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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Senate

Record of Committee Proceedings

Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Senate Bill 667

Relating to: licensure and regulation of behavior analysts, insurance coverage of the services of behavior analysts for autism treatment, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.

By Senators Wirch and Vinehout; cosponsored by Representative Hintz.

April 05, 2010 Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

April 14, 2010 **PUBLIC HEARING HELD**

Present: (6) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich and Darling.
Absent: (1) Senator Kanavas.

Appearances For

- Jennifer Bishop — Senator Bob Wirch's Office
- Eileen Mallow — Office of the Commissioner of Insurance
- Marisa McKee — The Center for Autism Treatment
- Anglea Wade, Oshkosh
- Amanda Buchmeier, West Bend
- Bill Murray, Brooklyn — WI ABA
- Paula Petit, Mondovi
- Rachel Crites, Milwaukee
- Dani Rossa, Milwaukee
- Tamara Kasper, Cedarburg — The Center for Autism Treatment

Appearances Against

- None.

Appearances for Information Only

- None.

Registrations For

- Karen Timberlake — Secretary, WI Dept. of Health Services
- Doug Quarberg, Gilmanton
- Gordon Hintz — Rep.

- Wendy Zeller, Mequon — The Center for Autism Treatment
- Jo Dziewa, Cedarburg

Registrations Against

- None.

Registrations for Information Only

- None.

April 19, 2010

EXECUTIVE SESSION HELD

Present: (7) Senators Erpenbach, Carpenter, Robson, Lassa, Lazich, Kanavas and Darling.


Absent: (0) None.

Moved by Senator Lassa, seconded by Senator Erpenbach that **Senate Bill 667** be recommended for passage.

Ayes: (6) Senators Erpenbach, Carpenter, Robson, Lassa, Kanavas and Darling.

Noes: (1) Senator Lazich.

PASSAGE RECOMMENDED, Ayes 6, Noes 1



Kelly Becker
Committee Clerk

Vote Record
**Committee on Health, Health Insurance, Privacy, Property
 Tax Relief, and Revenue**

Date: 4/19/10

Moved by: Lassa

Seconded by: erp

AB _____ SB 1007 Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt _____
 A/S Amdt _____ to A/S Amdt _____
 A/S Sub Amdt _____
 A/S Amdt _____ to A/S Sub Amdt _____
 A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

- Be recommended for:
- | | | | | |
|---------------------------------------|------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Passage | <input type="checkbox"/> Adoption | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Concurrence | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Rejection | <input type="checkbox"/> Tabling | <input type="checkbox"/> Nonconcurrency | |

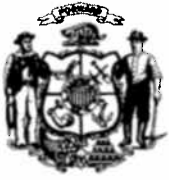
<u>Committee Member</u>	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Senator Jon Erpenbach, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Tim Carpenter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Judith Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Julie Lassa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Mary Lazich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Alberta Darling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: _____

Motion Carried

Motion Failed





**Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue
Public Hearing April 14, 2010 - Senate Bill 667**

Thank you Chairman Erpenbach and committee members for holding a public hearing today on Senate Bill 667

General background:

Governor Doyle signed the state biennial budget in June, which included the provision requiring health insurance coverage for autism spectrum disorders. Prior to enactment of this legislation, many families with autism patients across the state worked with Board Certified Behavior Analysts (BCBAs). Under the new legislation, however, BCBAs were not included as qualified providers under health insurance policies, self-insured governmental and school district plans. Following the Governor's action, the Office of the Commission of Insurance (OCI) formed a workgroup to assist in the development of administrative rules to implement the new legislation. This workgroup looked at whether legislation was needed to include BCBAs or if it could be done through the rules process. OCI determined that a legislative fix was necessary which led to the introduction of SB 667.

