

MEDICARE for Children with AUTISM

The Right to Health Care insurance for
Medically Necessary Autism Treatment

PETITION to the Premier of British Columbia

Signatures: Eight Thousand One Hundred Ninety Seven (8197)



F.E.A.T. of B.C.

Families for Early Autism Treatment of British Columbia

Dedicated to 'Medically Necessary' autism treatment

Why This Petition?

A Two-Tiered Health Care System for Autism Treatment

- **Private, Parallel Health Care in B.C.** A two-tiered health care system has developed for autism treatment due to the absence of government involvement in funding autism treatment for children and education for treatment professionals. Those with the financial resources are putting effective autism treatment programs into place. Those without the resources are now outside the “new” health care system with grave consequences for their families and affected children.
- **This new autism reality runs contrary to the rights of British Columbians**
The right to medicare, as one of the defining features of Canadian Nationhood, must extend to medically necessary autism treatment for all children who require it. It is fundamental that an autistic child’s access to medically necessary autism treatment be solely based on need and not individual ability to pay. Universality and Comprehensiveness, as guiding principles of the health care system of Canada and the Provinces, must apply to medically necessary autism treatment for children.

Effective Autism Treatment Exists

- **Effective treatment exists** Lovaas treatment has been proven effective in treating young children with autism and is considered to be medically necessary by a significant number of B.C. psychiatrists. In a landmark study done by Lovaas 1987, 47 percent of children who began this treatment before the age of four lost the diagnosis. This form of treatment consists of much more than speech and language therapy. The therapy teaches a child how to learn. The method is designed to break down a task into its smallest components. The child is immediately rewarded for successfully completing each component of the program. Tasks learned are continually reinforced. Through this form of treatment, the child learns appropriate language, behaviour and reasoning. (Contact FEAT of BC for a summary of scientific evidence).

The autism treatment method pioneered by Dr. Ivar Lovaas (U.C.L.A.) is now widely used throughout the world and is remarkably successful. In the words of David Suzuki in an episode of “The Nature of Things” regarding this method of autism treatment:

“Once it seemed like a life sentence. Now we know that that sentence can often be commuted, even lifted. Now we know there is hope. As long as we intervene early enough, intensively enough, we can rescue many children from the solitary confinement of autism... Where are other parents to turn -- parents without the resources to hire trained therapists. Somehow, we have to find the money to help children with autism in those crucial preschool years. If we don’t the cost to all of us of caring for an untreated adult will be far greater, reaching into the millions. The cost in terms of human suffering is not to be measured.” David Suzuki, 1996.

- **What do B.C. physicians and scientists think about Lovaas treatment?** Sixty-three (63) licensed psychiatrists in the province of British Columbia have formally endorsed Lovaas Autism treatment as the most effective treatment method for autism spectrum disorders and deem it to be **MEDICALLY NECESSARY** treatment that should be funded under the Canadian health care system. The psychiatrists each signed the following endorsement:

“I agree that Lovaas-type behavioural autism treatment, a form of Applied Behaviour Analysis, is a highly effective treatment of children with autism and is the most effective treatment currently available for this neurological condition. Insofar as it significantly improves the condition of autistic children, I am of the opinion that it is medically necessary treatment that should be widely available upon diagnosis and funded under the provincial Medical Services Plan or the Ministry of Health, or both.”

In the words of Dr. Jane Garland, M.D., F.R.C.P.(C), Associate Professor, Department of Psychiatry at the University of British Columbia, and Child Psychiatrist at the Department of Psychiatry, B.C. Children’s Hospital, in an open letter to her colleagues:

“Applied Behavioural Analysis is [an autism] treatment based on sound scientific principles, and studied over more than a decade with systematic research. ...this treatment approach... appears to produce remarkable outcomes. I reviewed the research literature systematically evaluating this treatment method, and it clearly demonstrates the effectiveness of this approach. As a result of this intensive early intervention, many children make exceptional gains [and] as a result of this program, children could reach school age with normal language and social development, able to participate in an integrated regular school. While the initial costs and expert human resources of a program requiring 40 hours per week of expert therapy in the toddler and early preschool years may sound unaffordable, in fact the costs for continued one-to-one support in the schools and community mount year after year for these children when they do not have this intervention and lack communication skills or basic daily living skills. After reviewing this literature and observing the program in action, it is my opinion that it is unacceptable to withhold funding for intensive early intervention with a program which clearly works **when we do not have any other effective treatment for Autistic Disorder. This is the same as funding treatment with medications, surgery or rehabilitation services for any other medical disorder** (emphasis F.E.A.T. of B.C.). At present, the only families receiving this treatment are those with the financial resources to do so, which is clearly unfair and does not provide equal access for all children. [Dr. E.J. Garland concludes that] ...effective early intervention could make the difference between a life of dependency and a developmentally capable child.” Dr. E.J. Garland, November 13, 1996.

- **What is happening in other parts of Canada?** The only province that covers Lovaas Behavioural treatment is Alberta. This occurred after the judiciary ordered the provincial government to cover the cost of autism treatment. In reference to Lovaas autism therapy, the judge ruled that this treatment is the “responsibility of the state.” In the words of Judge Deyell:

“**The therapy is of great benefit to the child** and to his family. It is addressing some fundamental issues, such as speech and aggression. The appellants have been borrowing heavily to fund the therapy. They cannot afford the expense, and **the expense is the responsibility of the State.**” (emphases F.E.A.T. of B.C.). C.R. v. Alberta (Director of Child Welfare). (See the FEAT of BC web site for a full transcript of the Alberta case <http://fox.nstn.ca/~zacktam/FEATbc>).