

# Key Findings:

## Analysis of California Assembly Bill AB 796 Autism and Pervasive Developmental Disorders

Summary to the 2015-2016 California State Legislature, April 2015



### AT A GLANCE

AB 796 (introduced February 2015) would alter a current benefit mandate's definitions of qualified autism service (QAS) professional and QAS paraprofessional.

- **Enrollees covered.** In 2016, approximately 16.3 million Californians will have state-regulated health insurance that would be subject to AB 796.
- **EHBs.** AB 796 would not require new benefit coverage and so AB 796 would not exceed EHBs.
- **Medical effectiveness.** A preponderance of evidence indicates that intensive behavioral intervention treatments (IBITs) improve outcomes. There is insufficient evidence to indicate optimal staffing for IBIT. A preponderance of evidence indicates that IBIT delivered by personnel trained in IBIT (or supervised by personnel trained in IBIT) improves outcomes.
- **Benefit coverage.** Coverage for IBIT is already 100% among persons whose health insurance would be subject to AB 796.
- **Impact on utilization.** No impact on IBIT utilization is projected.
- **Impact on expenditures.** As no impact on IBIT benefit coverage or utilization is expected, no impact on expenditures is projected.
- **Public health.** Because no increase or decrease in IBIT utilization is expected, no impact on the public's health is projected.

### BACKGROUND

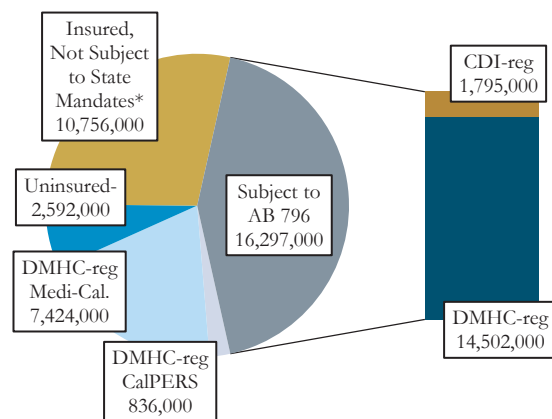
Pervasive developmental disorders and autism (PDD/A) are neurodevelopmental disorders that typically become symptomatic in children aged 2 to 3 years. They are chronic conditions characterized by impairments in social interactions, communication, sensory processing, repetitive behaviors or interests, and sometimes cognitive

function. Symptoms range from mild to severe, as reflected by the phrase "autism spectrum disorders" (ASD). CHBRP estimates the prevalence of PDD/A in California as 70.9 per 10,000 for persons of all ages. Many persons with PDD/A (primarily children) are treated with intensive behavioral intervention treatments (IBITs), such as applied behavioral analysis (ABA). Other forms of theory-based IBITs include Early Start Denver Model and DIR Floortime. IBIT aims to improve behavior, cognitive function, language, and social skills.

### BILL SUMMARY

As noted in Figure 1, AB 796, like the current law it would alter, would affect the health insurance of approximately 16.3 million enrollees.

Figure 1. Health Insurance in CA and AB 796



\*Includes federally regulated health insurance, such as Medicare, veterans, or self-insured plans.

Source: California Health Benefit Review Program, 2015

Like the current health insurance benefit mandate law<sup>1</sup> it would alter, AB 796 would exempt Medi-Cal Managed Care and the health insurance of enrollees associated

<sup>1</sup> H&SC Section 1374.73 and IC Sections 10144.51 and 10144.52, as enacted by SB 946 (2011).

with the California Public Employees' Retirement System (CalPERS).

The current law

- Requires coverage for behavioral health treatment for persons with PDD/A;
- Requires plan/policy networks to include qualified autism service (QAS) providers; supervising/employing QAS professionals or QAS paraprofessionals; and
- Offers definitions for QAS providers, QAS professionals, and QAS paraprofessionals.

The phrase behavioral health treatment is inclusive of but not limited to IBITs, which would include ABA and similarly intensive, theory-based treatments. In its analysis of AB 796, CHBRP has focused on coverage of IBITs.

AB 796 would not alter the definition of QAS provider, but would alter the definitions for QAS professionals and QAS paraprofessionals, broadening both definitions and removing the requirement that QAS professionals be both vendors of regional centers associated with the California Department of Developmental Services (DDS) and be trained in ABA.

## KEY FINDINGS

AB 796 would not alter benefit coverage for IBIT, which is already 100% due to the current mandate. CHBRP projects no change in utilization for three reasons.

- First, the current law has been in effect since 2012 and CHBRP found no current evidence indicating difficulty in accessing IBIT, which suggests the presence of an extant labor supply of personnel providing IBIT.
- Second, AB 796 affects the definitions of QAS professionals and QAS health professionals that are relevant to health plans and insurers but AB 796 does not directly affect the QAS providers that employ and supervise them. Although AB 796 creates the possibility, it does not require QAS providers to hire either more or different types of QAS professionals or QAS paraprofessionals than they do currently.

- Third, AB 796 creates the possibility but does not require health plans or insurers to modify their current networks and reimbursement arrangements.

As no change in IBIT coverage or utilization is expected, CHBRP projects no impact on expenditures.

## Medical Effectiveness

CHBRP found:

- A preponderance of evidence indicates that IBITs improve outcomes.
- There is insufficient evidence to indicate optimal staffing for IBIT. Therefore, it is unknown whether the effectiveness of IBIT varies by the types of personnel delivering the treatment. Note: the absence of evidence is not evidence of no effect.
- A preponderance of evidence indicates that IBIT delivered by personnel trained in IBIT (or supervised by personnel trained in IBIT) improves outcomes.

## Public Health Impacts

Although a preponderance of evidence links IBIT to improved outcomes, as no change in utilization or expenditures is expected, no public health impacts are projected.