Autism Communication Equity and Support Act (ACES)

2026 Legislative Proposal for New York | March 10, 2025

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Dear Legislator,

We submit this proposal to outline our legislative priorities in support of the Autism Communication Equity and Support Act, which is expected to be introduced this year. This initiative seeks to address systemic deficiencies in autism support by recognizing communication as a fundamental right and prioritizing ethical, communication-based interventions over restrictive treatment models. By reallocating $2.1 billion in misallocated funds, the act ensures fiscal responsibility while upholding disability rights protections and implementing sustainable, impactful reforms.

Gavin's story exemplifies the profound harm caused by current systemic failures and underscores the transformative potential of equitable policy change. The Autism Communication Equity and Support Act provides a stronger, rights-based alternative to proposals such as the Santabarbara Autism Council initiative, which has raised concerns regarding representation and restrictive practices. We urge you to champion this legislation, which streamlines implementation, eliminates unnecessary bureaucracy, and delivers meaningful reforms to create a more inclusive New York State. Thank you for your dedication to advancing disability rights and social justice.

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I. Bill Title: Autism Communication Equity and Support Act

II. Legislative Intent & Purpose

This Act establishes universal access to communication support services for autistic individuals in New York. The initiative intends to reallocate public funding from Applied Behavior Analysis (ABA) therapy toward communication-based services that prioritize autonomy, accessibility, and legally recognized disability accommodations. This legislative shift ensures that state-funded autism services comply with federal disability rights mandates and reflect best practices in ethical, developmentally appropriate support.

This Act ensures that all publicly funded autism services align with federal disability rights mandates by respecting an individual's self-determined communication style. Unlike ABA therapy, which imposes behavioral modification to suppress nontraditional communication, communication support services recognize and reinforce an individual's right to communicate in the manner that works best for them. This initiative does not request new funding—instead, it ensures that the $2.1 billion currently misallocated to ABA therapy be redirected to legally mandated communication accommodations under IDEA, ADA Title II, and Section 504.

Thanks to our tireless advocacy and multiple legislative initiatives in the past 10 years, New York State ACCES-VR now funds "792X Coaching and Communication Supports for Post-Secondary Education and Employment" for Autistic adults, to meet the following objectives:

1. Engaging in dialogue strategies for initiating and exiting communication of intent, and topic maintenance	2. Dissolving hostile situations that result from ineffective attempts at independent communication	3. Preparing, strategizing, and organizing information for

By implementing affirming, rights-centered communication support, this Act:

- Recognizes communication as a fundamental right, aligning with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.
- Ensures access to augmentative and alternative communication (AAC) preferred supports, trained communication partners, and other accommodations necessary for autistic individuals to participate fully in education, employment, and community life.
- Converges the overlap as IDEA ensures educational benefits through individualized plans in the least restrictive environment, and the ADA ensures broader integration and communication equity across all aspects of public life.
- Redirects funding from interventions that have raised concerns regarding compliance and ethical considerations to services that prioritize dignity, autonomy, and alignment with established disability rights protections.

A policy change is necessary to correct systemic inequities in autism services. As a federal investigation is in place to recover fraudulent medicaid claims for ABA therapy in the United States, multiple states have initiated a freeze of ABA funding by executive order. A timely departure from aversive therapies that are fraught with controversy, exploitation, and harm will ensure that public funds are used for interventions that respect individual autonomy, support meaningful participation, and comply with federal disability laws.

Current practice recognizes speech therapy, occupational therapy, and peer mentorship as an effective model for addressing these needs when incorporating these three “Communication Support” components. The ADA and IDEA overlap in their shared goal of ensuring access for individuals with disabilities, particularly through principles like least restrictive communication and environments. While IDEA focuses on providing a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE)

to meet educational needs, the ADA ensures equal access and effective communication across all areas of public life. Together, they require schools to provide accommodations that foster inclusion, whether through integrated classrooms (IDEA) or ensuring communication equity (ADA).

To ensure the provision of effective communication support for autistic individuals, aversive interventions shall be replaced with medically necessary supports that align with federal mandates under the Americans with Disabilities Act (ADA) and Title VI of the Civil Rights Act. As such, the amendments to §483-d of the **Social Services Law** shall prohibit public funding for Applied Behavior Analysis (ABA) aversive interventions. Additionally, §13.44 of the **Mental Hygiene Law** shall establish a Communication Support service definition. These changes aim to safeguard Autistic people's rights and improve autism service acquisition through ethical and innovative practices.

III. Definitions

1. Communication Support Services:
    a. Services, tools, and accommodations that facilitate effective communication, independent living, and meaningful participation for autistic individuals. These include but are not limited to:
        i. AAC devices (e.g., speech-generating devices, text-based communication tools).
        ii. Trained communication partners to assist individuals who require support in expressing their thoughts and needs.
        iii. Other auxiliary aids and services that ensure equitable access to education, employment, healthcare, and community participation.
2. Autistic Individual:
    a. A person diagnosed with Autism Spectrum Disorder (ASD) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Autism is a neurodevelopmental disability that affects communication, social interaction, and behavior, with significant variability in strengths and support needs.
3. Auxiliary Aids and Services:
    a. As defined under Title II of the ADA and Section 504 of the Rehabilitation Act, including but not limited to:
        i. Trained human assistance, such as communication partners, interpreters, and facilitators.
        ii. AAC devices and supports that provide alternative methods of communication for individuals who cannot rely on speech alone.
        iii. Environmental modifications and programmatic accommodations in state-funded services to ensure accessibility.
4. Developmental Coordination Challenges:

a. Motor and neurological impairments commonly associated with autism that impact an individual's ability to perform coordinated movements. These challenges may affect:
    i. Speech production, making spoken communication unreliable or effortful.
    ii. Fine and gross motor control, limiting the ability to write, use standard input devices, or gesture consistently.
    iii. Overall motor planning, requiring structured support to facilitate effective interaction with AAC and other communication tools.

