



Testimony for Hearing on S.B. 254
Insurance and Financial Institutions Committee
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Good Afternoon Chairman Hackett and members of the Insurance and Financial Institutions Committee.

I am Shawn Henry, Executive Director of OCALI and submit this written testimony as an Interested Party.

OCALI was created in Ohio law in 2004 to administer programs and coordinate services for infants, children, and adults with autism and other disabilities. Since its founding, OCALI has become a recognized global leader in the field, leveraging data, research, and evidence-based strategies to shape policy and practice. We are frequently called upon by our state partners, such as the Ohio Department of Education and the Ohio Department of Developmental Disabilities to manage projects, provide technical assistance, and generally build the capacity of Ohio to support people with disabilities and their families – ensuring they can live their best lives for their whole lives.

Through the budget process and the Joint Committee on Multi-System Youth, we heard from families who are not, in fact, living their best lives. Many of those families were impacted by autism, all of those families were impacted by mental health.

The latest data from the Centers for Disease Control estimates 1 in 59 children have an autism spectrum disorder, or ASD. Data further tells us the those with ASD have significant mental health needs – even greater than their “typically developing peers”. For example:

- Individuals with ASD are 2-3x more likely to experience trauma than typically developing peers.
- Individuals with ASD who experience trauma are 28x more likely to attempt or complete suicide than typically developing peers.
- Children with ASD were nine times more likely to visit an emergency department (ED) for psychiatric problems than children who don't have autism.
- 12.9% of ED visits for children with ASD were for psychiatric reasons, compared to 1.75% of visits for children without ASD.
- Private insurance increased the chances of a psychiatric ED visit.



- Accessing care through the ED was primarily due to lack of coverage for or availability of community services.

It bears repeating, “private insurance INCREASED the chances of a psychiatric ED visit...primarily due to lack of coverage for or availability of community services.” This data echoes the stories you and your colleagues have heard from families through the budget process and the Joint Committee on Multisystem Youth.

The 116th Congress’ [Committee on Appropriations report](#) (p. 131) to the US House of Representatives specifically calls out autism as an area of focus for parity, noting:

The Mental Health Parity and Addiction Equity Act (MHPAEA) was enacted more than 10 years ago to prevent group health plans and health insurance providers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on qualifying mental health benefits than on medical or surgical benefits. The Committee is aware of instances where insurers, covered health care plans and managed care organizations (MCO), including MCOs that manage state Medicaid programs, may be imposing conditions for access to treatment for mental health services, including services for Down syndrome and autism spectrum disorder, that are not imposed on medical or surgical benefits. These limitations may include parent or caregiver participation requirements, preauthorization processes, location of services exclusions, and fail-first policies. The Committee directs CMS to ensure compliance with MHPAEA by regularly issuing guidance to insurers, covered healthcare plans, and MCOs, that outlines how compliance with MHPAEA is to be achieved. This guidance should include recommendations for appropriate training of personnel responsible for benefit authorizations, adverse benefit determinations, and payments. These agencies should ensure that such informational bulletins also provide appropriate consumer and complaint information that helps patients take action when they encounter MHPAEA violations.

Senate Bill 254 is designed to address these very concerns, fully implementing the Federal Parity Law and removing these “less favorable benefit limitations.” Limitations that are currently preventing many Ohioans from living their best lives, from accessing timely care in their communities, and getting life-saving mental health treatment.

Chairmen Hackett and committee members, thank you for allowing me to testify. I am happy to answer any questions, as well as provide you with more information about OCALI’s resources.