



August 1, 2016

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Practitioner Licensing and Investigations Section
Department of Public Health
410 Capital Ave, MS #12APP
P.O. Box 340308
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RE: Scope of Practice Review Request for Licensure of Behavior Analysts

Dear Ms. Wilson,

A Scope of Practice Request for licensure of Behavior Analysts was submitted in 2014 and 2015 but unfortunately was not selected for review due to the limited departmental resources available for such requests. We subsequently pursued legislative action on licensure without having this review because we believed that licensure is critically important to protect consumers of behavior analytic services. In spite of garnering substantial support from consumers of behavior analytic services, behavior analysts, other professional disciplines, and legislators in both the House and Senate the bill did not come up for a vote.

Behavior analysis practitioners are currently credentialed in the form of an international certificate program administered through the Behavior Analyst Certification Board (www.BACB.com). However, there is a critical need for licensure for behavior analysis practitioners, primarily for the purpose of enhancing consumer protection for some of the state's most vulnerable populations including but not limited to individuals with Intellectual Disabilities, Autism Spectrum Disorders, and traumatic brain injuries.

It is important to note that in addition to the Board Certified Behavior Analyst® credential (BCBA®), the Behavior Analyst Certification Board also credentials Board Certified Assistant Behavior Analysts® (BCaBA®'s) and Registered Behavior Technicians® (RBT®'s). We are not currently seeking licensure of either of these credentials because

individuals who hold these designations must, by definition, work under the direct supervision of a BCBA.

Public Health & Safety Benefits

The primary rationale relative to the public health and safety benefits of the licensing of behavior analyst is increased consumer protections for individuals receiving behavior analytic services. Currently, the responsibility for protecting consumers served by Board Certified Behavior Analysts (BCBA's) falls under the auspices of the Behavior Analyst Certification Board's disciplinary review committee. The Behavior Analyst Certification Board's review committee has been very effective in monitoring complaints and identifying individuals fraudulently claiming certification. However, this committee reviews only those behavioral professionals who are certified, who have submitted an application to become certified, or who claim to be board certified. Other individuals that practice Applied Behavior Analysis (ABA) without certification but do not claim to be a BACB certificants are not subject to the authority of this review committee. For example, someone without any training or experience in Behavior Analysis can claim to be any of the following without facing any sanctions by the BACB or violating any existing Connecticut state laws: "Behavior Analyst," "Behavior Specialist," "Applied Behavioral Analyst," "ABA Expert," or any other similar designation.

Example: "Marvin" is a 12-year-old boy with severe Autism who lives in Hartford County. His parents were in desperate need of home services because of high rates of aggression, self-injurious behavior, erratic sleep habits and frequent clothing removal. "Marvin's" parents arranged for consultation by a "Behaviorist" who they later learned was not a BCBA nor had received any formal training in behavior analysis. The "Behaviorist" did not do an assessment of the problem behavior nor the family's skill set at the onset of treatment. The "Behaviorist's" method of addressing the child's problem behaviors was to prescribe a "sleep hygiene" routine that was not written in approachable terminology, was condescending to the parents, and was not in keeping with sound behavior analytic practice. Given the severity of Marvin's behavior, it was not even feasible for the family to implement the prescribed plan and it would have been dangerous to do so. The student's behavior continued to worsen until the family found another service provider who was appropriately trained and credentialed.

With the establishment of licensure of Behavior Analysts, there would be a means of conducting localized investigations into claims of professional misconduct or misrepresentation based upon an established scope of practice rather than misuse or misrepresentation solely as a BCBA. A Department of Public Health investigation would also provide the BACB review committee additional evidence for investigation of potential professional misconduct. Additionally, the BACB review committee would gain increased enforcement authority by referring certificants that also hold a state license

to the Department of Public Health for investigations of potential violations of professional practice.

Example: Although the exception rather than the rule, there are some BCBA-run organizations providing “ABA services” in various locations across the state to DDS clients and students in public schools in the state that “over-employ” individuals who have received some training in ABA but who do not have sufficient training, adequate supervision, or any recognized credential. The BCBA ostensibly responsible for service delivery has little or no direct contact with either the person providing these “ABA” services nor the individuals receiving those services. Because a BCBA is listed on the company’s masthead it is sometimes difficult for administrators or parents to understand that the services they are paying for may not in fact be delivered by an appropriately trained and credentialed provider.

BCBA’s work with some of the youngest, most vulnerable, complex, and disabled populations in Connecticut. ABA services are often conducted in schools or homes by non-certified paraprofessional staff under the supervision of a BCBA, and often without any other responsible adult present. Licensure will offer families a regulated process to investigate accusations of misconduct and prosecute those who violate their scope of practice. These increased regulatory standards should also serve to protect the field, as all practitioners of ABA would be subject to regulatory standards consistent with other established licensed professional disciplines (e.g., speech language therapists, physical therapists, and psychologists).

Example: In 2008, a woman named Stacey Lore claimed to be a BCBA and provided consultative services to school districts and families privately. It was only after school districts and families had paid her hundreds of thousands of dollars, and some of the children experienced loss of skills and valuable intervention time that can never be reclaimed, it was discovered that Ms. Lore was not a BCBA. In fact, her highest level of education was a GED. Ms. Lore was investigated by the Attorney General's office, and the Norwalk Police Department. Ms. Lore was convicted and sent to prison. This situation was the impetus for both Public Acts 10-175 and 11-228. While certainly the most egregious and highly publicized example, Ms. Lore has not been the only person to misrepresent her qualifications to provide ABA services to children with special needs and without licensure, the burden of determining who is qualified to provide these services falls on consumers including desperate parents who don’t always have the means to thoroughly vet prospective providers.