BCBAs:

BCBAs are professionals that provide treatment to people with autism, Asperger's Syndrome and pervasive developmental disorders. BCBAs are certified by the Behavior Analyst Certification Board, Inc. and have earned at least a Masters Degree. Families across the state have worked with BCBAs and we must pass legislation to ensure that they will be covered under insurance. It is also important to note that 14 out of the 15 states that require insurance policies to cover autism treatment include BCBAs as qualified provider and Wisconsin families will lose out on this option if we do not act.

SB 667:

This issue was first brought to my attention by my constituent, Dr. Corrine Donley, a Behavior Analyst/Consultant in Oshkosh who is currently working in a school for children with autism in Spain. I greatly appreciate her bringing this important issue to my attention and also thank Senator Wirsch for his leadership and Rep. Gottlieb for his collaboration on this bill.

We worked with OCI, DRL and DHS every step of the way in drafting this legislation to ensure that this best meets the needs of families and will be covered by insurance plans. SB 667 includes a requirement for state certification for practicing in Wisconsin to ensure greater consumer protection by providing state accountability.

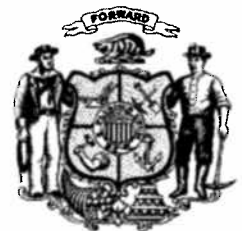
This is a very important piece of legislation for families of autism disorder patients, and I hope to see SB 667 become law this session.

Sincerely,

Gordon Hintz
State Representative-54th Assembly District



WISCONSIN STATE LEGISLATURE



TO: Committee on Health, Health Insurance, Privacy, Property, Tax Relief, and Revenue
FROM: Paula M. Petit
SUBJECT: Senate Bill 667
DATE: April 13, 2010

My name is Paula Petit. My family and I live approximately 30 miles south of Eau Claire, in rural Buffalo County. I am here today to request your support of SB 667, which states that insurance coverage must also apply to services provided by a behavior analyst, who is certified to practice behavior analysis by the Behavior Analyst Certification Board, Inc. if the behavior analyst is qualified to provide services to children with autism.

I am a parent of a child who was diagnosed with autism. At 2 years old, he had no functional language skills. He had no understanding of what we were saying to him, nor could he talk. Socially, he was "in his own little world" with no desire to interact with his brothers or others. The stereotypic, repetitive behaviors so characteristic of kids with autism were clearly recognizable. He made odd hand gestures, fixated on trains and their moving wheel parts, sideways glanced at objects, turned TV's on & off, lined up objects, and the list could go on. He was a classic case of a child with autism.

Today, my son is 10 years old. He enjoys skiing, swimming, learning to play basketball, and of course, video games. He has friends, loves to have them over to play, and still considers "recess" his favorite thing to do at school. He excels in third grade, where his academics are proficient, and he is humbly proud of his "straight A's". Here is what his teachers wrote about him on his most recent report card:

"We think 'WOW' sums up his quarter. He is doing exceptionally well in all his core subjects, along with math, language, and spelling. And he looks like he is enjoying himself while doing it."

He is at the 4th grade reading level, and here's what his reading teacher wrote about him:

"He does an excellent job of paying attention and contributing answers during the lesson. He is always ready to read and knows where we are at in the story when called upon. His daily work has very few errors, proving that he comprehends the material quite well. Lastly, he is well organized and always has his work done on time."

When our son started kindergarten, we never informed the school about his previous diagnosis of autism. As of today, they still have no knowledge of this.

You may be asking yourself, how did this happen? How did this clear case of autistic behavior change to behavior that is indistinguishable from typical age peers? Quite frankly, it was the result of "qualified providers" – Board Certified Behavior Analysts. In my son's case, his lead therapist was a BCBA, his senior therapist was a BCABA, and his line therapists were the many students trained in the behavior emphasis program at the University of WI-Eau Claire.

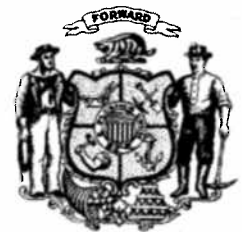
It is my hope that other children diagnosed with autism receive "quality" services from "qualified providers" like my son received – from Board Certified Behavior Analysts. Unfortunately, most of my son's former therapists have left this state for employment elsewhere. Passage of SB 667, will finally recognize BCBA's and hopefully bring these "qualified providers" back to the state of Wisconsin.

