

Mr. Chair, Vice Chair and Member of the Committee – thanks so much for the opportunity to speak again on behalf of children with autism that have medical assistance.

If I might read a little from a response that we got from Speaker John Boehner when we asked him to address autism as his daughters had it which describes autism to the point and eloquently.

As you know, autism is a complex developmental disorder affecting many people today. This life-long disorder deprives children of many abilities, such as interacting with others in ordinary ways, understanding and communicating with others, and having normal reasoning skills. The number of people afflicted with the disorder grows every day with no known cure or cause. Statistics state that nearly one in every 110 children now live with autism. This disorder leaves permanent effects on the children and their families.

Now many states as well as U.S have one US health and human svcs dept. In Minn, we have two which in my humble opinion is extra layers of bureaucrats because MDH is responsible for telling families what services and resources are available for children with autism and DHS is responsible for providing such services to clients.

Medical assistance reform is not only necessary, but it is essential for autism families because if you ask DHS – do you provide or pay for autism therapies such as behavior therapy, they will say NO. But then it turns out they do and call it skills training which is NOT cost effective and nor patient centered. They also don't offer the same kind of autism behavior therapy to children that have prepaid medical assistance.

When we ask – they answer our questions with more questions, when a reporter asks they are concerned and when a legislator asks they attach a dollar because they know that will scare you.

If the goal for this committee is medical assistance reform and for DHS is to pay for services through Medicaid/medical assistance – why not do it in way that is transparent, where services are called what they are, not some jargon that patients don't understand and why not do it cost effective so that it does not bankrupt the state and serves more children and adults with autism. To pay over 13 million dollars for about 350 kids or to the tune of 100,000 per kid per year for autism therapy is not sustainable and no other state does it like this.

In addition, this kind of policy only creates more disparity and unequal access to care for children that have Medicaid. With the prev Pawlenty administration, there were tons of autism forums, workshops and assessments to address autism in our community. By the same token, Dayton administration often comes to minority communities preaching equality and fairness, as a minority autism mom that Roderick is NOT matching up with its policies of un-equal and intentional disparities.

Dr. Sulik of prev DHS administration suggested some ideas such as doing cost benefit analysis for autism Medicaid waiver, we suggested other ideas such as 1915i – why is

DHS so resistant and won't come up with their own because the status quo of either ignoring or deferring is not working children/adults with autism that have Medicaid/medical assistance?

Finally, demanding or dictating privately owned companies to pay for autism services and treatments while the patient's health agencies are responsible for such as Medicaid or Tricare for military families don't have the same treatments is not only cruel, separate, un-equal but they are un-American.

I don't think anyone should tell their neighbor to clean their house or feed their kids while their own is dirty and their children starving and therefore, MN DHS must clean its house by providing the children its responsible for, autism services through Medicaid waivers by reforming its current policies.

Thank you very much!  
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