Our proposed licensure bill includes language that specifically protects other professionals who have behavior analysis within their scope of practice, such as psychologist and school psychologists. Only those individuals who practice behavior analysis outside of their scope of practice or without any professional credential would be prohibited from doing so by this proposed licensing bill.

A number of professions and other groups have been involved in the discussions concerning BCBA legislation including Psychologists, Speech Language and Hearing professionals, Occupational Therapists, college and university professors who teach behavior analytic coursework, parents of children with Autism and other disabilities, parent advocates, and private state approved schools that employ BCBA's. Over the last year, our proposed Scope of Practice definition has been modified as a result of these discussions to ensure that our scope of practice is clearly distinct and not infringing on other professional discipline's scopes of practice.

The Behavior Analyst Certification Board defines a Behavior Analyst as follows:

“A behavior analyst is a person qualified by at least a master’s degree and Behavior Analyst Certification Board certification and/or a state-issued credential (such as a license) to practice behavior analysis independently. A behavior analyst delivers services consistent with the dimensions of applied behavior analysis. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing implementation of treatment plans. Behavior analysts are qualified to provide services to clients with a variety of needs, including improvements in organizational functioning (e.g., staff performance, management and pay structure interventions), socially significant skill deficits (e.g., communication, adaptive behavior), and socially significant behavioral excesses (e.g., aggression, self-injurious behavior), among others. Behavior analysts provide training and supervision to assistant behavior analysts and behavior technicians.”

Although the majority of behavior analysts working within the state of Connecticut at the present time work primarily with students with Autism and other Developmental Disabilities, individuals with this professional designation work with a variety of populations and areas of emphasis relevant to both typical children and adults and well as those with learning differences. For example, behavior analysts are working with children with social and emotional difficulties to keep them living at home with their families; training nursing home staff to manage medications and enhance patient care; training foster care parents; helping people quit smoking, lose weight, and manage diabetes; reducing recidivism of incarcerated youth and adults; and maximizing the athletic performance of Olympic hopefuls. Based upon a survey of certificants conducted in 2014, the Behavior Analyst Certification Board delineated the areas of professional practice for behavior analysts as follows:

1. Organizational Behavior Management

- Behavior-based safety
- Executive coaching
- Instructional design
- Performance management
- Training

- Behavioral systems analysis
- 2. Higher Education: Research & Teaching
- 3. Education
 - Behavior management
 - Consultation & training
 - Curriculum & instruction
 - Direct instruction
 - Emotional & behavior problems
 - General education
 - Positive behavior support
 - Precision teaching
 - Special education
 - Truancy & school refusal
- 4. Autism Spectrum Disorders
 - Academic skills
 - Augmentative & alternative communication
 - Case management & consultation
 - Communication
 - Feeding disorders
 - Functional assessment & treatment of severe problem behavior
 - Independent living skills (e.g., self-care, safety, habilitation, leisure)
 - Intensive behavioral intervention
 - School-to-work transition & vocational support
 - Sexuality
 - Social skills
- 5. Intellectual & Developmental Disabilities
 - Academic skills
 - Augmentative & alternative communication
 - Case management & consultation
 - Communication
 - Feeding disorders
 - Functional assessment & treatment of severe problem behavior
 - Independent living skills (e.g., self-care, safety, habilitation, leisure)
 - School-to-work transition & vocational support
 - Sexuality
 - Social skills
- 6. Behavioral Health/Behavioral Medicine
 - Emotional & behavior problems (e.g., ADHD, conduct disorder)
 - Healthcare regimen adherence
 - Health promotion & community health
 - Managing chronic illness & pain
 - Medication management
 - Repetitive movement disorders (e.g., tic disorders, hair pulling)
 - Substance abuse & addiction (e.g., smoking cessation, gambling)

- Weight management
- 7. Behavioral Pediatrics
 - Behavior problems
 - Feeding disorders
 - Sleep disorders
 - Toilet training
- 8. Professional Supervision
- 9. Parent & Caregiver Training
- 10. Behavioral Gerontology
- 11. Brain Injury Rehabilitation
- 12. Child Welfare (e.g., foster care, prevention of child abuse & neglect)
- 13. Corrections & delinquency
- 14. Dissemination of Behavior Analysis (i.e., educating others about the field of behavior analysis)
- 15. Sports & fitness
- 16. Public Policy & Advocacy
- 17. Non-University Research

The proposed definition for Scope of Practice language for behavior analysts we are requesting be reviewed is at follows:

“Behavior Analysis” means the design, implementation and evaluation of environmental modifications, using behavior stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior, but does not include: (A) Psychological testing, (B) neuropsychology, (C) cognitive therapy, (D) sex therapy, (E) psychoanalysis, (F) hypnotherapy, (G) cognitive behavioral therapy, (H) occupational therapy, (I) speech and language therapy, and (J) long term counseling as treatment modalities.

There is only one nationally recognized credential for behavior analysts, which is obtained through the Behavior Analyst Certification Board. This organization reviews the course work requirements and supervised fieldwork experience, and then provides a professionally developed and psychometrically valid and reliable written exam for those applicants who have met all qualifications. This credentialing organization and evaluation process has been utilized in all other states that currently have state licensure, and is also included in the all the other state licensure legislation currently under consideration in other states. This credentialing process has been utilized because it keeps the cost of licensure low, adheres to a universal standard that enables Board Certified Behavior Analysts® (BCBA®’s) to relocate to Connecticut and ensures that state requirements stay current with the periodic increases in educational and supervisory requirements enacted by the Behavior Analyst Certification Board based upon national

constituent surveys and subject matter expert panels. The BACB's credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA) in Washington, DC. The NCCA is the accreditation body of the Institute for Credentialing Excellence.

