POLICY BRIEFING REPORT

RFK Jr. on Autism, Disability Policy & Neurodiverse Students

An analysis of public statements, federal oversight implications, and what families need to know

EXECUTIVE SUMMARY

As HHS Secretary, Robert F. Kennedy Jr. has made a series of public statements about autism, psychiatric medications, "wellness farms," and Black children that have generated significant controversy. This report examines each of those statements in context, explores the federal oversight implications for disability-related services, and outlines the real questions families of neurodiverse students are now asking. It concludes with an overview of how the CFV RISE model is designed to address the challenges families face in today's fragmented system.

TABLE OF CONTENTS

1. RFK JR. ON AUTISM

As HHS Secretary, Robert F. Kennedy Jr. has repeatedly described autism as an "epidemic" and argued that environmental factors should be investigated as potential causes. He stated:

> *"The epidemic is real."*

He also said autism is increasing at an "alarming rate" and rejected the view that the increase is solely the result of improved diagnosis or changing diagnostic criteria. He has directed federal agencies to investigate potential environmental contributors to autism.

In April 2025, Kennedy also made controversial statements about severe autism, saying many affected children would never:

STATEMENT 1	STATEMENT 2	STATEMENT 3
"play baseball"	**"pay taxes"**	**"hold a job"**

Those comments generated significant criticism from autistic adults, disability advocates, educators, and families who argued that his remarks misrepresented the abilities and contributions of many autistic individuals.

2. RFK JR. AND "WELLNESS FARMS"

RFK Jr. has promoted the concept of government-supported "wellness farms" or rural therapeutic communities modeled after an Italian recovery community called San Patrignano.

His proposal was originally discussed in the context of addiction recovery and people dependent on opioids, antidepressants, ADHD medications, and other substances. He described multi-year residential communities where participants would work, learn skills, reconnect with others, and reduce dependence on medications.

3. RFK JR. AND BLACK CHILDREN

One of the most controversial statements attributed to Kennedy came from a 2024 podcast interview in which he discussed Black youth and psychiatric medications.

According to reporting and video excerpts cited during congressional hearings, Kennedy said:

> *"Those kids are going to have a chance to go somewhere and get reparented and live in a community."*

The comment was made after he claimed that Black children were being overprescribed ADHD medications, antidepressants, and benzodiazepines.

One of the most controversial exchanges involving Kennedy occurred during congressional testimony. Senator Angela Alsobrooks challenged him directly, stating:

> *"You said every Black kid can be reparented on a wellness farm, can you admit that you said that?"*

Alsobrooks described the concept as "dangerous" and "irresponsible," referencing Kennedy's broader discussions about farm-based or work-based residential "wellness" and behavioral health models.

Kennedy appeared startled by the characterization and pushed back, stating:

> *"I would have to see, hear the recording because I have no memory of saying anything like that."*

He later added:

> *"If I said it, I apologize."*

His remarks were strongly criticized by members of Congress, civil rights advocates, and disability advocates as paternalistic and inappropriate.

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4. RFK JR. AND FEDERAL OVERSIGHT OF DISABILITY-RELATED SERVICES

Because Kennedy leads the U.S. Department of Health and Human Services (HHS), his agency plays a role in administering Medicaid through the Centers for Medicare & Medicaid Services (CMS). When children receive Medicaid-funded services such as therapy, behavioral health supports, or related disability services, those services must comply with federal Medicaid rules and oversight requirements tied to HHS.

At the same time, educational rights for students with disabilities remain governed primarily under the Individuals with Disabilities Education Act (IDEA), which is administered through the U.S. Department of Education. IDEA governs special education services, including IEPs, accommodations, and related supports within schools.

Civil rights protections in education are enforced through a combination of agencies. The Department of Education's Office for Civil Rights continues to handle education discrimination cases, while the Department of Justice may also participate in enforcement depending on the circumstances. These systems operate in parallel rather than as a single unified authority.

As a result, disability-related services for children can fall under multiple layers of federal oversight—health services through HHS, educational rights through the Department of Education, and civil rights enforcement through both DOE and DOJ.

HEALTH SERVICES	EDUCATIONAL RIGHTS	CIVIL RIGHTS
HHS / CMS	**Dept. of Education**	**DOE & DOJ**
Medicaid, therapy, behavioral health	IDEA, IEPs, accommodations	Discrimination cases, enforcement

5. DID RFK JR. PROPOSE AUTISM REHABILITATION FARMS?

There is no evidence that RFK Jr. specifically proposed sending autistic children to rehabilitation farms because they are autistic.

