

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB897
RELATING TO HEALTH**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: 2/10/2023

Room Number: 329

1 **Department Testimony:**

2 HB897 requires the establishment of a joint task force within the Department of Health (DOH),
3 Behavioral Health Administration, and the Department of Human Services (DHS), MedQUEST
4 Division (MQD), to review policy issues and opportunities relating to the navigation, access, and
5 coverage of Medicaid services by persons with autism or fetal alcohol spectrum disorder
6 (FASD).

7 The joint task force is required to conduct a study including:

- 8 (1) Identification of all populations and sub-populations with autism or FASD that
9 currently, or may in the future, experience burdens in the navigation, access, and
10 coverage of Medicaid services;
- 11 (2) Recommendations for potential changes to Medicaid policies and rules that may
12 increase access to home and community-based services and other Medicaid services
13 by improving navigation, existing service delivery, coverage, and access;

- 1 (3) A screening tool for autism or FASD using guidelines developed for the Canada Fetal
2 Alcohol Spectrum Disorder Research Network;
- 3 (4) Recommendations for ways to improve support services as part of the Medicaid State
4 Plan for persons who have been diagnosed with autism or FASD; and
- 5 (5) Recommendations for potential legislation, if necessary.
- 6

7 The joint task force is also required to conduct an analysis and make a recommendation on
8 whether a waiver, waiver amendment, or other necessary policy approval from the Centers for
9 Medicare and Medicaid Services (CMS) may be necessary to ensure that certain services are
10 accessible to persons with autism or FASD.

11

12 The DOH appreciates the intent of a task force and defers to the DHS-MQD, as it serves as the
13 single State Medicaid agency to the CMS with respect to Medicaid and the Medicaid Waivers.
14 On behalf of DHS-MQD, the DOH-Developmental Disabilities Division operates the §1915(c)
15 Medicaid Home and Community-Based Waiver for Persons with Intellectual and Developmental
16 Disabilities. The §1915(c) Medicaid Waiver provides home and community-based services to
17 individuals with autism spectrum disorder (ASD) who have more severe functional limitations
18 and who meet eligibility for DDD services and MQD's requirements for admission into the
19 §1915(c) Medicaid Waiver.

20

21 Per the Centers for Disease Control and Prevention (CDC), FASD refers to a collection of
22 diagnoses that represent the range of effects that can happen to a person whose mother drank

1 alcohol during pregnancy. These conditions can affect each person in different ways, and can
2 range from mild to severe.

3

4 Diagnostic criteria have been established for ASD and FASD by the American Psychiatric
5 Association in the Diagnostic and Statistics Manual of Mental Disorders, Fifth Edition (DSM-5).

6 United States (US) guidelines for the diagnosis of FASD were published in 2016 by the Institute
7 of Medicine of the National Academies (IOM) and the American Academy of Pediatrics (AAP).

8 The US guidelines differ from Canadian guidelines in two key areas: names of diagnoses and
9 clinical findings required for the diagnoses comprising FASD. For example, the US criteria has

10 four diagnoses comprising FASD (FAS, PFAS, ARND, ARBD) and Canadian criteria has two
11 diagnoses (FASD w/ facial features and FASD without facial features). Another example is the
12 US criteria uses growth deficits in diagnostic criteria and Canadian criteria does not.

13 Development and application of a screening tool based on different constructs risks
14 misrepresentation, not only in the area of clinical identification but also treatment

15 recommendations and payer authorization. Standardized and normed screening tools for ASD
16 have been published and are widely applied in the community settings. An example of some of

17 these tools include the Autism Diagnostic Observation Schedule (ADOS), Modified Checklist
18 for Autism in Toddlers (M-CHAT), and Screening Tool for Autism in Toddlers (STAT). ASD
19 screening recommendations and a schedule have been published by the AAP and the CDC.