Please do the ethical thing and support SB 667.

Thank you,
Paula Petit



WISCONSIN STATE LEGISLATURE





ROBERT W. WIRCH

STATE SENATOR TWENTY-SECOND DISTRICT

April 13, 2010

To: Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

From: Senator Bob Wirsch

RE: Senate Bill 667

Chairman Erpenbach and members,

Thank you for holding a hearing today on Senate Bill 667.

As you know, the 2009-2011 biennium budget that was signed in to law last June, included a provision that requires health insurance coverage for autism spectrum disorders. Under this requirement, insurers must pay for services related to autism treatment if those services are provided by certain providers listed. The providers listed are as follows:

- Psychiatrists
- Psychologists
- Social Workers certified or licensed to practice psychotherapy
- Paraprofessionals
- Professionals working under the supervision of an outpatient mental health clinic.
- Speech language pathologists
- Occupational therapists

The Office of the Commissioner of Insurance is charged with determining the requirements someone must meet to be deemed a “qualified” provider. OCI must determine what requirements, above their licensure, a person holding one of the titles above must satisfy to provide autism related treatment in order to get paid by insurers. The Commissioner convened a working group comprised of parents, DHS staff, insurers, providers and OCI staff to recommend a rule.

Through the rule process, it has come to light that Board Certified Behavioral Analysts’ play a key role in providing intensive treatment services to many families and children with autism. BCBA’s are professionals that are certified by the Behavior Analyst Certification Board, Inc. and have earned at least a Masters Degree. And, although BCBA’s provide a great service to children with autism, OCI is limited to the list of providers in the statute when defining who is a “qualified” provider. Adding providers to the statutory list falls outside the scope of OCI’s rule-making authority. OCI has determined that legislation must be passed to ensure that BCBA’s will be covered under the insurance requirement as a qualified provider.

State Capitol, P.O. Box 7882, Madison, Wisconsin 53707-7882 • 608-267-8979 • Toll-Free Office Hotline: 1-888-769-4724

Email: Sen.Wirsch@legis.wisconsin.gov • Web: www.legis.state.wi.us/senate/sen22/news/ • Fax: (608) 267-0984

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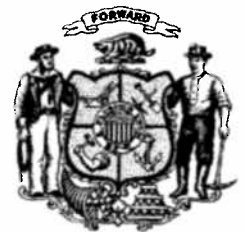
Senate Bill 667 requires state certification of a Board Certified Behavioral Analyst before he or she can practice in Wisconsin. By creating a state certification, a level of protection is added to consumers. BCBA's will be held accountable and will be subject to state penalties and sanctions. Requiring certification will also ensure that consumer complaints will be addressed at a state level, not just through a national board.

OCI will determine, through the rule making process, what makes a BCBA qualified to provide autism treatment.

This is an important piece of legislation that will help families with children who have autism and ensure the services originally intended as a part of the budget are provided. Adding BCBA's as qualified providers will expand the pool of professionals able to serve children with autism and ensure that they are getting the treatment they need and deserve. I urge your support on Senate Bill 667.



WISCONSIN STATE LEGISLATURE



Jeralee Briggs, BS
Line Therapist/Behavior Analysis Master's Student

SB
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My name is Jeralee Briggs, and I am a current graduate student of Behavior Analysis at UW-Milwaukee. In addition to my graduate program, I have also been working as a line therapist for children with autism spectrum disorders for four years. I am here to support the inclusion of Board Certified Behavior Analysts in the Autism Insurance Mandate.

