MINUTES OF THE MEETING
OF THE
COMMITTEE ON COMMERCE AND LABOR

Seventy-Eighth Session
March 6, 2015

The Committee on Commerce and Labor was called to order by Chairman Randy Kirner at 1:31 p.m. on Friday, March 6, 2015, in Room 4100 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblyman Randy Kirner, Chairman
Assemblywoman Victoria Seaman, Vice Chairwoman
Assemblyman Paul Anderson
Assemblywoman Irene Bustamante Adams
Assemblywoman Maggie Carlton
Assemblywoman Olivia Diaz
Assemblyman John Ellison
Assemblywoman Michele Fiore
Assemblyman Ira Hansen
Assemblywoman Marilyn K. Kirkpatrick
Assemblywoman Dina Neal
Assemblyman Erven T. Nelson
Assemblyman James Ohrenschall
Assemblyman P.K. O'Neill
Assemblyman Stephen H. Silberkraus

COMMITTEE MEMBERS ABSENT:

None

GUEST LEGISLATORS PRESENT:

Assemblyman Derek Armstrong, Assembly District No. 21

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Supervising Principal Research Analyst
Kelly Richard, Committee Policy Analyst
Matt Mundy, Committee Counsel
Jennifer Russell, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Tina M. Leiss, Executive Officer, Public Employees' Retirement System
Tray Abney, President, The Chamber Reno-Sparks-Northern Nevada
Paul J. Moradkhan, Vice President, Government Affairs, Las Vegas Metro Chamber of Commerce
Jan Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders
Daniel Unumb, Executive Director, Autism Speaks Legal Resource Center, Lexington, South Carolina
Charles Marriott, Owner, Autism Care West, Henderson, Nevada
Ken MacAleese, Owner, Advanced Child Behavior Solutions, LLC, Reno, Nevada
Mary Liveratti, Commissioner, Nevada Commission on Autism Spectrum Disorders
Erik Lovaas, President, The Lovaas Center for Behavior Intervention, Las Vegas, Nevada
Gwen Dwiggins, representing Nevada Association for Behavior Analysis
Jorge Padilla, Private Citizen, Las Vegas, Nevada
Stanley J. Rec II, Private Citizen, Las Vegas, Nevada
Korri Ward, representing Nevada Commission on Autism Spectrum Disorders
Shannon Crozier, Private Citizen, Las Vegas, Nevada
Terry Spieker, Private Citizen, Las Vegas, Nevada
Sherlene Simpson, Ombudsman, Office for Consumer Health Assistance, Department of Health and Human Services
Jay Summers, Executive Director, Puzzle Pieces Autism and Behavioral Services, Las Vegas, Nevada
Jon Sasser, representing Legal Aid Center of Southern Nevada; and Legislative Chair, Nevada Commission on Services for People with Disabilities

Scott Harrington, Private Citizen, Reno, Nevada
Marlene Lockard, representing Nevada Women's Lobby
Memia Aabte, Private Citizen, Las Vegas, Nevada
Chris Holcomb, Board Certified Behavior Analyst, Tandem Therapy Services, Las Vegas, Nevada
Mark Olson, Private Citizen, Las Vegas, Nevada
Scott Kipper, Commissioner of Insurance, Division of Insurance, Department of Business and Industry
Glenn Shippey, Actuarial Analyst, Division of Insurance, Department of Business and Industry
Laurie Squartsoff, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services
Gary Lenkeit, President, Board of Psychological Examiners
Laura Drucker, representing Nevada Psychological Association
Keith Lee, representing Nevada Association of Health Plans
Jay Parmer, representing America's Health Insurance Plans

Chairman Kirner:
[Roll was called.] We have two bills today and will take Assembly Bill 180 first. We will take public comment at the end.

Assembly Bill 180: Revises provisions governing the biennial audit requirements for the Public Employees' Retirement System. (BDR 23-569)

Assemblyman Derek Armstrong, Assembly District No. 21:
Assembly Bill 180 is a bill that I wanted to bring forth to create some independence and to make sure that the people who are members of the state's Public Employees' Retirement System (PERS) can rely on the numbers that are there. We have seen in the past with certain scandals, such as Enron and Bernie Madoff, that sometimes the independence of an auditor becomes compromised. It is my intent to make sure that does not happen with our Public Employees' Retirement System. We need to ensure that the numbers provided in reports are accurate and have been completed by an independent auditor.

I have provided two articles to the Committee. The first article, which is from *The CPA Journal* (Exhibit C), looks at auditor independence in terms of independence "in fact" and independence "in appearance." The second article (Exhibit D) concerns a lawsuit that involved our current auditor, CliftonLarsonAllen. That firm had to pay $35 million to the city of Dixon, Illinois, for failing to catch a long-running embezzlement scheme by the city's former comptroller. My intent is to avoid putting people who rely on these funds in that situation. Oftentimes, you do not know that an auditor has failed until it is too late. This is a commonsense measure to prevent those situations.

I would like to review the parts of my bill. Section 1, subsection 2(b), states, "The independent certified public accountant performing the audit of the System must be selected by a process for open bidding or requests for proposals that is conducted not less than once every 4 years." Currently, the PERS system does a request for proposal (RFP) every five years. I changed it to four because it is a biennial audit, which is once every two years. I am not drastically changing their process for an RFP.

The second sentence of section 1, subsection 2(b), is where the main intent of the bill comes forth. "The Board shall not consider any bid or proposal submitted by a person who was selected to provide the audit of the System in the immediately preceding cycle of selection." An auditor would not be permitted to audit the System for more than four years at any given time. After that four-year cooling off period, they can submit another bid. The intent is to cycle out every four years.

I have received the question about how many people are actually qualified or how many people submit requests to do the audit. I would like to read the list of companies who responded to the RFP for March of 2013. Those companies were: CliftonLarsonAllen, who was selected; Brown Armstrong Accountancy Corporation, no relationship to myself; Moss Adams LLP; Simpson & Simpson LLP; Grant Thornton LLP; Kafoury, Armstrong & Co., no relation; Macias Gini & O'Connell LLP; Plante Moran; Eide Bailly LLP, Crowe Horwath LLP, and Hemming Morse LLP. Out of those companies, one was a Nevada company, Kafoury, Armstrong & Co. In general, these government audits are done by a national auditing firm. I have also received a question about how many companies in Nevada do this. Our current auditor does not have an office in Nevada. It is usually a nationwide firm that conducts these audits.

Assemblywoman Carlton:
We do these audits every five years now, is that correct?

Assemblyman Armstrong:
Currently, PERS does an RFP every five years. It is a biennial audit, so it is done every two years.

Assemblywoman Carlton:
The audit is done every two years; the RFP is done every five.

Assemblyman Armstrong:
That is correct.

Assemblywoman Carlton:
Are you changing the RFP cycle to four years?

Assemblyman Armstrong:
That is correct.

Assemblywoman Carlton:
You are not actually changing the audit cycle.

Assemblyman Armstrong:
The audit cycle stays the same. It is still a biennial audit.

Assemblywoman Carlton:
You are just changing the cycle. Does the PERS Board see a conflict with being able to get the information in enough time to be able to share it with the Legislature that next session?

Assemblyman Armstrong:
In my conversations with PERS and Tina Leiss, the Board has not had a chance to meet since the language of the bill came out. I do not know if they can take a position. I have been told that they will be recommending this change. There is no conflict with the bill.

Assemblywoman Carlton:
Is there a cost?

Assemblyman Armstrong:
There is no cost. There was a fiscal note attached when the bill was first drafted, but that was because the current RFP process was going to be changed. That would have incurred a cost. I worked with PERS because that was not my intention. We removed that so there is no fiscal impact.

For further information, I was emailed a letter today (Exhibit E) and wanted to put it on the record. The American Federation of State, County and Municipal Employees (AFSCME) Retiree Chapter has come out in full support of the language of A.B. 180 as it is proposed today without amendments.

Assemblyman Paul Anderson:
Are there national standards that are applied to retirement systems and the audit schedule? Are we in line with what other states do?

Assemblyman Armstrong:
We are in line. The auditing process is not consistent across the states. For example, the Montana Legislature is in charge of auditing its public employee retirement system. As far as I know, we are in line with what we need to do. My intent with this was to make sure there was a new set of eyes and that the auditor remains independent.

Assemblyman Paul Anderson:
I am glad you are not suggesting the Montana approach.

Chairman Kirner:
Are there any more questions? [There were none.] I will ask those in support of the bill to come to the table.

Tina M. Leiss, Executive Officer, Public Employees' Retirement System:
The Board has not had an opportunity to review this bill, as we have not had a Board meeting yet. Staff will be recommending support for this bill. We currently go out for RFP every five years, so going out every four years is a good change. We go out every five years based on our own policies, but we think putting it in statute is a good way to do it so future Boards continue the same procedure. We also have no issues with the language to change the auditor every four years on the cycle. The statute requires a biennial audit; at this point we do an annual audit. That is why we are on the five-year cycle now. We think this change is in keeping with the current governance of the system.

Chairman Kirner:
The sponsor listed companies that had bid on this job in 2013. Were all of those companies considered to be qualified? You have certain requirements. Was that list complete?

Tina Leiss:
The firms on our list for the 2013 round of RFP met our minimum requirements. They had to have experience auditing a public pensions system with assets of at least a billion dollars.

Assemblyman Nelson:
Why do you do an annual audit? Is that the standard throughout the country?

Tina Leiss:
The statute requires a biennial audit, and that goes back quite a while. The Board decided a number of years ago that an annual audit would keep us

more up to date with what is going on with the system. They had chosen to do an annual audit; I believe that is standard nationwide for a pension plan our size.

Assemblyman Nelson:
Should we make annual audits a statutory requirement?

Tina Leiss:
I do not believe that is necessary, as that is our practice. The PERS requires a biennial audit to stay with our budget cycle and our cycle with the Legislature, but we do the annual audits by policy.