20

21 As currently drafted, HB897 places emphasis on a specified array of Medicaid home and
22 community-based services that may not be needed across the population of individuals with

1 FASD. Individuals diagnosed with FASD who have more severe functional limitations and who
2 meet eligibility for DDD services are currently served primarily through the §1915(c) Medicaid
3 waiver, where they do not supplant or displace services available from other federal, state, or
4 county agencies.

5

6 **Fiscal Implications:**

7 The potential cost impact for a state funding match for Medicaid services would be high if Task
8 Force recommendations include the array of treatment and Medicaid HCBS services listed in the
9 bill. A full cost analysis and rate study would be necessary. If the Task Force includes
10 recommendations for implementing screening and diagnosis, health promotion and prevention
11 activities, these areas would need to be considered in a cost analysis.

12

13 Thank you for the opportunity to testify.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 8, 2023

TO: The Honorable Representative Della Au Belatti, Chair
House Committee on Health & Homelessness

The Honorable Representative John M. Mizuno, Chair
House Committee on Human Services

FROM: Cathy Betts, Director

SUBJECT: **HB 897 – RELATING TO HEALTH.**

Hearing: February 10, 2023, 8:30 a.m.
Conference Room 329 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent, offers comments, proposes amendments, and requests an appropriation.

PURPOSE: This measure establishes a task force to review policy issues and opportunities relating to the navigation, access, and coverage of Medicaid services by individuals with autism or fetal alcohol spectrum disorder and make a recommendation on whether a waiver or other approval from the Centers for Medicare and Medicaid Services (CMS) is necessary to ensure accessibility of certain services for individuals with autism or fetal alcohol spectrum disorder. The task force includes membership representatives from DHS Med-QUEST division (MQD) and DHS in general.

DHS recognizes that it can be very difficult and challenging for families struggling to find appropriate services for their children transitioning to adulthood with neurodevelopmental disorders, such as autism or fetal alcohol spectrum disorder.

Various behavioral supports, intensive behavioral health services, or home and community-based services may be provided for young adults with neurodevelopmental disorders such as autism or fetal alcohol spectrum disorder through their Medicaid QUEST Integration Health Plan or be covered by the waived services for individuals with Intellectual/Developmental Disabilities who are served by the Department of Health Developmental Disabilities Division's 1915(c) waiver. Such services are provided based on medical necessity and the individual's functional needs.

While the Department supports the establishment of this task force, we recommend an amendment to the task force's scope, starting on page 4, line 17, Section 4 (b) (3):

"~~[A screening]~~ Screening tools for autism or fetal alcohol spectrum disorder, ~~[using the]~~ considering relevant guidelines, including guidelines developed in other countries such as for the Canada Fetal Alcohol Spectrum Disorder Research Network titled, *Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan* (February 2016), as published in the Canadian Medical Association Journal[.]"

As the Department of Health's testimony accurately noted, U.S. screening tools and guidelines healthcare professionals would need to follow differ from the Canadian guideline cited. However, it would be appropriate to consider if there are additional considerations for clinicians from other guidelines.

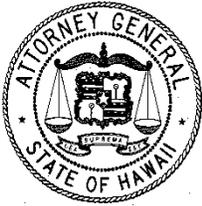
Section 5 requires MQD to submit waivers to CMS if the task force includes such recommendations and to submit a budget appropriation request. For the committee's information, there are provisions that the waivers or policy changes would only be implemented if federal approvals were received and there was no state appropriation. We also note that if CMS did approve, but there was no state appropriation to cover the state fund portion needed, DHS would still be required to implement the approved services. In that scenario, DHS would need to make cuts elsewhere in the program to pay for the new federally approved coverage benefits. This is why we request general fund appropriations before seeking CMS approval. Therefore, we propose the following amendment to Section 5 (a):

"The department of human services shall seek a waiver, a waiver amendment, or any other necessary policy approval from the Centers for Medicare and Medicaid Services that

may be necessary to provide home and community-based services or other medicaid services for medicaid-eligible individuals who have been diagnosed with autism or fetal alcohol spectrum disorder, if recommended by the task force pursuant to 8 section 4 (c) [.] and pursuant to an appropriation pursuant to 5(b)."

