

Date of Hearing: June 26, 2012

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Jim Beall Jr., Chair

SB 1050 (Alquist) – As Amended: June 15, 2012

SENATE VOTE: 38-0

SUBJECT: Autism telehealth task force

SUMMARY: Requires the Department of Developmental Services (DDS) to establish an autism telehealth task force to provide technical assistance and recommendations in the area of telehealth services for individuals with autism spectrum disorders (ASD). Specifically, this bill:

- 1) Makes various findings and declarations regarding the efficacy of telehealth services and the potential for telehealth technology to improve consumer access, health care delivery and care coordination for persons diagnosed with Autism Spectrum Disorders (ASD).
- 2) Requires DDS to establish an autism telehealth task force and to identify a public or nonprofit entity to act as lead administrator which is responsible for all of the activities and work of the task force.
- 3) Requires the public or nonprofit administrator to have knowledge or experience in telehealth, community based clinical trials, and providing services to under-served populations.
- 4) Requires the lead administrator to appoint members of the task force, with approval from DDS, who have specified knowledge or experience that includes, but is not limited to, any of the following:
 - a) Early identification and treatment of ASD;
 - b) Treatment of ASD
 - c) Early intervention services provided by regional centers, school districts, and community-based services;
 - d) Technology or telehealth in the provision of services to individuals with ASD;
 - e) Continuity of care for individuals with ASD, particularly for those transitioning from developmental centers to community placements; or,
 - f) Other areas deemed necessary by DDS.
- 5) Requires the task force to provide technical assistance and recommendations to DDS in the area of telehealth services for individuals with ASD.
- 6) Provides that the task force recommendations may include implementation of one or more demonstrations sites that promote and evaluate any of the following:

- a) The use of telehealth and technology to assist and improve the delivery of services for individuals with ASD by regional centers;
 - b) The use of telehealth to provide seamless integration and coordination of services among regional centers, school districts, community-based resources, and health care providers and organizations; or,
 - c) The use of telehealth to improve the access of services for individuals with ASD to underserved individuals and to reduce the "digital divide" in underserved communities.
- 7) Provides that no general fund monies shall be appropriated for the project and that the establishment of responsibilities of the taskforce shall be contingent upon identification of appropriate or adequate funding sources.
- 8) Includes a sunset date of January 1, 2019.

EXISTING LAW

- 1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), under which DDS contracts with 21 private non-profit regional centers to provide case management services and arrange for, or purchase, services that meet the needs of individuals with developmental disabilities. Welfare & Institutions (W&I) Code Section 4500 *et seq.*
- 2) Establishes the California Early Intervention Services Act of 1993 (Early Start) providing early intervention services to infants and toddlers with disabilities and their families through a coordinated, family-centered system of services that are available statewide.
- 3) Requires DDS to develop evaluation and diagnostic procedures for the diagnosis of autism disorder and other autistic spectrum disorders, as specified.
- 4) Establishes the Autism Advisory Task Force under the Department of Managed Health Care (DMHC) in conjunction with the Department of Insurance for the purpose of providing assistance to the DMHC on topics related to behavioral health treatment and to develop recommendations relating to the education, training, and experience requirements to secure licensure from the state.
- 5) Defines "telehealth" to mean "the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers." Business & Professions Code Section 2290.5(a)(6).

FISCAL EFFECT: Unknown

COMMENTS:

Purpose of this bill: According to the author, this bill enhances and promotes the use of

telehealth for the diagnosis and treatment of ASD by DDS and regional centers and supports the provision of services in the most competent and cost-effective manner possible. Existing advisory committees within the DDS relating to ASD, the author says, lack specific expertise regarding telehealth and technology, and have not been structured for the purpose of making recommendations to the department on how best to expand use of telehealth in providing services to individuals with ASD and their families.

The author points out that there are significant ongoing technological advancements in the use of telehealth in a variety of clinical settings, and many organizations dedicated to the development of best practices to guide implementation of telehealth technologies. There is a significant divide between the organizations and experts dedicated to telehealth technologies generally, and the technical expertise of individuals and organizations dedicated to improving the lives of individuals with ASD. According to the author, this bill bridges the divide between these two areas of expertise in order to help guide DDS as it expands the use of telehealth in serving individuals with ASD.

Definition and prevalence of autism: Autism is defined as a group of neural development disorders linked to atypical biology and chemistry in the brain and generally appearing within the first three years of life. Autism is further characterized by delayed, impaired or otherwise atypical verbal and social communication skills, sensitivity to sensory stimulation, atypical behaviors and body movements, and sensitivity to changes in routines.

The Centers for Disease Control and Prevention (CDC) recently published data from 2008 which indicates a 23% increase in the estimated prevalence of ASD since 2006 and a 78% increase since 2002. For 2008, the overall estimated prevalence of ASDs was 11.3 per 1,000 (one in 88) children aged eight years compared with 9.0 per 1,000 in 2006. ASD prevalence was found to be four to five times higher for boys than for girls.

