Whereas, A 2018 study from the Centers for Disease Control and Prevention (CDC) estimated the prevalence of autism spectrum disorder (ASD) among adults aged 8 years to be 1 in 44; and

Whereas, Applied Behavioral Analysis (ABA) is currently the most widely available and commonly used state-funded form of autism therapy in Canada and the United States; and

Whereas, Autism treatment represents a fragmented industry that consists of a mixture of for-profit and nonprofit organizations, with the top nine for-profit chains estimated to have a combined revenue of $547 million and a market value close to $2 billion with future growth expected; and

Whereas, An ABA software company reports over 3 billion in claims processed annually for about 1,300 practices highlighting the prevalence of ABA use as an intervention for individuals with autism; and

Whereas, Autism Speaks lists 3,194 centers across the United States who offer ABA therapy as of 2022; and

Whereas, ABA was conceived in 1961 by Dr. Ole Ivar Lovaas to condition neurotypical behaviors in children he viewed as “incomplete humans”; and

Whereas, Desired behavior is often defined by the adult or behaviorist without input or requirement of consent from the child and may include non-harmful stimming or coping behaviors; and

Whereas, ABA uses behavior modification techniques to eliminate behaviors deemed undesirable; and

Whereas, ABA practices are historically based in abuse such as holding autistic children’s communication hostage through the use of their devices as leverage, and denying basic rights such as food and toileting privileges; and

Whereas, Modern ABA still abides by the founding principle of making a child appear “normal” or “indistinguishable from one’s peers”, which serves to separate the humanity of the individual with autism from desired behaviors; and

Whereas, A 2018 study found that Adults with autism who have received ABA are more prone to suicide; and
Whereas, ABA has been repeatedly linked to Post Traumatic Stress Disorder (PTSD), with 46% of 460 ABA participants meeting the diagnostic threshold for PTSD in an online survey; and

Whereas, Adults with autism have been continuously outspoken about the trauma incurred by ABA practices experienced in their childhood; and

Whereas, A 2012 literature review found the evidence base for services for adults with an ASD to be underdeveloped; and

Whereas, A 2018 Cochrane review recommend further research after reporting very weak evidence in support of ABA; and

Whereas, A 2022 informal online community survey found that 71% of adults with autism responded “disagree” or “strongly disagree” to the statement “Generally speaking, I support ABA therapy for autistic children”; and

Whereas, A 2020 Department of Defense report demonstrated a lack of correlation between improvement in symptoms and hours of direct ABA services, found that the improvements recorded were due to reasons other than ABA services, and ABA services did not meet the TRICARE hierarchy of evidence standard for medical and proven care; and

Whereas, A 2021 study on conflicts of interest (COIs) in autism early intervention research found COIs to be prevalent and under-reported, with 70% of studies containing a conflict of interest and less than 6% declaring them as such; and

Whereas, Current research supports alternatives to ABA such as the Developmental, Individual Differences, and Relationship-based (DIRTM) program, the PLAY Project, individualized Early Social Interaction (ESI) and Social Communication, Emotional Regulation, and Transactional Support (SCERTSTM); and

Whereas, Current AMA policy supports the use of ABA through its advocation of coverage of ABA and the evidence-based treatment for autism and fails to recognize its harms or controversial nature within the community at large; therefore be it

RESOLVED, That our American Medical Association support research towards the evaluation and the development of interventions and programs for autistic individuals (New HOD Policy); and be it further

RESOLVED, That our AMA work with relevant stakeholders to advocate for a comprehensive spectrum of primary and specialty care that recognizes the diversity and personhood of individuals who are neurodivergent, including people with autism (Directive to Take Action); and be it further

RESOLVED, That our AMA amend Policy H-185.921 "Standardizing Coverage of Applied Behavioral Analysis Therapy for Persons with Autism Spectrum Disorder" by addition and deletion as follows:
Standardizing Coverage of Applied Behavioural Analysts Therapy for Persons with Autism Spectrum Disorder, H-

185.921

Our AMA supports coverage and reimbursement for evidence-based treatment of services for Autism Spectrum Disorder including, but not limited to, Applied Behavior Analysis Therapy. (Modify Current HOD Policy)

Fiscal Note: TBD

Received: 4/3/23

REFERENCES


RELEVANT AMA POLICY

Early Intervention for Individuals with Developmental Delay H-90.969
(1) Our AMA will continue to work with appropriate medical specialty societies to educate and enable physicians to identify children with developmental delay, autism and other developmental disabilities, and to urge physicians to assist parents in obtaining access to appropriate individualized early intervention services. (2) Our AMA supports a simplified process across appropriate government agencies to designate individuals with intellectual disabilities as a medically underserved population.

Citation: CCB/CLRPD Rep. 3, A-14; Reaffirmed: Res. 315, A-17;

Community-Based Treatment Centers H-160.963
Our AMA supports the use of community-based treatment centers for substance use disorders, mental health disorders and developmental disabilities.