The Behavior Analyst Certification Board defines the role of a BCaBA and an RBT as follows:

“An assistant behavior analyst is qualified by Behavior Analyst Certification Board certification and/or a license or other state-issued credential in behavior analysis to practice under the supervision of an appropriately credentialed professional behavior analyst. An assistant behavior analyst delivers services consistent with the dimensions of applied behavior analysis and supervision requirements defined in state laws or regulations and/or national certification standards. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing behavior-analytic treatment plans, training others to implement components of treatment plans, and direct implementation of treatment plans. Assistant behavior analysts are qualified to provide services to clients with a variety of needs, including improvements in organizational functioning (e.g., staff performance, management, and pay structure interventions), socially significant skill deficits (e.g., communication, activities of daily living), and socially significant behavioral excesses (e.g., aggression, self-injurious behavior), among others. Duties that may be delegated to the assistant behavior analyst by the supervising behavior analyst vary based on the assistant behavior analyst’s training, experience, and competence. Those duties may include training and supervising behavior technicians.”

“The behavior technician is a paraprofessional who practices under the close, ongoing supervision of a behavior analyst or assistant behavior analyst. The behavior technician is primarily responsible for the implementation of components of behavior-analytic treatment plans developed by the supervisor. That may include collecting data on treatment targets and conducting certain types of behavioral assessments (e.g., stimulus preference assessments). The behavior technician does not design treatment or assessment plans or procedures. It is the responsibility of the supervisor to delegate tasks to the behavior technician based on his or her training, experience, and competence. The behavior technician’s supervisor is ultimately responsible for the work performed.”

Twenty of the twenty-five states that license Behavior Analysts also license BCaBA’s. The five states that exclude BCaBA’s are Arizona, Maryland, Ohio, South Dakota and Wisconsin. The majority of states do include BCaBA’s, and from a consumer protection stance it may be preferable to also license BCaBA’s. However, these professionals appear to represent a very small sub-set, and the cost/benefit of licensing this group of professionals may be prohibitive. As of August 1, 2016, there were 54 BCaBA’s who reside within the state of Connecticut listed on the BACB registry.

Should the Department of Public Health prefer to include BCaBA's in licensure, the Behavior Analyst Leadership Council would support that position.

Twenty-two of the twenty-five states exempt RBT's from their legislation. Oregon, Louisiana, and Washington do regulate technicians. We would not recommend that the Department of Health issue a license to RBT's because of the difficulty managing this transient population whose work is ultimately the responsibility of the Behavior Analyst supervising their work.

Impact to Public Access to Health Care

Licensure of behavior analysts would have a significant impact on the public's ability to easily access behavior analytic treatment through their health care providers. Even though Connecticut has passed legislation that mandates insurance coverage for treatment for children with Autism by BCBA's, some insurance companies are limiting families this coverage because they contend that providers must have a state license to practice, not just be credentialed by the BACB. Unless parents have the knowledge and ability to contest this decision, they are often denied this mandated insurance coverage. Additionally, licensure would allow consumers to access their self-funded plans and Medicaid more easily for Autism Spectrum Disorders, and other Neurodevelopmental disorders.

Perhaps even more importantly, licensure of Behavior Analysts would facilitate access to behavior analytic services for individuals with other disabilities that are currently unable to do so because existing state legislation is specific to only those individuals with a diagnosis of an Autism Spectrum Disorder.

Example: "David" is a 10-year-old boy with a primary diagnosis of Down Syndrome who lives in Fairfield County. "David" had high rates of aggression and made frequent attempts to elope from his classroom in a inner-city public school. "David" was denied access to a BCBA as part of his slate of services in spite of his high rates of problem behavior and other behaviors that interfered with his ability to learn even though the school district had BCBA's consulting to the district specifically for their students with Autism as per current legislation. The student experienced significant regression and increases in problem behavior throughout the fall of last year, and was regularly strapped into a Rifkin chair to prevent elopement until a Behavior Analyst conducted an observation and reported the situation to the Office of the Child Advocate. "David" was outplaced to a private ABA school program and within three weeks his problem behaviors were significantly reduced, and his rate of learning increased across domains. Had "David" had access to a BCBA in district he may not have needed to be outplaced to a more expensive private school.

Connecticut has one of the highest concentrations per capita of BCBA's in the country, and our state leadership has actively supporting the provision of ABA by passing laws to provide Autism insurance coverage, implementation in our public schools for students with Autism, and a title protection act. However, there are many other populations that would benefit from access to ABA services that are not included in these legislative initiatives.

Based on the most recent Connecticut State Department of Education statistics for the 2013-14 school year, the state census for our students with significant disabilities was as follows:

Autism: 11.4% of total, with 7,788 students.

Emotional Disturbances: 7.9% of total, with 5,400 students.

Intellectual Disabilities: 3.5% of total, with 2,380 students.

Other (which can include children with Traumatic Brain Injury): 8.0% of the total, with 5,457 students.

The total for the above 3 non-Autism categories is 13,237 students. This is 19.3% of all Connecticut students with disabilities. Although all of these students may not require behavior analytic instruction, it is certainly conceivable that at least 20% of this population would benefit from access to these services (e.g. approximately 2,650 children), yet there is limited access and little consumer protections in place for children in these other educational classifications.

The children represented in the statistics above also represent some of the most vulnerable children in our communities. The prevalence of abuse and neglect of this population is far higher than that of typically developing children. The estimated prevalence rates vary from a low of 22% (thearc.org) to a high of 70% based on a 2012 national survey of 7,289 people (disability-abuse.com). Based on the statistics above, and utilizing the lower estimate of 22%, then over 4,000 of Connecticut's children are at high risk of sexual and other abuses – many of who may be abused or neglected on multiple occasions.