DDS Client Development Evaluation Report data, from December 1997 through December 2007, reveals a significant rate of growth for those with autism compared to the other major categories of developmental disabilities. While the total number of people served during that period increased 56%, the number of people with autism grew 321% from December 1997 through 2007. DDS also reports that, as of June 2007, 84.5% of all people with autism served by DDS (including those without purchase-of-service expenditures) were 3 through 21 years of age. "Since this age group, on average, has lower per capita costs, there is increasing concern regarding cost implications for future years as this growing segment of the population ages." *Department of Developmental Services Fact Book* (11th Edition, October 2008).

Services for children and adults with autism: Under the Lanterman Act regional centers provide a variety of services and supports to children and adults with developmental disabilities necessary to prevent institutionalization and to assist families caring for their children at home. Provided services include diagnosis and eligibility assessment services, family support services, and residential and day programs in accordance with an individual program plan (IPP). Regional centers are permitted to purchase Applied Behavior Analysis or Intensive Behavior Intervention services if the service provider uses evidence-based practices and the services promote positive social behaviors and help address issues with learning and social interactions. Regional centers also provide services, pursuant to an individualized family service plan (IFSP) under the Early Start program, which entail a broad scope of behavioral intervention and family support services

to infants and toddlers under the age of 3 who have a developmental delay or disability or an established risk condition with a high probability of resulting in a delay.

Telehealth as a treatment modality for autism: Many studies indicate that early diagnosis and intervention is critical for children with ASD, offering significant opportunities to improve quality of life for these children and their families over the short and long term. Recent studies have evaluated the effectiveness and efficiency of behavioral intervention treatments, functional communication training and functional analysis training for parents conducted through telehealth, including both synchronous (simultaneous exchange of information) and asynchronous (information exchange occurs over a period of time) modalities. These studies have demonstrated that telehealth can result in increased efficiency, cost savings and comparable treatment outcomes.

This bill's legislative findings and declarations say that the use and implementation of telehealth technology would provide: greater knowledge and information about ASD to consumers and their families; improved access to underserved communities and populations; enhanced case management; and increased coordination of care for ASD.

It is important to note that the use of telehealth as a method of providing treatment and services to people with developmental disabilities is not limited to people with ASD. Under the Lanterman Act, services and supports are based on each consumer's individual needs and choices as determined through the individual program planning process, not only on diagnosis. Many of the same issues identified in this bill's findings and declarations—e.g., improved access to underserved communities and populations, enhanced case management, increased coordination of care—apply to other consumer groups as well. Nothing prevents the use of telehealth for regional center consumers under current law. The Lanterman Act includes numerous references to the use of innovative and economical service mechanisms and methods of achieving IPP objectives. *E.g.*, W&I Code Sections 4651, 4648(e)(3), 4685(c)(3). Telehealth will often prove to be an efficient and cost-effective means of providing treatment and services to people with developmental disabilities other than ASD. Therefore, much of the information and many of the recommendations from the telehealth taskforce established pursuant to this bill will likely have implications for all consumer groups, not only those with ASD.

Related legislation:

SB 764 (Steinberg, 2012), if passed, would establish a pilot program for the provision of treatment and intervention services through the use of telehealth.

AB 171 (Beall 2011), if passed, would confirm that California requires health plans and insurers to cover screening, diagnosis and all medically necessary treatment for individuals with ASD and would prohibit a health care plan from terminating coverage, or refusing to deliver, execute, issue, amend, adjust, or renew coverage to an enrollee solely because the individual is diagnosed with, or has received treatment for, ASD.

SB 946 (Steinberg), Chapter 650, Statutes of 2011, mandates health insurance coverage for behavioral health treatment services related to pervasive developmental disorder or autism effective July 1, 2012.

AB 415 (Logue), Chapter 547, Statutes of 2011, repealed the Telemedicine Development Act of 1996, changing the reference from “telemedicine” to “telehealth”, revising confidentiality and privacy standards, consent requirements, and other health provider and insurance requirements for telehealth.

ABx4 9, Chapter 9, Statutes of 2009-10, Fourth Extraordinary Session, among other provisions, required the least costly available provider of comparable service, including transportation costs, who is able to accomplish all or parts of the consumer’s IPP, consistent with the needs of the consumer and family as identified in the IPP, to be selected to deliver services to the consumer.

Statutorily defined applied behavioral analysis and intensive behavioral intervention treatments and established a variety of standards and restrictions for vendors providing applied behavioral analysis services or intensive behavioral intervention services, or both.

SB 1665 (M. Thompson), Chapter 864, Statutes of 1996, enacted the “Telemedicine Development Act of 1996,” imposing several requirements governing the delivery of health care services through telemedicine. Prohibited health insurers from requiring face-to face contact between a health care provider and patient for covered services appropriately provided through telemedicine.

DOUBLE REFERRAL. This bill has been double-referred. Should this bill pass out of this committee, it will be referred to the Assembly Health Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

The Children's Partnership (sponsor)
Aspiranet
Association of Regional Center Agencies (ARCA)
California Disability Services Association (CDSA)
National Multiple Sclerosis Society-California Action Network (MS-CAN)
Spectrum Center

Prior Opposition

American Federation of State, County and Municipal Employees, AFL-CIO (not relevant to current amended version)

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