In 2000, 13,979 or 2.17% of children ages 3-21 who received special education services in California have autism. In 2012-2013, 78,412 or 11.39% of children with disabilities ages 3-21 who received special education services have autism.

Table 1-1: IDEA Part B - Children with Autism in California for 1999-2000 and 2012-2013
(Child Count by Age Group)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1999-2000</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 3-5</td>
<td>3,422</td>
<td>14,561</td>
</tr>
<tr>
<td>Age 6-11</td>
<td>7,467</td>
<td>34,815</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>2,528</td>
<td>24,294</td>
</tr>
<tr>
<td>Age 18-21</td>
<td>562</td>
<td>4,742</td>
</tr>
<tr>
<td>Age 6-21</td>
<td>10,557</td>
<td>63,851</td>
</tr>
<tr>
<td>Age 3-21</td>
<td>13,979</td>
<td>78,412</td>
</tr>
</tbody>
</table>

Source: Reported by the State of California in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

Table 1-2: IDEA Part B - Children with Disabilities in California for 1999-2000 and 2012-2013
(Child Count by Age Group)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1999-2000</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 3-5</td>
<td>57,651</td>
<td>75,285</td>
</tr>
<tr>
<td>Age 6-11</td>
<td>290,935</td>
<td>278,424</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>272,010</td>
<td>292,808</td>
</tr>
<tr>
<td>Age 18-21</td>
<td>24,691</td>
<td>41,829</td>
</tr>
<tr>
<td>Age 6-21</td>
<td>587,636</td>
<td>613,061</td>
</tr>
<tr>
<td>Age 3-21</td>
<td>645,287</td>
<td>688,346</td>
</tr>
</tbody>
</table>

Source: Reported by the State of California in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

**California Legislative Blue Ribbon Commission on Autism**

Under S.C.R. 51, the California Legislative Blue Ribbon Commission on Autism was established in 2005 for a period of two years to evaluate the issues with the current programs and services for individuals with autism and provide recommendations for improvements. The commission was comprised of sixteen members appointed by the Senate Pro Tempore and Speaker of the House. Sen. Darrell Steinberg served as the chair, and Dr. Barbara Firestone served as the vice-chair. A final report was prepared in November 2007, and S.C.R. 55 was introduced and signed into law September 2007 granting the commission an extension through November 2008.


In 2010, the Senate Select Committee on Autism and Related Disorders was formed under the leadership of State Senate President Pro Temp Darrell Steinberg as the next iteration of the Blue Ribbon Commission. Regional task forces were charged with looking at four specific areas and making recommendations for the upcoming legislative session. The issue areas were: Early Identification and Treatment, Insurance Coverage, Employment, and Housing. The regional task forces were extended for one year, through 2011, in order to help enact the legislative agenda.


**State Insurance Coverage**

In 2013, S.B. 126 was signed by Governor Jerry Brown extending California's 2011 autism insurance law, which was scheduled to expire in 2014. The new law extends the coverage through 2016.
In October 9, 2011, California became the 28th state to require insurance coverage of autism services by insurance companies in the state when Governor Jerry Brown signed S.B. 946. The law requires that every health care plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism. Behavioral health treatment includes applied behavior analysis (ABA) and other evidence-based behavior intervention programs. Treatment must be recommended by a licensed doctor or psychologist and provided under a treatment plan. Reimbursement must be made for the services of Board Certified Behavior Analysts, as well as the professionals and paraprofessionals whom they supervise. The law does not include specific age limits or dollar caps. The law does not apply to health plans that do not deliver mental health or behavioral health services. The law also does not apply to participants in the Medi-Cal program, the Healthy Families Program or the Public Employees Retirement System. The law also specifies that this provision does not require any benefits to be provided that exceed the essential health benefits required by the federal Patient Protection and Affordable Care Act and includes a sunset as of 2014. The insurance mandate will expire on January 1, 2017 unless a statute is enacted to extend that date.


In September 1999, California signed into law the “Mental Health Parity Bill,” which requires health insurance coverage for the diagnosis and medically necessary treatment for serious mental illnesses, including pervasive developmental disorders or autism, for individuals of any age and serious emotional disturbances of a child under the same terms and conditions as a medical condition. Covered services include outpatient, inpatient hospital services, partial hospital services, and prescription drugs (if included in the policy). Insurance plans provided under the Federal Employees Health Benefits Act of 1959 (FEHBA) are preempted from the California Mental Health Parity Act. That is, federal insurance plans under FEHBA do not fall under this California provision. Brazil v. Office of Personnel Management, 2014 WL 1309935 (N.D. Cal.)

