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Testimony for Senate Bill 301
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The 2000 report from the Surgeon General states that thirty years of research demonstrates the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior in individuals with autism. This evidence includes both intensive experimental studies of individual children as well as randomized trials comparing groups of children.

In a study conducted with our own children in Connecticut, greater gains in child functioning and quality of life were reported when children received higher quality treatments based on applied behavior analysis. (The River Street Autism Program: A Case Study of a Regional Service Center Behavioral Intervention Program. Kathleen Dyer, Gayle M. Martino, & Tom Parvenski, Behavior Modification, 2006, Vol. 30, No. 6, 925-943).

We ask the question-Why should we support this bill?

Why should we go along with the decision made by other states to provide insurance coverage for this debilitating disorder?-a decision made by the state of Indiana, the state of Minnesota, as well as a decision adopted by Canada nationwide.

A study in the journal "Behavioral Interventions" reports cost-benefit estimates for early intensive behavioral intervention for young children with autism. The report states the problem-that without effective intervention, most people with autism and other pervasive developmental disorders require lifelong specialized educational, family, and adult services, at a total cost estimated at upwards of \$4 million in some states. It is prudent to ask how investments in services are likely to pay off in the long run, and how to make use of the limited resources available for educating and treating people with ASD. The article reports that the NET SAVINGS for a child with autism/PDD who achieves normal functioning through behavioral intervention is \$1,475,791. The NET SAVINGS for a child with autism/PDD who realizes partial effects is \$1,036, 013. (Cost-benefit Estimates for Early Intensive Behavioral Intervention for Young Children with Autism John W. Jacobson, James A. Mulick, and Gina Green. Behavioral Interventions, 1998, Volume 13, 201-226).

We ask the question one final time-why should we support this bill?

The authors of the cost-benefit analysis conclude that, "Like effective treatments for other severe childhood disorders, such as cancer, early intensive behavioral intervention can be described as aggressive, intrusive, expensive, and necessitate a high level of specialized expertise for effective delivery. However, if a child with a major disorder needs treatment, cost is usually not a major factor--various and private resources are typically made to cover the costs. For the sake of all individuals with autism, for their families, for our communities and for society as a whole, it is time to insist that this same consideration applies to the treatment of autism. We should all recognize that the most expensive interventions are those that fail to produce meaningful, measurable, lasting benefits, regardless of cost.

Autism and ABA

The following references provide evidence for effectiveness of science-based treatments based on principles of applied behavior analysis for autism.

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