Tray Abney, President, The Chamber Reno-Sparks-Northern Nevada:
We support this bill. We think it is important to have another set of eyes on the PERS system. We support the transparency behind this bill.

Paul J. Moradkhan, Vice President, Government Affairs, Las Vegas Metro Chamber of Commerce:
Our chamber would also like to offer its support of this bill. We think this is good business practice to align the audit requirements from five to four years and switch auditors every four years. We are seeing that occurring more in the private sector as companies recycle auditors on accounts. This provides a better safeguard for the retirees in the system to ensure those dollars are protected.

Chairman Kirner:
Anyone testifying neutral on the bill may come forward. [There was no one.] Is there anyone opposed to the bill? [There was no one.] The bill sponsor may come up for closing comments.

Assemblyman Armstrong:
Thank you for allowing me to bring forth this bill to be heard in your Committee.

Chairman Kirner:
I will close the hearing on A.B. 180 and open the hearing on Assembly Bill 6.

Assembly Bill 6: Revises provisions relating to autism spectrum disorders. (BDR 54-67)

Chairman Kirner:
[Rules for sponsors, presenters, and testifiers were reviewed, including the incorporation of a three-minute limit for speakers and the use of a timing/signaling device.] I have given the sponsor 30 minutes to introduce the bill. Ms. Crandy, I will start with you.

Jan Crandy, Commissioner, Nevada Commission on Autism Spectrum Disorders:
I would like to thank the original sponsors of the insurance mandate bill, which was Assembly Bill No. 162 of the 75th Session, Assemblywoman Woodbury, Assemblyman Ohrenschall, and Assemblywoman Carlton. I appreciate their efforts on that bill in the 2009 Session.

The Commission's hope is that children with autism will have access to medically necessary treatment as prescribed. Assembly Bill 6 will improve access in two ways: (1) address staffing shortages, and (2) remove the dollar cap to allow children to receive treatment dosages prescribed.

If the state is funding autism treatment through their program using General Fund dollars, and Medicaid is starting to fund treatment for autism in 2016, which will bring in the federal dollars, Nevada needs to have a public-private partnership, and private insurance needs to do their part. If I am paying for my insurance, my child should get what is prescribed to address his or her illness. Children in Medicaid are going to be able to have access to that. I do not think it is right that children with private insurance are not getting that.

Our Autism Treatment Assistance Program (ATAP) is currently funding treatment hours for children with private insurance because of the insurance barriers A.B. 6 hopes to eliminate. There are kids in Nevada who have insurance who are waiting eight months to a year to start treatment because of staffing shortages, and they often do not get the hours that they need. I have included guidelines that outline treatment dosages and the tier model delivery system (Exhibit F) and a registered behavior technician (RBT) task list (Exhibit G). I have people here who will testify and educate you on the bill.

Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division, Legislative Counsel Bureau:
I served as a policy analyst for the Legislative Committee on Health Care, which sponsored the measure before you today. A representative of the Nevada Commission on Autism Spectrum Disorders testified regarding the prevalence of autism before the Legislative Committee on Health Care. The Centers for Disease Control released new prevalence rates for autism, which indicate about 1 in 68 school-age children are on the spectrum. The upsurge of people with autism spectrum disorders (ASD) has affected access to services, increased expenses, stretched provider capacity, increased wait lists, and threatened the long-term viability of all state programs. Presenters addressed: (1) gaps in coverage and capacity for individuals with ASD; (2) the profound benefits of treatment to children under 46 months old; and (3) advances in screening and diagnosis tools, which provide the ability to identify children with ASD at an earlier age. At the same time, it was noted before the Committee that the

Autism Treatment Assistance Program is on target to meet the needs of 50 percent of the children on the wait list.

Additionally, it was noted in Nevada there continues to be gaps in coverage and capacity to address the needs of individuals across the lifespan and spectrum of ASD. Some of the gaps emphasized include:

- Lack of Medicaid coverage for evidence-based treatment specific to autism, such as applied behavior analysis (ABA) therapy.
- Insurance barriers.
- Insufficient workforce and staffing issues to support children with insurance coverage.
- Lag between initial concerns, identification related to failed screen and diagnosis, and access to research levels of evidence-based treatment.
- Sustainability.

Proponents for changes to the process recommended that ABA therapy be covered as an early prevention service by a Medicaid waiver. It was proposed that changes be made so children could be covered by private insurance. In addition, a recommendation was made to remove the requirement for certification by the Board of Psychological Examiners for certified autism behavior interventionists (CABI).

Assembly Bill 6 is the response of the Legislative Committee on Health Care based on the testimony they received. The bill does three things. First, it removes the requirement that autism behavior interventionists be certified by the Board of Psychological Examiners while retaining the requirement that an autism behavior interventionist work under the supervision of a licensed psychologist, licensed behavior analyst, or licensed assistant behavior analyst.

Second, with regard to the required and optional coverage for policy of insurance for behavioral therapy, it removes the requirement that it be provide by a certified autism behavior interventionist and instead indicates that such therapy be provided by an autism behavior interventionist who is supervised by one of the three individuals mentioned above. Finally, it removes the $36,000 cap for such coverage.

Because the standards for registered behavior technician credentials were not finalized at the time the Legislative Committee requested a draft of the measure, it has contingent language to permanently remove the certification requirement if on or before July 1, 2017, legislation is enacted to provide for the certification of an autism behavior interventionist as a registered behavior technician or an equivalent certification by the Behavior Analyst Certification Board (BACB) or its successor organization. In the event that does not happen by July 1, 2017, it reverts to the current statutory language.

Jan Crandy:
The Commission supports the bill as written but does come to the table with a friendly amendment (Exhibit H) to recognize the national RBT credential that is now in place. Mary Liveratti will go over the amendment. I have a video that I would like to show the Committee that demonstrates what autism looks like. [Video *Life with Autism* was shown (Exhibit I).]

Marsheilah Lyons:
I did not give my Legislative Counsel Bureau (LCB) staff disclaimer in my earlier testimony. I want to put on the record that, as staff of LCB, I cannot oppose or support any measure that comes before you. The former chair and vice chair for the Legislative Committee on Health Care, Senator Justin Jones and Assemblywoman Marilyn Dondero Loop, did not return this session. It was left to me to make the presentation today.

Daniel Unumb, Executive Director, Autism Speaks Legal Resource Center, Lexington, South Carolina:
[Began PowerPoint presentation (Exhibit J).] I am a parent of an autistic child and coauthor of the law school casebook *Autism and the Law: Cases, Statutes, and Materials* [Carolina Academic Press, March 15, 2011]. I became involved with this because our son has autism. My wife and I were both attorneys, and there was no insurance coverage for ABA. We ultimately had my wife working full time for therapy as an attorney. We sold our house and moved to another state. I understand what parents go through to access this coverage. We thought that was wrong, and we knew that there were people who could never afford this coverage on their own by paying out of pocket. We were successful in getting groundbreaking legislation passed in 2007 in South Carolina. That legislation has now been duplicated, in one fashion or another, in 38 states across the country.

I speak here because we just saw that video of that child, and we need to think about what is going to happen if that child does not receive adequate treatment. Autism is obviously one of the most potentially expensive disabilities that we face in terms of our education system, Medicaid, and all costs that ultimately are going to be borne by the taxpayer. The highest annual expenditure for special services involves kids with autism, as you can appreciate from that clip you just saw.

Fortunately, ABA is highly effective to treat autism when provided at medically necessary levels [page 5, (Exhibit J)]. That is the good news. These kids can recover and/or make substantial improvement. It is amazing to see. I wish we had time to play the second half of that video because in many cases you will see a child who is talking, functioning, and mainstreamed with their peers, but that has only happened because they received timely, effective, and intensive intervention. That will make a difference life-long. They will become taxpayers or not be as much of a drain on the taxpayers. We are one of the few groups in the country in which our goal is to have our kids be future taxpayers. Our goal is not to access government services. The only way we can do it is if everyone does their part. Someone had said that insurance should cover this. That was my feeling too. When I paid my premiums every year for insurance, I paid for people's insurance and health needs, and I did not do so grudgingly because it should be there when you need it. When someone needs it because their child has autism, they should get the medically necessary care.

The service limits in the statute right now—and, admittedly, you did amazing work to pass the statute in 2009, which was still considered the early days and was somewhat of a frontier—are substantially below medical necessity. The Behavior Analyst Certification Board (BACB), which is the national standard-setting organization for behavior analysts, has identified 30 to 40 hours per week as typical for an intensive comprehensive program. With service limits of 300 or 500 hours per year, which you now have as a result of the dollar cap of $36,000, those service limits are going to allow for less than ten hours a week of therapy. In many cases, there are kids who are going to need 30 to 40 hours a week to make those functional improvements. I cannot help but be struck by this, imagining what it would be like if I had a child with cancer and my policy said we were limited to 25 percent of the medically necessary level of chemotherapy. It is self-defeating to do so, and it is devastating for those kids who need that coverage.

Remember, not all kids are going to need the same level of treatment. Autism is a spectrum disorder. What you are really talking about here are those kids at that level who are going to need those intensive services for a certain period of time. Many will not, but for those who do, it is the difference between having a life as we know it and having a lifetime of inability to function and being a burden on parents and society.

We have a chart [page 7, (Exhibit J)] which illustrates the societal costs of kids who do not make progress and are not receiving adequate treatment. We are talking about a range of $600,000 total costs for kids who are making recoveries to over $3 million for children who show little progress. Those costs will ultimately have to be borne. Parents will do everything they can to take care of their kids, but at some point they are not going to be able to afford it, and society is going to have to pick up those costs.

