



FOR THE RECORD

COMMITTEE: Joint Committee on Consumer Protection and Professional Licensure

ISSUE: House Bill 1002, An Act Relative to the Licensure of Behavioral Analysts
House Bill 1901, An Act Relative to the Licensure of Behavioral Analysts
Senate Bill 108, An Act the Licensure of Applied Behavioral Analysts

DATE: June 21, 2011

POSITION: Support H. 1901; Support with Changes H. 1102 & S. 108

The Massachusetts Association of Health Plans (MAHP) and its member health plans, which provide health care coverage to more than 2.3 million Massachusetts residents, support House Bill 1901, which would provide for the licensure of behavioral analysts providing services for the diagnosis or treatment of autism spectrum disorders in the Commonwealth. Furthermore, we believe House Bill 1901 contains the most appropriate language relative to such licensure.

We strongly support the development and implementation of a uniform certification process for behavioral analyst practitioners providing services in the Commonwealth. As you are aware, last year the Massachusetts Legislature enacted legislation, Chapter 207 of the Acts of 2010 (Chapter 207), which requires that health insurers provide coverage for diagnosing and treating autism spectrum disorders. This specifically includes coverage of applied behavior analysis supervised by a board certified behavior analyst. Behavioral analysts play a significant role in the treatment of individuals diagnosed with Autism Spectrum Disorder (ASD), conducting descriptive and systematic behavioral assessments, including functional analyses, and providing behavior analytic interpretations of the results. We believe that the licensure of these providers by the state will provide a tool for health plans implementing Chapter 207 to guarantee that insured individuals receive the highest quality and affordable care.

Health plans traditionally contract with and credential licensed providers. Health plans' provider networks are an effective tool to provide members access to high quality and high performing providers. Through selectively contracting with licensed providers, health plans

create networks that include only those physicians that meet established quality and educational standards. While Chapter 207 required that health plans cover services provided and /or supervised by a board certified behavior analyst (BCBA), it did not include any mechanism for licensure of these providers and many health plans did not at that point contract directly with BCBA's that did not hold a license in a related field of practice.

To this end, we support the creation of an independent Board of Registration of Behavior Analysts, as provided for in House Bill 1901 and Senate Bill 108, and oppose language included in House Bill 1002, which would establish a Committee on Behavior Analysts and Applied Behavior Analysts within the Board of Registration of Psychologists. The Board of Registration of Psychologists presently only certifies individuals qualified to practice psychology, however, the autism mandate requires coverage for habilitative or rehabilitative care, which explicitly includes applied behavior analysis supervised by a board certified behavior analyst. Because behavior analysts are a distinct group of professionals separate from psychologists, their independence should be maintained under an independent Board of Registration whose makeup consists of Board Certified Behavior Analysts in order to ensure that applicants have the requisite training and education to provide applied behavior analysis. Conversely, House Bill 1002 would not even require that members appointed to the initial certification committee as behavior analysts be licensed as behavior analysts.

Further, in developing licensure standards, we support adherence to the criteria established by the Behavior Analyst Certification Board, Inc. (BACB), a nonprofit corporation established in 1998 to meet the professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services. We would have serious concerns with any bill that would require more stringent qualifications than these national standards, which would ultimately discourage providers from obtaining licensure as a BCBA and could impact access to services and increase the cost of care. The BACB adheres to the national standards for boards that grant professional credentials and its credentialing programs are accredited by the National Commission for Certifying Agencies. The BACB is endorsed by the Association of Professional Behavior Analysts, the Association for Behavior Analysis International, Division 25 (Behavior Analysis) of the American Psychological Association, and the European Association for Behavior Analysis. Moreover, the BACB certification procedures and content undergo regular psychometric review and validation, pursuant to input from the profession and standards established by content experts in the field.

In accordance with BACB requirements, a behavioral analyst must possess a minimum of a bachelor's and a master's degree that was conferred in behavior analysis or other natural science, education, human services, engineering, medicine or a field related to behavior analysis from a United States or Canadian institution of higher education fully or provisionally accredited by a regional, state, provincial or national accrediting body, or from an institution of higher education located outside the U.S. or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the U.S.

