

**Statement for the
Department of Defense Military Family Readiness Council**

September 7, 2016

On April 1, 2016 the Defense Health Agency (“DHA”) cut TRICARE reimbursement rates for Applied Behavior Analysis (“ABA”) to beneficiaries diagnosed with Autism Spectrum Disorder (ASD). In the 5 months since these cuts were implemented there has been a substantial reduction in access to crucial ABA services for TRICARE beneficiaries with autism, a result that was identified by DHA’s own study on reimbursement rates. Consequently, we respectfully ask that the Department of Defense Military Family Readiness Council recommend to the Secretary of Defense that these ABA reimbursement rates be restored to their original levels in effect on March 31, 2016, the day before the rate cuts took effect.

The TRICARE ABA rate cuts (as much as 15% per year) appear to have little to no justification and threaten access to ABA services for the more than 26,000 military children with ASD. Additionally, this ABA reimbursement rate cut is on top of a 5% cut in ABA services rates in 2015 in some 22 states and the District of Columbia in TRICARE’s North Region. These new rate cuts are unreasonable in light of DHA’s own study that states that the new proposed reimbursement rates are 35% below a national average. In our view, these reimbursement cuts seem particularly injurious to TRICARE beneficiaries (which the DoD study also highlighted) that are located near large and important military bases throughout the U.S. where there is no access to ABA services at all, further indicating that demand for autism care services far outstrips supply.

The proposed ABA reimbursement rate cuts are compromising DoD’s own demonstration that was designed to examine issues related to access to care for military dependents with ASD. The Department of Defense Comprehensive Autism Care Demonstration was started on July 25, 2014, and is not scheduled to end until December 31, 2018. It was created to combine three different TRICARE autism care programs into a single program with a uniform benefit. Specifically, “the demonstration seeks to determine the appropriate provider qualifications for the proper diagnosis of ASD and the provision of ABA, assess the feasibility and advisability of establishing a beneficiary cost share for the treatment of ASD, and *develop more efficient and appropriate means of increasing access and delivering ABA services under TRICARE while creating a viable economic model and maintaining administrative simplicity*” (emphasis added).¹

Over the course of the last 5 months since the rate cuts became effective, ABA providers in many locations around the country have notified family members that they will no longer serve TRICARE members or will not accept new TRICARE patient referrals as the announced rates are no longer sufficient to meet the cost of providing ABA services under the TRICARE model. Over time, given the disparity between the

¹ TRICARE Operations Manual 6010.56-M, February 1, 2008, C-179, April 16, 2016 Chapter 18, Section 18, Paragraph 1.0 – Purpose.

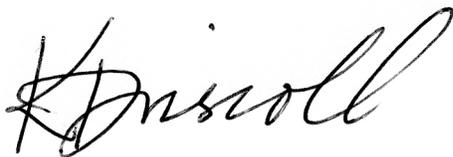
national average reimbursement rate and TRICARE's proposed rates, we expect these cuts will only continue the reduction in access to ABA services, which has already been identified as a problem. Earlier this year, researchers from Penn State University found that many military families face unique challenges in accessing ABA care for their children especially when seeking new service after a relocation.²

These ABA access concerns are reflected in a March 2016 memorandum from the Commandant of the Marine Corps to the Under Secretary of Defense Personnel & Readiness which requested the reconsideration of these ABA rate cuts until the conclusion of the DoD Comprehensive Autism Care Demonstration in 2018 so as to facilitate a comprehensive analysis of the impact rate changes have had on the current and potential ABA provider network.

For these reasons, we respectfully ask you to recommend to the Secretary that TRICARE roll back these ABA rate cuts to restore lost access to ABA services that is occurring at many of our nation's most important military facilities and to assure families that have children that have been diagnosed with autism that that their children will receive the care and treatment they deserve.

This issue needs swift action because once providers leave a service area there is no assurance that simply returning rates to their original level will bring them back after they have absorbed the costs of closing down their operations. We have a duty to keep faith with the men and women who are defending and have defended this nation. We therefore ask that you restore ABA rates to previous levels.

Sincerely,

A handwritten signature in black ink, appearing to read "K Driscoll". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Karen Driscoll
Marine wife, mother, and military child advocate
KD Advocacy and Consulting, LLC

² Davis, JM; Finke, E & Hickerson, B.J. "Service Delivery Experiences and Intervention Needs of Military Families with Children with ASD" Journal of Autism & Development Disorders: May 2016, Volume 46. Issue 5 pp 1748-1761; First Online: January 19, 2016.