Finally, DHS requests an appropriation to procure consultant technical assistance who have the subject matter expertise in this area, in writing for Medicaid waivers for this topic, and for developing this estimated budget and costs for any recommended service and benefit coverage expansions. Currently, DHS does not have the resources or in-house expertise to implement the required study, waivers, and budget requests. Based on prior experience, MQD estimates that \$150,000 to \$200,000 in state general funds with federal matching funds (50/50 match rate) are needed to procure the resources necessary to implement this measure's requirements.

Thank you for the opportunity to provide comments on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2023**

ON THE FOLLOWING MEASURE:
H.B. NO. 897, RELATING TO HEALTH.

BEFORE THE:
HOUSE COMMITTEES ON HEALTH AND HOMELESSNESS AND ON
HUMAN SERVICES

DATE: Friday, February 10, 2023 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Andrew Goff, Deputy Attorney General

Chairs Belatti and Mizuno and Members of the Committees:

The Department of the Attorney General offers the following comments.

This bill establishes a task force to review policy issues and opportunities relating to access to Medicaid services by individuals with autism or fetal alcohol spectrum disorder (page 2, lines 3-8). As part of the review, the task force shall analyze whether a Medicaid waiver is necessary to ensure that the individuals have access to certain services (page 5, line 9, through page 7, line 2). The bill also directs the Department of Human Services to apply for any Medicaid waiver identified by the task force and seek an appropriation to cover any State expenditure necessary to implement the services (page 8, lines 1-17). Finally, the bill requires a future legislature to appropriate any money required to fund the waiver or policy change implemented by the Department of Human Services (page 9, lines 16-19).

The Department is concerned that the provision on page 9, lines 16-19, "provided further that the legislature shall appropriate any necessary state dollars required to fund the waiver, waiver amendment, or policy change pursuant to section 5," might be subject to challenge as violating article III, section 1, of the Hawaii State Constitution because it attempts to restrict the constitutional authority of a future legislature. See *State ex. rel. Stenberg v. Moore*, 544 N.W.2d 344, 349 (Neb. 1996) (analyzing case law from several states upholding the general rule that a legislature cannot bind or restrict a

succeeding legislature, and holding that a statute attempting to do so violates the state constitution). Therefore, we recommend deleting the provision on page 9, lines 16-19.

Thank you for the opportunity to provide comments.



HB900 FSAD Task Force and Funding

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Terez Amato, Vice Chair

Friday, Feb. 10, 2023: 8:30 am: Room 329 Videoconference

Hawaii Substance Abuse Coalition supports HB897

ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery services.

FASD is a preventable and treatable disability.

There are significant and increasingly improved interventions that are available for mental health issues such as Fetal Alcohol Spectrum Disorder and other disorders.

The Minnesota waiver for FASD reports the following:¹

WHAT FAMILIES IMPACTED BY FASD NEED TO KNOW

PEOPLE WITH AN FASD MOST OFTEN QUALIFY FOR ONE OF TWO TYPES OF WAIVERS:

- 1. COMMUNITY ACCESS FOR DISABILITY INCLUSION (CADI) WAIVER: FOR PEOPLE WITH DISABILITIES WHO NEED THE LEVEL OF CARE NORMALLY PROVIDED IN A NURSING FACILITY.**
- 2. DEVELOPMENTAL DISABILITIES (DD) WAIVER: FOR PEOPLE WITH A DEVELOPMENTAL DISABILITY WHO NEED THE LEVEL OF CARE NORMALLY PROVIDED IN AN INTERMEDIATE CARE FACILITY.**

¹ Waiver Programs in Minnesota: <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.proofalliance.org/wp-content/uploads/2021/11/Waiver-Programs-in-Minnesota.pdf>

In order to be considered for a CADI Waiver, you must:

- Be eligible for Medical Assistance (MA) based on a disability.
- Be certified disabled by State Medical Review Team (SMRT) or by the Social Security Administration (SSA).
- Receive an assessment from your county human services agency.
- Be under the age of 65.
- Have a need for supports and services greater than what is available through the state plan.