Even though Behavior Analysts routinely work with these highly vulnerable and often non-verbal children they are not included on the Department of Children and Families' list of mandated reporters unless they are also direct school employees. While licensure of Behavior Analysts will not eliminate abuse of our children with special needs, it can help reduce the likelihood of abuse by Behavior Analysts, and would certainly facilitate a means of investigating and prosecuting abuses by a Behavior Analyst if suspected abuse did occur.

Example: In 2015, a federal jury returned a verdict finding that a special education aide employed by the Darien Board of Education sexually abused a 12-year-old Darien student with Down syndrome in a Darien elementary school. The aide is the nephew of Darien's then Director of Special Education.

Example: Behavior Analysts work in public school programs as consultants throughout the state. As consultants rather than employees, Behavior Analysts are not mandated DCF reporters, receive no training on when and how to report suspected abuse or neglect to DCF, and do not have to undergo a background check to prior to working in school or home-based programs unless they happen to work for a private program that has such a requirement.

Summary of State & Federal Laws

Currently, the Department of Disability Services (DDS), Department of Children and Families (DCF), Connecticut Birth to Three (B23), the State Department of Education (SDE), Medicaid, and other state agencies recognize behavior analysis services as one part of their available services and provide reimbursement to BCBA's and supervised BCaBA's treating individuals with Autism Spectrum Disorders. Additionally, the need for behavior-analytic services is underscored by the recent Connecticut legislative action proposed on behalf of children, adults and families: Special Act 08-5, Public Act 08-63, Public Act 09-115, Public Act 10-175, and Public Act 11-228. In recognition of the increasing needs of children and adults with behavioral needs and their families to have access to services provided by licensed and trained staff (including paraprofessionals), the Connecticut State Legislature has passed six bills in the recent years related to Autism Spectrum Disorders:

Special Act 08-5: An Act Concerning Special Education and Instructional Methods Concerning Autism and Other Developmental Disabilities, which called for a task force to be assembled to define Autism and Developmental Disabilities and develop recommendations for training needs of pre-service and in-service educators, administrators and paraprofessionals across the state and identify available resources for providing this training.

Public Act 08-63: An Act Concerning Expansion of the Pilot Program for Persons with Autism Spectrum Disorders created a pilot project and ensured that such a pilot project remained in effect through June 30, 2009 (this program continues today). This program aims to provide services through the Department of Developmental Services for individuals with an Autism Spectrum Disorder who do not have an intellectual disability.

Public Act 09-115: An Act Requiring Insurance Coverage for Autism Spectrum Disorder Therapies. The purpose of this bill is to provide insurance coverage for Autism Spectrum

Disorder therapies including Applied Behavior Analysis overseen by Board Certified Behavior Analysts.

Public Act 10-175: An Act Concerning Special Education, which requires programs offering behavior analytic services to individuals with Autism to be overseen by professionals with proper credentials including Board Certified Behavior Analysts.

Public Act 11-228: This act makes it a felony to present oneself as a Board Certified Behavior Analyst or Board Certified Assistant Behavior Analyst without proper credentials. Penalties include a \$500 fine or up to 5 years of imprisonment or both.

Public Act 14-231 which reiterates that BCBA's and BCaBA's can provide ABA services in keeping with PA 10-175, and does not conflict with the scope of practice of Speech Language and Hearing professionals.

Current Regulatory Oversight of the Profession

Currently, the state of Connecticut provides regulatory oversight via PA 10-175, PA 11-228, and PA 14-231. If licensure is established for behavior analysts in Connecticut, Department of Public Health oversight may provide disciplinary action for those who have not met the training and ethical guidelines of a licensed behavior analyst in good standing. In addition, the Department of Public Health could implement disciplinary measures for those who fall outside of the ethical or legal boundaries (e.g., an individual who commits a felony).

Our proposed bill included with this scope of practice review request contains language that would modify PA 10-175 to conform with licensure of BCBA's rather than certification alone. This language was derived from discussions with representatives of the Department of Education earlier this year.

Recognition of BCBA's and BCaBA's within Connecticut

At the present time, there are six statutes in CT that identify BCBA's as professionals who can provide Applied Behavior Analysis (ABA) in the state.

Public Act 09-115 went into effect 1/1/2010. This is an insurance regulation defining coverage for ABA for children with Autism supervised by BCBA's. This statute provides the following definition:

"ABA means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, to produce socially significant improvement in human behavior."

Public Act 10-175, Section 2 went into effect 7/1/2010. This is an education regulation, which requires school districts to utilize BCBA's, BCaBA's or another professional with ABA within their scope of practice to supervise Individualized Education Plans or 504 plans for children with Autism when these plans identify ABA as a necessary component of educational services. This statute provides the following definition:

"ABA means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, including the use of direct observation, measurement and functional analysis of the relationship between the environment and behavior, to produce socially significant improvement in human behavior."

Public Act 11-228 went into effect 10/1/2011. This is a title protection act, which makes it a felony offense punishable by fines and prison time up to 5 years per offense if someone misrepresents himself or herself as a BCBA/BCaBA. This statute defines the BACB, BCBA's and BCaBA's as follows:

"Behavior Analyst Certification Board" means the nonprofit corporation established to meet the professional credentialing needs of behavior analysts, governments and consumers of behavior analysis services and accredited by the National Council for Certifying Agencies in Washington, D. C., or any successor national accreditation organization;

"Board certified behavior analyst (BCBA)" means a person who has been certified as a behavior analyst by the Behavior Analyst Certification Board; and "Board certified assistant behavior analyst (BCABA)" means a person who has been certified as an assistant behavior analyst by the Behavior Analyst Certification Board."

