

SENATE BILL REPORT

HB 1911

As Reported By Senate Committee On:
Health & Long-Term Care, March 29, 2001
Ways & Means, April 2, 2001

Title: An act relating to insurance coverage for neurodevelopmental therapies.

Brief Description: Requiring coverage for neurodevelopmental therapies.

Sponsors: By Representatives Reardon, Cody, Santos and Ballasiotes.

Brief History:

Committee Activity: Health & Long-Term Care: 3/22/01, 3/29/01 [DPA-WM].
Ways & Means: 4/2/01 [DPA (HEA), DNP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.
Signed by Senators Thibaudeau, Chair; Franklin, Vice Chair; Costa, Deccio, Fraser and Winsley.

Staff: Chelsea Buchanan (786-7446)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended by Committee on Health & Long-Term Care.
Signed by Senators Brown, Chair; Constantine, Vice Chair; Fairley, Vice Chair; Fraser, Kline, Kohl-Welles, Rasmussen, Regala, B. Sheldon, Snyder, Spanel, Thibaudeau and Winsley.

Minority Report: Do not pass.
Signed by Senators Hewitt, Honeyford, Parlette, Rossi and Zarelli.

Staff: Pete Cutler (786-7454)

Background: Since 1990, health plans for state employees and employer-sponsored group policies have been required to provide coverage for neurodevelopmental therapies for children ages six and under. Coverage was terminated at age seven because it was felt that special education services provided by schools would provide adequate therapy.

Covered neurodevelopmental therapies include occupational, physical, and speech therapy. Benefits provided must be medically necessary as determined by the insurer, and are subject to contractual cost-sharing provisions and standard waiting periods.

Support has been expressed for providing coverage for neurodevelopmental therapy beyond age six, as school-based therapy is required to be education-related. Numerous studies have shown that rehabilitation improves individuals' ability to function and increases their earning power, and reduces long-term costs.

A January 2001, the Department of Health Sunrise Review recommends dropping the age limitation on coverage of neurodevelopmental therapies.

Summary of Amended Bill: The age limit in statute that requires coverage for neurodevelopmental therapies is eliminated.

Amended Bill Compared to Original Bill: The amended bill specifies that this requirement for coverage will take effect on January 1, 2002 in benefit plan contracts.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Neurodevelopmental therapies are effective therapies, if used consistently, and are necessary for the healthy development of disabled children. Children who acquire disabilities are covered while children born with them are not, which is discrimination. Therapies are especially needed during periods of rapid growth, such as puberty. When function deteriorates, children lose independence and quality of life. Therapies provided in schools are not sufficient to take care of children's health needs; they are required to be related to education and caseloads are too high. Without consistent therapy, children can develop secondary disorders such as muscle atrophy and social impairments, and may need expensive and traumatic surgery. It is ironic that if these same children need surgery, insurance will cover the surgery and post-operative therapy, but it didn't cover therapy to prevent the surgery in the first place. My child's health and function are deteriorating daily before my eyes; my insurance doesn't cover therapy past age 6, I can't afford all the therapy he needs, and I can't perform it myself because I do not have the training. No opposition was presented during the Sunrise Review, nor has any been expressed about this bill until today. The bill would be improved by stating that insurance would have to provide coverage "regardless of age" rather than simply removing the age limit.

Testimony Against: The expense of this coverage will burden an already overburdened system. The bill previous to the Sunrise Review extended coverage to age 18, but the Review recommended no age limit, and that benefit is too unlimited. The cost will reduce access to health insurance. The fiscal note was requested very late on this bill. There seems to be confusion about whether the bill would cover behavioral therapies related to autism, which it does not.

Testified: Representative Aaron Reardon, sponsor (pro); Leanne Roe, parent (pro); Katherine Stewart, Washington Occupational Therapy Association (pro); Billie Uhri, occupational therapist (pro); Herbert Fechner, parent (pro); Scott Boettcher, parent (pro); Dana Braswell, WSHA (pro); Christie Perkins, Washington State Special Education Coalition (pro); Melissa Johnson, Physical Therapy Association of Washington (pro); Ken Bertrand,

Group Health (con); Rick Wickman, Premera (con); Nancee Wildermuth, Regence Blue Shield and PacifiCare of Washington (con).