Examples of Services a CADI Waiver Can Help Cover:

- Respite care
- Independent living skills (ILS) training
- Transitional services
- 24-hour emergency assistance
- Foster care
- Case management
- Specialized supplies and equipment
- Transportation

Examples of Services a DD Waiver Can Help Cover:

- Respite care
- Supported living services
- Transitional services
- 24-hour emergency assistance
- Case management
- Extended personal care assistance
- Caregiver living expenses
- Transportation

Working together, we can join the growing number of states that claim to be a “FASD-Informed State.”

We appreciate the opportunity to provide testimony and are available for questions.



Hawaii Fetal Alcohol Spectrum Disorders (FASD) Action Group

Board of Directors 2022

Ann S. Yabusaki, PhD, MFT
Founder, Director
Private Practice

Cleo Brown
President, Director
Community Advocate

Ken Yabusaki, Ph.D.
Treasurer, Director
Retired Biochemist

Alan Shinn, MSW
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Vivian Aiona
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Associate Professor, Research
Division of the University of
Hawai'i, JABSOM Department of
Psychiatry

Robert M. Armstrong
Director
Chair – Legislative Committee
Global Executive with a focus on
Communication, Public Relations
Nonprofit Leadership and
Advocacy

February 7, 2023

RE: Testimony to the House Committee on Health & Homelessness
Friday, February 10, 2023, 8:30 AM
Via Video Conference, Conference Room 329

HB 897, Relating to Health

Dear Chair Belatti, Vice Chair Takenouchi and members of the Committee on Health & Homelessness and Chair Yamashita, Vice Chair Kitagawa and members of the Committee on Finance:

We are in **strong support** of HB 897 which establishes a task force to review policy issues and opportunities relating to the navigation, access, and coverage of Medicaid services by individuals with autism or fetal alcohol spectrum disorders and make a recommendation on whether a waiver or other approval from the Centers for Medicare and Medicaid Services is necessary to ensure accessibility of certain services for individuals with autism or fetal alcohol spectrum disorders (FASD).

FASD encompasses a range of effects on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals affected by FASD display various challenges in their daily living and are often misdiagnosed and misunderstood. FASD-informed education and interventions are critical for individuals and their families. With full support and education, individuals with an FASD will achieve their full potential and lead productive lives.

Research shows alcohol causes far greater harm to the brain than other drugs, yet recognition of the disability, with appropriate FASD-informed support and services can prevent secondary disabilities (e.g., dropping out of school, getting into trouble with the law, alcohol, and drug use, etc.)

Establishing a task force to review Hawaii's challenges for those with an FASD to gain support and funding of Medicaid and accessibility to services across our State will be an important step towards supporting both individuals with autism, in which case may also have an FASD disability undiagnosed.

We strongly urge you to pass this legislation and we appreciate the opportunity to submit this written testimony.

Sincerely yours,

Cleota G. Brown, President
Mailing Address: P.O. Box 6611, Kaneohe, Hawaii 96744 -9178
Email: hawaiifasdactiongroup@gmail.com Ph: 808-258-5874

HB-897

Submitted on: 2/7/2023 9:46:37 PM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

It has been very frustrating to see people with autism or fetal alcohol spectrum disorder not receive appropriate services. We have often thought they should be covered by the Department of Health's Developmental Disabilities Division. Yet because of restrictive criteria they often are not. Perhaps a separate Medicaid waiver specifically tailored to their particular needs is a better approach. That would avoid any issue of running afoul of any federal definition of "developmental disability" and all the implications that would entail. For that reason, we are in support of the approach outlined in this bill and really hope it will move forward this session.