States are increasingly abandoning caps on medically necessary care for various reasons. First off, the Affordable Care Act (ACA) has prohibited dollar value limits on essential health benefits (EHB). Even though the dollar value limits are prohibited, the federal government has said you can have a limit based on the dollar value of the essential health benefit. Outside of Washington, D.C., I do not know how you would see this. For present purposes, what that means is, even though you cannot have a dollar value of over $36,000, you could have some other limit if it adds up to $36,000, typically a visit or hour limit. A number of states have decided they are not going to allow that. Connecticut's Department of Insurance issued a bulletin saying they are not going to allow those kinds of conversions [page 8, (Exhibit J)]. Part of the reason they did that is because of the wildly disparate conversions they were seeing by insurers and the fact that people were actually losing coverage, which should not happen if it was truly an accurate conversion. These conversions are very difficult to do because of the nature of ABA therapy. Connecticut said the dollar cap is gone and we are not going to impose visit limits.

A number of states have determined that the caps violate the federal Mental Health Parity and Addiction Equity Act, including New Jersey, New Hampshire, Maine, California, Oregon, Washington, Illinois, and Rhode Island. That is because the Mental Health Parity Act, which applies in all states, says that you cannot have quantitative limits on mental health treatment that you do not apply substantially to all of your physical coverage. That is the bottom line. A mental health condition, for purposes of the Mental Health Parity Act, is determined based on objective, generally accepted scientific references, such as the *Diagnostic and Statistical Manual for Mental Disorders* (DSM). Autism is characterized in the DSM as a mental disorder. In those states where they have looked at the issue and addressed the issue, they have concluded that the Mental Health Parity Act applies, and there cannot be limits.

Other states have applied the ACA prohibition, which says that you cannot have dollar cap limits [page 9, (Exhibit J)]. They have looked at their state mandates, which often prohibit visit limits, and said in combining federal and state law—as we are supposed to do—we cannot have these kinds of visit limits on our essential health benefits anymore. Michigan issued an order last spring to that effect from its department of insurance. Missouri took that position in its policy review. Colorado has pending legislation, similar to what Nevada is considering, to remove service limits that are in their statute. That legislation has unanimously passed the Colorado Senate and is now headed to the state's House of Representatives. All of the stakeholders have been involved in that, including the insurance companies who are not in opposition. We hope to see that accomplished because they recognize why it is important. The New York State Employee Health Plan had an imposed visit limit of 680 hours, and that limit has been abandoned for the upcoming year. In some states, such as Kentucky, there is pending litigation addressing that issue.

My purpose there was not to make legal analysis about the status in Nevada, but to indicate the movement that you see toward medically necessary coverage. Abandoning service limits will not appreciably affect overall costs. Autism is a spectrum disorder. We are only looking at a certain portion of kids for whom this is important, but for those kids it is critical. Another thing that is important in looking at cost projections is the utilization rates. Kids who utilize ABA programs are a fraction of incident rates. Even though the incident rate has gone up, it is not a one-to-one ratio with the people who use ABA programs.

Looking at cost projections, there are economic modeling programs that can be used [page 12, (Exhibit J)]. Autism Speaks works with Oliver Wyman, a management consulting firm. Using conservative models, they project an increase of 17 to 99 cents per member per month if the caps are abandoned. The corresponding premium impact would be .05 to .29 percent, depending on whether you are on the high or low end. The real issue is the current coverage, and that will determine your cost structure. Obviously, in a high-cost state like California or New Jersey, costs are going to be higher than in Nevada or my home state of South Carolina. If your baseline costs were in the range of 30 cents per member per month, you would be looking at that lower estimate of the 17-cent range. That is our analysis.

State employee health plans have been the best source of data of actual claims. What we have found at Autism Speaks is that costs per member per month (PMPM)—the cost of the coverage spread out on a monthly basis by all members of the plan—averages 31 cents a month for year 2 coverage [page 13, (Exhibit J)]. We also looked at year 3 because we wanted to make sure that we have a mature program. They were slightly different states but, in the three that we looked at, the per member per month was 46 cents a month. That included New Jersey, which is an uncapped mandate state, at 63 cents per member per month. If you multiplied that by 12, you are looking at $6 to $7 in terms of coverage.

The best source we have now is the Missouri Department of Insurance, Financial Institutions, and Professional Registration (DIFP). It generates an annual report to its legislature on the cost of Missouri's autism insurance mandate. That report was required as part of their legislation. Missouri is also interesting because it is one of the states that has prohibited service limits based on the interaction of the ACA and its state mandate. There are no dollar caps due to the ACA and no visit limits because that is state mandate. What the Missouri report found was that all autism spectrum disorder claims amounted to 0.2 percent of all claims; ABA itself, because ASD involves all types of treatments for autism spectrum, was just .11 percent of all claims [page 17, (Exhibit J)]. The PMPM there was 50 cents and, when they broke it down to look just at ABA, the PMPM was 26 cents. The utilization rate, which is not a 1 to 1 correspondence, was 1 out of 337 insureds. That is not 1 out of 337 kids with autism; that is 1 out of 337 insureds. But as you have seen in the press, the incident rate is now 1 in 68, and it has been one in 110 in the past.

The conclusion of the Missouri report last year was that the costs overall, when spread among insureds, have been minimal [page 18, (Exhibit J)]. There has not been an appreciable overall cost impact. The ABA therapies have been shown to dramatically reduce long-term costs for a significant proportion of individuals and has significantly improved their quality of life. The law has achieved its purposes in an unqualified way for every measurable metric.

I want to briefly address the certified autism behavior interventionist requirement. I want to bring the national perspective. Other states have not required this certification for their line therapists. It creates access issues and administrative costs. There is a mechanism available that has been increasingly used that would reduce costs and provide a uniform standard—a registered behavioral technician (RBT) credential. That is a new credential by the BACB. It is a national standard that allows for mobility of technicians from state to state, and it ties into the BACB, which is the national governing body.

Eighteen states other than Nevada have licensure or certification of behavior analysts [page 20, (Exhibit J)]. Of those, only three states regulate technicians—Oregon, Louisiana, and Wisconsin. Oregon is in the process now of developing regulations and determining what they might be. Louisiana's regulation is simply a registration system.

Another source of regulation would be states with mandated autism insurance coverage. Thirty-eight states have mandated coverage, and only two of those states, California and Kansas, provide for behavior technician credentialing as part of the mandate, so it is not common.

What is becoming more common is the RBT credential. It is a cost-efficient national credential with training, competency assessment, and supervision requirements [page 22, (Exhibit J)]. The pending Colorado legislation adopts the RBT credential, and TRICARE, the U.S. Department of Defense's Military Health System, has adopted the credential.

Chairman Kirner:
Mr. Marriott, you do not have much time.

Charles Marriott, Owner, Autism Care West, Henderson, Nevada:
I know. [Showed PowerPoint presentation (Exhibit K).] I am here to support the removal of the $36,000 cap that restricts necessary treatment dosages. I am a licensed behavior analyst; I own an autism treatment company in the Las Vegas area. We are going into our seventh year. The $36,000 cap really restricts the necessary treatment dosages that these kids require to recover and make substantial gains, so first and foremost that is why I am here.

I also want to talk about the RBT credential. We are not advocating the removal of the CABI credential but advocating the inclusion of the RBT credential. These individuals at the bottom of the slide [page 4, (Exhibit K)] are the ones that implement our treatment plan, the plan I would design or one of my colleagues would design. Right now, they are CABIs or RBTs. The more appropriate credential for my employees that I want working with my clients is the RBT. It is through the same certification body that provides me my certification.

You can look over this presentation (Exhibit K). I want to point out the cost difference. To give you a bottom-line number, having the CABI in place versus the RBT is going to cost my company an additional $2,600 for just the initial credentialing. It will include an additional $787 a year versus the RBT credential, which is more appropriate. That revenue will not leave Las Vegas; it will just leave the Board of Psychological Examiners. That money will go back into my company to benefit my staff and my clients. Consumer protection is there with the BACB. They have a national registry; they take ethics very seriously, and they discipline people. It is a better credential for this service. I will leave the rest of my time to my colleague.

Ken MacAleese, Owner, Advanced Child Behavior Solutions, LLC, Reno, Nevada:
I am a doctoral-level, board-certified behavior analyst and a licensed behavior analyst in Nevada. I am the owner of Advanced Child Behavior Solutions. I will make my comments quick. [Referred to written text (Exhibit L).] I support removing funding caps for medically necessary assessments and treatments of Autism Spectrum Disorders. In particular, Nevada's health plans have translated the $36,000 cap into 500 to 550 hours annually. Unfortunately, this $36,000 number or the hourly caps it supplants does not translate into funding for medically necessary and therapeutically effective doses. Those doses may be at 1,500 to 2,000 hours per year. Who is left to pick up the remainder of the costs? The families. How many families have the financial means to afford this in Nevada?

It is now time to get kids what they need. Assembly Bill 6 helps us do that. The ABA funding alone will require 1,500 to 2,000 hours, and this does not include other medically necessary evaluations and pharmacologic treatments or other complementary treatments, such as speech and language therapy and occupational therapies. To reach our goals, we must remove these caps. Applied behavior analysis service works for kids. We have to let it work how it is designed for it to meet the goals of the actuarial estimates that have been provided. Funding caps need to be removed. [Mr. MacAleese submitted a PowerPoint presentation (Exhibit M) which was not presented during his testimony.]

Mary Liveratti, Commissioner, Nevada Commission on Autism Spectrum Disorders:
I am going to propose the amendment to the bill (Exhibit H). We would like to add the credential and registration as a registered behavior technician (RBT), which is certified by the national BACB for autism behavior interventionists delivering treatment to those insured.

Chairman Kirner:
We have gone kind of fast here, and I want to make sure the Committee members understand the bill and the issue. We will hear questions from the Committee; feel free to ask any of those who have presented to come back to the table.

Assemblyman Nelson:
In section 6, the bill would remove the ability of the Board of Psychological Examiners to discipline an autism behavior interventionist. Is that correct? Why is that provision in there?