Public Act 14-231 restates the ability of BCBA's and BCaBA's to provide ABA services as follows:

"Sec. 42. Section 20-413 of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage): Nothing in this chapter shall be construed as prohibiting... (6) The provision of applied behavior analysis services in accordance with section 10-76ii."

DDS Regulation 14-07: This regulation originated with Governor Malloy's office. This new regulation which went into effect 1/1/15 provides Medicaid coverage for children

with Autism under the age of 21. Children with other disabilities or people over the age of 21 are not encompassed by this regulation.

Example: “Trish” is a 24-year-old woman with Autism and an Intellectual Disability who lives in New Haven County. She was placed in a residential program funded by DDS when she was eighteen, but continued attended a private ABA program. While she was in the school program a BCBA assisted the residential provider with staff training and program development, and “Trish” thrived in both environments. When “Trish” aged out of her school placement when she turned twenty-one, the “Behavior Specialist” employed by the residential provider took over supervision of her program. This “Behavior Specialist” was an accomplished Social Worker, but did not have behavior analysis within her scope of practice, and did not have any additional training in behavior analysis. “Trish” began to regress and had dramatic increases in problem behavior including aggression against other residents, shouting, and bolting in public places. “Trish’s” decline accelerated when the health status of another resident in the home required a change in her room and bathroom situation. Staff became concerned that “Trish” was unsafe when she began bolting away from staff and running through parking lots. The “Behavior Specialist” was unable to reduce any of her problem behavior and “Trish” was put on several anti-psychotic medications in an effort to reduce her unsafe behavior. “Trish’s” family paid for an independent BCBA consultant who is now systematically working on reducing her unsafe behavior, and training staff on program implementation and data collection with a goal of someday getting her back off medication.

Public Act 16-41: Effective 7/1/16, this statute is not specific to provision of ABA services but created alternative pathway for a BCBA or BCaBA to obtain certification as an initial educator.

Summary of Known Scope of Practice

Per our research, the scope of practice for behavior analysis is only described in PA 09-115, PA 10-175, PA 11 - 228, and PA-14-231 which only provides limited practice and consumer protections related to fraud specific to someone identifying themselves as a BCBA and does not include those implementing this scope of practice but who utilizes a different job title. As stated previously, most of the protections in place apply only to children with Autism. There is little protection in place for adult recipients of ABA services, children with other diagnosis, or children without a learning difference.

Current Education, Training and Examination Requirements

BCBA's must meet the eligibility standards established by the Behavior Analyst Certification Board. The BACB has established 3 options that would meet the requirements.

Option 1 includes the possession of a minimum 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 and approved by the BACB. The course work requirements include the completion of 225 classroom hours of graduate level instruction in the following content areas and for the number of hours specified:

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

Acceptable course work must include college or university courses in behavior analysis that are taken from an institution that meet the requirements specified by the BACB. The BACB is currently increasing the coursework requirements and this will be in effect with the first examination of 2015. The experience requirements must be met as established and outlined in Appendix A by the BACB.

Option 2 includes a teaching option at a college level. The applicant must complete one academic year as a full time faculty member at a college or university during which the applicant must teach classes on basic principles of behavior, single-subject research methods, application of basic principles of behavior in applied settings, and ethical issues. In addition the applicant must publish research in the field of behavior analysis. The experience requirements must be met as established and outline by the BACB.

Option 3 includes a doctorate/BCBA review. The applicant must have a doctoral degree, conferred at least ten (10) years prior to applying. The field of study must be behavior analysis, psychology, education or another related field (doctoral degrees in related fields are subject to BACB approval). In addition, the applicant must have 10 years post-doctoral experience practicing behavior analysis. Experience must be verified independently by three Board Certified Behavior Analysts (BCBAs) and supported by information provided on the applicant's CV (curriculum vitae).

Applicants must complete course work requirements and supervised fieldwork experience, and then pass a professionally developed, psychometrically valid and reliable written exam.

It is important to note that BACB standards are not static and are enhanced on a regular basis, so it is important to have language in licensure legislation that ensures that Connecticut state regulations remain current with any future modifications implemented nationally. For example, modifications to BACB standards have/will occur as follows:

Enhanced supervision requirements of those in training to become BCBA's or BCaBA's went into effect 1/1/15.

A new BCBA degree requirements include possession of a minimum of a master's degree from an accredited university that was (a) conferred in behavior analysis, education, or psychology, or (b) conferred in a degree program in which the candidate completed a BACB approved course sequence went into effect 1/1/16.

Adherence to a new Code of Ethics went into effect 1/1/16.

A new BCaBA supervision policy goes into effect 1/1/17.

Affects on Existing Relationships within the Health Care System

Licensing behavior analysts would positively affect existing relationships within Connecticut's health care system. Currently, schools, families, hospitals, and others in need of services must spend valuable time and funds conducting their own research to identify qualified individuals, because there is no clearly defined standard acknowledged by the state. If the practice of behavior analysis required a license, qualified professionals would become easily identifiable. This would save families and organizations from what can be an exhausting process of independent verification of a provider's experience and credentials, with inconsistent results and allow them to identify qualified professionals more efficiently.

Anticipated Economic Impact and Budget Assumptions

As previously mentioned, there is no negative fiscal impact anticipated as BCBA's are already employed statewide in public schools, private schools, hospitals, home based service agencies, state agencies (e.g., DDS, DCF), and colleges and universities.

The fiscal note provided by DPH during the 2016 session demonstrated a positive net effect for the state of Connecticut, although the department would not be able to operate another licensure program without a budget allocation for implementation. It is important to note that the budget assumptions utilized an expense number that was based on utilization of part time personnel and/or contractors to implement the program, but it is uncertain whether such an arrangement can be implemented. However, the fiscal note provided by DPH during the 2015 session demonstrated a positive net effect for the State of Connecticut during the first year of implementation, and a very small loss during the second year, but because the number of BCBA's residing in the state has increased substantially over the last 2 years this calculation would also now show a positive net effect for the state.