To: The Honorable Representative Della Au Belatti, Chair
The Honorable Representative Jenna Takenouchi, Vice Chair
Members of the House Committee on Health and Homelessness

The Honorable Representative John Mizuno, Chair
The Honorable Representative Terez Amato, Vice Chair
Members of the House Committee on Human Services

Re: Support of HB 897, Relating to Fetal Alcohol Spectrum Disorders.

Hrg: Friday, February 10th, 2023 at 8:30am, Conference Room 329

Support

Due to the subtle and often undetectable nature of Fetal Alcohol Spectrum Disorder (FASD) diagnosis, many individuals go undiagnosed and do not receive the necessary treatment. This measure would help to create a needed task to provide a plan on how to address FASD in our state.

Mahalo,

Rick Collins
Director
Hawai'i Alcohol Policy Alliance

HOUSE OF REPRESENTATIVES
THE THIRTY-SECOND LEGISLATURE
REGULAR SESSION OF 2023

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair
Rep. Jenna Takenouchi, Vice Chair

Rep. Terez Amato	Rep. John M. Mizuno
Rep. Greggor Ilagan	Rep. Scott Y. Nishimoto
Rep. Bertrand Kobayashi	Rep. Diamond Garcia

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Terez Amato, Vice Chair

Rep. Della Au Belatti	Rep. Jenna Takenouchi
Rep. Greggor Ilagan	Rep. Scott Y. Nishimoto
Rep. Bertrand Kobayashi	Rep. Diamond Garcia

AMENDED NOTICE OF HEARING

DATE: Friday, February 10, 2023
TIME: 8:30 AM
PLACE: VIA VIDEOCONFERENCE
Conference Room 329
State Capitol
415 South Beretania Street

POSITION: **STRONG SUPPORT HB 897**

Dearest Chairs, Honorable Representative Della Au Belatti and Honorable Representative John Mizuno and Vice Chairs, Honorable Representative Jenna Takenouchi and Honorable Representative Terez Amanato, and members of the Health and Homelessness and Human Services Committees.

I am Darlyn Chen Scovell, a volunteer advocate for families and children with FASD (Fetal Alcohol Spectrum Disorder) and the Hawaii FASD Action Group. Being the voice of children who have none and individuals with FASD who have been marginalized, unrecognized, and without help, attention, and services for many, many years. I am writing in **STRONG SUPPORT of HB 897**

I am again pleading and humbly requesting for your VOTE, SUPPORT and to PASS HB 897 out of your committees. I am reaching out for your help in my fight for FASD Services and Community Awareness with a Noble Objective of *decreasing the number of babies born with FASD in Hawaii, spearheading the much-needed services and understanding of this invisible disability, FASD.*

Fetal Alcohol Spectrum Disorder (FASD) is associated with secrecy and shame due to its preventable nature and the stigma attached to it. Unlike Autism, it is cause specific; it is CAUSED by ALCOHOL CONSUMPTION during pregnancy. Alcohol is legally accessible in community stores, often left in unlocked cabinets in many homes. Therefore, it is not surprising that the research stated that **1 in 20 first graders do have FASD**. According to the research study questions, "Is this shame the reason for the marginalization of the children and families with FASD? Or access to alcohol and low cost of alcohol?" (Barker, Kulyk, Knorr, & Brenna, 2011).

Children with FASD may not qualify for services from the Developmental Disabilities Division because they may have an IQ that is regarded as too high for eligibility. Yet they have a range of social and emotional and psychological and behavioral problems that can exist with them forever and prevent them from functioning at a level that will properly integrate them into the rest of our society. They need help. They need services. To date, the efforts to address the problem of fetal alcohol spectrum disorder have focused on the conduct of the mother in the context of seeking prevention. While we do not doubt that prevention is a crucial component, we also believe that focusing solely on the mother's behavior is not going to comprehensively address the problem.

Please help me help these children and families impacted with FASD. Please VOTE to PASS HB 897. Thank you so much. Please do let me know if there is anything else I can do to help this population who they say have fallen into the crack of our society and in my opinion, they fallen on the cliff and have been forgotten. FASD children who have an invisible disability – INVISIBLE NO MORE!