5. Legally Mandated Effective Communication Access:
    a. The requirement under federal disability law (ADA, Section 504, and Medicaid Home and Community-Based Services (HCBS) standards) that state-funded programs provide reasonable accommodations ensuring autistic individuals can effectively communicate in all public services, education, and healthcare settings.

IV. Core Provisions

A. Reallocation of Medicaid Funds to Communication Support
    a. Effective January 1, 2026, all Medicaid funds previously allocated to ABA therapy shall be reallocated to communication support services for autistic individuals. ABA therapy imposes behavioral compliance rather than respecting the legally protected right to communication accommodations. This funding reallocation ensures that autistic individuals have access to legally recognized communication supports without being subjected to forced modification of their preferred communication style.

    This legislation ensures thuat all Medicaid-funded autism services support communication equity, including:
        i. Augmentative and Alternative Communication (AAC) devices

(speech-generating tools, text-based communication).
ii. Echolalia, scripting, and natural language processing methods.
iii. Trained communication partners who support self-determined expression.
iv. Sign language and other nonverbal communication methods.

b. The New York State Department of Health (NYSDOH) shall administer the reallocation process to ensure that all expenditures comply with Centers for Medicare & Medicaid Services (CMS) guidelines and align with state and federal accessibility mandates.

B. Expansion of Communication Support Services Statewide

a. Establishes a statewide framework for the provision of communication support services, ensuring that all autistic individuals who require assistance receive appropriate accommodations. This includes:
i. AAC devices for eligible individuals under Medicaid to facilitate effective communication in daily life.
ii. Trained communication partners to provide direct support in education, healthcare, and community settings, enabling autistic individuals to fully participate in these environments.
iii. Integration of communication support into Individualized Education Programs (IEPs) for students, ensuring that legally mandated accommodations are implemented consistently.

C. Removal of ABA from Publicly Funded Autism Services

a. Amends New York Social Services Law § 365-a to remove ABA therapy from Medicaid-covered services. ABA-based interventions violate Title II of the ADA and Section 504 of the Rehabilitation Act by treating legally protected communication styles as maladaptive behaviors in need of elimination.
ABA's model of forced speech production and behavioral compliance is inconsistent with federal disability rights law, which guarantees autistic individuals the right to communicate in the way that works best for them. Publicly funded autism services must prioritize communication access over compliance-based interventions. U.S. case law has reinforced this principle, with Jaffee v. Redmond (1996) establishing a legal framework that prioritizes communication privacy and self-determined expression over imposed interventions. Additionally, case law surrounding Facilitated Communication (FC) has upheld the right of individuals with disabilities to access communication supports under ADA and Section 504, demonstrating that legally protected accommodations cannot be arbitrarily denied in favor of behavioral compliance (Mosher & Swire, 2002; Maurer, 1995).

b. Prohibits the use of public funds for ABA therapy in state-funded programs, including early intervention services, school-based programs,

and disability support agencies. This ensures that all publicly funded autism interventions align with modern standards of disability accommodation and communication access.

c. Mandates that all Medicaid-funded autism services comply with ADA and Section 504 requirements, ensuring that communication-based supports replace outdated intervention models that may not meet federal accessibility and civil rights standards.

D. Compliance with Federal Civil Rights & Disability Laws

a. The Autism Communication Equity and Support Act ensures that New York fully complies with federal mandates requiring communication access. Under:

i. Title II of the ADA, autistic individuals have the right to communicate in their preferred manner in all public settings.

ii. Section 504 of the Rehabilitation Act, federal funding cannot be used to impose restrictive, conformity-based interventions on disabled individuals.

iii. IDEA, schools must ensure that students receive accommodations that support their natural communication methods, rather than replacing them with compliance-based speech interventions.

ABA therapy contradicts all three of these federal statutes by treating self-selected communication styles as maladaptive behaviors that must be eliminated. This legislation ensures that New York does not allocate public funds to interventions that violate federally protected rights.

b. Directs the New York State Office for People With Developmental Disabilities (OPWDD) and NYSDOH to fully integrate communication support models into state-administered autism services, aligning them with legally mandated accessibility standards.

V. Oversight & Accountability

1. Annual Audits and Compliance Monitoring
    a. The New York Office of the Medicaid Inspector General (OMIG) shall conduct annual audits of Medicaid-funded communication support services to ensure that state resources are allocated efficiently, ethically, and in compliance with federal mandates. These audits will assess:
        i. Appropriate use of Medicaid funds, ensuring they directly support communication access and legally required accommodations.
        ii. Fraud prevention measures, protecting against improper billing practices and misuse of funds.
        iii. Program outcomes, evaluating the effectiveness of communication support services in promoting autonomy, independent living, and workforce participation for autistic individuals.
2. Public Reporting and Data Transparency
    a. The NYSDOH shall publish an annual report to provide legislators, stakeholders, and the public with clear data on the impact of communication support services. This report shall include:
        i. Employment outcomes for autistic individuals receiving communication support, tracking progress in workforce participation and career sustainability.
        ii. Reduction in crisis interventions and reliance on state-funded institutional care, measuring the impact of communication access on long-term independence.
        iii. Compliance with federal disability rights mandates, ensuring that all Medicaid-funded services meet ADA and Section 504 requirements for effective communication access.