The BACB independently verifies each applicant's coursework requirements and supervised experience prior to approving the applicant to complete the certificate exam. By continuing to utilize this process as outlined in the proposed licensure bill, this will allow for the BACB to continue providing such services for the state, Connecticut could avoid costly budget items such as:

- i. Creating, administering, evaluating, and revising a licensure exam
- ii. Creating and approving coursework requirements
- iii. Creating standards for ethical conduct
- iv. Creating and administering continued education policies and providers

As of August 1, 2016 there are currently 510 BCBA certificants (this is a total of BCBA's and BCBA-D's which is simply a designation that a BCBA also has a doctorate degree but since this doctorate but the same licensing requirements and process would apply to both groups) that are Connecticut residents who would qualify for licensure in Connecticut. It is not known exactly how many BCBA's who reside in other states regularly practice here, but we estimate that this would add approximately another 100 people, increasing the total number of BCBA's working in Connecticut to approximately 610 certificants at the present time.

The number of BCBA certificants worldwide has been growing at the annual rate 21-30% per year during the period of 2011 – 2015, with an average rate of 25% per year. Based on this rate of growth, it is anticipated that by January 2018 there will approximately 860 BCBA's working in Connecticut, including those that reside out of state but are regularly employed in Connecticut. Although licensure would have a significantly positive effect on the lives of children and families affected by ASD and other behavioral disabilities, the economic impact to Connecticut would be beneficial as follows:

The professionalization of BCBA's would ensure that insurance companies recognizing the profession relative behavior health treatment. At the present time, only children with Autism have insurance coverage for ABA services. Licensure may indirectly impact

children with other disabilities who would benefit from ABA services but removing a barrier to accessing insurance coverage.

It is estimated that the projected 860 Licensed Behavior Analysts would pay an initial licensing fee of \$350.00 per year, and a bi-annual renewal fee of \$175 for each subsequent year.

The number of new BCBA's has been increasing and is expected to continue to increase as the number of university programs grows. Eastern Connecticut State University, University of St. Joseph, Southern Connecticut State University and Western Connecticut State University are now providing BACB-approved course work for certification as a BCBA. In addition to these Connecticut-based brick and mortar programs, Connecticut residents can enroll in dozens of online courses and graduate training programs.

Based on current growth rates, continued growth of 25% each year has been utilized in development of the budget projection included with this application. Utilization of the BACB credential, testing, and administrative support will dramatically reduce the overall cost of administering a state license. It will also enable BCBA's who move to the state to readily enter the workforce. Income derived from licensure of BCBA's is estimated as follows:

2018: 860 BCBA's X \$350.00 initial fee = **\$301,000**

2019: 215 BCBA's X \$350.00 initial fee = **\$75,250** (no renewals)

2020: 269 BCBA's X \$350.00 initial fee = \$94,150 and

860 BCBA renewals X \$175.00 fee = \$150,500

Total 2019 fees = **\$244,650**

2021: 336 BCBA's X \$350.00 initial fee = \$117,600 and

215 BCBA renewals X \$175.00 fee = \$37,625

Total 2021 fees = **\$155,225**

2022: 420 BCBA's X \$350.00 initial fee = \$147,000 and

1,129 BCBA's renewals X \$175.00 = \$197,575

Total 2022 fees = **\$344,575**

Five-year total state income: **\$1,120,700**

We recognize that the fees collected do not go back to the Department of Health to cover the cost of administering this program. Therefore, we will advocate with the Governor, Appropriations Committee, Legislature and the Executive Branch for an appropriations for the cost of implementation.

Regional and National Trends

Twenty-five states have licensure in behavior analysis: Alabama, Alaska, Arizona, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, Nevada, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, West Virginia, Washington, and Wisconsin.

While the cost for a license is additional to costs associated with BACB certification, in most states, the annual cost for the license remained low, between \$0.00 and \$300.00 per year.

Seven other states have introduced licensure bills: California, Florida, Illinois, Michigan, Minnesota, North Carolina, and Texas; and three other states will soon be initiating new legislative actions in the coming year: Indiana, Iowa, and Nebraska. Ontario is also pursuing licensure.

Licensing of BCBA's and BCaBA's in Other States

Each of the twenty-five states with licensure laws, as well as the other states in the process of seeking licensure specifically references the BACB credentials and/or the BACB standards (see Appendix C for the scope of practice language in each state). With the exception of New York, all of these licensure laws encompass the practice of behavior analysis across settings and populations. The New York legislation is currently specific to just provision of services for people with Autism. However, efforts are underway to modify this legislation to encompass the full range of populations who can benefit from ABA services.

Other Related Legislation

Other than Connecticut, there are now 43 other states plus the District of Columbia and the US Virgin Islands that have passed insurance legislation that covers ABA, the majority of which specifically identify BCBA's as appropriate provider; and Ohio has legislation pending.

Like Connecticut, Indiana has a Title Act protecting BCBA's.

Affect On Other Health Care Professions

We anticipate that licensed psychologist and school psychologist, as well as special education teachers, occupational therapists, speech and language therapists, parents of children with autism and other disabilities, parent advocates, private school administrators, the Connecticut Association for Behavior Analysis, and college and university professors who teach courses in behavior analysis, will want to participate in the dialogue regarding potential licensure of BCBA's.

