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Number & Title of bill

Senate Bill 974, Health Insurance Coverage For Alternative Therapies For Autism:
Mandate

Position

I am in support of this bill as a parent of a child with Autism

Brief testimony

Last year, there was a bill passed to mandate that insurance companies cover Behavioral therapy for children with Autism Spectrum Disorders. While this was fantastic news for many families whose children benefit greatly from this type of therapy, there were a large percentage of children whose condition requires a more developmental and relationship based approach who were left either with no service or settling for an approach that does not meet their child's needs.

My son received a behavioral therapy between 15 – 36 months of age through the Connecticut Birth to Three System. At the time, I did not even know what Autism was and my family was overwhelmed with the shock of receiving the diagnosis in the first place. A BCBA (Bored Certified Behavioral Analyst) designed an ABA program for him and it did seem to help him early on with some functional and self help skills. Over time, I watched my son become even more rigid than he was when he started the program and he would cry with a fear and sadness in his voice every time he saw or even heard mention of his therapist's name. It is difficult for me to even type this because I get choked up remembering my own heart break of forcing him to do this program "for his own good."

It was then that I realized that I needed to start researching if there were any other ways to help him without causing the stress and anxiety he was clearly experiencing. I also noticed that his progress was very limited to only the scenarios that were set up in his programs and he was not showing an ability to generalize what he was learning from his therapy sessions to other aspects of his daily living and communications.

I learned about many different programs including but not limited to DIR (Developmental, Individual Difference, Relationship-based) Floortime, SCERTS (Social Communication, Emotional Regulation, Transactional Support), and RDI (Relationship Development Intervention). These are all approaches to teaching children with ASD (Autism Spectrum Disorder) that address the core deficits of the disorder. The core deficits are social connectedness, flexible thinking, self-awareness and control, evaluating one's environment, having meaningful memories and thus motivation. As you read this document, you are using many if not all of the above skills without even thinking about it. These are the skills necessary for any human being to function independently in society and be a productive and happy individual.

This therapy approach requires that the parents become educated on their child's particular presentation of Autism (where they fall on the spectrum) and then in essence become the therapist in that they are delivering the therapy directly to the child. These programs help the parents or caregivers change the way they communicate with their children in order to allow for the maximum amount of opportunities for their brains to develop the necessary connections required for socialization and relationship building. I have even been able to expand these concepts and ideas to my son's teachers, karate instructors, coaches, grandparents, aunts, uncles, etc. to surround him with as many of these opportunities for development as possible.

I believe that this bill can actually have a cost savings from the way it is currently written because many families who chosen the behavioral approach may have done so simply because it is the only approach that is covered by their insurance. If they had an option, they might choose a developmental relationship approach which requires significantly less money.

The wording under the current bill states that coverage (assuming the child began at age 3) be provided up to \$50,000 for a child under the age of 9, \$35,000 between the ages of 9 – 13, and \$25,000 between the ages of 13 – 15. If a family exercises this full benefit amount, it could cost the insurance company \$550,000. In comparison, if a child goes

through a developmental relationship based approach, it is much more time limited and not dependant on the child's age. In year 1, the max would be \$10,000, year 2, the max would be \$8,000, \$6,000 for the third year, and \$4,000 each for year 4 and 5. The max benefit in this case would be \$32,000 – a difference of over a half a million dollars per child.

In conclusion, my son (and subsequently my family) has benefited and grown and made huge progress in all areas of deficit since beginning our developmental relationship based approach. He is in the top of his kindergarten class academically and is reading at grade level and is functioning within a fully integrated classroom of typical peers without issue. He does still receive school supports in the classroom and out and we certainly have a long road ahead to his remediation. He participates in karate, T-ball, summer camp, gymnastics, Sunday school, and lots of other activities all with typical children and most of them have no idea that he has Autism. I truly believe that my son's success has been a direct result of the hard work that our family and those around him have put in to learning and implementing the developmental relationship based approach we have chosen. I hope that you will help me help other families realize that there are options and every child is different and has different needs. One size definitely does not fit all in the case of this spectrum disorder!

Thank you so much for your time!
Warmest Regards,
Kim Kiernan

Your Name

Address, phone, fax, email