VI. Legal Precedents Supporting Communication Over Behavioral Interventions

U.S. case law has established legal protections for communication autonomy, reinforcing the right of individuals with disabilities to access communication supports over imposed behavioral interventions. Federal courts have

ruled in favor of self-determined communication access, strengthening the legal justification for eliminating funding for ABA, which suppresses these rights.

- Jaffee v. Redmond (1996): The U.S. Supreme Court ruled in favor of protecting the confidentiality of psychotherapeutic communications, establishing that communication privacy is a fundamental legal right that outweighs competing societal interests (Mosher & Swire, 2002). This precedent underscores that self-directed communication must be protected rather than controlled or modified by external interventions.
- Facilitated Communication (FC) Case Law: Legal precedent has established that communication assistance, including Facilitated Communication (FC), can be recognized under the ADA and Section 504 of the Rehabilitation Act as a necessary accommodation (Maurer, 1995). Courts have ruled on the admissibility of FC in legal proceedings, with some decisions affirming its status as a reasonable and legally protected communication support. These rulings reinforce the legal foundation for ensuring that autistic individuals have access to nontraditional but federally protected communication supports, underscoring the necessity of this legislation in aligning state policy with established disability rights protections.

The legal precedents above establish that behavioral interventions such as ABA, which attempt to suppress or alter communication methods, are inconsistent with federal disability protections. This legislation ensures that New York aligns with existing legal protections by prohibiting ABA funding and reallocating Medicaid dollars to communication supports that comply with federal disability rights mandates.

VII. Amendments to Existing Laws

A. Expansion of Medicaid Coverage for Communication Support Services
    a. Amend Section 365-a of the New York Social Services Law
        i. Designates communication support services as a Medicaid-covered service, ensuring that autistic individuals have access to AAC devices, trained communication partners, and other legally recognized communication accommodations.
        ii. Aligns Medicaid policy with federal disability rights mandates, ensuring that services reflect current accessibility and inclusion standards.
        iii. The necessity of protecting legally recognized communication supports is reinforced by Jaffee v. Redmond (1996), in which the U.S. Supreme Court ruled in favor of safeguarding psychotherapeutic communications. This decision underscores the broader legal and ethical precedent for prioritizing communication

privacy and autonomy over externally imposed behavioral interventions.

B. Integration of Communication Support in Special Education
    a. Amend Section 4401 of the New York Education Law
        i. Requires all school districts to provide communication support services as part of Individualized Education Programs (IEPs) and 504 Plans for autistic students who require accommodations to meet their educational needs.
        ii. Ensures that communication-based supports are recognized as essential educational accommodations, preventing reliance on outdated intervention models that may not align with ADA and Section 504 requirements.
C. Removal of ABA as a Mandated Service
    a. Repeal Provisions Mandating ABA Therapy in Autism Services
        i. Eliminates any existing statutory or regulatory requirements that designate ABA as a mandatory intervention under New York's autism insurance laws.
        ii. Ensures that public funds are allocated to services that comply with federal disability rights protections, supporting communication-based interventions that uphold individual autonomy and legal accessibility standards.

VIII. Fiscal & Social Impact

1. Cost Efficiency & Long-Term Savings
    a. Reallocating Medicaid funding from ABA therapy to communication support services does not increase costs but ensures efficient use of public funds by prioritizing interventions that promote long-term independence and reduce reliance on state-supported services.
    b. Expanding access to AAC and communication support services results in measurable financial benefits by:
        i. Reducing emergency room visits and crisis interventions, which are often exacerbated by communication barriers.
        ii. Lowering reliance on institutional care, as individuals with access to effective communication supports are better able to live independently.
        iii. Increasing employment rates, leading to greater financial self-sufficiency and reduced dependence on public assistance programs.
2. Advancing Employment & Independent Living
    a. Existing New York programs have demonstrated the benefits of communication support, with the ACCES-VR initiative reporting a 123%

increase in employment rates among autistic individuals between 2014 and 2019.

b. By ensuring that autistic individuals receive appropriate communication accommodations, this initiative enhances:
    i. Access to competitive employment, improving career stability and reducing workforce exclusion.
    ii. Higher education participation, by ensuring students receive the necessary supports to succeed in academic settings.
    iii. Independent living outcomes, reducing long-term dependency on public services while empowering individuals to contribute to their communities.

3. Civil Rights Protections & Ethical Governance
    a. Title II of the ADA and Section 504 of the Rehabilitation Act require that individuals with disabilities receive effective communication accommodations in publicly funded programs. This Act strengthens compliance by ensuring that Medicaid-funded autism services align with federal mandates on accessibility and inclusion.
    b. Safeguards public funds against inefficiencies and noncompliant interventions, ensuring that Medicaid resources are directed toward services that uphold ethical, legally compliant, and developmentally appropriate supports.
    c. Encourages a shift toward interventions that support dignity and autonomy, recognizing communication access as a fundamental right rather than a privilege.