As a student of Behavior Analysis, I study how manipulation of environmental events can change one's actions and improve functional behavior. I saw Behavior Analysis practiced in my first position as a line therapist at a company supervised by a licensed psychologist. This ignited my interest in the Behavior Analysis graduate program at UW-Milwaukee. After beginning my graduate study, I attained a line therapist position with The Center for Autism Treatment to experience working under the supervision of a Board Certified Behavior Analyst.

I have great passion for Behavior Analysis and am interested in accomplishing my own board certification in the field. Upon completion of my Master's degree and board certification, I will look for jobs specific to my qualifications. Alas, Wisconsin does not recognize BCBAs, thus I presumably will need to leave the state for employment. Statistics of BCBA graduates from UW-Milwaukee exemplify this unfortunate truth. Of the six graduates of the Behavior Analysis program that are board certified, only one practices in the state of Wisconsin. The rest are all over the nation, including Massachusetts, Colorado, Illinois, Virginia, New Jersey, and California.

I was born and raised in Wisconsin and would love to remain here. Inclusion of Board Certified Behavior Analysts in the Autism Insurance Mandate would make this possible for me and other BCBAs in our state. Please consider supporting employment of Wisconsin graduates and BCBAs by amending the Autism Insurance Mandate.

Thank you.



WISCONSIN STATE LEGISLATURE





Josha, age 4

Rachel Crites Parent of a Child with Autism

"It's silent time!" – "It's silent time!" – these were the words my 6 ½ year old son screamed last week after his classroom teacher announced that it was, you guessed it, silent time. Before this, the stop sign in the hallway solicited an emphatic, "stop!" from my son, and as the children walked past the copier Josha screamed, at the top of his lungs, exuding more emotive energy than one would have thought humanly possible from one little body "It's soooooo exciting"...

Fortunately, I have a wonderful relationship with my son's regular education teacher, and after she reported these incidents to me, we were able to laugh, and then continue our work together to address the behaviors which result from my son's autism. The behaviors can be ironic and funny and a wonderful expression of the unique character that is my son. They also can be awkward, disruptive and sometimes dangerous. Last year while walking through a Target store, Josha broke free from my grip, ran up to a pregnant woman and kicked her, with all the power his little body could muster. She stood stunned, as I quickly positioned myself between my son and the woman's very large, and very angry, boyfriend explaining as fast as I could that Josha has autism and truly meant no harm.

Autism has no direct bearing on intellectual capability. My son is extremely smart. Although there are areas where he performs below grade level, he exceeds many of his typically developing peers in other areas of performance. Unfortunately, the behavioral component of my son's autism severely impacts his level of functioning. Time is the latest obsession. Josha can tell you at any point in the day exactly what time it is, even when there is no clock in sight. One data collection sample indicated that he did just that – referenced time – no less than 100 times in a 3 hour period. During his annual IEP meeting, members of the IEP team indicated that Josha's behavioral issues are his biggest barrier to learning. In fact, the behaviors have been such a barrier, and such a challenge over the course of this school year, that alternative placement was suggested by one member of the team.

Josha attends Milwaukee Public Schools, and given the large number of underperforming schools in the district my husband and I received the suggestion that we consider alternative placement with great trepidation. Our experience with the district has been that although the

school that our son attends has fabulous regular education programming, the services it and the district are able to offer in the way of special education is severely lacking. The special ed. supports which we have seen are generalist in nature and lack the specialized services that are often needed to effectively support and educate children with autism. Central to this gap are services and expertise related to behavior management – a primary need for not only my son, but thousands of other autistic children in the state.

Fortunately, the provider which our family is working with is led by a Board Certified Behavior Analyst. This BCBA's training and expertise in addressing the behavioral component of autism has been an essential – and at times, based on Josha's therapeutic needs, **the** central - piece to our son's in home intensive treatment program. This expertise has also been invaluable to my son's success at school. The BCBA has consulted closely with staff at Josha's school on how to address the behavioral issues that impede my son's learning. School professionals, who profess an understanding of problem behavior, often lack the training in behavior analysis to effectively identify the causes of problem behavior and develop an appropriate intervention. Through the BCBA's participation in Josha's latest IEP meeting, she was able to: provide data- supported functional analysis of Josha's behavior; suggest a data collection tool that would support the school's own functional behavior assessment of my son's behavior; share with the team antecedent manipulations which had been successful in her work with Josha at home and in the community; and, recommend behavior plans which could be applicable to and implemented in the school setting.

