Title: Barriers to Access Applied Behavioral Analysis (ABA) for Children with Autism Spectrum Disorder in the State of Illinois
Authors: Yue Xu1, Miguel Morales1, Sandy Magaña2, Lucy Bilaver1, Robin Dodds4, Kruti Acharya1

1University of Illinois at Chicago, 2University of Texas at Austin, 3 Northwestern University, 4 California State University, Los Angeles

Introduction: The prevalence of Autism Spectrum Disorder (ASD) in the United States is 1 in 59 children (Baio et al., 2018). Symptoms of ASD include challenging or repetitive behaviors and difficulties in social communication. Applied Behavior Analysis (ABA) is one of the few well-documented, evidence-based practice shown to improve behavior among children with ASD. However, many families face barriers accessing ABA therapy. Each state varies by policies that facilitate or hinder the use of ABA therapy for ASD. Although the Center for Disease Control’s Autism and Developmental Disabilities Monitoring Network is the gold standard for measuring the prevalence of ASD, it does not monitor the use of ABA therapy or include data specific to the state of Illinois. Little is known about parents’ experiences when accessing services including ABA therapy in Illinois. Therefore, the current study is an attempt to explore factors related to the use of ABA therapy in Illinois among children with ASD.

Method: One hundred eighty-six Illinois parents of children with ASD completed a survey on their experiences related to diagnosis and access to services. Logistic regression was performed on a dichotomous dependent variable, “ever received ABA or not”. Independent variables include child and caregiver demographics, receipt of early intervention, level of support their child needs (substantial support versus some or no support), child’s health insurance coverage (private insurance versus Medicaid), and child age of diagnosis.

Since results from the first model indicates strong association between private insurance coverage and receipt of ABA therapy (see results section), we estimated a second model to explore whether there are certain demographic characteristics associated with coverage by private insurance. Another binary logistic regression was then performed on the dichotomous dependent variable, “private insurance coverage or not”. Independent variables for the second model include parent educational level (bachelor’s degree and above versus other educational level), and parent’s racial minority status.

Results: In the first model, children with private insurance were 6.2 times more likely to have ever received ABA therapy compared with children on Medicaid (p=.002). Additionally, children who require substantial support were 4.8 times more likely to have ever received ABA (p=.000) Male children were three times less likely to have ever received ABA (p=.024). In the second model, children were seven times more likely to be covered with private insurance if their parents’ educational level were “bachelor’s degree or above”, compared with children whose parents who did not have a bachelor’s degree (p=.000). Controlling parents’ educational level, children of minority parents were 3.4 times less likely to be covered by private insurance compared with children of white parents (p=.006).

Discussion: States vary as to whether Medicaid authorizes to the receipt of ABA and other evidence-based services. Previous studies comparing private insurance and Medicaid coverage for children with ASD show either no significant difference or Medicaid faring relatively better in receiving therapy (Zhang & Barnek, 2016; Young et al., 2009). Illinois has been reported to rank the lowest in Medicaid per capita spending on children with ASD in the United States (Wang et al., 2014). Our findings show that low-income minority children with ASD who are on Medicaid suffer due to state Medicaid policies, which at the time of our study and did not reimburse ABA providers for services for children with ASD. Our findings suggest that Illinois should consider revising Medicaid policy to ensure access to ABA therapy for low-income children with ASD.

References/Citations: