

**Assembly Joint Resolution**

**No. 46**

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**Introduced by Assembly Member Harkey**

June 29, 2010

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Assembly Joint Resolution No. 46—Relative to autism in military families.

LEGISLATIVE COUNSEL'S DIGEST

AJR 46, as introduced, Harkey. Autism in military families: funding Intensive Behavioral Interventions.

This measure would respectfully urge the Congress of the United States to pass legislation that will fully fund Intensive Behavioral Interventions (IBI) services through TRICARE for all military families with children with autism, to designate IBI services as a medial necessity to make coverage of IBI services available for the children with autism of retired military personnel, and to ensure parental choice of treatment by fully funding all IBI services, including Applied Behavioral Analysis, DIR/Floortime, RDI, and other forms of intervention therapy demonstrated to be clinically effective.

Fiscal committee: no.

- 1 WHEREAS, The incidence of autism and autism spectrum
- 2 disorders for children born in the United States is on the rise; and
- 3 WHEREAS, Children born in the United States today have a
- 4 one in 100 chance of being diagnosed with an autism spectrum
- 5 disorder; and
- 6 WHEREAS, The reasons for this increased incidence of autism
- 7 are unknown; and

1 WHEREAS, For reasons equally unknown, the incidence for  
2 autism spectrum disorders among military families is higher than  
3 among civilian families; and

4 WHEREAS, Autism, a medical condition, presents severe  
5 financial and emotional challenges to a family; and

6 WHEREAS, Children with autism need a stable environment;  
7 and

8 WHEREAS, The frequent family relocations inherent in the  
9 military community due to the frequency of deployments and the  
10 transient nature of military life present challenges to a military  
11 family in providing that stable environment; and

12 WHEREAS, As military families are transferred from one state  
13 to another they often find themselves at the bottom of a long  
14 waiting list for needed state assistance for their child with autism;  
15 and

16 WHEREAS, Many military families are not receiving adequate  
17 care for their children with autism, which adversely impacts their  
18 children's futures; and

19 WHEREAS, The special needs of children with autism often  
20 interfere with the normal deployment of military personnel; and

21 WHEREAS, The special needs of children with autism often  
22 prevent the nonmilitary spouse in a military family from pursuing  
23 a civilian career and frequent deployments of service members  
24 with children with autism present an added burden on the  
25 nonmilitary spouse; and

26 WHEREAS, Intensive Behavioral Interventions (IBI), including  
27 Applied Behavior Analysis, DIR/Floortime, Relationship  
28 Development Intervention (RDI), and other recognized forms of  
29 intervention therapy clinically determined to be effective are  
30 making a difference in the lives of children diagnosed with an  
31 autism spectrum disorder; and

32 WHEREAS, The Surgeon General of the Navy and the  
33 Commander of the United States Marine Corps Forces, Pacific,  
34 have both recommended the inclusion of Applied Behavioral  
35 Analysis, DIR/Floortime, and other forms of intervention models  
36 within the IBI services provided to military families with children  
37 with autism; and

38 WHEREAS, Because autism affects each child differently, it  
39 has often been said that "if you've seen one child with autism,  
40 you've seen one child with autism"; and

1 WHEREAS, As autism affects each child differently, effective  
2 treatments for autism vary from child to child; and

3 WHEREAS, Studies have shown that children respond to  
4 treatments differently and that different treatments or a combination  
5 of different treatments are necessary in order for children to reach  
6 their full potential; and

7 WHEREAS, Parents, in consultation with medical professionals,  
8 are in the best position to determine the particular needs of their  
9 particular child with autism; and

10 WHEREAS, The principles of informed consent in  
11 evidence-based medicine require that families have full access to  
12 the range of potential treatments that exist for a condition; and

13 WHEREAS, IBI is critical if a child with autism is going to  
14 reach his or her full potential; and

15 WHEREAS, The cost to care for a person with autism over the  
16 individual's lifetime without IBI is estimated at \$3.2 million; and

17 WHEREAS, The lifetime savings for the cost to care for a person  
18 with autism who has had IBI services is estimated to be over \$2  
19 million; and

20 WHEREAS, Out of pocket costs for IBI treatment can amount  
21 to \$65,000 or more annually; and

22 WHEREAS, Children with autism who most often lack coverage  
23 for effective behavioral therapies use substantially more outpatient  
24 visits and incur more health coverage expenses than children with  
25 other special health care needs; and