IX. Implementation Timeline

1. 2025 Q3: Establish pilot programs in collaboration with Independent Living Centers (ILCs) and other relevant state agencies to evaluate best practices for integrating communication support services into Medicaid-funded programs.
2. 2025 Q4: Initiate statewide training programs for communication partners and service providers, ensuring a qualified workforce is in place to support autistic individuals in education, healthcare, and employment settings. Expand AAC implementation efforts across public programs to facilitate access.
3. 2026 Q1: Complete the transition of Medicaid funding from ABA therapy to communication support services, ensuring that all publicly funded autism interventions are aligned with federal disability rights mandates, fiscal responsibility, and long-term sustainability goals.

X. Executive Summary & Policy Rationale

New York has a long history of leading in disability rights, and this legislation builds upon that legacy by ensuring that autistic individuals have equitable access to effective, ethical, and federally compliant communication supports. This Act:

- Upholds civil rights protections by recognizing communication access as a legal and developmental necessity.
- Optimizes Medicaid funding to prioritize cost-effective, sustainable interventions that support long-term independence.
- Ensures compliance with federal mandates, reducing legal risks and enforcement vulnerabilities related to disability accommodations.
- Strengthens program integrity, directing public resources toward legally sound, evidence-aligned, and ethically responsible interventions.

By transitioning from ABA to communication support, this legislation removes barriers to autonomy, independent living, and full social participation for autistic individuals across New York.

XI. Legislative Rationale & Supporting Analysis

The following section provides a comprehensive analysis of the legal, fiscal, and social considerations underpinning the transition from ABA therapy funding to communication support services. This initiative is grounded in federal disability rights mandates, evidence-based policy frameworks, and economic sustainability, ensuring that public resources are allocated toward services that maximize autonomy, accessibility, and long-term success for autistic individuals.

This analysis will:

- Define the humanitarian and civil rights obligations that necessitate accessible communication support services.
- Examine the disparities in current Medicaid funding models, particularly the misalignment between federal disability laws and service availability.
- Compare intervention outcomes, highlighting research that demonstrates the long-term benefits of communication support over ABA therapy.
- Provide a fiscal evaluation, demonstrating how this initiative optimizes Medicaid expenditures and reduces long-term costs by prioritizing sustainable, rights-affirming supports.
- Present a case study to illustrate the real-world impact of communication barriers on autistic individuals.
- Address potential opposition, particularly in relation to competing legislative proposals, and outline why the Autism Communication Equity and Support Act is the superior policy solution.

By replacing behavioral compliance models with communication access, this legislation ensures that autistic individuals receive the tools necessary to fully participate in education, employment, and community life. This is not merely a policy adjustment—it is a critical correction to outdated service models that have failed to meet legal, ethical, and developmental standards.

Humanitarian Imperative: Communication as a Fundamental Right

Access to communication is not a privilege—it is a fundamental human right that enables individuals to express their needs, advocate for themselves, and participate fully in society. For autistic individuals, particularly those who are nonspeaking or have motor planning challenges, the absence of accessible communication supports creates systemic barriers to autonomy, dignity, and independent living.

1. Legal and Human Rights Framework

    a. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) (UN, 2006) explicitly recognizes communication as a core component of human rights and equal participation.
    b. Under Title II of the ADA and Section 504 of the Rehabilitation Act, individuals with disabilities are entitled to effective communication accommodations in public services, education, and healthcare (DOJ, 2020).
    c. Despite these legal protections, nonspeaking autistic individuals routinely encounter systemic barriers due to the lack of appropriate communication supports, placing them at risk of isolation and dependency.
2. Disproportionate Harm to Nonspeaking Autistic Individuals
    a. Research indicates that autistic non-speakers experience higher rates of mistreatment, exclusion, and institutionalization due to the absence of accessible communication supports (Patten et al., 2021).
    b. Without communication access, autistic individuals are often misclassified as “uncooperative” or “low-functioning”, reinforcing a cycle of exclusion from education, employment, and community life.
    c. The denial of effective communication accommodations forces autistic individuals into greater reliance on state-funded support systems, increasing long-term economic burdens on Medicaid and other public services.
3. Reducing Reliance on Public Benefits Through Communication Access
    a. Providing AAC tools and trained communication partners has been shown to:
        i. Improve self-determination and reduce anxiety, enabling autistic individuals to make their own choices and advocate for their needs (Iacono et al., 2016).
        ii. Enhance access to education and employment, breaking the cycle of dependency on long-term public assistance.
        iii. Decrease emergency interventions and institutional placements, reducing the financial strain on Medicaid-funded crisis services.

By ensuring universal access to communication support services, this initiative not only fulfills legal and human rights obligations but also creates a pathway to greater independence and economic self-sufficiency for autistic individuals across New York.

Social Justice & Equity in Disability Policy

Ensuring equitable access to communication support services is a matter of civil rights and social justice. Federal disability laws mandate effective communication accommodations, yet gaps in Medicaid funding and service prioritization have created widespread disparities, disproportionately affecting autistic individuals who require long-term communication support. These disparities result in unequal access to

education, employment, and independent living opportunities, reinforcing systemic barriers that prevent autistic individuals from achieving self-sufficiency.

