

March 6, 2023

Dear Representative Noor and Members of House Human Services Finance Committee:

I am the co-director of the Masonic Institute of the Developing Brain (MIDB) Clinics at the University of Minnesota, which is a large clinic specializing in autism, neurodevelopmental disabilities, and child and adolescent mental health. I am a constituent of District 66A, although our clinic location falls under Rep. Mohamud Noor's district. I am writing in support of HF 1626 for permanent funding increases for autism treatment providers because I see first-hand, every day, the impact of under-funding of early intervention for autism and other neurodevelopmental disabilities in MN.

Our clinic provides comprehensive diagnoses for autism and serves families across the state (and beyond). We keep a running list of early intensive developmental behavioral intervention (EIDBI) providers and their waitlists, and we have watched the waits grow longer and longer over time. Patients already wait upwards of a year to receive a diagnosis in Minnesota, and then they wait an average of 9-12 months to start an intervention program. Research done at the University of Minnesota looking at medical assistance data found that even a wait of 5 months led to increased need for special education services in middle childhood. Our children can't wait; we know that early intervention capitalizes on plasticity in brain development and prevents maladaptive developmental trajectories from taking hold. Delayed intervention is denied intervention.

I also serve on the executive board of the Minnesota Autism Center as well as multiple statewide committees on autism, including Sen. Abeler's Autism Council. I know from these experiences that EIDBI providers are on the edge of bankruptcy and are unable to hire and retain staff due to the egregiously low reimbursement for EIDBI services. This provider shortage is leading to reduced availability of services, and many centers have limited their enrollment to young children and children without challenging behaviors (perhaps the group most in need of EIDBI is children with challenging behaviors). EIDBI was supposed to provide adequate funding to support quality services for children with neurodevelopmental disorders, and it is not meeting that charge.

Finally, I co-lead the Minnesota Autism and Developmental Disabilities Monitoring (MNADDDM) project at the University of Minnesota, which tracks autism prevalence and health disparities in autism and is part of a network funded by the CDC. As of 2018 (our most recent data year), Minnesota had one of the highest autism prevalence rates in the nation, with 1 in 36 8-year-olds identified and 1 in 44 4-year-olds identified. We also had the latest age of identification in the U.S.—well past 4 years of age. Funding for EIDBI also covers access to diagnostic evaluation, but our waitlists are too long. As you know, MNADDDM is carefully tracking autism prevalence among Somali families. In 2018, we found a higher prevalence rate among 4-year-old Somali children compared to other groups, where 1 in 21 Somali 4-year-olds were identified with autism. This is an issue critical to all families in Minnesota, but particularly to Somali families who are seeking services and supports.

I am asking for your support of HF 1604 to protect EIDBI providers from going out of business and to ensure quality early intervention services are available to the 1 in 36 children identified with autism in Minnesota.

Sincerely,



Amy Esler, PhD, LP  
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Clinical Co-director, Masonic Institute for the Developing Brain  
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