Cal. Insurance Code § 10144.5
Cal. Health and Safety Code § 1374.72

**ESSENTIAL HEALTH BENEFITS**

California has a state insurance mandate to cover autism services including applied behavior analysis (ABA). Under the Affordable Care Act, California will continue to offer autism services including ABA on its state-run exchange. ABA is included and defined under behavioral health treatment.

(Kaiser Foundation Health Plan, Inc.; Small Group HMO 30 ID 40513CA035)

**MEDICAID**

On September 15, 2014, the California Department of Health Care Services (DHCS) issued an All-Plan Letter to the state's Medi-Cal managed care plans directing them to start covering behavioral health treatment, such as applied behavior analysis (ABA), for individuals with autism up to age 21. Medi-Cal insures more than five million children, approximately half of the children in California. Until now, autism treatment has not been available to low-income Californians with autism who are Medi-Cal beneficiaries.


**California Research and Demonstration Projects Waiver: California Bridge to Health Reform**

Under this waiver, implemented on September 1, 2005, California is phasing in coverage in individual counties for adults ages 19-64 who have incomes at or below 133% of the Federal Poverty Level (FPL)
and would be eligible under the Affordable Care Act’s early expansion option for states, as well as adults between 133% and 200% of the FPL who are not eligible for Medicaid. This waiver also expands the existing Safety Net Care Pool (SNCP), which ensures continued government support for the provision of care to uninsured individuals by hospitals, clinics, and other providers. It implements a series of infrastructure improvements through a new funding sub-pool to strengthen care coordination, enhance primary care, and improve the quality of patient care. It also creates a coordinated system of care for older adults and people with disabilities in counties with new or existing Medi-Cal managed care organizations through the mandatory enrollment of the population into Medicaid managed care plans. This waiver expires October 31, 2015.

**California Home and Community-Based Services Waiver (HCBS): CA HCBS Waiver for Californians with Developmental Disabilities**

This waiver, implemented on March 1, 2012, provides services including behavioral intervention, community living arrangements, day service, home health aide, homemaker, provocational services, respite care, supported employment, chore, communication aides, community-based training, dental, environmental accessibility adaptations, non-medical transportation, nutritional consultation, psychology services, skilled nursing, specialized medical equipment and supplies, and specialized therapeutic services for individuals with autism, developmental disorders, and intellectual disability, with no age minimum or cap. It expires on February 20, 2017.

[http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/Waiver-Description-Factsheet/CA-Waiver-Factsheet.html#CA0336](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/Waiver-Description-Factsheet/CA-Waiver-Factsheet.html#CA0336)

**EDUCATION**

**Superintendent’s Autism Advisory Committee (SAAC)**

A.B. 2513 was signed into law in September 2006 authorizing the California Department of Education to create the Superintendent’s Autism Advisory Committee to provide recommendations for improving the educational system for students with autism. SAAC is comprised of 21 members, including parents, educators and school administrators, health care providers, and other professionals with an interest in autism. SAAC met for one year and prepared a final report in November 2007. The report identified four major challenges: lack of coherent, universally accepted and effective educational practices; lack of knowledge and training; shortage of personnel trained to provide evidence-based interventions, and inadequate funding for resources for preschool children with autism spectrum disorders. The advisory committee indicated the challenges could be met upon implementation of the proposed recommendations.

**Legislation**

During the 2011 session, A.B. 1375 was introduced to require the state Department of Developmental Services to provide guidance to regional service centers on the treatment of autism spectrum disorder, in addition to directing funding to regional centers to provide therapies prescribed by the community practitioner. This bill was referred to Committee on Human Services. No further action was taken.

A.B. 2302 was introduced to authorize a local education agency to assign a teacher with a level 1 education specialist credential to teach students with mild and moderate disabilities, as an instructor to students with autism. The legislation was signed into law by Gov. Schwarzenegger on June 30, 2008.