However, critics have connected his autism views with his broader "wellness farm" proposals because:

- He has characterized autism as an epidemic.
- He has questioned psychiatric medications.

- He has promoted residential wellness communities for people struggling with addiction or mental health challenges.
- He has spoken about "reparenting" youth through community-based programs.

Key Clarification

As of now, his publicly documented wellness-farm proposals were aimed primarily at addiction recovery and medication dependence rather than autism itself.

6. WHAT THIS MEANS FOR STUDENTS WITH NEUROLOGICAL DIFFERENCES

This includes students with a wide range of neurodevelopmental and cognitive differences such as:

- Dyslexia (reading and language processing differences)
- Dysgraphia (writing and fine motor expression differences)
- Dyscalculia (math processing differences)
- ADHD (attention, impulse control, and executive functioning differences)
- Autism spectrum profiles (social communication, sensory processing, and learning differences)
- Hyperlexia (advanced decoding with differences in comprehension and language processing)
- Speech and language disorders
- Auditory and visual processing differences
- Other learning and neurodevelopmental variations

These students are typically supported through a combination of:

- IDEA (special education services in schools)
- Section 504 accommodations
- Medicaid-funded therapies (speech, OT, behavioral health)
- Private or alternative educational supports

This means their educational experience is shaped by three connected systems:

SYSTEM 1	SYSTEM 2	SYSTEM 3
The School System	**The Healthcare System**	**Federal Oversight**
Education law and instruction	Therapy and clinical services	Civil rights protections

7. WHAT MATTERS MOST FOR FAMILIES

1. Identification and access to supports

Students may enter support systems through:

- School evaluations (learning and developmental differences)
- Clinical diagnosis (medical or psychological evaluation)
- Combined eligibility pathways when school and healthcare systems overlap

Changes in funding priorities or federal guidance can influence:

- how early students are identified
- availability of specialists (psychologists, SLPs, OTs)
- consistency of evaluations across districts

2. Educational services and accommodations

Supports vary based on need but may include:

- individualized instruction (reading, writing, math intervention)
- assistive technology (text-to-speech, speech-to-text tools)
- executive function supports (planning, organization, time management)
- sensory supports and behavior regulation strategies
- alternative communication supports when needed

These services depend heavily on:

- school staffing capacity
- district funding
- compliance with IDEA requirements

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3. Medicaid-funded therapies and related services

When families access Medicaid-supported services, those services must follow federal rules under HHS/CMS, including:

- speech-language therapy
- occupational therapy
- behavioral health services
- developmental and support services tied to disability needs

This can affect:

- service availability by state
- provider access and waitlists

- documentation and eligibility requirements

4. Learning outside traditional school settings

Some families choose homeschooling, hybrid models, or alternative learning environments when traditional systems do not meet their child's needs.

In these cases:

- education rules are primarily state-based
- access to therapy or services may still depend on Medicaid eligibility or private funding
- families often coordinate across multiple systems to maintain supports

8. WHAT DOES NOT CHANGE

Even as policies and oversight structures evolve:

- Neurological differences remain valid and recognized across educational and clinical systems
- IDEA protections still require schools to provide a Free Appropriate Public Education (FAPE)
- Schools remain responsible for providing accommodations and services when students qualify
- Civil rights protections against discrimination in education and disability access still apply

9. THE PRACTICAL REALITY FOR FAMILIES

For parents and caregivers, the central issue is not labels—it is access and consistency:

- Will my child be identified early enough?
- Will services actually be delivered as written in the plan?
- Will trained professionals be available?
- Will supports be consistent across school, home, and therapy settings?
- Will we need to supplement services privately or through Medicaid?

Ultimately, families are navigating a system where educational, healthcare, and disability services intersect—and where access can vary significantly depending on location, funding, and provider availability.

Here's a clear, parent-focused version of the real questions families would reasonably ask based on RFK Jr.'s public positions and the fact that HHS oversees Medicaid, disability-related health services, and parts of the neurodevelopmental support system.

10. QUESTIONS PARENTS ARE NOW ASKING ABOUT RFK JR., HHS, AND NEURODIVERSE STUDENTS

Because the Department of Health and Human Services (HHS) oversees Medicaid, early intervention programs, and many disability-related health services, parents of neurodiverse children are now asking how leadership priorities may shape future policy.