These children are born in an impossible world ~ Please let us make this world possible for them.

Thank you so much for your kind consideration.

Always with Gratitude.
Respectfully yours,
Darlyn Chen Scovell

Reference

Barker, C., Kulyk, J., Knorr, L., & Brenna, B. (2011). Open Inclusion or Shameful Secret: A Comparison of Characters with Fetal Alcohol Spectrum Disorders (FASD) and Characters with Autism Spectrum Disorders (ASD) in a North American Sample of Books for Children and Young Adults. *International Journal of Special Education*, 26(3), 171–180. Retrieved from <http://search.ebscohost.com.libproxy.edmc.edu/login.aspx?direct=true&db=Eric&AN=ANEJ959010&site=eds-live>

HB-897

Submitted on: 2/6/2023 4:06:21 PM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sina Pili	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am a mother of an child diagnosed with Fetal Alcohol Spectrum Disorders (FASD). FASD is a lifelong disability that is in need of FASD informed services & support for the individual to thrive. This bill will increase the access for FASD individuals to appropriated services. I support this bill & encourage our government decision makers to pass this bill in the best interest of all those affected by FASD and in need for services for the best quality of life.

Mahalo,

Sina P. Pili

pili.sina.p@gmail.com

(808)763-8638

HB-897

Submitted on: 2/7/2023 8:05:34 AM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ann S. Yabusaki	Individual	Support	Written Testimony Only

Comments:

Dear Chair Au Belatti, Vice Chair Takenouchi, and members of the Health and Homelessness House Committee,

I am writing in full support of HB897. Many individuals and families affected by fetal alcohol spectrum disorders (FASD) and autism often suffer in silence and alone because they often do not qualify for services under the current guidelines of the developmentally disabled.

I am a psychologist who has worked with juveniles and families in Family Court and treated many juveniles and families affected by the effects of prenatal alcohol exposure. Prenatal alcohol exposure can affect memory, learning, language, and executive functioning and present with other brain-related (hidden) disabilities. These challenges can preclude many with an FASD from successfully holding jobs unless informed support is rendered. Some of my clients are homeless, in the criminal justice system, have been expelled from multiple schools, and have mental health and substance abuse issues. Some are also diagnosed with autism. Yet, with proper support, I have seen successful, happy, and productive individuals with FASD.

I urge the committee to consider the human cost of these under-recognized and under-diagnosed situations. In 2018, one in twenty first-grade children was estimated to have an FASD. The use of alcohol during pregnancy can be prevented, but until we have a solution to this issue, we must help those who were inadvertently affected. A task force to review policies and make recommendations on how to ensure services for FASD, autism, and other developmental disabilities currently being denied services are sorely needed for families and individuals affected by FASD and other developmental disabilities in Hawaii.

I greatly appreciate your consideration.

Thank you.

Ann S. Yabusaki, PhD

HB-897

Submitted on: 2/7/2023 8:40:38 AM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kenichi Yabusaki	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti and Vice Chair Tanouchi:

I fully support HB897 (Ann/Keili Bill) which establishes a Task Force to review the needs of individuals affected by Autism and Fetal Alcohol Spectrum Disorders (FASD) especially for reviewing the parameters for waiving the policies in Medicaid. Individuals with Autism and FASD can be productive members of our society if given opportunities to flourish. They are special gifts and we need to support them.

Respectfully submitted,

Kenichi Yabusaki, Ph.D.

HB-897

Submitted on: 2/7/2023 12:55:39 PM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Vivian Aiona	Individual	Support	Written Testimony Only

Comments:

I implore all legislators to support HB897. As a board member of the **Hawaii Fetal Alcohol Spectrum Disorders Action Group**, and an advocate for the children and families living with FASD, I urge **ALL legislators** to validate and support the ONE in TWENTY first graders who have been **misdiagnosed**, and who live "invisibly" with this neglected disorder.

