

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 706
(A-23)

Introduced by: Medical Student Section

Subject: Revision of H-185.921, Removal of AMA Support for Applied Behavior Analysis

Referred to: Reference Committee G

- 1 Whereas, A 2018 study from the Centers for Disease Control and Prevention (CDC)
2 estimated the prevalence of autism spectrum disorder (ASD) among adults aged 8 years to
3 be 1 in 44¹; and
4
- 5 Whereas, Applied Behavioral Analysis (ABA) is currently the most widely available and
6 commonly used state-funded form of autism therapy in Canada and the United States^{2,3}; and
7
- 8 Whereas, Autism treatment represents a fragmented industry that consists of a mixture of for-
9 profit and nonprofit organizations, with the top nine for-profit chains estimated to have a
10 combined revenue of \$547 million and a market value close to \$2 billion with future growth
11 expected⁴; and
12
- 13 Whereas, An ABA software company reports over 3 billion in claims processed annually for
14 about 1,300 practices highlighting the prevalence of ABA use as an intervention for
15 individuals with autism⁵; and
16
- 17 Whereas, Autism Speaks lists 3,194 centers across the United States who offer ABA therapy
18 as of 2022⁶; and
19
- 20 Whereas, ABA was conceived in 1961 by Dr. Ole Ivar Lovaas to condition neurotypical
21 behaviors in children he viewed as “incomplete humans”⁷⁻¹⁰; and
22
- 23 Whereas, Desired behavior is often defined by the adult or behaviorist without input or
24 requirement of consent from the child and may include non-harmful stimming or coping
25 behaviors^{2,3,8,11,12}; and
26
- 27 Whereas, ABA uses behavior modification techniques to eliminate behaviors deemed
28 undesirable^{2,8,11-14}; and
29
- 30 Whereas, ABA practices are historically based in abuse such as holding autistic children's
31 communication hostage through the use of their devices as leverage, and denying basic
32 rights such as food and toileting privileges^{2,3,8,11,14-18}; and
33
- 34 Whereas, Modern ABA still abides by the founding principle of making a child appear
35 “normal” or “indistinguishable from one’s peers”, which serves to separate the humanity of
36 the individual with autism from desired behaviors^{2,8,15}; and
37
- 38 Whereas, A 2018 study found that Adults with autism who have received ABA are more
39 prone to suicide¹⁹; and

1 Whereas, ABA has been repeatedly linked to Post Traumatic Stress Disorder (PTSD), with
2 46% of 460 ABA participants meeting the diagnostic threshold for PTSD in an online
3 survey²⁰; and
4

5 Whereas, Adults with autism have been continuously outspoken about the trauma incurred
6 by ABA practices experienced in their childhood^{2,14,16-18}; and
7

8 Whereas, A 2012 literature review found the evidence base for services for adults with an
9 ASD to be underdeveloped²¹; and
10

11 Whereas, A 2018 Cochrane review recommend further research after reporting very weak
12 evidence in support of ABA²²; and
13

14 Whereas, A 2022 informal online community survey found that 71% of adults with autism
15 responded “disagree” or “strongly disagree” to the statement “Generally speaking, I support
16 ABA therapy for autistic children”²³; and
17

18 Whereas, A 2020 Department of Defense report demonstrated a lack of correlation between
19 improvement in symptoms and hours of direct ABA services, found that the improvements
20 recorded were due to reasons other than ABA services, and ABA services did not meet the
21 TRICARE hierarchy of evidence standard for medical and proven care²⁴; and
22

23 Whereas, A 2021 study on conflicts of interest (COIs) in autism early intervention research
24 found COIs to be prevalent and under-reported, with 70% of studies containing a conflict of
25 interest and less than 6% declaring them as such²⁵; and
26

27 Whereas, Current research supports alternatives to ABA such as the Developmental,
28 Individual Differences, and Relationship-based (DIRTM) program, the PLAY Project,
29 individualized Early Social Interaction (ESI) and, Social Communication, Emotional
30 Regulation, and Transactional Support (SCERTSTM)^{24,26-29}; and
31

32 Whereas, Current AMA policy supports the use of ABA through its advocacy of coverage of
33 ABA and the evidence-based treatment for autism and fails to recognize its harms or
34 controversial nature within the community at large; therefore be it
35

36 RESOLVED, That our American Medical Association support research towards the
37 evaluation and the development of interventions and programs for autistic individuals (New
38 HOD Policy); and be it further
39

40 RESOLVED, That our AMA work with relevant stakeholders to advocate for a comprehensive
41 spectrum of primary and specialty care that recognizes the diversity and personhood of
42 individuals who are neurodivergent, including people with autism (Directive to Take Action);
43 and be it further
44

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

1 **Standardizing Coverage of Applied Behavioural Analysts**
2 **Therapy for Persons with Autism Spectrum Disorder, H-**
3 **185.921**
4 Our AMA supports coverage and reimbursement for evidence-
5 based ~~treatment of services for~~ Autism Spectrum Disorder
6 including, but not limited to, ~~Applied Behavior Analysis Therapy.~~
7 (Modify Current HOD Policy)

Fiscal Note: TBD

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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.

Citation: BOT Rep. F, I-91; Reaffirmed: Sunset Report, I-01; Modified: CSAPH Rep. 1, A-11; Modified: CSAPH Rep. 1, A-21;