



Oklahoma Institute for Child Advocacy

Frequently Asked Questions on Autism Spectrum Disorder (ASD)

Definition / Prevalence

Autism is a complex neurobiological disorder that typically appears during the first three years of life and affects the normal functioning of the brain. It is the fastest-growing serious development disability in the U.S, now affecting one of out 150 children, making it more common than pediatric cancer, diabetes and AIDS combined.

Problems

There are multiple and inter-connected barriers to providing appropriate services to these children and their families in Oklahoma.

- Lack of resources for screening and early intervention (SoonerStart)
- Lack of private health insurance coverage
- Lack of an Oklahoma licensure law that would allow Medicaid to cover services
- Lack of professionals qualified to provide specialized treatment (behavioral therapy)

Why don't parents just use state-sponsored services?

While Oklahoma provides an array of exceptional services at no charge to those who qualify, many autistic children do not meet the eligibility criteria. For example:

- Children living in families whose income exceeds 185% FPL don't qualify for Medicaid (SoonerCare).
- And even for those children who do qualify for Medicaid, our licensure laws in Oklahoma do not recognize most behavioral therapists as medical providers, and therefore cannot reimburse them.
- For TEFRA services, children must have an IQ of 70 or below (the definition for mental retardation), which disqualifies many children with autism.
- For services provided through the DDSD Waiver, there is a four-year waiting list, causing children to miss the window of primary opportunity for early intervention when services would be most beneficial.
- SoonerStart, Oklahoma's early intervention program for children 0-36 months with developmental delays, is sorely under-funded and without statewide access to all the needed services.
- Oklahoma is projecting a \$600 million state revenue shortfall for FY 2010, making funding additional state-sponsored services a difficult challenge.

Why focus on insurance coverage?

The lack of private health insurance coverage impacts not only the financial strains on families, but also the lack of professionals in the state. Without a funding stream to ensure adequate payment for their services, professionals will not locate or remain in the state. In order to grow the pool of providers, we must provide them a means to make a living.

Will mandated coverage cause premium increases and more uninsured?

There is a persistent myth that mandates drive up premiums and force more people to become uninsured. If this were true, then states with the most mandates would have the highest premiums and the greatest number of uninsured. Yet a comparison with other states tells a different story. Oklahoma has 36 health insurance mandates. Some states have more, some less. The chart below demonstrates four states with more mandates than Oklahoma that actually have comparable or lower average premiums *and* lower percentages of residents who are uninsured.

State	Number of Insurance Mandates	Average Individual Premium	Percentage of population of uninsured	Median Household Income
Oklahoma	36	\$3,967	19%	\$39,859
Missouri	39	\$3,958	13%	\$34,343
Washington	53	\$4,056	12%	\$53,515
Virginia	55	\$4,982	14%	\$55,368
Tennessee	40	\$4,040	14%	\$40,696

What about limiting premium increases through a “trigger” provision?

In 1999, Oklahoma passed the Mental Health Parity Act of 1999, which required health insurers to provide equal coverage for mental health treatment as for any other medical treatment. The “trigger” provision stated that this mandate would be null and void if premiums increased by 2% or more because of that mandate. Happily, premiums have not increased due to this mandate.

Lack of qualified professionals

Another challenge involves the lack of qualified professionals to provide treatments for these children, whether in a medical, therapeutic or educational setting. In the 2008 Legislative Session, lawmakers passed a bill to establish a new behavioral therapy training program at the University of Central Oklahoma, and 28 students have now enrolled. More is needed to build up the pool of providers in all settings.

Lack of resources for current programs

One of the key state programs utilized by families with an autistic child is **SoonerStart** – Oklahoma’s early intervention program for children 0-36 months who have development delays. This program, which is partially funded through federal dollars, is sorely underfunded and unable to meet the demand for services. In addition, the lack of qualified providers makes it difficult to obtain services even when funds are available.

What will be the impact of the state revenue shortfall?

Lawmakers will have \$600 million less to work with this year to meet the needs of state government. It would be unrealistic to expect the state to pay for and provide all the services needed of the children with ASD in Oklahoma. The SoonerStart program alone is requesting more than \$5 million just to meet current needs. Most of the parents of children with ASD have private health insurance and would prefer not to use state-funded services. Asking private health insurers to cover these services is a way to share the responsibility between the public and private sectors.