In addition to this, the BCBA and her staff consulted with my son's regular education teacher over a 5 week period. They assisted in the classroom collecting data, analyzing behaviors and modeling behavior interventions which have now been integrated into my son's IEP.

The outcomes of such programming have been impressive. Rather than continuing to react to Josha's behaviors through a pursuit of alternative placement, my son's IEP team is now working to understand the cause of the behaviors, as well as develop interventions to address them within the school Josha currently attends. My son's classroom teacher and I regularly field questions related to behavior management to the BCBA and staff which the BCBA supervises. Josha, for the first time in 5 years, has begun receiving the sorts of in classroom supports he requires to be able to effectively focus on his work without behavioral disruption. Two days ago, his classroom teacher emailed me to say "The 'no screaming' bracelet and screaming intervention (recommended by the BCBA) worked like a charm. I used it during transitions, when he is most likely to scream, and he had one brief scream and that was it! What a powerful little elastic band it is!" During a classroom observation I completed just yesterday, Josha was more focused, appropriate to the setting and attentive to his work without behavioral disruption than I have ever seen before.

The insights and contributions of a BCBA related to behavior management are unique relative to the other specialists – including social workers, psychologists, and other providers on the team. The value of specialized behavioral programming, developed and supervised by a

BCBA, is recognized not only by our family and my son's school teachers. The services offered by my son's provider and many BCBA's are literally sought the world over. The BCBA leading my son's team regularly consults with therapy teams across the country, as well as outside the US, and is solicited explicitly as a behavior analyst - and yet, BCBA's are not recognized as qualified supervising providers in my own state.

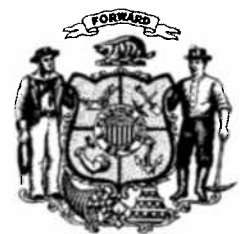
I urge the committee members to join me today in supporting the critical nature of this work for special needs children here in Wisconsin, and to include BCBA's as qualified supervising providers in the autism insurance mandate. The legislature's decision on this matter will directly impact my son's ability, along with that of thousands of other WI children struggling with autism, to develop the skills necessary to function effectively despite the day-to-day behavioral challenges that they face, and it will impact our family's ability to improve the quality of life that will define our children's future.

Thank You.

Rachel Crites
3017 N. Downer Ave
Milwaukee, WI 53211
414-964-5262



WISCONSIN STATE LEGISLATURE





Martha Flaherty
Parent of a child with Down's Syndrome participating in an ABA program
Supervised by a BCBA

Hello, and thank you for the opportunity to speak today.

Imagine if you will that you are 3,4 5 and 6 years old. You are starting school, a fabulous and exciting journey you have been so anxious to begin. You are making friends, experiencing all sorts of fascinating books, activities, field trips. There is everything you love, people, snacks, music, movement....fun. Suddenly one day this fun turns away from you and into a routine of being shuffled away from your friends. Not being allowed to participate in the classroom like the rest of the kids. Being pulled out and into strange rooms with strange people. Being expected to do and say things that you don't understand. Everything is going so fast. The day becomes a cacophony of amplified sounds, distorted images, scents and feelings. You need things to slow down, you need a chance to communicate what you are feeling. You try to do this only you don't know how. Instead your anxiety comes out as screams, cry's, hits, running away, and eventually falling asleep. There is no one who understands you. You instead are screamed at, spanked, yanked around like a rag doll. You are the "naughty child". The child not only with a diagnosis, but the one who is a "problem". You are "disruptive", "hard to handle", "scare the other children" and have a "another bad day" everyday. You continue to lash out because you don't know what else to do. Eventually everyone gives up on teaching you and they resign themselves to simply "putting up with you". Just "let her do her own thing". You in self defense, shut down. School has become so, hands on, brains off excruciating, so debilitating you just can't learn.