Charles Marriott:
The BACB is the national governing body for the practice of behavior analysis, and in terms of disciplining its practitioners, it takes that responsibility incredibly seriously. I can attest to that because I studied for the board certification exam, and about a third of it was ethics. I want to draw your attention to the 72 ethics codes that are established by the BACB [page 10, (Exhibit K)]. The BACB enforces the codes; they have an effective complaint mechanism, they investigate, and they discipline noncompliance. They even publish information about disciplinary actions. You can go on their website and look at anybody who has violated any ethical standard. You can see what action has been taken against them. They will have their certification removed or suspended. There really is no need for the Board of Psychological Examiners to be involved in this. The national governing body for the practice of behavior analysis is the Behavior Analysis Certification Board. They have it under control.

There is one more point I would like to make. As a behavior analyst, I am regulated by the Board of Psychological Examiners. I am also board-certified by the BACB. The RBTs do not operate independently. They operate under the close monitoring and supervision of licensed behavior analysts, who are individuals like myself. I am regulated by the Board of Psychological Examiners. They regulate me. The Behavior Analyst Certification Board regulates me. I oversee the registered behavior technicians, who are also regulated by the Behavior Analyst Certification Board. The consumer is thoroughly protected.

Assemblyman Nelson:
In essence, the national organization can handle the RBTs, and the state board does not need to worry about it.

Charles Marriott:
Yes, the state board does not require a mechanism for regulating these individuals because the mechanism already exists. The mechanism exists within the certification body that governs the practice of behavior analysis. The Board of Psychological Examiners governs the practice of psychology, not necessarily the practice of behavior analysis. We need to defer to the BACB to provide that oversight and the enforcement of the ethical standards for the practice of our field. The slide on the screen [page 11, (Exhibit K) is a public registry of anybody who has action taken against them. The complaint mechanism is very simple. If someone has a concern regarding the services they are receiving, they file a complaint with the BACB. The supervisor of that individual is notified, and the BACB conducts an investigation and takes the appropriate actions if any misconduct has been demonstrated.

The additional regulation provided by the Board of Psychological Examiners is redundant and just increases the operating costs of the business. I take ethics very seriously. I take the protection of the consumers of my services very seriously. I take my staff's conduct very seriously, and I am comfortable with the Behavior Analyst Certification Board governing their activities through me as well as directly to them.

Assemblywoman Kirkpatrick:
The board you are talking about is a private board. Would the state have any liability if consumers do not feel that your board has adequately addressed their needs? By providing the services, the state is accountable for those dollars. How would we reign you back in if you went too far?

Charles Marriott:
As a licensed behavior analyst, I am ultimately responsible for the conduct of the registered behavior technicians. If any misconduct takes place, that falls on

my license. I am the one who is accountable for that. I could be censured by the Board of Psychological Examiners depending on the circumstances. My license could be in jeopardy. In addition, the Behavior Analyst Certification Board would take action against me depending on the circumstances. I have a vested interest to ensure the appropriate conduct of these individuals because they are practicing under my license.

Assemblywoman Kirkpatrick:
We have to look at the long term and others who may be involved. How many people would you be overseeing? What is that criteria? There are many private boards. An example is a homeowners' association (HOA); not everybody loves an HOA board. We want more kids to get those services, but I want to know how that board functions as a whole. I want to know if there is a cap on how many people you oversee. At some point, all of that matters. We want to do the right thing, but we need to ensure that services are being provided and that there is some accountability on the state level.

Charles Marriott:
There is a mechanism in place for this. The Behavior Analyst Certification Board does enforce limits on how many people I can be supervising. In addition to that, the Board of Psychological Examiners, because they license me, also has restrictions on how many individuals I can be supervising for those reasons. We do not want to spread ourselves too thin. We need to have a watchful eye on the activities of these individuals. If we have to observe too many of them, things could go wrong. It is also the reason we have the tiered supervision model, which the graphic illustrates [page 4, (Exhibit K)]. On top of this chart is the board-certified behavior analyst, like myself, or the board-certified behavior analyst at the doctoral-level, like my colleague Ken MacAleese. Below is a board-certified assistant behavior analyst, who will assist me in the oversight of the individuals who are below them. I am responsible for the three at the bottom—The RBT, The CABI, and the ATAP. The individual who is listed below me is also responsible for them, so we have an extra layer of oversight for the individuals on the bottom. There are restrictions on how many people we can supervise, plus we have the tiered supervision model, which inserts an additional layer of supervision, so we are adding that extra protection to the consumers of our services.

Assemblywoman Kirkpatrick:
Does this create a cottage industry where people could come in, set up their own system, and give out their own license, where three or four of you had your own personal groups that reported to the national board? Are you the only person, you and your three, that is going to be able to do this, or is another group going to be able to do the same thing? It is a private board; they are

working under your license. I want to know if other people who have an equivalent license can come into our state with the same arrangement and have their own clients.

Jan Crandy:
The Behavior Analyst Certification Board is a national board. It is overseeing all states. There are behavior analysts who are certified in other states. This will allow them to work in Nevada, but they will have to work under insurance provisions. These requirements are for insured children. Those children will have to use RBTs who are hired by behavior analysts who are licensed with the state Board of Psychological Examiners.

Assemblywoman Kirkpatrick:
I ask because it might be something in our workforce that we need to look at rather than having people come from around the country to help with those services. This is a growing population, and we need to ensure that Nevada has the workforce to handle it.

Jan Crandy:
We are working very hard in Nevada to grow that workforce. The University of Nevada, Las Vegas (UNLV) will testify about their online training program.

Assemblywoman Carlton:
How many certified autism behavior interventionists (CABI) are we up to now?

Jan Crandy:
According to the Board of Psychological Examiners, there were 65 in January. If there are 65 and they are working 40 hours a week, that is only 2,600 hours they are able to deliver, and that includes drive time. That looks like 260 kids they could be serving. There is not enough workforce. We need to build it and make it easier. The Autism Treatment Awareness Program does not require this certification, and it has trained over 560 behavior interventionists. That was on his model. The reason why the behavioral interventionists cite they do not want to become a CABI is because of the $500 in fees and because of the delays in the certification process.

Assemblywoman Carlton:
One of the reasons why this is in here is that in 2009, we were all working in the dark. We knew we had to do something for the kids. This was a "do it and cross our fingers and say a rosary every night that there is not something bad that happens." It has turned out wonderfully. I have watched some of these children grow up, and they are doing so much better.

I just want to make sure that we move forward with the national certification. I am proud of the fact that Missouri did it. I was happy to help some friends and family in Missouri get that accomplished. Missouri is a very conservative state. I want to make sure that there were no incidences in the past and that everything is working well, because why recreate the wheel if we can steal it. I want to know more about how it is actually functioning.

Jan Crandy:
I will tell you, even within ATAP, we have not had complaints about the delivery of services by the behavior interventionists. I am not aware of complaints made to the Board of Psychological Examiners about the CABIs either. I think the licensed professionals are not going to hire people to work for them who do not do what they are told to do and what they are trained to do. I trust the behavior analysts. I want kids to have access.

Assemblyman Paul Anderson:
Can you clarify the cap history? Was that a cost function because we were afraid of how high that might go and did not have any experience with that?

Jan Crandy:
It was negotiation with the insurance companies to help get the bill passed.

Assemblyman Paul Anderson:
There was a discussion about a $4,000 to $5,000 policy, and an incremental up to 63 cents was the highest number you used. Can you tell me what that policy is and who pays that policy?

Daniel Unumb:
What I was referring to was the per member per month (PMPM) figure; that 63 cents comes from the New Jersey State Health Benefits Program. That is where we could get information. A lot of insurance companies in the private market look at that as a closely guarded secret. Unless there is an obligation to turn it over to a department of insurance, you look at state employee plans. That was the PMPM cost for that particular autism service. The monthly premium itself is going to be closer to $400, which would translate into just under a $5,000 annual premium. It was simply to illustrate looking at a portion of the total claims that are going to be paid out under a policy with a premium, which would be in that range.

Assemblyman Paul Anderson:
That $4,000 to $5,000 was an annual figure.

Daniel Unumb:
Exactly. That is looking at how much I am paying for my insurance policy and how much of that payment is going to autism costs.

Assemblyman Paul Anderson:
The existing language talks about the age when kids are covered—up to the age of 18 if in high school and up to the age of 22. What happens after that? Do they get coverage elsewhere?

Daniel Unumb:
What happens at that point is, as we in the community say, "they fall off the cliff." That is an incredibly important thing we need to address. Not now with our time constraints, but we need to be looking at that. Even with best outcomes, there are still going to be some people who need assistance. First, they have left the school system, so any school-based services are unavailable. Secondly, if the insurance drops off at that point, the only places they can look to are social services, Medicaid, and other services.

I get calls all the time from families of adult children with autism. A common scenario is they cannot live in a group home because they are having a problem with aggression or self-injurious behavior. If we could give them short-term intensive treatment, we could correct that. They could stay in a less-restrictive environment. If they cannot access that treatment, they spiral into a situation where they are ultimately institutionalized. We need to rationally look at that and provide for that.

In terms of that kind of a cap, New Jersey has concluded that any kind of cap would violate mental health parity. They have an age cap there, and they are saying they need to remove that to end discrimination. They have proposed regulations that would remove the age limit for that reason. There is no good reason not to provide that care for folks at that level if they need it. Remember, we are talking fairly minimal at that point—no one is going to be having global development comprehensive ABA programs at 25 years old. It is not going to be deemed medically necessary. They need a short-term focus program that ought to be available.

Assemblyman Paul Anderson:
What I am hearing across the board is that early intervention is key and those long-term costs are reduced as we get that intervention in.

Daniel Unumb:
That is absolutely true. We need to get the maximum number of kids to the maximum recovery possible. It reduces the population long-term that has the

most difficulty. It becomes more manageable and gives the kids a real shot at life and everything that means. It is not just the savings in dollars but the savings in lives, their productivity, and what that means for the people around them. There are studies that show, because autism is such a demanding disability, the parents are affected. Mom has to stop working; dad has to cut back. They lose their skills, they are not paying the same taxes, and they are all dealing with this issue without help.

Chairman Kirner:
You said individuals are covered under insurance until they are 22 under the Affordable Care Act; do they not go to age 25?