**ADMINISTRATIVE AGENCIES AND COURTS**

In September 2013, California Court of Appeals, 2nd District ruled in *Consumer Watchdog et al v. Department of Managed Health Care et al* (2d Civ. No. B232338), that the California Department of Managed Health Care’s (DMHC) practice of allowing HMOs to deny treatment for the children of state employees and low-income families with autism enrolled in the Healthy Families program was
discriminatory. The DMHC had been claiming that such treatment can only be administered through state-licensed providers. The California Legislature passed autism insurance coverage legislation in 2011 for children enrolled in private health insurance plans and HMOs, and the law provides that such treatment could be provided through providers who are certified by a national board, but not state-licensed. However, the Legislature did not include public employees and Healthy Families enrollees. This decision provides for equal treatment for children of public employees and the poor.


On August 12, 2013 Kaiser Permanente agreed to settle a class action lawsuit over denial of coverage of applied behavior analysis (ABA). Kaiser agreed to reimburse families up to $9.3 million for out of pocket spending on ABA between 2004 and 2012. The lawsuit alleged that improper denials in violation of California’s Mental Health Parity Act.

http://www.californiahealthline.org/articles/2013/8/9/kaiser-to-pay-9m-to-settle-lawsuit-over-autism-therapy

On August 26, 2013, the Department of Managed Health Care announced it had reached agreement with UnitedHealthcare to end routine denial of speech therapy. UnitedHealthcare agreed to provide coverage for medically necessary speech therapy and to reimburse members who had to pay out of pocket in the past.

http://www.dmhc.ca.gov/Portals/0/AboutDMHC/PressReleases/2013/pruhc082713.pdf
http://www.dmhc.ca.gov/Portals/0/AboutDMHC/PressReleases/2013/abcagree.pdf

On June 5, 2012, the Ninth Circuit Court of Appeals reconfirmed its previous ruling in Harlick v. Blue Shield that the California Mental Health Parity Act requires health plans to cover all medically necessary treatment for severe mental illnesses, including autism. It also held that coverage may be limited only by the same financial terms and conditions, such as deductibles or copays, applicable to coverage for physical illnesses.


On February 27, 2012, Insurance Commissioner Dave Jones announced favorable settlement agreement with Health Net and Cigna, two major health insurers, to guarantee the coverage of behavioral therapy for insureds with autism whenever it is medically necessary; maintain an adequate provider network; and create dedicated customer service units or support teams specially trained to handle inquiries about ABA. This settlement mirrors a settlement in January 2012 with Blue Shield, in which Blue Shield agreed to provide behavioral health treatments, including applied behavior analysis (ABA) therapy, to its insureds. Since November 2009, Anthem Blue Cross of California has been providing behavioral therapy coverage for people with autism, pursuant to direction from the Department of Insurance.


**OTHER STATE RESOURCES**

**Autism Pilot Program**

S.B. 158 was introduced in the 2013 session. This bill would authorize, until January 1, 2019, the establishment of a demonstration program known as the Regional Center Excellence in Community Autism Partnerships (RE CAP) program to provide improved services, supports, interventions, and other resources to assist individuals with autism spectrum disorders, and their families, who are regional center consumers and who reside in underserved communities. The bill would authorize the department to contract with a University of California or California State University campus to serve as a coordinating center to develop the program, establish guidelines to implement the measures in underserved communities, in a linguistically and culturally competent manner, to promote awareness and reduce the
stigma associated with autism, improve the early screening, diagnosis, and assessment of autism, and increase access to evidence-based interventions and treatments for autism. The bill passed the legislature, but Governor Brown vetoed it on October 9, 2013. Consideration of the Governor’s veto was stricken from the file on February 27, 2014.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml

**Screening**

S.B. 383 was introduced on February 26, 2009 to require the Department of Developmental Services to provide recommendations for the development of a screening program for autism in infants and a rescreening at two years. The bill was passed by the Human Services Committee and re-referred to the Appropriations Committee in April 2009. No further action was taken.

**STATE LEGISLATIVE CALENDAR**

The California Legislature meets in Regular Session the first Monday in December in even years and adjourns on November 30th at midnight of the following even year. The 2014 Session will adjourn on November 30, 2014. The 2015 Session is expected to convene On December 1, 2014.

http://www.legislature.ca.gov/

**Sponsors of Autism Legislation**

Sen. Noreen Evans (D-Santa Rosa) District 2
Sen. Lois Wolk (D-Vacaville) District 3
Sen. Darrell Steinberg (D-Sacramento) District 6
Sen. Jim Beall, Jr. (D-San Jose) District 14
Sen. Carol Liu (D-La Canada) District 21
Sen. Fran Pavley (D-Agoura Hills) District 23
Sen. Louis Correa (D-Santa Ana) District 34