



June 15, 2016

Honorable Chris Holden
California State Assembly
Capitol Building, Room 3152
Sacramento, CA 95814

RE: AB 1715

Dear Assembly Member Holden:

We write in opposition to AB 1715. The bill is scheduled to be heard in the Senate Business Professions and Economic Development Committee on June 27, 2016. We support high quality behavioral health services with appropriate professional standards for individuals with autism and other developmental disabilities. Unfortunately, this bill, in its current form, falls short of improving service quality, may limit access to services, and will likely increase the cost of services. AB 1715: 1) duplicates procedures already in place for Board Certified Behavior Analyst (BCBA) certification; 2) limits access to other evidence-based practices that are not based on the principles of applied behavior analysis; 3) severely limits providers' ability to provide necessary transdisciplinary care; 4) limits access to quality care to underserved populations; 5) limits access to quality inclusive community settings; 6) limits parents' ability to use applied behavior analysis; 7) will limit treatment research for individuals with Autism Spectrum Disorder (ASD); 8) favors professionals who provide behavior analytic treatments on the California Board of Psychology. Our specific concerns and recommendations are discussed below.

- 1. The bill duplicates procedures already in place for BCBA certification.** The National Behavior Analyst Certification Board (BACB) has a procedure in place for verifying the training, practicum/supervised fieldwork experience and qualifications of their

BCBAs and Board Certified Associate Behavior Analysts (BCABAs). The BACB has ethical standards and disciplinary procedures in place for professional and ethical violations. Requiring a license creates a burden to potentially qualified providers of service as providers will need to pay for both the current certification as well as the proposed new licensing fees.

- 2. The bill limits access to other evidence-based practices that are not based on the principles of applied behavior analysis.** Applied Behavior Analysis (ABA) is one broad methodology under which many evidence-based practices fall. There are additional evidence based practices developed outside of the field of ABA. An increasing number of interventions have some empirical support, including developmental social-pragmatic (DSP). We are concerned payors will limit evidence-based practice for ASD to ABA services provided only by licensed behavior analysts. If we are forced to develop new legislation each time a new innovative practice is established, we will negatively impact access to treatment.
- 3. The bill severely limits providers' ability to provide the necessary transdisciplinary care needed for individuals with ASD.** The definition of the "practice of behavior analysis" in the bill is narrow, not including other evidence-based practices for ASD, and includes strategies often used in other disciplines that may limit their ability to practice effectively. Many evidence-based comprehensive models also include developmental, visual, augmentative communication and other strategies that require a transdisciplinary team. Having an expert in behavior analysis, such as a Board Certified Behavior Analysts (BCBAs) is essential to these programs. However, requiring licensure of assistants or technicians working in these programs limits the types of treatment methods other professionals and paraprofessionals can implement in these programs. Additional medically necessary services for many children with ASD include Speech and Language Therapy, Occupational Therapy, Mental Health Counseling and Parent Training/Coaching. In short, the definition of behavior analysis in the bill may be too narrow to include all of the evidence-based practices that are effective for ASD.
- 4. The bill limits access to quality care to underserved populations and will increase costs.** Requiring licensure for all levels of service

providers will increase the cost of care and reduce the number of trained and available professionals. There are already long waiting lists for ABA services. Access will be reduced further if all paraprofessional staff need licensure. Licensure will also greatly increase costs because providers of applied behavior analysis services will not be able to continue the same level of care at the reimbursement rates currently provided by the Regional Center and Medi-Cal. Only children with private insurance, or families with high resources, will be able to access intensive behavioral intervention.

5. The bill limits access to quality inclusive community services.

Many individuals with ASD are included in typical activities, like preschool, sports, and camp programs in the community. This often necessitates having a trained behavior analyst develop a program and teach community providers to implement behavior plans to allow participation in inclusive activities. This bill appears to make it unethical for licensed behavior analysts to provide this type of supervision to non-licensed staff such as preschool teachers, daycare providers and other community supports.

6. The bill limits parents' ability to use applied behavior analysis.

The bill exempts parents from licensure if they "act under the direction of a licensed behavior analyst." Parents often receive very short term education and then work with their children using ABA strategies on an ongoing basis. Parents can learn to use these strategies competently. It is unclear how parents can be required to only use ABA strategies under supervision, especially when parent training services are not often funded.

7. The bill will limit treatment research for individuals with ASD.

The bill limits research that includes the direct delivery of behavior analysis services. Broadly defined this can include treatment developers in a variety of fields who use combined models (which are evidence-based) or ABA models developed prior to the requirement for licensure. Some of the main evidence-based practices for ASD were developed at public universities in California by top scientists who do not meet the requirements for licensure.

8. The bill favors professionals who provide behavior analytic treatments on the California Board of Psychology. No other specific treatment methodology has a guaranteed member on the

Board of Psychology. Only a subset of behavior analysts are psychologists.

We do not believe this bill is necessary. If it moves forward, to address the above concerns, we recommend:

- a. Licensure includes only the Behavior Analyst level and not the assistant or intern levels to ensure continued transdisciplinary practice and access to community programs under the supervision of a qualified Behavior Analyst in collaboration with other professionals and paraprofessionals.
- b. Include treatments defined as evidence-based by the National Autism Center (NAC) and National Professional Development Center on Autism (NPDC), most of which are based on the principles of applied behavior analysis, in the definition of treatments allowed to be provided by behavior analysts and other professionals with appropriate training in these treatment methods.
- c. Exempt treatment-based research from these regulations to ensure ongoing, high-quality, non-biased research in autism treatment.
- d. Remove the stipulation that parents must be supervised by a behavior analyst.

We welcome the opportunity to discuss our concerns with you. If this would be helpful, please contact Evelyn M. Abouhassan, DRC Senior Legislative Advocate, or Bob Giovati, SCDD Deputy Director of Policy and Planning, to arrange a meeting time.

Sincerely,



Catherine Blakemore, Executive Director
Disability Rights California (DRC)



Dr. April Lopez, Chair
State Council on Developmental Disabilities

DRC | 1831 K Street | Sacramento, CA 95811 | Ph: 916.504.5800
SCDD | 1507 21st Street, Suite 210 | Sacramento, CA 95811 | Ph: 916.322.8481

cc: Bill Gage, Chief Consultant, Senate Business and Professions
Committee
Mareva Brown, Chief Consultant, Senate Human Services
Committee