The BACB also sets forth training and experience requirements for certification. Specifically, an applicant for licensure must have completed 225 classroom hours of graduate level instruction in the following content areas and for the number of hours specified:

1. Ethical considerations- 15 hours
2. Definition & characteristics and Principles, processes & concepts- 45 hours
3. Behavioral assessment and Selecting intervention outcomes & strategies- 35 hours
4. Experimental evaluation of interventions- 20 hours
5. Measurement of behavior and Displaying & interpreting behavioral data- 20 hours
6. Behavioral change procedures and Systems support- 45 hours
7. Discretionary- 45 hours

As an alternative to the above coursework, an individual may furnish evidence of completion of a one academic-year, full-time faculty appointment at a college or university during which the applicant taught classes on basic principles of behavior, single-subject research methods, applications of basic principles of behavior in applied settings, and ethical issues, and conducted and published research in behavior analysis. Finally, an applicant may replace the coursework requirement with a doctoral degree, conferred at least ten years prior to applying for certification. The field of study must be behavior analysis, psychology, education or another related field. An applicant with a doctoral degree must also have ten years post-doctoral experience in behavior analysis, verified independently by three Board Certified Behavior Analysts (BCBAs) and supported by information provided on the applicant's CV (curriculum vitae).

Further, we support the BCBA's experience requirements in order to be eligible for licensure as a behavioral analyst. Applicants must complete 1500 hours of Supervised Independent Fieldwork in behavior analysis. The distribution of Supervised Independent Fieldwork hours must be at least 10 hours per week, but not more than 30 hours per week, for a minimum of 3 weeks per month. These standards ensure that all behavioral analysts have personal experience in treating individuals who have been diagnosed as having any of the pervasive developmental disorders defined as autism spectrum disorders.

While such rigorous training and experience requirements are included in House Bill 1901, language in House Bill 1002 would provide licensure to any professional who has received a master's degree from within the department of psychology at a regionally or nationally accredited college or university, or other department designed specifically to train behavior analysts through the study of applied behavior analysis. We also have concerns with the qualification provisions in Senate Bill 108. Specifically, Senate Bill 108 far exceeds the Behavior Analyst Certification Board requirements and would require that the provider hold a license as a psychologist and hold ABPP Diplomate status in Behavioral Psychology in order to qualify as a supervisor of approved practicum or supervised experience, which is also a deviation from BACB requirements. Both provisions would serve to further limit access and increase health care cost.

Further, rather than establishing strict requirements for classroom content, the educational standards within House Bill 1002 would be satisfied with exposure to coursework in the pursuit of that degree that is acceptable to the licensure committee. We strongly support

replacing this vague language with specific curriculum requirements that support a comprehensive educational preparation for the practice of behavior analysis on par with national standards for certification.

Finally, it is essential to ensure that the scope of practice for which behavioral analysts is appropriate vis-à-vis the training required for licensure and certification and not too limiting as to require that services be provided by providers with licensure in other areas of practice, when appropriately provided by an ABA. We recognize that each of the three bills include services related to other diagnoses beyond ASD, which may or may not be sufficiently supported by evidence and clinical guidelines. Health plans are required pursuant to Chapter 207 to cover ABA insofar as the individual is diagnosed with ASD and are in compliance with the requirements of said Chapter.

While the bills outline the general scope of practice for licensed BCBAs, there are a number of paraprofessionals that today provide valuable services. We would like a better understanding of how these providers will fit into the scheme contemplated by the legislation.

Overall, MAHP and our member health plans are supportive of the creation of an independent licensure Board and the licensure of BCBAs. We support legislation that strikes the appropriate balance between the state ensuring that providers meet appropriate standards for qualification for licensure and guarding against standards that are too restrictive as to create access and capacity issues that also lead to higher overall health care costs. We also caution against a scope of practice that is too restrictive in that it would require health plans to contract with additional providers holding licenses in other practice areas in behavioral health. We offer our services in working with the Committee and supporters of this legislation to draft language that meets these goals and furthers the goals of Chapter 207. We look forward to working together on this.

For the reasons stated above, we strongly encourage you to **SUPPORT House Bill 1901. While we support the intent of House Bill 1002 and Senate Bill 108, we believe that the House Bill 1901 is more aligned with the appropriate licensure and oversight requirements for board certified behavior analysts.**