for autism ABA services. These bills therefore address a specific and unique problem that limits access to care for children with autism.

I have reviewed your proposed bills and am very much in support of them. We already have capabilities in place to provide this therapy to families immediately, should these bills be enacted, and we would also be delighted to work closely with the state to “scale up” and provide a consistent quality of services to families who need ABA for their children with autism throughout Michigan. So, please work together with your colleagues in both chambers of the Michigan legislature and help us improve the lives of Michigan children with autism.

Again, Chairman Marleau, thank you for giving me this opportunity to address your committee. I appreciate your time and consideration.