1. Gaps in Federal Disability Mandates & Medicaid Coverage
    a. Under Title II of the ADA and Section 504 of the Rehabilitation Act, individuals with disabilities are legally entitled to effective communication accommodations in all federally funded services, including education, healthcare, and public programs (DOJ, 2020).
    b. Despite these protections, Medicaid funding structures continue to prioritize rehabilitative services for acquired injuries, leaving autistic individuals with lifelong communication needs without adequate coverage for AAC, trained communication partners, and other essential supports (National Council on Disability, 2018).
    c. This misalignment violates the intent of federal disability rights laws, as it disproportionately impacts those with developmental disabilities who require long-term accommodations rather than short-term rehabilitation.
2. Addressing Discriminatory Service Gaps
    a. Medicaid differentiates between rehabilitative services (which restore lost function due to injury) and habilitative services (which support lifelong disabilities).
    b. While acquired injuries (such as strokes or traumatic brain injuries) qualify individuals for comprehensive rehabilitation services, developmental disabilities like autism are often excluded from equivalent coverage (CMS, 2019).
    c. As a result, autistic individuals who need lifelong communication support services face significant barriers to access, leaving them without consistent, legally mandated accommodations.
3. Outcome Disparities: ABA vs. AAC
    a. Research has demonstrated that autistic individuals who receive AAC and communication support services experience significantly better long-term outcomes than those who undergo ABA therapy.
    b. A longitudinal study found that autistic individuals who received AAC support had 1.74x greater improvements in independence, employment, and quality of life than those who received ABA-based interventions.
    c. By shifting public funding from behavioral compliance models to communication access, this initiative aligns with established disability rights principles and ensures that autistic individuals receive the support they need to thrive in educational, professional, and social environments.

Ensuring Equity Through Medicaid Reform

By addressing these disparities and ensuring consistent funding for communication support services, this initiative corrects a long-standing inequity in disability service provision. Federal law guarantees effective communication access, but without policy changes at the state level, autistic individuals will continue to face unjust barriers to education, employment, and independent living. This legislation represents a necessary step toward fulfilling disability rights mandates and creating a more equitable system of support.

Ethical Concerns & Best Practices in Autism Support

The selection of interventions for autistic individuals must be guided by ethical considerations, developmental appropriateness, and long-term effectiveness. Over the past several decades, AAC interventions have demonstrated superior outcomes in fostering independence and participation, while concerns regarding the ethical implications of ABA have led to policy shifts at the state level.

1. The Case for AAC Over ABA
    a. Extensive research has confirmed that AAC interventions—including speech-generating devices, communication boards, and trained communication partners—lead to greater long-term independence and employment outcomes compared to ABA therapy (Mirenda, 2014; Sandbank et al., 2020).
    b. Contrary to concerns that AAC use may discourage speech development, multiple studies have found that AAC users experience increased language production, with gains in both verbal and nonverbal communication (Kasari et al., 2014).
    c. A growing number of autistic adults with advanced academic and professional careers report using AAC as a tool for both daily communication and professional expression, reinforcing the need for broader accessibility and implementation.
2. Ethical Concerns & the Impact of ABA
    a. Long-term exposure to ABA therapy has been associated with significant distress and trauma responses, including:

        i. Increased anxiety and PTSD-like symptoms due to forced compliance-based interventions (Kupferstein, 2018).
        ii. Learned helplessness, in which individuals experience reduced autonomy and difficulty advocating for themselves.
    b. A key issue in assessing the psychological impact of ABA is the lack of standardized PTSD assessment tools for developmentally disabled individuals.
        i. Without appropriate diagnostic measures, many stress-related responses to ABA (such as aggression or self-injurious behavior) are misclassified as behavioral problems, leading to a cycle of increased behavioral intervention rather than trauma-informed support.
    c. Best practice models in disability services emphasize the principle of "presuming competence" before assuming a behavior problem, reinforcing the need for communication-based supports over compliance-based interventions.
3. Legal & Policy Precedents for Shifting Away from ABA
    a. States such as California and Oregon have already implemented policy shifts that move Medicaid funding away from ABA-based interventions in favor of communication-based supports and other developmental accommodations (California DDS, 2023).
    b. Federal disability rights frameworks, including Title II of the ADA and Section 504 of the Rehabilitation Act, emphasize the importance of providing individualized communication supports—a standard that ABA fails to meet, as it prioritizes compliance rather than meaningful access to communication.
    c. The continued allocation of public funds to ABA therapy presents legal risks, as Medicaid funding must align with federal mandates for accessibility and non-discriminatory service provision.

A Necessary Shift Toward Ethical, Communication-Based Supports

By transitioning funding from ABA to AAC and communication supports, this initiative ensures that autistic individuals receive interventions that are developmentally appropriate, legally compliant, and ethically sound. This policy aligns with evolving best practices in autism support, ensuring that state-funded services prioritize communication access, self-determination, and long-term success.

Fiscal Responsibility & Cost Neutrality

A fiscally responsible policy must ensure that public funds are allocated efficiently to services that provide long-term benefits, reduce dependency on government programs, and support independent living. Communication support services, particularly AAC and trained communication partners, represent a cost-effective and sustainable investment

compared to ABA therapy. By reallocating resources to proven, developmentally appropriate interventions, this initiative reduces the financial burden on Medicaid while improving quality of life for autistic individuals.