Daniel Unumb:
Under the ACA, you have to provide coverage up to age 26. There is a strong argument under the ACA because of that. There are other provisions in the ACA that are just now coming into focus. There is a provision that prohibits discrimination in benefit design based on disability. You are not supposed to vary benefits under the age of 26. We have raised that in comments in states; we have raised that in a variety of mechanisms. We do not have a definitive determination about that, but it is an appropriate question to raise. Like a lot of things, until someone takes that banner and points it out and acts on it, it lies there.

Chairman Kirner:
Another point that was raised as you were testifying is that we do not have any members of the Public Employees' Benefits Program (PEBP) here. I have asked our policy analyst to get our experience from the state insurance plan.

Assemblyman Ellison:
If they do not have treatment, does the system seem to progress more for problems? Is it something they grow out of?

Daniel Unumb:
They do not grow out of it. The seminal 1987 study done by Ivaar Lovaas at the University of California, Los Angeles (UCLA) had results similar to the chart in my materials [page 5, (Exhibit J)]; 47 percent of kids were able to achieve mainstream status, and another 42 percent achieved substantial gains. Eleven percent did not make that level of progress. When they compare the kids who have received ABA treatment to a control group, only 2 percent in the control group made that level of progress.
It is not something they grow out of. In fact, it becomes more difficult because the challenges become more difficult. If you are a three-year-old with autism, and you are placing papers back and forth on either side of you, or your hand is

flapping, to some extent that is not threatening the rest of the community or your family. It is tragic, but you are a small child. When you are a six-foot-two, 240-pound adult and you are acting out and being violent—and I do not mean to single out aggression and violence; there are other kinds of things—it becomes much more damaging and difficult. It is hard being a parent of a child with autism, and you wear out. Folks who do not have access to treatment for their kids are continuing to manage that. The behaviors that have not gone away only become more challenging.

Assemblyman Ellison:
In section 20, subsection 8, paragraph (n), it says, "'Treatment plans' means a plan to treat an autism spectrum disorder that is prescribed by a licensed physician or licensed psychologist and may be developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst." Does that mean prescribe medicine? Is there any other way to detect it other than movements? Are there CAT scans or something else that helps?

Daniel Unumb:
In terms of diagnosis, it is becoming more and more sophisticated. It is generally diagnosed by other kinds of professionals, often developmental pediatricians, if you can get in to see one. They are often difficult to reach. Other pediatricians and other medical personnel, such as psychologists, have that expertise. It is basically based on behavior and lack of hitting developmental milestones. It is based on a confluence of systems that come together under the clinically significant definition of the *Diagnostic and Statistical Manual*. It involves difficulties in communication, difficulties in behavior, repetitive and stereotypical behavior, and difficulties in social relationships. There is a complex of criteria that you use by observation. There is not a blood test or a physical test you could do. The tests are based on observation. What the child is doing, what he or she should be doing—that is how it is diagnosed. It is amazing the level and age at which we are able to diagnose now. It has gotten much younger. There are a lot more significant things at which people are looking.

I am not a diagnostician, a health care personnel, or a board certified behavior analyst, but joint attention is a classic issue. As a parent, everyone knows when you point that out. If you have a child and you point someplace and say, "Hey look at that. Isn't that cool?" the child will look and say yes. They are interacting with you; they are paying attention to what you are doing. A child with autism typically will not do that. Their eyes are anywhere but. We are very sophisticated now and looking at those kinds of signals to tell what is going on. We are doing a lot of research at the gene level to determine what we can. All parents hope for breakthroughs, but right now, the best treatments are behavioral, and the best diagnosis is behavioral.

Chairman Kirner:
Thank you for your work in this area. I will turn our attention to those who will testify in favor of this bill. As a reminder, we are on a three-minute timer, so please make your comments precise.

Erik Lovaas, President, The Lovaas Center for Behavior Intervention, Las Vegas, Nevada:
We specialize in the treatment of children with autism and utilize the principles of applied behavior analysis in our treatment. We have offices in Nevada, Florida, and Spain and have served children in Nevada for 19 years.

Nineteen years ago, the prevalence of autism was 4 in 10,000 or 1 in 2,500. Today, it is 1 in 68, and probably statistically closer to 1 in 50. Increasing funding is a necessity on statistics alone. Daniel Unumb with Autism Speaks spoke of the research of UCLA that indicated 47 percent of the kids who received early intensive behavior intervention, 40 hours a week, recovered from autism, and 42 percent improved significantly. That research was recognized by the U.S. Surgeon General in its design and promise. It has been replicated in other university settings and community settings, such as a private practice. Not only do we see the quality of life for the kids and their families improve, but treatment also significantly reduces the cost to the state in long-term custodial care. There are several cost-benefit analyses that have been conducted in the U.S. and abroad, and they have demonstrated significant savings when the cost is considered over the course of an individual's life.

With regard to A.B. 6 and the implementation of the RBT, we are in full support. We currently employ 28 of the 68 CABIs in the state—a little less than half of the CABI workforce. The cost of employing those CABIs was almost $13,000 in certification fees alone. If we were to certify 100 CABIs, that cost would be approximately $45,000. The cost for 100 RBTs would be about $5,000. That is a savings of over $40,000 for the same 100 therapists.

The cost of the certification is significant, but it is not the primary issue. It has been four years since the insurance mandate passed, and there are still fewer than 100 certified persons delivering the services. While the certification was well intentioned, the execution of certifying sufficient numbers of service providers has failed. The Lovaas Center is ready to invest time and resources in the RBT program. We have been communicating with Dr. Shannon Crozier, at UNLV's Center for Autism Spectrum Disorders, who is putting together a training program so therapists can qualify for the 40 hours of training for the

RBT. I am confident we can meet the needs of Medicaid and insurance if the RBT is implemented.

Chairman Kirner:
Thank you. I appreciate the level of facts included in your testimony.

Assemblyman Ohrenschall:
I have been to Dr. Lovaas' clinic and have seen the great results with the kids. I want to compliment him on his work. So many people worked on this bill in 2009. He does great work with the kids down there.

Gwen Dwiggins, representing Nevada Association for Behavior Analysis:
We support A.B. 6 as written with the amendment. We believe removal of the $36,000 annual cost cap and the implementation of the RBTs will benefit all of the constituents of Nevada.

Jorge Padilla, Private Citizen, Las Vegas, Nevada:
I have a nine-year-old son with severe autism. I support A.B. 6 because our kids need more therapy.

Stanley J. Rec II, Private Citizen, Las Vegas, Nevada:
I am a father of a seven-year-old son with autism. My son's first year with our current insurance provider and with the ABA therapy went great [submitted testimony (Exhibit N)]. He exhibited a great response from the treatment. Most ABA people would say after the first year, it is time to double down on the investment and look for a good return when starting the second year. But not according to our insurance company, which wanted to cut everything by 33 percent. Our provider recommended continuing therapy at 12 hours a week, and our insurance provider approved 8 hours. Three months into the treatment period, playing a game of "hide and go fax," trying to get the approval document submitted and have them acknowledge receipt, the quarterly review was three months late. They notified us it was retroactive, so we lost out on the service.

That time, in conjunction with the Nevada Office of Consumer Health Assistance, we had initiated an appeal. After several appeals with the insurance company for the two denials we received, in less than one month of working through an external mediator, all of the insurance company denials were overturned. In fact, they agreed that all of the claims were medically necessary for my child's treatment. My son won that argument. Even after that, the insurance company attempted to walk away from the 200 hours of service that had been denied the previous year. The cancer argument might be that your patient has passed away, but our children still need that service, even if they dispute it. It took three months of additional fighting, and another denial, until finally we got them to accept responsibility. Even with the mediator ruling on our side, the insurance companies deny their responsibility under existing law as much as they can. They want to write everything off.

The hurdles of deny and delay, as we heard, are what we deal with as families of autism every day. With regard to extra certification, we are suffering now from a shortage of bottom-tier folks. My child is currently scheduled to be getting 12 hours because they are short-handed, and he is not getting all of his time now because they cannot replace staff when they have turnover.

The denial and limiting of treatment is not helping anyone, especially those with autism. And while the treatment results may vary, if you get as much possible service as you can, as quickly as you can, you will increase the quality of life.

Korri Ward, representing Nevada Commission on Autism Spectrum Disorders:
I am a parent of a 21-year-old man with autism. He lives at home with my husband and me and requires 24/7 care. During his lifetime, accessing therapeutic levels of treatment has been extremely difficult. I founded the Northern Nevada Autism Network. It is a support group for families that have children with autism. I am also on the Commission for Autism Spectrum Disorders. This fall I hosted a town hall meeting in Winnemucca, Pahrump, and Elko to hear from families affected by autism for the Commission. [Ms. Ward read from prepared testimony (Exhibit O).]

The CABI requirement has programmatic logistical and financial barriers that impede interventionists from becoming certified, especially in rural Nevada. In rural Nevada, no treatment or under-treatment is the standard. Switching certification requirements would increase accessibility to treatment. The RBT certification is more accessible in rural Nevada. The RBT registry is available online so families can find out who is available in their area. If this goes toward RBTs, and Medicaid goes to RBTs, then it will help build the workforce together.

I tried to build a CABI workforce working with my nonprofit. I raised money and hosted a CABI class at Great Basin College. We had ten people take the class, and one of them became a CABI. We have an open application on the Northern Nevada Autism Network website, so if people want to become an interventionist, they can fill that out and submit it to us. We have never had a CABI apply. I am a state employee; I have Hometown Health insurance. It only covers the consulting fee for my son. I cannot access the CABI because the one that we have is busy.

My son will be turning 22 in May. At that time, he will no longer have this benefit. We will then have to rely on the state to provide behavioral services. I would much rather use my health insurance than have to go through the state for one more thing.

Assemblyman Ellison:
Ms. Ward, you have come to my office many times to discuss this. You have been a great advocate for autism. I do not think anyone in Elko has done a better job than you have, and my heart goes out to you.

Shannon Crozier, Private Citizen, Las Vegas, Nevada:
I am the Director of the Center for Autism Spectrum Disorders at UNLV. I am also a member of the Governor's Commission on Autism Spectrum Disorders. I am here today to support A.B. 6 and the removal of the CABI requirement. I am in support of the addition of the RBT requirement as a measure for keeping our consumers safe, protecting kids, and making sure they are being provided with adequate and appropriate services.

The piece I want to bring to you is how we can focus in Nevada on increasing our workforce to provide services for our families and kids and how we can keep the resources for doing so within Nevada. Jan Crandy referred earlier to our online RBT training that UNLV is developing; you have a copy of the handouts that were going to be part of the earlier presentation (Exhibit P). The UNLV Center for Autism Spectrum Disorders is developing this online training program. It will cover the 40 hours of content that is required for folks to become eligible to be an RBT. It will be ready to launch by May of this year; if this provision were to be passed by July 1, there would be sufficient time for people to access the training and get eligible for credentialing. Training currently is available through a number of private companies across the country online. The costs range from $150 to $300, all of which is revenue leaving Nevada. That was one of our motivators for getting a local solution. It would be a course developed locally, using local resources, and be more cost-effective. Because we are not a for-profit entity, we have the capacity to offer something much more cost-effective. We are looking at a per participant cost of about $80 as opposed to $150 to $300 dollars and keeping that connected to the local behavior analytic community.

I want to support what Charles Marriott was saying earlier in terms of using the existing licensure and safeguards that are in place through the Board of Psychological Examiners and keeping the responsibility on the professional with the license, whether it is the psychologist, the licensed behavior analyst, or the licensed assistant behavior analyst. We want to make sure those professionals, with graduate training in their field, are the ones ultimately responsible.

Chairman Kirner:
I appreciate the work that UNLV is doing with this. Do you have a sense from the community what level of interest you are seeing?

Shannon Crozier:
We hear from folks quite frequently. We do not hear yet about the RBT because we are trying to keep the development of it concealed. We used to do training for CABIs, and we had a similar experience to what Ms. Ward described in Elko. We ran a couple of CABI trainings, the process was challenging, and we had very limited success in terms of participants being certified by the Board. Usually that was not due to their inability to pass the test, but it was the barrier of having to wait six months before the exam was available or not realizing that the fees were so high. They said over and over to us, "Am I supposed to pay $450 or $500 to get licensed, and then I go and make $10 an hour? Is that right?"

Chairman Kirner:
When it comes to RBTs, are you expecting a better response? Obviously, it costs less. I do not know if they will make more than $10 an hour.

Shannon Crozier:
They will still be going into the same types of jobs and making the same kind of money. As Mr. Marriott said earlier, most businesses are supporting the costs of getting their CABIs credentialed. The cost for the individual business owners will be significantly reduced because they are able to use something with a lower price point. Additionally, because this is an online training, folks are able to access it in a much more flexible manner. One of the challenges with getting people trained to be CABIs was that those were in-person, live trainings, and it was difficult for people to take time off to attend.

Terry Spieker, Private Citizen, Las Vegas, Nevada:
I am the parent of two daughters who are on the low side of the spectrum. Prior to the insurance mandate, I was a recipient of the ATAP program, and my daughters made their most substantial improvements in behavior and abilities during that time. Some of the people here today were part of that program. Ever since the insurance mandate, they went from 30 to 40 hours a week to two hours each a week because the CABIs are not available to provide the hours for their therapies. They have made no progress and have declined drastically from the original progress they had made. They do have some of those skills, but not all of them.

Sherlene Simpson, Ombudsman, Office for Consumer Health Assistance, Department of Health and Human Services:
I am here to testify in support of the families that I have assisted over the years. I have worked in the office for almost 11 years. Some of the legislators are familiar with the services we provide. Our job is to help people navigate health care and difficult issues and situations. We work collaboratively with all hospitals, insurance companies, and individuals. Our services are free of charge, and we advocate, whether that is by providing information, writing appeal letters, or contacting their doctors, hospitals, or insurance companies. We do whatever is required. I want to take the time to thank Mr. Rec because he is an excellent example of some of the difficulties that some of our families have faced.

We have seen a lot over the years with the implementation of the bill. Jan Crandy asked me to compose a list of families and individuals we have helped. Over the last year, we have helped 40. I have seen a wide range of complaints: delays in getting evaluations with therapists and claim denials due to incorrect current procedural terminology (CPT) codes. The parents are exhausted. I have talked with several families. Some of them are so tired because they are working and cannot manage it all. We have heard that from others testifying today.

One thing that we are probably not looking at is when this started in 2009, and then had the law implemented in 2012, one of the biggest complaints we heard was that habilitative and rehabilitative services are still being denied by some insurance companies. What I want to say is that yes, we did help a lot of people with that, and of the 40 families that we were able to track, half of those families had Employee Retirement Income Security Act (ERISA) plans that are not necessarily governed by the Division of Insurance. Because those plans were grandfathered and were in practice before 2010, they did not have to abide by the new guidelines. However, we still advocate for people with ERISA plans the same way.

We were successful overturning denials due to coding errors and other reasons. After we contacted the insurance companies, they would change their minds, but they were not great about letting us know the particulars. My director, Janise Holmes, and I worked with Cliff King at the Division of Insurance, and he put us together with the Department of Labor, which was interested in the denials that we were seeing. We had a formative dialogue from our region as well as New York and Missouri on February 9, 2015. We plan to continue those discussions because they want to know what is going on.

Jay Summers, Executive Director, Puzzle Pieces Autism and Behavioral Services, Las Vegas, Nevada:
I am a board-certified behavior analyst and a licensed behavior analyst in Nevada. As noted, the need for ABA services has far surpassed the availability of staff. As a new vendor in Las Vegas, I can tell you it has been impossible to find CABIs to provide these services through insurance companies. We are functionally handcuffed by the CABI requirements. The current system is not set up to get children the services they need. We fully support the RBT requirement as a solution to this problem.

Jon Sasser, representing Legal Aid Center of Southern Nevada; and Legislative Chair, Nevada Commission on Services for People With Disabilities:
The Nevada Commission on Services for People With Disabilities, by unanimous vote, is in support of this legislation. As to the Legal Aid Center, we worked with the interim committee last year that led to the recommendations. To put A.B. 6 in context, it is one part of a three-prong approach to dealing with the problems that we have. Last spring, our Autism Treatment Assistance Program, or ATAP, was serving 200 kids, with 570 on a waiting list, and with another 6,000 diagnosed by our Board of Education as having this autism spectrum disorder. How are we going to deal with that with limited General Fund dollars?

The three prongs were: (1) to continue to expand the ATAP program; (2) to bring in federal funds by taking advantage of a new interpretation of the Centers for Medicare and Medicaid Services to say that ABA is required in the Medicaid program, so for these people two-thirds of the cost will be paid by the federal government instead of the Nevada General Fund taxpayers; and (3) to make sure private insurance was doing its share. What we were hearing was that kids were being approved for only ten hours of service due to the $36,000 cap, and our state-funded ATAP program was serving those same kids to act as gap coverage and make up the difference between what the insurance companies were failing to do and what the kids actually needed. Insured kids were accessing our General Funded ATAP program. The logjam caused by the CABI requirement was greatly preventing access, and we knew it was going to get worse when we brought in more Medicaid money.

We were pleased that the Governor stepped up between the ATAP program and the Medicaid expansion; we would be going from $1.8 million in 2013 to $73 million in his budget to try to deal with this problem. The third leg of this is private insurance. We ask you to make these reforms so they pay their share as well and take the burden off of General Fund taxpayers.

Scott Harrington, Private Citizen, Reno, Nevada:
I am a 20-year resident of Nevada and have been a board-certified behavior analyst (BCBA) for ten years, and a BCBA doctorate-level for the last five years. I work at the Nevada Center of Excellence in Disabilities at the University of Nevada, Reno, but I was told to make it clear that I do not represent the university. I am for A.B. 6 and support the removal of the $36,000 cap and the expansion of the RBTs. With regard to the RBTs, the board certification is highly regulated. We have to look at increasing the number of people who are certified and who could oversee the RBTs.

I appreciate the questions about what happens to the kids with autism when they transition and get older. We have a project where we help kids with autism transition into the community to earn at least minimum wage. Those questions are very important because these kids are getting older. We have successfully put young adults to work in libraries and warehouse settings. One who is breeding sea horses because it is a particular passion and, with someone with Asperger's Syndrome, you have to find out what they are passionate about. What we have to do is increase the number of board-certified behavior analysts and the board-certified assistant behavioral analysts, which would in turn increase the number of registered behavior technicians.

In that effort, at the Nevada Center for Excellence in Disabilities, we wrote a grant for close to $1 million funded by the U.S. Department of Education to help train teachers who are BCBAs. We have a model now where we are training teachers to be board-certified. The people I oversee are under my certification and, if it is in jeopardy, I will make sure, as other BCBAs do, that the RBTs do quality work.

Marlene Lockard, representing Nevada Women's Lobby:
We are supporting the experts you have heard from, and we support A.B. 6.

Chairman Kirner:
We are going to hear three more people in Las Vegas. The idea of giving each person a three-minute limit is so that everyone who wants to speak has the opportunity.

Memia Aabte, Private Citizen, Las Vegas, Nevada:
I have a daughter who is seven and a half, and her name is Edom. She has autism. She has been getting ABA since she was five years old through my insurance, which is approved for 48 hours a month. She is only getting half or less every month because the requirement for the ABA license is too difficult to keep staff. There is a high turnover. Because of the turnover, my child is not

moving forward; she is always moving backwards, getting aggressive, hitting, and everything. I would like to say that I support the issue of the CABI license requirement so my daughter can get better service.

