

United States Senate

WASHINGTON, DC 20510-3205

June 26, 2026

The Honorable Pete Hegseth
Secretary
United States Department of Defense
The Pentagon
Washington DC 20301

Dear Mr. Secretary:

We are writing to you about the Department of Defense (DoD) Comprehensive Autism Care Demonstration (ACD), which was established in 2014 to provide applied behavior analysis services to DoD's TRICARE-eligible beneficiaries with a diagnosis of autism while evaluating the appropriateness of the applied behavior analysis (ABA) services tiered delivery model. Section 737 of the FY 2022 National Defense Authorization Act (Public Law 117-81), as amended, directed the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct an independent analysis of the ACD and to submit a report to Congress with its findings and recommendations.

On September 8, 2025, following more than two years of outreach to military families with children diagnosed with autism, to autistic individuals, to autism treatment assessment tool creators, to applied behavior analysis providers of services to military families, to pediatric epidemiologists with expertise in autism, to child psychiatrists, to Centers for Disease Control experts in child development and disability, to medical ethicists; and through multiple public meetings facilitating both in-person and virtual participation across the country, NASEM issued a 337 page, independent analysis of the effectiveness of the DoD's ACD along with its findings and recommendations to the department and to the Congress. Specifically, NASEM recommended:

Recommendation 1: The Defense Health Agency should discontinue the Comprehensive Autism Care Demonstration (ACD) and authorize coverage of applied behavior analysis (ABA) as a Basic benefit under the TRICARE program. It should also immediately take steps to identify authorized (ABA) providers (to include coverage of the tiered service model and behavior technicians) and define their authority, move ABA CPT codes off the No Government Pay List, establish reimbursement rates consistent with other TRICARE benefits, and ensure its policies align with current generally accepted standards of care.

Recommendation 2: The Defense Health Agency (DHA) should immediately halt the requirement to periodically administer a specific set of assessment tools (PDDBI, Vineland-3, and SRS) purported to monitor health-related outcomes of applied behavior analysis (ABA) and the administration of parenting stress indices. There is no well-designed evaluation plan for the demonstration program that justifies the use of

the assessments, and this data collection has placed growing burden on military-connected families, ABA providers, and DHA itself in the delivery of ABA services.

Recommendation 3: In providing coverage for applied behavior analysis (ABA) to TRICARE beneficiaries, the Defense Health Agency (DHA) should take steps to ensure that administrative processes do not impede access to care. In particular, DHA should eliminate required aspects of the demonstration that limit flexibility to support individual health needs and are burdensome to military-connected families and ABA providers. Specifically, DHA should:

- a. Allow ABA providers the flexibility to choose assessment instruments appropriate to their clients' needs, goals, and care continuity as it halts the mandates around the use of specific assessment tools for all clients and caregivers
- b. Discontinue administration of the Parenting Stress Index–Short Form (PSI-SF) and Stress Index for Parents of Adolescents (SIPA)
- c. Continue support for caregiver training as part of receipt and reimbursement of ABA services but allow flexibility in caregiver engagement and eliminate specific requirements for training
- d. Make the use of the Autism Services Navigator or similar care coordination or navigation services optional for families

Recommendation 4: In providing coverage for applied behavior analysis to TRICARE beneficiaries, the Defense Health Agency (DHA) should update their health benefit and coverage policies for ABA services to align with generally accepted standards of care and industry guidelines. Specifically, DHA should:

- a. Allow ABA services to address maladaptive behaviors and activities of daily living affecting health and well-being as determined necessary by an ABA provider
- b. Approve use of all CPT codes for ABA services
- c. Allow reimbursement for higher staff-to-client ratio and crisis intervention procedures where deemed necessary by the ABA provider
- d. Remove restrictions on settings where ABA services can be delivered, allowing for the authorized supervisor to seek treatment plan approval for the technician to deliver clinically necessary ABA services in school and community settings for purposes of targeting skills outside the home


We urge that the department take immediate action to adopt all these recommendations, especially the recommendation to make ABA a Basic benefit under the TRICARE program. In addition to the recommendations of NASEM, 12 years of a demonstration should be sufficient to determine the effectiveness of a medical treatment. More than nine months have passed since these recommendations by NASEM were presented to the department and no action has been taken thus far with respect to the adoption of them. Our military families, especially those with autistic children or children with other developmental disabilities, are entitled to receive the best possible care. For all these reasons, we urge your prompt implementation of these NASEM recommendations.

Thank you for your immediate attention to this important matter.

Sincerely,



Kirsten Gillibrand
United States Senator



Eric S. Schmitt
United States Senator