

Association of



***Professional
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April 8, 2015

Hon. Alan Bates
Oregon State Senate
Via email: sen.alanbates@state.or.us

RE: SB 696

Dear Senator Bates:

As a long-time autism practitioner, researcher, and advocate, I am writing to applaud your work on increasing access to proven, effective interventions for Oregon citizens with autism. I am also writing on behalf of the Association of Professional Behavior Analysts (APBA) to offer information that is crucial to that cause and to the above-referenced bill. Over the past several years APBA has donated thousands of hours of labor on the part of several of our Board members and me to support the efforts of Oregon families of people with autism, other consumer advocates, the Oregon Association for Behavior Analysis (ORABA), and policy advocates like yourself to secure coverage of applied behavior analysis (ABA) services by private and public health plans and appropriate regulation of practitioners of ABA. For instance, we provided extensive research, oral and written testimony, recommended language, and supporting documentation for the 2008 Health Resources Commission and 2013-14 Health Evidence Review Commission evaluations of evidence and coverage guidelines regarding ABA interventions for autism, as well as SB 365. We have provided that assistance in good faith, which we trust will be reciprocated with thoughtful consideration of the comments that follow.

As a preface, I want to emphasize that behavior analysis is not just a “therapy” for autism comprising “discrete trial training” and a few other techniques. It is a scientific discipline with theoretical, experimental, and applied branches and distinct research methods, journals, scholarly and professional organizations, university training programs, and professional credentials. The applied branch of the discipline (ABA) involves applying

scientific principles and procedures discovered through basic research to improve socially significant behavior to a meaningful degree. The distinctive features of genuine ABA interventions have been defined since 1968. In contemporary practice, ABA (a) comprises *many* evidence-based techniques or procedures for building useful skills and reducing behaviors that impede healthy, successful functioning; (b) stresses positive reinforcement and scientific evaluations of effectiveness; (c) is highly individualized and person-centered; (d) is flexible and dynamic, with intervention adjusted continuously based on data representing repeated measurement of a client's treatment targets over time; (e) is often intricate and complex; and (f) requires specialized training. In addition to the treatment of autism, ABA interventions have been applied effectively with many clinical and non-clinical populations.

As a physician and legislator, I'm sure you appreciate that one of the best means of protecting consumers, funders, and the state is to ensure that everyone who is sanctioned by the state to practice a profession meets standards *established by that profession*. For most legitimate professions, those standards include specified degrees, coursework, supervised experiential training, and passage of a professional examination in the subject matter in order to obtain a professional credential, and compliance with a code of ethics and continuing education requirements in order to maintain the credential. Evidence that candidates have met the standards must be *verified by qualified members of the profession*. I'm sure you agree that it would not be good for consumers if people were sanctioned to practice medicine, for instance, merely because they declared themselves qualified, or had consumers or members of other professions attest to their qualifications.

International standards for practicing behavior analysis professionally have been in place since 1998. They are embodied in the certification requirements and other standards of the Behavior Analyst Certification Board (BACB), a nonprofit credentialing body whose certification programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence. (The NCCA also accredits programs for certifying nurses, occupational therapists, medical assistants and technologists, and other healthcare professionals). In accordance with the NCCA's rigorous standards -- and like organizations that license or certify other healthcare professionals -- the BACB has followed well-established procedures and case law in conducting extensive job analysis studies involving thousands of professional behavior analysts. Data from those studies and input from expert behavior analysts, attorneys, and psychometricians have been used to develop competencies for practicing ABA, formal and experiential training requirements, and the contents of professional examinations for demonstrating competence in ABA. The BACB has also developed continuing education standards, *Guidelines for Responsible Conduct for Behavior Analysts*, *Professional Disciplinary and Ethical Standards*, and *Applied Behavior Analysis Treatment for Autism Spectrum Disorder: Guidelines for Healthcare Funders and Managers* (all available at www.BACB.com).

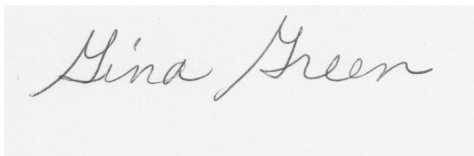
The BACB credentials are recognized in numerous laws and regulations around the U.S. and elsewhere as qualifications for practicing ABA professionally. They include laws and regulations governing developmental disabilities services, education, public and private health insurance, and state licensure laws. As you know, SB 365 is among them. As you

also know, that law requires the Behavior Analyst Regulatory Board (BARB) to “register” other licensed professionals. When SB 365 was being considered, we submitted comments suggesting that that requirement be removed, for multiple reasons. Our understanding is that that provision has caused significant problems. We also understand that a group of Oregon providers and consumers has proposed that SB 696 solve those problems by removing the “registration” requirement so that the BARB licenses and regulates practitioners of ABA, and all other professionals are regulated by their respective licensing boards. **APBA strongly supports that proposal.**

In working out the language of SB 696 pertaining to the structure and functioning of the BARB, **we beseech you to seek input directly and privately from professional behavior analysts representing ORABA.** They have extensive training in the discipline, and of course will be affected by SB 696 should it be adopted. Please give them the same consideration you would extend to physicians if this were a bill that would impact their practices and livelihoods. I am confident that ORABA members can help you craft language that will be consistent with best practices and case law in professional credentialing as well as the best available scientific evidence, protect Oregon consumers of ABA services, and arrange contingencies to help the state attract and retain ABA practitioners who meet international standards. APBA also stands ready to lend the knowledge we’ve gained in working on behavior analyst licensure laws and regulations in many states.

If you have any questions or if I can provide additional information, please do not hesitate to contact me.

Sincerely yours,

A rectangular box containing a handwritten signature in cursive script that reads "Gina Green".

Gina Green, PhD, BCBA-D
Executive Director
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