



AUTISM STATE PROFILES 2014 EXECUTIVE SUMMARY

Autism Task Forces, Standing Committees, State Offices, and Collaboratives

A majority of states (48 Task Forces in 36 states) now have active or have had Autism Task Forces to develop a strategy to meet the needs of the growing number of individuals with autism spectrum disorders and to formulate answers to questions, such as:

- What types of services would best serve children and adults with autism?
- What type of health insurance coverage should be made available to individuals with autism? And would this raise the cost of health insurance?
- What type of training is required for instructors and emergency medical services personnel?
- Should a registry be maintained to provide an accurate state census of individuals with autism?
- In what ways can the diagnostic, assessment, intervention and education methods or approaches be improved?
- What type of transitional services should be offered?

Some states have Standing Committees on Autism Spectrum Disorder that direct state policy, develop legislation and services, follow up on legislative Task Force recommendations, plus do training, outreach and develop new programs. Some of these are also mandated by state legislation and report back to the legislature. There are 28 committees in 25 states with 23 that are active – Alaska, Alabama, Colorado, Connecticut, Delaware, Iowa, Indiana, Kansas, Kentucky, Massachusetts, Missouri, Mississippi, Nebraska, New Hampshire, New Jersey, Nevada, Ohio, Oregon, Rhode Island, Texas, Virginia, Washington, and Wisconsin are active; Maryland and Vermont do not have a currently active standing committee.

Some states have set up specific state offices or bureaus to address autism issues. These offices range from a single individual to a complete office or division. Their job is to coordinate the efforts of the various state agencies, administer grants targeted to autism services, provide training or share best practices. There are 14 state agencies in thirteen states: Alaska, Connecticut, Delaware, Massachusetts, Missouri, New Jersey, Nevada, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, and Wisconsin. In three states there are designated positions identified as focusing on autism specifically: Colorado, New Jersey, and Tennessee.

Finally, there are non-state agencies that receive designated state funds to offer service, training or information/advocacy on a statewide basis. There are 25 so-called collaborative networks in 20 states: Alaska, Connecticut, Florida, Iowa, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Montana, North Carolina, Nebraska, New York, Ohio, Oklahoma, South Carolina, Virginia, and West Virginia.

Health Insurance Coverage for Autism Spectrum Disorders

Legislation that requires health insurance coverage for the diagnosis, treatment, and intervention of autism spectrum disorders has been a growing trend in states for the past eight years. As of July 1, 2014, 37 states and the District of Columbia have laws that require insurance coverage of autism services including Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin. Washington State is providing

insurance coverage via a lawsuit and follow-up regulations. The insurance coverage offered may be limited in various state-specific ways including by age of diagnosis (diagnosis by age 5, age 9, etc.), age receiving services (e.g. services limited to those under age 21, age 26) by, dollar amount or hours of services per year (e.g. services capped at \$36,000 per year*), type of services (e.g. evidence-based services, Applied Behavioral Analysis, medically necessary services), types of policies covered (e.g. group, individual, state employee plans). This significantly limits the number of persons eligible for the service and therefor limits the costs to the state or the insurer.

Georgia, Hawaii, Mississippi, North Carolina, Ohio, South Dakota, and Tennessee are all pursuing autism insurance legislation during the 2015 legislative session.

States may also have limited coverage for autism services under mental health parity legislation or other laws either in addition to or in lieu of the insurance mandate. These states include Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Texas, Vermont, Virginia, and Washington State.

ACA and Essential Health Benefits in State Exchanges

Under the Accountable Care Act (ACA), services are being provided through state or federal insurance exchanges. The ACA requires that all exchanges include essential health benefits defined by the statute to be in ten different categories. If there was a state autism insurance mandate in a particular state, the hope was that would lead to autism services inclusion in the essential health benefits package. Depending on the limitations of the mandates, there are two categories where autism services may be provided: rehabilitative and habilitative services or behavioral health. Thirty states mandate some form of autism services in their exchange. The states which do not offer any autism services in their exchange because they have no autism mandate are: Georgia, Hawaii, Idaho, Mississippi, Nebraska, North Carolina, North Dakota, Oklahoma, South Dakota, Utah, Washington, and Wyoming. States that have an autism insurance mandate that has been adopted into the benchmark plan and thereby included in the insurance exchange in the state are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Tennessee, Texas, Vermont, West Virginia, and Wisconsin. In Ohio, although there is no legislative state insurance mandate, the state has chosen to include autism services in the exchange. The remaining states have some ambiguity of whether the state mandate will, in fact, transfer to the exchange.

Home and Community Based Services (HCBS) Waiver Specific for Autism Spectrum Disorders

Some states provide additional services specific to autism spectrum disorders via an HCBS waiver specific for autism spectrum disorders. Twelve states currently offer a waiver specific to autism services (although they may be limited by age to adults or children in a particular state): Arkansas, Colorado, Connecticut, Kansas, Massachusetts, Maryland, Missouri, Montana, Nebraska, North Dakota, South Carolina, and Utah.

Other state waivers may include provision of services for individuals (adults and/or children) with autism. Usually this is found in a waiver targeted to individuals with intellectual or developmental disabilities, including autism, or in a comprehensive waiver.

Autism Registry

As the incidence of autism increases in each state, some states are developing a registry to maintain an accurate count of individuals with autism spectrum disorders, as they are diagnosed or treated. These registries may be anonymous or not, may be mandated, or voluntary. Arkansas, New Hampshire, New Jersey, and Utah are examples of states that maintain a registry of individuals with autism spectrum disorder.

* *The Accountable Care Act may prohibit dollar caps on services.*