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Steve Juarez, Associate Vice President and Director

June 20, 2016

The Honorable Jerry Hill, Chair
Senate Business, Professions & Economic Development
State Capitol, Room 2053
Sacramento, CA 95814

RE: AB 1715 (Holden), as amended June 9, 2016
Set for hearing in the Senate Business, Professions & Economic Development
Committee on June 27, 2016
Position: CONCERN

Dear Chair Hill:

The University of California (UC) is deeply concerned about AB 1715, a bill to license the practice of behavior analysis. AB 1715 would allow the Behavior Analyst Certification Board (BACB) to set licensing standards for the practice of behavior analysis in California. UC believes that the state should not develop a licensing standard for a single modality (Applied Behavior Analysis - ABA) within the field of behavior analysis, as interpreted by a single non-state/non-academic entity, the BACB. We agree that there is a need to ensure quality of service and ethical and professional standards related to the behavioral health treatment of individuals with Autism Spectrum Disorder (ASD). However, our experts in this field do not believe that the bill will accomplish a higher standard of care. Rather, they are concerned that this measure will restrict patient access to the full range of evidence-based behavior analysis services and limit research on ASD treatments.

Background

In 2009, the Legislature passed AB 946 (Steinberg) to require health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment for individuals with autism or other pervasive developmental disorders. As a part of AB 946, a taskforce was formed to develop recommendations concerning medically necessary behavioral health treatments, provider qualifications and training, and requirements that unlicensed individuals providing behavioral health treatment should meet in order to obtain licensure from the State. In 2013, the taskforce provided a report to the Legislature that included specific recommendations for licensure of behavior analysis that emphasized three pathways to licensure, including but not exclusively, becoming a Board Certified Behavior Analyst (BCBA).

Impact on Providers

Rather than implementing the recommendations of the taskforce and crafting licensure standards that would ensure the maximum number of qualified providers in the field, AB 1715 requires that practitioners be certified by the BACB or another “certifying entity.” Currently, there is no “certifying entity” other than the BACB. This could financially advantage a specific subset of practitioners and a single organization, functionally creating a monopoly in the field of behavior analysis for BCBA providers.

According to experts at the UC Davis M.I.N.D. Institute, the UCLA Center for Autism Research & Treatment (CART), and the UCSB Koegel Autism Center, there are many evidence-based treatment modalities recognized by the National Autism Center and the National Professional Development Center on Autism that might fall under the definition of “behavior analysis” used in AB 1715, even if they are not recognized by the BACB. In fact, a number of those approaches were developed and are in use at the UC autism centers. Examples include Pivotal Response Training (UCSD/UCSB), Early Start Denver Model (UCD), JASPER (UCLA), and others. We are concerned that once a license is established, payors may limit payment for ASD services to only licensed behavior analysts, dramatically reducing the number of providers available to individuals with ASD, and disadvantaging other evidence-based treatment modalities.

The bill also requires extensive educational requirements for licensed practitioners that include 40 hours of coursework and thousands of hours of supervised application of Applied Behavior Analysis (ABA) services that must meet BACB standards. However, M.I.N.D. Institute researchers have explained that the field of behavior analysis is not synonymous with ABA, even if some other evidence-based treatments may include aspects of or be based on ABA. Thus the bill would require researchers and providers to study a particular modality within behavioral analysis that is not, clinically speaking, more effective than other strategies.

Experts at CART and the M.I.N.D. Institute have emphasized their concern that requiring licensure for all levels of service providers will increase the cost of care and reduce the number of trained professionals available to provide services. There are already very lengthy waiting lists for ABA services across populations that will only increase further if all paraprofessional staff is required to be licensed according to the restrictive standards of AB 1715. The bill also requires that behavior analysts be included on the Board of Psychology; no other specific treatment modality is so privileged, and we question the necessity of this provision in the bill.

Finally, AB 1715 would limit parents’ ability to use ABA with their children, only exempting them from licensure if they “act under the direction of a licensed behavior analyst.” Parents often receive short term parent education and then work with their children using ABA strategies on an ongoing basis. According to the M.I.N.D. Institute, research has shown that parents can effectively use this training; in fact, many general parenting techniques use ABA strategies. This could have the unintended consequence of driving up cost of care for families since parents would always have to pay a supervisor in order to continue to use ABA services.

Impact on Research

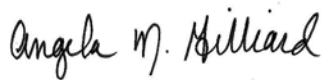
AB 1715 restricts research that includes direct delivery of behavior analysis services; broadly defined, behavior analysis includes treatment provided in combination with many other therapies. Some of the main evidence-based practices for ASD were developed at public universities in California by top scientists who do not meet the requirements for licensure, but are internationally renowned experts in the treatment of autism.

Additionally, the bill would make California researchers less competitive for national grants due to the added administrative cost associated with hiring only licensed behavior analysis professionals. The additional licensure requirements could cost UC Davis alone \$3,500,000 in current research grants. UCLA CART reports that they currently manage \$22 million in grants to research autism, with 11 projects on interventions that are supervised by non-BCBA PhD or post-doctoral fellows. Researchers, professors, and others involved in autism treatment at the UC would have to take time off to meet the requirements of the licensing, resulting in a loss of access for patients and negatively impacting research.

We share the desire that the State ensure the highest quality of treatment for people with autism, and we would be pleased to participate in an effort to systematically study this issue to determine the appropriate licensing or certifications for the rapidly developing field of autism treatment, rather than regulating this field piecemeal. California's research institutions have led the nation and the world in developing treatments for autism, including the state-funded M.I.N.D. Institute, and we would be pleased to provide any assistance we can to ensure the state provides the highest care for patients with autism.

Should you have any questions on the University's position on AB 1715, please do not hesitate to contact me at (916) 445-9924.

Sincerely,



Angela M. Gilliard, JD
Legislative Director

cc: Assemblymember Chris Holden
Vice Chair and Members, Senate Business, Professions & Economic Development
Committee
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