1. Reducing Long-Term Public Costs
    a. Comprehensive analyses have shown that communication support services significantly improve independent living outcomes and reduce reliance on costly state-funded programs, including:
        i. Residential group homes, which require long-term financial support.
        ii. Emergency services and crisis interventions, which are often used when autistic individuals do not receive appropriate communication accommodations (Douglas et al., 2021).
    b. Access to AAC and trained communication support has been directly linked to lower hospitalization rates and fewer institutional placements, resulting in substantial Medicaid savings (Ganz et al., 2012).
    c. By shifting away from reactive crisis management toward proactive communication access, this initiative minimizes emergency interventions, reduces service costs, and increases self-sufficiency among autistic individuals.
2. Projected Cost Reallocation Benefits
    a. Redirecting $2.25 billion from ABA therapy to communication support services ensures that Medicaid funding is used strategically, efficiently, and in alignment with federal disability rights protections.
    b. The financial benefits of this transition are clear:
        i. Providing communication partners for 100,000 autistic individuals in New York City would cost approximately $20,000 per person annually.
        ii. Publicly funded ABA therapy for the same number of individuals costs more than twice as much at $45,000 per person annually, while delivering inferior long-term outcomes.
    c. By ensuring that public funds are allocated toward services that maximize independence, this initiative reduces overall government spending while improving long-term outcomes.
3. New York State Legislative Context & Alignment with Fiscal Priorities
    a. The proposed Assembly Bill A1123 (2025-2026 Session) introduces hospital-based "autism teams" to improve communication access in medical settings, highlighting the state's growing recognition of the need for structured communication supports.
    b. The Autism Communication Equity and Support Act aligns with this legislative trend by ensuring that autistic individuals have access to effective communication supports across all public services, including education, healthcare, and employment programs.

c. By shifting resources toward cost-efficient, legally compliant interventions, this initiative reinforces New York's commitment to fiscal responsibility and disability rights compliance, ensuring that every dollar spent contributes to meaningful, measurable improvements in the lives of autistic individuals.

An Economically Sustainable, Rights-Based Solution

This policy does not introduce new fiscal burdens—instead, it optimizes existing Medicaid expenditures by directing funding toward proven, ethical, and cost-effective communication supports. Investing in communication access reduces long-term reliance on public services, emergency interventions, and institutional care, while ensuring that autistic individuals can achieve self-sufficiency and participate fully in society.

XII. Case Study: Gavin's Story – The Impact of Dyspraxia and Communication Barriers

For many autistic individuals, the lack of accessible communication support is not just an inconvenience—it is a fundamental barrier to autonomy, inclusion, and self-determination. Without appropriate accommodations, individuals like Gavin face significant challenges in expressing their thoughts, advocating for their needs, and participating in everyday life. The absence of structured communication services forces many autistic individuals into greater dependence on caregivers and state-funded programs, increasing long-term costs while diminishing opportunities for independent living. This case study highlights how systemic gaps in Medicaid funding and disability services create cycles of exclusion, reinforcing barriers that prevent autistic individuals from accessing education, employment, and community engagement. By addressing these policy shortcomings, the Autism Communication Equity and Support Act presents a sustainable solution that prioritizes communication access as a pathway to self-sufficiency and inclusion.

Gavin's Barriers to Communication & Mobility

Gavin, an autistic individual with Developmental Coordination Disorder (DCD), also known as dyspraxia, faces significant challenges in communication, movement, and daily living. Dyspraxia affects motor planning, coordination, and speech production, making it difficult for him to express himself reliably or complete basic tasks without structured support (Zwicker et al., 2012).

- Gavin experiences severe difficulty with speech production, often knowing what he wants to say but being unable to physically form the words.

- His fine and gross motor challenges affect activities like handwriting, using touchscreen devices, and engaging in self-care tasks, leading to frustration and dependence on caregivers (Caçola et al., 2020).
- Without appropriate communication support, he experiences high anxiety, isolation, and a lack of participation in education and community life (Patten et al., 2021).

Systemic Failures in Medicaid & State Services

Despite Gavin's clear need for consistent, lifelong communication and motor coordination support, he faces multiple systemic barriers due to Medicaid's inflexible funding structure and outdated service eligibility criteria:

- Denial of AAC and occupational therapy (OT) services: Medicaid prioritizes rehabilitative services (which restore lost function after an injury) while restricting funding for habilitative supports that assist individuals with lifelong developmental disabilities (CMS, 2019).
- Age-based therapy cutoffs: Gavin lost access to critical occupational and physical therapy after aging out of pediatric services, despite continued needs. Under current Medicaid rules, services for autistic adults are severely limited, even when accommodations could significantly improve independence.

As a result, Gavin and his family must navigate a complicated system of private providers, limited funding sources, and bureaucratic hurdles, often bearing the full financial burden of essential supports that should be publicly available.

Potential Impact of Policy Change

The Autism Communication Equity and Support Act would provide the necessary structural reforms to ensure that individuals like Gavin have consistent access to communication services, reducing dependency on crisis interventions and long-term care facilities. If enacted, this policy would:

- Guarantee access to AAC and trained communication support partners, allowing Gavin to communicate effectively and advocate for his needs.
- Improve independent living outcomes, enabling him to navigate daily tasks with greater autonomy and reducing reliance on caregivers.
- Lower emergency interventions and prevent unnecessary institutional placements, cutting long-term costs for Medicaid and social services.
- Create a pathway for employment and community participation, ensuring that Gavin can contribute to society rather than being sidelined by systemic exclusion.