These questions include:

1. How will autism and other neurological differences be defined going forward?

? Will autism and related neurodevelopmental differences be viewed primarily as disabilities requiring support?

? Or will there be a stronger focus on medical investigation into causes and environmental factors?

? How might this influence access to services or eligibility determinations?

2. Will service models change for children receiving Medicaid-funded supports?

- ? Will therapy services (speech, OT, behavioral supports) remain widely accessible?
- ? Could funding priorities shift toward different types of care models, such as residential or community-based programs?
- ? Will current home- and school-based services remain the primary approach?

3. How might "wellness" or residential models affect children with disabilities?

- ? Could alternative care models influence future program design for youth with behavioral or developmental needs?
- ? How will safeguards ensure that any residential or structured programs remain voluntary, appropriate, and rights-based?
- ? How will inclusion and family unity be protected in any new models of care?

4. What does "reparenting" language mean in practice?

- ? How is this concept defined in official policy versus public discussion?
- ? Does it apply to addiction recovery, behavioral health, or children with developmental disabilities?
- ? How will boundaries be maintained to prevent misapplication to school-aged children in general education settings?

5. How will Black children and other historically underserved groups be protected?

- ? Will there be safeguards to ensure equitable diagnosis and treatment?
- ? How will over- or under-identification of disabilities be addressed?
- ? How will disparities in discipline, diagnosis, and access to services be monitored?

6. What happens to IDEA-related supports when services intersect with HHS?

? How will Medicaid-funded school therapies interact with IDEA requirements?

? Will service delivery change depending on federal health policy priorities?

? How will coordination between education and health systems be maintained?

7. Will families retain educational choice and flexibility?

? Will homeschooling and alternative education remain fully accessible?

? Will families who rely on Medicaid or disability services face new requirements tied to service delivery models?

? How will parental decision-making authority be preserved across education and health systems?

The Core Concern Behind All of These Questions

At the center of parental concern is a simple issue:

When the same federal agency influences disability services, autism policy, and Medicaid funding, how will that shape what support actually looks like for children in schools and at home?

Parents are not only asking about policy—they are asking about real-world impact:

- Will my child still receive services?
- Will those services look different in the future?
- Will access improve or become more restricted?
- Will decisions feel more centralized or more family-driven?

CFV RISE

Why CFV RISE Is Designed for This Moment

As federal policy discussions evolve around autism, disability services, Medicaid-funded supports, and educational choice, families are increasingly navigating systems that span both education and healthcare. This creates complexity for parents of neurodiverse learners, especially when services depend on coordination between schools, medical providers, and government programs.

CFV RISE was designed to respond to this exact challenge: a fragmented system that often requires students to adapt to structures that were not built around how they learn.

1. A learner-centered model instead of a system-centered model

Traditional systems often require students to fit standardized instructional environments. CFV RISE shifts that approach by designing instruction around the learner's cognitive profile, strengths, and processing style.

This is especially relevant for students with:

- dyslexia and language-based learning differences
- ADHD and executive functioning challenges
- autism spectrum profiles
- speech, sensory, or processing differences
- other neurodiverse learning patterns

2. Integration across learning, therapy, and development

Many families currently coordinate between:

- school-based services (IDEA/IEPs)
- Medicaid-funded therapies (speech, OT, behavioral supports)
- independent tutoring or intervention

CFV RISE reduces fragmentation by aligning instruction with how children actually learn, allowing educational and developmental support to function in a more integrated way rather than separate systems operating in isolation.

3. Focus on function, not labels

Instead of defining students primarily by diagnostic categories, CFV RISE emphasizes functional learning profiles—how a student processes information, communicates, and engages with content.

This approach helps ensure:

- strengths are identified alongside challenges
- instruction adapts to the learner
- support is not limited by a single label or classification

4. Support for families navigating complex systems

Parents today are not only choosing educational programs—they are coordinating across multiple systems with different rules and requirements.

CFV RISE is designed to reduce that burden by providing:

- structured learning pathways
- clear instructional frameworks
- consistency across settings
- support aligned to neurodiverse learning needs

The Core Value Proposition

In a time when education, healthcare, and disability services are increasingly interconnected, CFV RISE offers a model that prioritizes:

→ adaptability over rigidity

→ learner function over classification

→ continuity across environments

→ and practical support for families navigating complex systems