26 WHEREAS, The cost of providing prescribed levels of IBI  
27 services for children with autism often exceeds the service  
28 member's take-home pay; and

29 WHEREAS, The unmet financial burden of providing adequate  
30 IBI services often results in the accumulation of debt sufficient to  
31 jeopardize a service member's security clearance; and

32 WHEREAS, TRICARE, the Health Care Management Program  
33 for military families, was implemented by the United States  
34 Department of Defense in 1997 in order to ensure that medical  
35 and mental health care services are available for families of active  
36 duty service members and certain former members of the uniformed  
37 services to preserve the high morale, readiness, and retention of a  
38 quality all-volunteer force; and

39 WHEREAS, TRICARE covers less than 25 percent of a typical  
40 child with autism's needs for IBI services; and

1 WHEREAS, The failure of TRICARE to adequately fund IBI  
2 services for children with autism leads to extreme financial  
3 hardship for military families; and

4 WHEREAS, The failure to fund the prescribed level of IBI  
5 services for children in military families impacts service members,  
6 who must seek more lucrative civilian employment in order to  
7 meet the needs of their children; and

8 WHEREAS, The need to seek civilian employment to afford  
9 the prescribed level of IBI services deprives our nation’s military  
10 of valuable trained service members, thereby impacting the cost  
11 of the nation’s military readiness and the retention of a quality  
12 all-volunteer force; and

13 WHEREAS, The Surgeon General of the Navy, the Surgeon  
14 General of the Army, and the Chief Medical Officer of the Coast  
15 Guard, as well as senior military officers in all branches of the  
16 service, have endorsed the inclusion of IBI services as a fully  
17 funded TRICARE benefit; and

18 WHEREAS, The Surgeon General of the Navy, the Surgeon  
19 General of the Army, the American Academy of Pediatrics, and  
20 the National Academy of Sciences recommend a minimum of 25  
21 to 40 hours of IBI services per week; and

22 WHEREAS, TRICARE’s Extended Care Health Option (ECHO)  
23 program creates barriers to care, and enrollment and eligibility  
24 criteria result in delays and denials of medically prescribed  
25 services; and

26 WHEREAS, Families report a minimum of six months delay  
27 from the time a parent notices something is wrong with his or her  
28 child to the date treatment is received at a time when early  
29 treatment is critical to the success of the child; and

30 WHEREAS, IBI services are a medical necessity for children  
31 with autism, not a special educational benefit; and

32 WHEREAS, The children with autism of retired military  
33 personnel are denied coverage for IBI services on the basis that  
34 these services are classified as “special education” instead of as a  
35 medical necessity; and

36 WHEREAS, Nineteen states have passed laws defining the  
37 treatment of autism as a medical necessity; and

38 WHEREAS, Since autism presents a tremendous strain on  
39 military families, IBI treatment has a positive impact not only on

1 the child with autism, but also on the parents caring for their child  
2 with autism; now, therefore, be it

3 *Resolved by the Assembly and the Senate of the State of*  
4 *California, jointly*, That the Legislature of the State of California  
5 respectfully urges the Congress of the United States, in recognition  
6 of the sacrifice made by military families defending our nation, to  
7 pass legislation that will fully fund IBI services through TRICARE  
8 for all military families with children with autism; and be it further

9 *Resolved*, That the Legislature urges the Congress of the United  
10 States to include in the legislation a designation of IBI services as  
11 a medical necessity in order to make coverage of IBI services  
12 available for the children with autism of retired military personnel;  
13 and be it further

14 *Resolved*, That the Legislature urges the Congress of the United  
15 States to ensure parental choice of treatment by fully funding all  
16 IBI services, including Applied Behavioral Analysis,  
17 DIR/Floortime, RDI, and other forms of intervention therapy  
18 demonstrated to be clinically effective; and be it further

19 *Resolved*, That the Chief Clerk of the Assembly transmit copies  
20 of this resolution to the President and Vice President of the United  
21 States, the Secretary of Defense, the Speaker of the House of  
22 Representatives, the Majority Leader of the Senate, Members of  
23 the House and Senate Committees on Armed Services, and to each  
24 Senator and Representative from California in the Congress of the  
25 United States.