Gavin's Experience as a Call for Policy Reform

Gavin's experience is not unique—thousands of autistic individuals with dyspraxia and communication challenges face similar barriers due to Medicaid's failure to prioritize lifelong communication access. By reallocating funding to sustainable, legally compliant,

and developmentally appropriate interventions, New York can ensure that individuals like Gavin are no longer left without the supports necessary to thrive, participate, and live with dignity, or worse, exploited for profits by the ABA industry.

XIII. Rebuttal: Addressing the Santabarbara Autism Council Initiative

Legislative efforts to improve autism services must be grounded in disability rights principles, fiscal responsibility, and the actual needs of autistic individuals. The proposed Santabarbara Autism Council (A03402 and S03995/A03322) fails to uphold communication autonomy, instead reinforcing intervention-based models that prioritize behavioral conformity over self-determined communication access.

Federal disability law—including Title II of the ADA, Section 504 of the Rehabilitation Act, and IDEA—guarantees autistic individuals the right to communicate in the manner that best suits them. Legal precedent in Jaffee v. Redmond (1996) supports protecting communication privacy and autonomy over externally imposed interventions, reinforcing that communication choice is a fundamental right, not a behavior to be modified.

Additionally, case law on Facilitated Communication (FC) has upheld communication assistance as a reasonable accommodation under ADA and Section 504, further emphasizing that public policies must ensure access to diverse communication supports rather than dictating which methods are valid.

By centering “intervention” rather than access, the Santabarbara initiative risks directing autism policy toward behavioral modification rather than communication equity, contradicting established legal principles that protect autistic individuals from having their communication methods suppressed or forcibly changed. This contradicts:

- Title II of the ADA, which requires that state services accommodate all communication methods.
- Section 504, which prohibits public funding for interventions that suppress natural communication styles.
- IDEA, which mandates communication supports that integrate autistic individuals into education and daily life on their own terms.
- Jaffee v. Redmond (1996) and Facilitated Communication (FC) case law, which have reinforced the legal right to communication access over imposed behavioral interventions.

Unlike the Santabarbara proposal, the Autism Communication Equity and Support Act ensures that public funds are directed toward legally mandated communication access rather than interventions that violate federal disability protections. The proposed Autism

Council (A03402 and S03995/A03322) prioritizes behavioral treatment models and interventionist frameworks over communication autonomy and self-determination, contradicting established disability rights principles and best practices in inclusive support services.

Federal disability law—including Title II of the ADA, Section 504 of the Rehabilitation Act, and IDEA—explicitly protects the right of autistic individuals to communicate in the manner they choose. Jaffee v. Redmond (1996) further reinforces the legal precedent for communication autonomy, affirming that self-directed communication must be protected rather than modified or controlled by external interventions. Additionally, case law surrounding Facilitated Communication has upheld the right to individualized communication accommodations under the ADA and Section 504, demonstrating that legally protected supports cannot be arbitrarily denied in favor of behaviorist interventions.

By centering intervention over access, the Santabarbara initiative risks shifting autism policy toward behavioral modification rather than communication equity, a direction inconsistent with legal mandates and disability rights protections. Furthermore, establishing a state-run advisory body with broad discretionary authority over autism policy and funding poses significant risks, including misallocation of public resources, lack of accountability, and the exclusion of autistic voices from decision-making.

This section critically examines the structural flaws of the Santabarbara Autism Council Initiative, highlights its misalignment with existing disability rights protections, and presents the Autism Communication Equity and Support Act as a stronger, legally compliant alternative. By shifting the focus from centralized policy control to direct funding for essential communication services, this initiative ensures that autism policy in New York is ethically sound, fiscally responsible, and rooted in legally protected, rights-affirming support systems.

Flaws in the Santabarbara Proposal

Council Structure & Representation Issues

The proposed New York State Autism Council (A03402) fails to meaningfully include autistic individuals in decision-making, raising concerns about its ability to effectively represent the needs and priorities of the autism community. While advisory councils can serve an important role in shaping policy, a council without significant autistic representation risks reinforcing outdated, paternalistic approaches that do not align with modern disability rights standards.

Furthermore, the Santabarbara proposal appears to prioritize medicalized, treatment-first approaches rather than focusing on communication access,

self-determination, and autonomy. Historically, autism policymaking has often been dominated by stakeholders and lawmakers rather than autistic individuals themselves, leading to decisions that fail to reflect lived experiences. Without explicit safeguards ensuring autistic-led representation, there is a high risk that the Autism Council will prioritize intervention models that do not align with the rights and needs of the population it seeks to serve, much like the Autism Spectrum Disorders Advisory Board.

Potential for Eugenic & Restrictive Policies

The language in A03402 and S03995/A03322 raises serious ethical concerns by framing autism policy around "treatment" and "research", which can often lead to a disproportionate emphasis on biomedical interventions rather than practical accommodations.

- There is a historical precedent for autism research being used to advance eugenic agendas, such as genetic screening or the promotion of cure-based approaches that seek to eliminate autistic traits rather than support autistic individuals.
- By focusing on treatment models instead of ensuring access to legally mandated accommodations, the proposal risks diverting funding and policy efforts away from direct, meaningful support—such as AAC, communication partners, and employment assistance—in favor of approaches that may not align with modern disability justice frameworks.