The time is now. Respectfully, Vivian Aiona

HB-897

Submitted on: 2/7/2023 2:33:52 PM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gigi V Davidson	Individual	Support	Written Testimony Only

Comments:

I strongly support HB 897

As a parent of a 34 year old son who went undiagnosed until 18 years old I was forced to learn all about FASD on my own and consequently became a fierce advocate. There is little to nothing available the parents, care givers and those with an FASD.

30 years is too long to see no substantive results in the way of knowledge, understanding and informed services available for this population.

Current stats indicate 1 in 20 children have an FASD most of which do not even receive a correct diagnosis for this life long brain based invisible disability. This is just plain wrong and society needs to step up to the plate and help.

I urge you to pass this legislation on behalf of all parents, caregivers and individuals struggling with an FASD in Hawaii.

Mahalo for allowing me to submit this testimony.

Sincerely,

Gigi Davidson

Founder

fasdcommunities.org

HB-897

Submitted on: 2/9/2023 1:43:04 AM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
mark matsushita	Individual	Support	Written Testimony Only

Comments:

FASD affects every sector of Hawai'i's society and the costs to society are immeasurable. 94% of those affected by FASD have mental health issues; 95% cannot live independently; 80% have employment difficulties; 70% have trouble in school; 60% have trouble with the Law; 50% of adults abuse drugs and alcohol; and 45% have legal problems with sexual behaviors. These are all social determinants that can contribute and lead to homelessness and imprisonment. A major contributing factor to these statistics is many service providers are uninformed on the complexities of FASD which lead to a missed diagnosis. Please give your support for this bill in which all of Hawaii will benefit
Mark Matsushita

Licensed Marriage and Family Therapisy

Certified Substance Abuse Counselor

HB-897

Submitted on: 2/9/2023 12:55:10 AM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thomas	Individual	Comments	Remotely Via Zoom

Comments:

My concern is about Autism. The Vaccine Schedule as I understand it is a combination of doses of different vaccines that were described in a December of 2019 W.H.O, World Health Organization meeting as having never been tested for safety. My concern is the state has on a number of different years allocated more funds into the Millions of dollars for special education. My concern is we are creating this special education problem with this Untested Vaccine schedule, then year after year allocation more money to deal with the problem the state is making worse each year with all these untested vaccines. I myself was injured by a vaccine. I essentially had Autism. I was overwhelmed by any input for 2 years. In my experience over the past 8 years of working on this issue, this is clearly one of the symptoms of the Qutism spectrum. I have seen many children who were normal, then after doses on this schedule were administered, these children regressed into the spectrum. I am concerned as I want to share that W.H.O. meeting so you at the legislature can see them say it. I find no way to shate this with you. Please inform me as to how I can share the video of this meeting. Health does NOT come from a needle. That is a childish wish for a simple answer. If I sound angry it is because I am. As I said, I was injured by a vaccine and went through two years of hell. I am still blind in my right eye and many of my teeth simply broke up and fell out due to this shot. What are we doing this for? As far as I can see it is for the profit of vaccine makers so they can lobby for more mandates continuing to ruin healthy Keiki and our future. Please address this in a real way looking at all sides of the issue and END all mandates for school children, UNTIL THERE IS SAFETY TESTING OF THIS SCHEDULE!.

Chair of the House, Rep. John M. Mizuno,
Vice Chair of the House, Rep. Terez Amato,
& Members of the Committee, Rep. Lisa Kitagawa, Rep. Scott Y. Nishimoto, Rep. Mahina
Poepoe, and Rep. Jenna Takenouchi

HB897
IN SUPPORT

My name is Nalani Kaai and I am a Masters Social Work student at the University of Hawai'i at Mānoa, Myron B. Thompson School of Social Work. In my practicum experience, I support mākuahine, moms, and their young kamali'i, babies, by providing psycho-education around parent-baby relationships and connecting them to community resources. Through this experience, I have learned that many families in Hawai'i may also be suffering from historical cultural trauma as a result of colonization and isolation due to the resulting diaspora of their families and support systems. Therefore, this prolonged isolation, lack of accessible resources, and lack of psycho-education around parent-child relationships can lead to alcoholism and other substance-use disorders among parents. These factors may also affect potential parents (many of whom may not know they are pregnant yet).

