

Assembly Joint Resolution No. 46

Adopted in Assembly August 30, 2010

Chief Clerk of the Assembly

Adopted in Senate August 31, 2010

Secretary of the Senate

This resolution was received by the Secretary of State this
____ day of _____, 2010, at _____
o'clock ____M.

Deputy Secretary of State

RESOLUTION CHAPTER _____

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

LEGISLATIVE COUNSEL'S DIGEST

AJR 46, 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 medical 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.

WHEREAS, The incidence of autism and autism spectrum disorders for children born in the United States is on the rise; and

WHEREAS, Children born in the United States today have a one in 100 chance of being diagnosed with an autism spectrum disorder; and

WHEREAS, The reasons for this increased incidence of autism are unknown; and

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

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

WHEREAS, Children with autism need a stable environment; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHEREAS, The need to seek civilian employment to afford the prescribed level of IBI services deprives our nation's military

of valuable trained service members, thereby impacting the cost of the nation's military readiness and the retention of a quality all-volunteer force; and

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

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

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

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

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

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

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

WHEREAS, Since autism presents a tremendous strain on military families, IBI treatment has a positive impact not only on the child with autism, but also on the parents caring for their child with autism; now, therefore, be it

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

Resolved, That the Legislature urges the Congress of the United States to include in the legislation a designation of IBI services as

a medical necessity in order to make coverage of IBI services available for the children with autism of retired military personnel; and be it further

Resolved, That the Legislature urges the Congress of the United States 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; and be it further

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

Attest:

Secretary of State