Chris Holcomb, Board-Certified Behavior Analyst, Tandem Therapy Services, Las Vegas, Nevada:
I am a doctoral-level BCBA and licensed behavior analyst in Nevada. I am in favor of A.B. 6. Similar to my colleagues, Charles Marriott, Ken MacAleese, and Scott Harrington, I agree that it is time we do what we need to do for individuals with the disability of autism and get to those treatment levels that are necessary to achieve the gains that we need for these individuals. We need to get to that intensive, comprehensive intervention level of 30 to 40 hours.

Mark Olson, Private Citizen, Las Vegas, Nevada:
You have heard today from experts, agencies, advocates, and parents. I am here to share the voice of someone who would benefit from lifting the cap and having more CABIs. My nonverbal 19-year-old daughter is significantly impacted with autism, including intellectual disability, epilepsy, and a pre-diabetes condition. She is unable to live on her own. I believe she wants to live as independently as possible. As her father, and legal guardian, my goal is for her to be as successful as possible in her life after I am gone. I believe she would support A.B. 6 as I do—the removal of the cap and the revision of the CABI process. She did not get her correct diagnosis until age 11. As such, she did not get the benefit of early intervention and aggressive therapies.

I have owned my own insurance since 2002. We have been able to use it to get her medical services from neurologists and endocrinologists, but not therapy services for her autism to help her develop the abilities to live as independently as possible. The passage of the autism insurance mandate in A.B. No. 162 of the 75th Session should have made insurance-covered services available to her, but we were repeatedly denied based on her autism pre-existing condition. It was not until the ACA took effect just after she turned 18 that she was first able to get ABA services. Anthem Blue Cross Blue Shield cancelled our preferred provider organization (PPO) and replaced it with a health maintenance organization (HMO) that included 500 hours a year as long as she stays in school and up to age 22.

She now has the funding to get the services she needs, or some of them, but she only has two and a half years left to get as many hours as possible before her coverage runs out. The current cap would limit those hours. Her additional challenge has been to find the CABIs to deliver those services. She spent several months working with The Lovaas Center before she was able to get a great licensed supervisor and a CABI, but it is only four to five hours a week because of their availability. Only recently has she been able to find an 18-year-old Green Valley High School student to provide an additional two hours a week under the supervision of that supervisor and CABI. She is running out of time. Lifting the cap would enable her to get the aggressive therapies she needs now before she ages out. Lifting the certification requirement would increase the pool of tax-paying CABIs to provide those services to her and would give her the best chance of becoming a taxpayer herself.

Shannon Crozier:
I wanted to come back because I did not make the disclaimer when I testified earlier that, although I am the Director of the UNLV Center for Autism Spectrum Disorders, I am not speaking as an official advocate from UNLV today.

Charles Marriott:
I want to comment on your inquiry regarding the level of interest in the RBT certification. I can speak for the individuals that I work with. My employees are incredibly excited about the credential; their faces light up when they are told about the opportunity. The reason for this is that they are passionate about the field of behavior analysis, and this is a credential that comes from the Behavior Analyst Certification Board, the national organization that governs our field. Many of these people are not qualified yet to earn their board certification, and a credential has not yet existed through the BACB that they meet the qualifications for. Now it does, and they are thrilled. The level of interest in becoming an RBT is very high.

Chairman Kirner:
I am going to move the testimony to those who are neutral.

Scott Kipper, Commissioner of Insurance, Division of Insurance, Department of Business and Industry:
I am joined by Glenn Shippey who, as an actuarial analyst from the Division of Insurance, has worked extensively on the Division's analysis and implementation of the Affordable Care Act since the law was passed in 2010. On December 14, 2012, as the Commissioner of Insurance, I selected the plan with the largest market share of Nevada's small-employer marketplace as Nevada's essential health benefit benchmark plan. The selection was a culmination of a process that included significant levels of input from consumers, providers, and insurers in Nevada. The Division of Insurance had numerous hearings across the state to gather input from all of those interested parties.

Since coverage for autism as mandated under Nevada law is a benefit within this benchmark plan, it became an essential health benefit (EHB) when the

Center for Medicare and Medicaid Services approved state benchmark plans in February of 2013. This structure has not changed since that designation. Section 2711 of the Affordable Care Act prohibits the imposition of annual dollar limits on any EHB. This same prohibition removed lifetime limits for plans and benefits as well as those annual limits. However, Nevada law permits carriers to impose an annual dollar limit on treatments for Applied Behavior Analysis.

You have heard about that all afternoon—the $36,000 cap. Therefore, there is a direct conflict that exists between Nevada law and the ACA with respect to a carrier's ability to impose an annual dollar limit on treatments for autism spectrum disorders. As a result, the $36,000 benefit limit for applied behavior analysis within Nevada law is pre-empted by the Affordable Care Act. This limit, as you have heard today, was adopted by the 2009 Legislature after much discussion. However, federal law allows annual and lifetime dollar limits for essential health benefits to be converted to an actuarially equivalent treatment or service limits. That is the dollar value that Mr. Unumb referred to.

After the Division had numerous discussions with federal regulators at the Center for Medicare and Medicaid Services, the Division allowed carriers for plan year 2014 to convert the $36,000 applied behavior analysis limits into nonquantitative hourly or visit limits. This was quite a dilemma for the Division because we realized that the $36,000 cap was pre-empted, but the state law and the Legislature created that limit and did not remove it.

Assemblyman Ohrenschall:
I run into a lot of parents who tell me that part of the treatment plan is often speech therapy and occupational therapy and that it is routinely not covered. They are told by their insurer that, even though the autism therapies are covered, the other therapy is not covered, even though it is part of the overall treatment plan. That is not what I thought we were doing in 2009. What has your experience been? Have there been any interpretations of that?

Scott Kipper:
I will defer to my colleague.

Glenn Shippey, Actuarial Analyst, Division of Insurance, Department of Business and Industry:
Part of the approval of the essential health benefits package for Nevada mandated that habilitative services be provided in parity with rehabilitation services. The benchmark plan that was chosen by the Commissioner has a visit limit of 60 for rehabilitation services. Habilitative services then, in parity with rehabilitative, introduces a 60-visit limit for habilitation. Speech therapy is

a habilitative service or rehabilitative; either way, there is a benefit that should not be denied for a child who has a medical necessity for speech therapy. If there are any specific complaints from your constituents, we would be very eager to get involved and assist in that area.

Assemblywoman Carlton:
Thank you for all of the work that has been done on this. Whenever I have called with questions or concerns, you have been great. I appreciate it. Have you had many complaints or had any issues with people calling and having problems with this? My interpretation is that the age of 22, which was the appropriate age at the time we passed the bill, is no longer legally sustainable. We are going to need to address that, so I would like you to address those two issues.

Scott Kipper:
To answer your first question, we have had plenty of inquiries. We have worked very closely with a number of folks who have previously testified on the issue of treatment for these children. We have not had many complaints. After listening to some of the testimony, certainly I would offer that the Division's resources be accessed because we can help move those insurance companies. I might add that Ms. Simpson from the Office for Consumer Health Assistance was accurate in that insurance plans that we regulate only cover 35 to 40 percent of the Nevada population. We are not going to get everybody who has a problem. There is that problem with the ERISA plans, over which we do have oversight. Our staff has worked very hard to implement an offer for that.

Regarding the age 22 question, I believe that is an issue that we could help you work on as well. We have some constructive language that we have identified. If you look at the six places where the cap is referenced in Nevada statute, it is pre-empted or qualified by a provision that says "except as provided in subsections 1 and 2," which references the $36,000 cap and also references the age. It is something that we would be more than happy to help address or interpret.

Assemblywoman Carlton:
I do not want to put you in a legal bind, but do you think we are on the wrong side of this discussion with that age cap right now?

Scott Kipper:
I would not want to venture an opinion as a non-attorney, but we can take that back, look at it, and get back to you and the Committee.

Chairman Kirner:
That would be appropriate.

Laurie Squartsoff, Administrator, Division of Health Care Financing and Policy, Department of Health and Human Services:
I am here to support the bill with the friendly amendment (Exhibit H) that was submitted by the Governor's Commission on Autism Spectrum Disorders. The amendment will require the RBTs to be credentialed by the national Behavior Analyst Certification Board, which has the training, ethics, oversight, and disciplinary procedures.

The reason for our support of the bill as amended is that will ensure that we have quality providers in the state for our beneficiaries.

Gary Lenkeit, President, Board of Psychological Examiners:
I supplied a copy of my proposed testimony (Exhibit Q) before coming in. The only problem with that is since it was submitted, there has been an amendment (Exhibit H) put forth that our Executive Director sent me and I was able to read while in the room. The amendment addresses our concerns. Our basic concern was that, if the CABIs were eliminated, the RBTs should replace them. This amendment addresses that concern. While I am here to be neutral on the subject because I am only one person on a seven-person board, I think this is something we will discuss at our next board meeting to see if there is enough support for this bill with this amendment. The interventionists need some form of regulation. The RBT was not available in 2009 when we first began working on this. The RBT came from the CABI standards that we established here in Nevada.

There are two main differences between the RBT and the CABIs, and that is the RBT includes inclusion of background checks for the individuals who are applying as RBTs, and there are some provisions for online training. Quite frankly, I do not think we even thought about online training in 2009 when we were writing these standards. Our only other concern is that if RBTs were not regulated by the state, they would not be mandated reporters. If we are regulating, we cannot require them to be mandated reporters. Talking about past testimony, Dr. Crozier and Mr. Marriott are correct that, as licensed behavior analysts, they would be responsible for the actions of an RBT and could be disciplined by the Board.

Assemblyman Ohrenschall:
I want to thank Dr. Lenkeit. Back in 2009, he was the chairman of the Board of Psychological Examiners, and we needed a board that would oversee the plan. We were very concerned about trying to establish a new board and the

fiscal impact that would put on the bill, and he was willing to work with us and take on this new responsibility. I appreciate all of his help on the original bill.