As is probably the case whenever a new scope of practice for a profession is proposed, there may be concerns on the part of some individuals that any new scope of practice could potentially infringe on established professions. Over the last two years, we have communicated with each of those professional disciplines that we thought might have concerns, and have made some minor modifications to the scope of practice previously proposed to address those concerns. We believe we have fully addressed the concerns of these other health care professionals who have an interest in this proposal, and do not anticipate any other professional group having an issue with the proposed bill or scope of practice definition proposed as no other profession testified against our bill during the 2016 session. However, we would recommend the following exceptions, as suggested by the proposed licensure act to protect the scope of practice of other professional disciplines:

- Other professionals providing behavior analysis or assisting in the practice of behavior analysis while acting within the scope of practice of the person's license and training, provided the person does not hold himself or herself out to the public as a behavior analyst;
- A matriculated college or university student whose applied behavior analysis activities are part of a defined program of study, course, practicum, internship, or postdoctoral fellowship, provided that the applied behavior analysis activities under this exemption are directly supervised by a licensed behavior analyst in this state, an instructor in a course sequence approved by the Behavior Analyst Certification Board, or another qualified faculty member. Such individuals must not represent themselves as professional behavior analysts and must use titles

that clearly indicate their trainee status, such as “student,” “intern,” or “trainee”;

- Those teaching behavior analysis or conducting behavior analytic research, provided that such teaching or research does not involve the direct delivery of applied behavior analysis services;
- Board certified assistant behavior analysts working under the supervision of a licensed behavior analyst in accordance with the standards established by the Behavior Analyst Certification Board;
- A person implementing an intervention based on behavior analysis under the direction and supervision of a licensed behavior analyst;
- A family member, guardian or caretaker implementing a behavior analysis treatment plan under the direction and supervision of a licensed behavior analyst;
- A person pursuing supervised experience in applied behavior analysis consistent with the experience requirements of the Behavior Analyst Certification Board, provided that such experience is supervised in accordance with the requirements of that Board;
- A person providing organizational behavior management services designed for the benefit of organizations rather than individuals.

Scope of Practice Language in Other State Laws

Alabama Scope of Practice

PRACTICE OF BEHAVIOR ANALYSIS. The design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. The practice of behavior analysis includes all of the following: The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Interventions based on scientific research and the direct observation and measurement of behavior and environment, which utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement, and other consequences to help individuals develop new behaviors, increase or decrease existing behaviors, and elicit behaviors under specific environmental conditions. The practice of behavior analysis does not include psychological testing, psychotherapy, cognitive therapy, sex therapy, psychoanalysis or hypnotherapy, or long-term counseling as treatment modalities. The practice of behavior analysis does not include preventing or alleviating or curing of diseases or injuries. Nothing in this act shall be construed as permitting or allowing a licensed behavior analyst to prescribe or administer any drug, make a medical diagnosis, provide medical treatment, or manage a medical condition. A licensed behavior analyst may not attempt to diagnose, prescribe for, treat, or advise a client with reference to any problem, complaint, or condition falling outside the boundaries of behavior analysis.

Alaska Scope of Practice

"Behavior analysis" means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior, the empirical identification of functional relations between behavior and environmental factors, and the utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and engage in behaviors under specific environmental conditions; "behavior analysis" does not include psychological testing, diagnosis of a mental or physical disorder, or the practice of neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling.

Arizona Scope of Practice

"Behavior analysis" means the design, implementation and evaluation of systematic environmental modifications by a behavior analyst to produce socially significant improvements in human behavior based on the principles of behavior identified through the experimental analysis of behavior. Behavior analysis does not include cognitive therapies or psychological testing, neuropsychology, psychotherapy, sex therapy, psychoanalysis, hypnotherapy and long- term counseling as treatment modalities.

"Behavior analysis services" means the use of behavior analysis to assist a person to learn new behavior, increase existing behavior, reduce existing behavior and emit behavior under precise environmental conditions. Behavior analysis includes behavioral programming and behavioral programs.

Hawaii Scope of Practice

"Practice of behavior analysis" means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. Practice of behavior analysis includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Practice of behavior analysis also includes the use of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. Practice of behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Kentucky Scope of Practice

"Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior;

"Applied behavior analysis interventions" means interventions that are based on scientific research and the direct observation and measurement of behavior and environment which utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and elicit behaviors under specific environmental conditions;

Kansas Scope of Practice

"Applied behavior analysis" means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.

Louisiana Scope of Practice

"Applied behavior analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications by a behavior analyst, to produce socially significant improvements in behavior.

Maryland Scope of Practice

"Practice of Behavior Analysis" includes: (1) The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis; and (2) Interventions based on scientific research and the direct observation and measurement of behavior and Environment. (3) "Practice of Behavior Analysis" does not include psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy,

psychoanalysis or hypnotherapy, or long-term counseling, or any sub-discipline of psychology as treatment modalities.

Massachusetts Scope of Practice

“Scope of practice of applied behavior analysis”, the design, implementation and evaluation of systematic instructional and environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvements in human behavior, including the direct observation and measurement of behavior and the environment, the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis, and the introduction of interventions based on scientific research and which utilize contextual factors, antecedent stimuli, positive reinforcement and other consequences to develop new behaviors, increase or decrease existing behaviors and elicit behaviors under specific environmental conditions that are delivered to individuals and groups of individuals; provided, that such practice of applied behavior analysis shall only be conducted upon referral from a licensed mental health or medical professional whose scope of practice includes diagnosis and evaluation; and provided further, that “scope of practice of applied behavior analysis” shall not include psychological testing, neuropsychology, diagnosis of mental health or developmental conditions, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, psychopharmacological recommendations, hypnotherapy or academic teaching by college or university faculty.