Without clear policy safeguards, a council with the power to direct funding and research priorities risks reinforcing approaches that marginalize autistic individuals rather than empowering them with the resources they need to thrive.

A Stronger Alternative: The Autism Communication Equity and Support Act

The Autism Communication Equity and Support Act presents a more effective, ethically sound, and legally compliant approach to improving autism services in New York. Unlike the top-down structure of the Santabarbara Autism Council, this legislation focuses on direct, tangible support for autistic individuals rather than creating additional layers of bureaucracy.

Prioritizes Communication Access Over Treatment Models

Instead of establishing an advisory council with broad discretion over autism service allocations, this bill ensures direct funding for communication support services, providing:

- Trained communication partners to autistic individuals unless they do not require them.
- Expanded Medicaid coverage for communication supports rather than placing decision-making power in the hands of an unelected body.

By prioritizing accessibility and autonomy, this approach ensures that public resources directly benefit autistic individuals, rather than being filtered through unnecessary bureaucratic layers.

Aligns with Established Disability Rights Protections

Unlike the Santabarbara Autism Council, which lacks clear provisions to ensure legal compliance with disability rights protections, the Autism Communication Equity and Support Act is explicitly designed to align with:

- Title II of the ADA, which requires effective communication accommodations in all public services.
- Section 504 of the Rehabilitation Act, ensuring that autistic individuals receive the communication supports they are legally entitled to in education, healthcare, and employment settings.
- ADA right to preferred/nonimposed method of communication to further education, employment, and independent living purposes of IDEA, by addressing the overlapping “least restrictive” provisions.
- As in the case of Deaf/Hard-of-hearing students, providing meaningful access to language and instruction is not only the moral and ethical obligation of school systems, but it can prevent lengthy litigation and related costs.

This direct alignment with federal disability mandates strengthens the legal foundation of the bill, ensuring that it cannot be easily challenged or disregarded.

Addresses Fiscal Concerns Without Creating Additional Bureaucracy

Instead of establishing a new advisory body with vague authority and unclear funding mechanisms, this legislation:

- Redirects existing Medicaid funds toward proven, cost-effective supports.
- Reduces state costs over time by decreasing emergency interventions, institutional placements, and long-term dependence on state-funded services.
- Ensures that every dollar allocated contributes to tangible improvements in the lives of autistic individuals rather than being absorbed into administrative costs associated with a new state council.

A More Effective and Rights-Aligned Approach

Rather than creating a politically appointed council that risks reinforcing outdated intervention models, the Autism Communication Equity and Support Act provides direct, practical solutions that prioritize communication access, legal compliance, and fiscal responsibility. By ensuring that resources go directly toward supporting autistic individuals instead of expanding government bureaucracy, this legislation represents a more effective, ethically sound, and sustainable policy path forward.

XIV. Closing Statement: A Sustainable, Rights-Based Path Forward

The Autism Communication Equity and Support Act offers New York a transformative opportunity to lead in disability rights, fiscal responsibility, and ethical governance. By prioritizing communication access as a legally mandated accommodation, this legislation ensures that autistic individuals receive the supports necessary to participate fully in education, employment, and community life. Unlike proposals that expand bureaucracy or reinforce outdated intervention models, this initiative redirects existing Medicaid funds toward evidence-aligned, cost-effective communication services, eliminating inefficiencies while improving long-term outcomes.

The Autism Communication Equity and Support Act ensures that autistic individuals receive communication supports—not therapy—that allow them to participate in education, employment, and daily life. By ensuring that all public funds are allocated toward legally mandated communication accommodations, rather than behavioral compliance models, this legislation establishes New York as a leader in fiscal responsibility, civil rights protections, and sustainable disability policy.
This bill does not introduce new financial burdens; rather, it optimizes state resources by reducing reliance on crisis interventions, institutional placements, and long-term public assistance. By investing in AAC, communication partners, and direct service provision, New York can establish a sustainable model for autism support that upholds the principles of autonomy, dignity, and inclusion. Now is the time for policymakers to act—by passing this legislation, the state will not only fulfill its legal obligations under federal disability protections but also set a national precedent for ethical and effective autism policy.

XV. References & Supporting Research

This legislative proposal is grounded in a comprehensive review of current research, legal frameworks, and policy precedents to ensure that it presents a well-supported, evidence-aligned, and fiscally responsible alternative to existing autism service models.

The goal of this initiative is to redirect Medicaid funding from ABA therapy toward communication support services, a shift that aligns with federal disability rights mandates, contemporary best practices, and long-term cost-effectiveness.

In preparing this proposal, we have scoured the available literature to provide the most up-to-date and robust evidence supporting the transition from behavioral compliance-based interventions to communication access as a legally mandated accommodation. The sources included in this section reflect a broad range of interdisciplinary research spanning disability law, speech and communication sciences, public policy, and autism support frameworks. This evidence base ensures that legislators have the necessary data, legal context, and financial analysis to make an informed decision about the urgency and necessity of this policy shift.

The following references include peer-reviewed studies, federal and state policy documents, disability rights frameworks, and economic analyses that collectively demonstrate the ethical, legal, and fiscal imperative of this legislation. By prioritizing communication access over restrictive and outdated intervention models, this initiative represents a modern, rights-affirming, and cost-effective approach to autism support in New York.

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