To this end, **I endorse HB897** because a taskforce is necessary to help provide equitable access to care and resources for 'ohana with Fetal Alcohol Syndrome Disorder or Autism through Medicare and Medicaid in order for our children to thrive in Hawai'i. Many families cannot afford private health insurance and therefore, rely on these government programs to mālama, or take care, of their family's health and wellbeing. HB897 ensures that access to care is available for all 'ohana who are diagnosed as well as those who may be at-risk. I support this bill's notion of looking for opportunities for prevention education and creating accessible care for all 'ohana through Medicare and Medicaid Services.

Mahalo,
Nalani Kaai

HB-897

Submitted on: 2/10/2023 1:11:57 AM

Testimony for HLT on 2/10/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Linda Elento	Individual	Comments	Remotely Via Zoom

Comments:

TO:

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Members of the Committee on Health and Homelessness

Rep. John M. Mizuno, Chair

Rep. Terez Amato, Vice Chair

Members of the Committee on Health

FROM:

Linda Elento, Oahu citizen

February 10, 2023 8:30a

HB897

1. For your consideration. There is a need to add to this bill "individuals with other developmental disabilities, such as Down syndrome."

2. Medicaid arbitrarily cuts off medically-needed Applied Behavior Analysis when an individual turns 21 years old.

Therefore, I request the Committee to consider following up with action taken on SR114SD1 (2022) (and other previous measures) for research and state plan amendments for Medicaid to cover medically-needed ABA services to individuals age 21 and older, including individuals with developmental disabilities. Refer to Senate Committees on Health and Human Services Report, Testimony and SR114SD1:

https://www.capitol.hawaii.gov/sessions/session2022/commreports/SR114_SD1_SSCR3536_HTM

3. Unfortunately the HCBS waiver program put together an unequal ABA type of service, refer to the DHS March 21, 2022 testimony and comments for SR114:

“The waiver services for individuals with Intellectual/Developmental Disabilities are delivered by the Department of Health’s Developmental Disabilities Division (DDD). While they do not provide Applied Behavioral Analysis (ABA) per se, similar services are provided to individuals who are 21 and older.”

In December 2022, DDD case management reported that contracted providers report they do not have Behavioral Specialists/Registered Behavior Technicians for Waiver (yet they have Registered Behavior Technicians for ABA services through private insurance and DOE clients. For example, no RBT/Behavior specialists have been available on Oahu for an individual for over a year, hindering progress previously made and school, volunteer, work and social opportunities. Without medically-needed ABA, individuals with developmental disabilities may develop maladaptive behaviors affecting communication, social skills, independence, and self care.

4. I do not believe we need a task force or lengthy study causing further delay but a decision to move forward with ABA included in the Medicaid funding bills and to provide ABA services as my 22-year-old had before he turned 21, which are medically-necessary and allowed under the federal Medicaid laws, and not the current waiver program offering "similar services" and without providers.

5. Judge Rules Medicaid Age Limit for People with Autism Is Discriminatory

By Massillamany, Jeter & Carson LLP | July 01, 2021 (Indiana)

State Residents Age 21+ with Autism Can Receive Medicaid Benefits for ABA Therapy

“The court concluded that the age restriction unlawfully denies access to medically necessary services for individuals age 21+ who have autism, in violation of the Americans with Disabilities Act.”

Taken from —

<https://www.mjcattorneys.com/media/2021/july/judge-rules-medicaid-age-limit-for-people-with-a/>

Thank you for the opportunity to provide testimony.





02-10-2023 HLT/HUS