Mississippi

"Practice of applied behavior analysis" means interventions based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. The practice of behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Missouri Scope of Practice

"Applied behavior analysis", the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior. Applied behavior analysis does not include cognitive therapies or psychological testing, personality assessment, intellectual assessment, neuropsychological assessment, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, family therapy, and long-term counseling as treatment modalities.

Nevada Scope of Practice

"Practice of applied behavior analysis" means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including, without limitation, the use of direct observation, measurement and functional analysis of the relations between environment and behavior. The term includes the provision of behavioral therapy by a behavior analyst, assistant behavior analyst or autism behavior interventionist.

New York Scope of Practice

Practice of applied behavior analysis means "the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior... for the purpose of providing behavioral health treatment for persons with autism, autism spectrum disorders and related disorders."

North Dakota Scope of Practice

"Practice of applied behavior analysis":

a. Means the application of the principles, methods, and procedures of the experimental analysis of behavior and applied behavior analysis, including principles of operant and respondent learning. The term includes applications of those principles, methods, and

procedures to: 1) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals diagnosed with an autism spectrum disorder;

1. 2) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals;
2. 3) Design, supervise, evaluate, and modify treatment programs to change the behavior of groups; and
3. 4) Consult with individuals and organizations.

b. The term does not include diagnosis, counseling, psychological testing, personality assessment, intellectual assessment, neuropsychological assessment, psychotherapy, cognitive therapy, sex therapy, family therapy coordination of care, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Ohio Scope of Practice

"Practice of applied behavior analysis" means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior and includes the following: a) The empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis; b) Interventions based on scientific research and the direct observation and measurement of behavior and the environment;

c) Utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

"Practice of applied behavior analysis" does not include psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

Oklahoma Scope of Practice

"Applied behavior analysis" means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior through skill acquisition and the reduction of problematic behavior.

Oregon Scope of Practice

“Applied behavior analysis” means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior. The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy and long-term counseling as treatment modalities.

Rhode Island Scope of Practice

“Practice of applied behavior analysis” means the design, implementation and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between environment and behavior, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and environment. They utilize contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. The practice of applied behavior analysis expressly excludes psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities. Such services are provided by a person licensed under this chapter only when applied behavior analysis services are prescribed by a child psychiatrist, a behavioral developmental pediatrician, a child neurologist or a licensed psychologist with training in child psychology pursuant to section 27- 20.11-4.

South Dakota Scope of Practice

The term, practice of applied behavior analysis, is the application of principles, methods, and procedures of the analysis of behavior including principles of operant and respondent learning. The term includes applications of those principles, methods, and procedures to:

- (1) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals diagnosed with an autism spectrum disorder;
- (2) Design, supervise, evaluate, and modify treatment programs to change the behavior of individuals;
- (3) Design, supervise, evaluate, and modify treatment programs to change the

behavior of groups; and

- (4) Consult with individuals and organizations.

Tennessee Scope of Practice

The “practice of applied behavior analysis” as the design, implementation, and evaluation of environmental modifications by a behavior analyst to produce socially significant improvements in human behavior.

Utah Scope of Practice

"Practice of behavior analysis" means the design and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior and includes the following: the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis; interventions based on scientific research and the direct observation and measurement of behavior and environment; and utilization of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. "Practice of behavior analysis" does not include: diagnosis of a mental or physical disorder; psychological testing; educational testing; neuropsychology; neuropsychological testing; mental health therapy; psychotherapy; counseling; biofeedback; neurofeedback; cognitive therapy; sex therapy; psychoanalysis; or hypnotherapy.

Vermont Scope of Practice

“Practice of applied behavior analysis” means the design, implementation, and evaluation of systematic instructional and environmental modifications for the purpose of producing socially significant improvements in and understanding of behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environments. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcers, and other consequences are used, based on identified functional relationships with the environment, in order to produce practical behavior change.

Virginia Scope of Practice

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Washington Scope of Practice

The practice of ABA includes the following:

The design of instructional and environmental modifications based on scientific research, observation, and measurement of behavior; empirical identification of functional relations between behavior and environment factors; and utilization on contextual factors, motivation, stimuli, positive reinforcement, and other consequences to assist individuals. The practice of ABA does not include psychological testing, diagnosis of mental or physical disorders, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, or counseling as treatment modalities.

Wisconsin Scope of Practice

"Behavior analyst" means a person who is certified by the Behavior Analyst Certification Board, Inc., as a board-certified behavior analyst and has been granted a license under this subchapter to engage in the practice of behavior analysis.

"Practice of behavior analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to produce socially significant improvements in human behavior, including the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis, including interventions based on scientific research and the direct observation and measurement of behavior and environment. "Practice of behavior analysis" does not include psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, marriage counseling, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

No person may use the title "behavior analyst" or represent or imply that he or she is a behavior analyst unless the person is licensed under this subchapter. This section may not be construed to restrict the practice of behavior analysis by a licensed professional

who is not a behavior analyst, if the services performed are within the scope of the professional's practice and are performed commensurate with the professional's training and experience, and the professional does not represent that he or she is a behavior analyst.

How this Request relates to the Health Care Professions' Ability to Practice to Full Extent of Profession

Licensure is critical to behavior analysts' ability to practice to the full extent of our profession. Without licensure behavior analysts have a limited ability to assist many children and adults who could benefit from the services as we are trained to provide to a broad array of constituents. There are children and adults throughout the state today who cannot access services, or who cannot obtain insurance coverage for services because they do not have a primary diagnosis of Autism. And for those who do receive services, licensure is critical to ensure that people obtain good quality behavioral programming from qualified, fully vetted professionals.

Thank you for considering our request, please do not hesitate to contact us if you would like any additional information regarding this request.

Yours truly,

Suzanne Letso

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