Laura Drucker, representing Nevada Psychological Association:
I am speaking on a neutral basis about this bill (Exhibit R). We are very much in support of the efforts in Nevada to expand services for children and families with autism. We know the need is great. Our only concern with A.B. 6 was that the removal of oversight of CABIs by the Board of Psychological Examiners did not come up with an equitable replacement. We wanted to make sure that the providers of services for children with autism, especially in homes, are adequately trained and supervised, and will be held accountable for their services. With the RBT credential, I think we are in support of this bill.

Chairman Kirner:
At this time, I will open the hearing to those who may be opposed to A.B. 6.

Keith Lee, representing Nevada Association of Health Plans:
We are an organization that has many of the large- and medium-size health providers in the state, as well as the two Medicaid payers in Nevada. We appear in opposition, not because we are insensitive to the devastating impact that this disorder has on families and society, but we have legitimate questions we would like to raise from this bill. Some of the questions in section 1 with respect to the removal of CABIs have been answered. We did not get a chance to vet that amendment with our people, but I think, having heard what was said previously, that may meet some of our concerns.

As payers, as insurance carriers, we have our own responsibility to credential those providers for whom we pay the bills. We are interested in being able to credential someone and make sure someone who is involved in the process of providing these covered services to patients meets those standards. We are vetting that, but it appears the amendment may have resolved our concerns.

The second concern that we have is with respect to the removal of the cap. As the Insurance Commissioner said, that cap should be removed. However, we think there should be a discussion of limitation of services so that insurance companies can properly price these plans. We are prepared to work with members of the Committee and stakeholders to solve some of these problems.

Assemblywoman Kirkpatrick:
We had this same argument in 2009 when we tried to pass this. The insurance companies said that it was not going to be possible because they were at risk and it would increase everyone's rates. What is the position now about making

it work for everybody? The company you represent already has the state employee benefit plan. Why have they not already put this in place?

Keith Lee:
My understanding is that we do have the coverage, but it has been limited by the $36,000 cap. As the Commissioner indicated, it has been transposed from a monetary cap to numbers of hours of service and what services are covered. I believe that is in place right now. What we are dealing with is doing away with the cap as the proponents are suggesting. I did not hear a cap on the upper end. In order for us to be able to underwrite this, we need to be able to price it. There is an ongoing discussion with the Medicaid representatives and providers regarding services and limitations so they can price it. We need to price it as well. We all want to know what the PMPM cost would be in this state based on the various plans and the coverages available.

I am suggesting that we have a discussion with all of the stakeholders and prevail upon our Insurance Commissioner to lead that because we have been dealing with these issues at some length and some depth. Keep in mind, what we are talking about here are those who are covered, the 60 percent covered by plans, but those covered by qualified ERISA and Taft-Hartley plans are not covered by this. The universe of Nevadans we are going to get to and help here is somewhat limited by this legislation.

Assemblywoman Kirkpatrick:
I have a friend who sends his autistic child out of state, to Texas, because there are not enough of the right resources here. I think that is a detrimental family issue that we have to address. If it costs a little more money to do it, we should. The child is back home and transitioning, but that is not good for the child or the family. There has to be a real discussion and there have to be real partners. It cannot be how it was in 2009.

Keith Lee:
I agree. I am not sure that is a shortfall or a problem that is created by the insurance company. I would assume they are paying for those services in Texas.

Assemblywoman Kirkpatrick:
They are not, which is the problem.

Keith Lee:
The question is, are the services available in Nevada that would be otherwise covered?

Assemblywoman Carlton:
I have heard the disclaimer many times—that this only affects 35 percent of the population of the state. I will let the Committee know that in my years of experience in this building, when we have passed mandates, we have brought the other plans along eventually. We do get to them as we move forward. They are starting to realize that paying for these children now is much better than trying to deal with them at a later date.

My concern with the cap argument is that we do not cap other diseases that I am aware of. We have the chemotherapy example. If someone is in need of a treatment that is prescribed by a doctor in this state, we should honor that treatment. I have a hard time understanding the issue with the cap. Can you please expand on that? If a child needs this to succeed and is going to do better in the long run, why would we stop halfway through?

Keith Lee:
You are right. I would like to comment on what you said about ERISA. We would support an effort to get those folks into this, as they are an important piece of the equation in terms of providing care to those suffering from autism.

Assemblywoman Carlton:
Legally we cannot. They are out of our reach. I would get a much longer handle if I could.

Keith Lee:
I have over the years experienced the "bully pulpit" that you and members of this Legislative body are able to bring to bear on certain matters. I would suspect that your bully pulpit is ready to go forward, and we would support that. With respect to your question on the caps, it is a determination in the development of any health insurance plan. We talk about what is covered and what is not covered. Some things are covered at a higher price, some things are covered at a lower price, but it is a matter of coverage.

Your point is well taken. That is why there are some discussions going on now with the Medicaid representatives and the two Medicaid payers with respect to how they are going to price this and the impact it is going to have on Medicaid recipients. That discussion needs to be held with private-sector insurers as well. We are prepared and would like to be part of the conversations that take place in those areas.

Jay Parmer, representing America's Health Insurance Plans:
We are a national trade association for health plans. We came up in support of Mr. Lee and the state association's statement. We think it is important to

review the provider credentialing provisions. We learned in this meeting that there is an amendment that addresses credentialing, so we will review it and take a position. The national association has recent experience with the subject matter related to autism spectrum disorder in a number of other jurisdictions, and some of the information may be relevant to this discussion. We would like to participate in how this bill ultimately gets crafted and reported out of committee.

Assemblyman Nelson:
We have heard testimony that this appears to be a burgeoning area of health care both in the state and nationally. It has gone from 1 in 2,500 children to 1 in 68 recently. If the trend continues it is going to be a bigger problem. I am not insensitive to the needs of children with autism, but my question is, how can you underwrite it? It is good to say everybody should be covered at 100 percent no matter what their concerns are, but your clients have to make a profit or at least break even. How will you underwrite this?

Keith Lee:
I do not know. I can get some answers about underwriting criteria, how the insurance industry looks at these types of things, how they determine underwriting, pricing, and plan design. I do not know the answer.

Assemblyman Nelson:
I would like to see some information on that. One of the earlier questions was interesting because you underwrite other catastrophic situations like cancer, which appears to be increasing also. I am curious how you do that.

Chairman Kirner:
We will take testimony from Las Vegas, then closing comments.

Mark Olson:
I am in favor of A.B. 6. I am sorry if this is out of order, but I was compelled by Mr. Lee's comments about cost containment. Prior to the ACA taking effect, my daughter and I were covered under a PPO plan under Anthem Blue Cross Blue Shield, and I understand PPOs are different from HMOs, but we were paying $1,700 a month.

Chairman Kirner:
It is out of order. If you have additional written testimony I am sure that the secretary will take it down there and include it in our record.

Ms. Crandy, I know this came from an interim committee, but I would like to give you an opportunity to make closing comments.

Jan Crandy:
Kids with autism do need access to this treatment. Autism is increasing. If we do not treat these kids, we are going to be taking care of them. The states are going to be taking care of them for the rest of their lives. We cannot afford to do that; taxpayers cannot afford to pay for them. If I am buying private insurance, it should cover what my child needs for treatment, not one-third of the dosage, and that is what is happening now. I want these kids to be treated. If we do not treat those kids, they are unemployed. We are talking about a whole generation of unemployed people who are going to be on welfare or social security. We are going to be taking care of them. We have to treat them. I am excited because we could remove the age cap, and the dollar cap. I am excited that this could happen.

Chairman Kirner:
Thanks to all of you who have participated in the testimony. We tried to get as many people as possible to the table.

I will close the hearing on A.B. 6 and move to public comment. [There was none.] This meeting is adjourned [at 3:50 p.m.].

RESPECTFULLY SUBMITTED:

Jennifer A. Russell
Committee Secretary

APPROVED BY:

Assemblyman Randy Kirner, Chairman

DATE:

EXHIBITS

Committee Name: **Committee on Commerce and Labor**

Date: **March 6, 2015** **Time of Meeting:** **1:31 p.m.**

Bill	**Exhibit**	**Witness / Agency**	**Description**
	A		Agenda
	B		Attendance Roster
A.B. 180	C	Assemblyman Derek Armstrong, Assembly District No. 21	Article from *The CPA Journal*
A.B. 180	D	Assemblyman Derek Armstrong, Assembly District No. 21	CliftonLarsonAllen Article
A.B. 180	E	Charles Muller, Nevada Retiree Chapter AFSCME	Letter in Support
A.B. 6	F	Jan Crandy, Nevada Commission on Autism Spectrum Disorders	Applied Behavior Analysis Treatment of Autism Spectrum Disorder; Practice Guidelines for Healthcare Funders and Managers
A.B. 6	G	Jan Crandy, Nevada Commission on Autism Spectrum Disorders	Registered Behavior Technician Task List
A.B. 6	H	Jan Crandy, Nevada Commission on Autism Spectrum Disorders	Proposed Amendment
A.B. 6	I	Jan Crandy, Nevada Commission on Autism Spectrum Disorders	Video "Life with Autism"
A.B. 6	J	Daniel Unumb, Autism Speaks Legal Resource Center	Autism Insurance Reform PowerPoint Presentation
A.B. 6	K	Charles Marriott, Autism Care West	Presentation supporting A.B. 6
A.B. 6	L	Ken MacAleese, Advanced Child Behavior Solutions, LLC.	Testimony in Support
A.B. 6	M	Ken MacAleese, Advanced Child Behavior Solutions, LLC.	Research Overview Presentation

A.B. 6	N	Stanley Rec II, Private Citizen, Las Vegas, Nevada	Testimony in Support
A.B. 6	O	Korri Ward, Nevada Commission on Autism Spectrum Disorders	Testimony in Support
A.B. 6	P	Shannon Crozier, Private Citizen, Las Vegas, Nevada	Registered Behavior Training In Nevada
A.B. 6	Q	Gary Lenkeit, Board of Psychological Examiners	Statement in Opposition
A.B. 6	R	Laura Drucker and Lisa Linning, Nevada Psychological Association	Position Paper in Opposition