Even in the state of Wisconsin this unconscionable behavior is carried out by some well meaning yet frustrated special education teachers and therapists alike. Everyday, numbers of our wrongly labeled children lash out or worse shut down. My daughter Grace was the child I just described and the subject of such behavior. No matter how many times her behaviors were revisited at IEP meetings, conferences and sessions with psychologists nothing changed. Nothing changed because not one of these masters graduates in special education, various therapies or psychologies knew what to do. As a last ditch effort by the school district it was insisted that we have Grace evaluated by an out of state nationally recognized speech and behavioral expert and then again by another expert within the state. Neither of these costly examinations were covered by our insurance or by the school district. However, it wasn't until we had these evaluations that we began to see the changes we had been praying for.

Firstly, Grace was evaluated by Nancy Kaufmann in Bloomfield, Michigan and secondly by a BCBA her in Wisconsin. A behavioral plan was implemented to help Grace exchange the negative coping behaviors she had adopted for positive age appropriate ones. Coupled with an intensive speech program, Grace was also given the communication tools she needed to positively participate in the world around her. In the year and a half since Grace has begun her evidence based behavioral treatment program supervised by a Board Certified Behavior Analyst and Board Certified Assistant Behavior Analyst, she has grown exponentially. It has only been since this time that Grace has been able to comfortably and completely participate in the daily rigors and wonders of school. Grace is now "that delightful child we're so lucky to have in our class." I am fully confident when I say that without this program supervised by a BCBA there would be no such thing as an appropriate, truly individualized, inclusive education for my daughter.

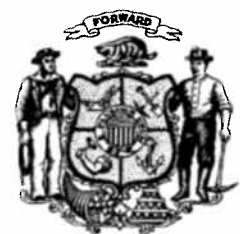
Did I mention that Grace is not on the autism spectrum? Grace has Down's Syndrome. This bill does not directly effect our family. However, the positive impact evidence based behavioral treatment programs implemented by a Board Certified Behavior Analysts directly effects all of us who want what is best for our children. All of us who believe no child should be left behind. Please include BCBA's as qualified supervising providers. Please include all of our children.

Thank you,

Martha Flaherty
7825N. Pheasant Lane
River Hills, Wisconsin
414- 228-7825



WISCONSIN STATE LEGISLATURE



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On Behalf of
Diane Konkell
Parent of Three Children with Autism Spectrum Disorders

Diane Konkell strongly wanted to be here to testify and she asked me to read this heartfelt plea to her Senator on her behalf.

I write to you today to ask you to support Senate Bill 789 to the Autism Insurance Mandate (SB3) to rectify the omission of Board Certified Behavior Analysts as Qualified Supervising Providers for autism insurance.

My husband and I are the parents of three wonderful children, all of whom are diagnosed with Autism. We live in Brookfield and my husband and I both work in full time jobs and work equally full time jobs in our home continuously working and teaching to improve the lives and outcomes for our children.

When the Wisconsin Autism Mandate was thankfully passed, it omitted Board Certified Behavior Analysts as qualified Providers of Autism treatment. I can tell you from my professional and personal experience that this omission was a mistake.

Although the Insurance Mandate does cover individuals with Autism without an age cut off (the only state in the US to take so broad a stance) most will not be able to access services and help at all if we do not add BCBA's to be covered professionals.

BCBA's deserve to be recognized and Wisconsin's children/adolescents/adults deserve to have sufficient qualified Providers who are able to start critical early treatment quickly after diagnosis as well as receive ongoing support and treatment into adolescence and adulthood. Drawing in more BCBA's to Wisconsin will only help to continue to benefit our struggling families.

The current Wisconsin Waiver program allows only for a maximum of three years of in home autism treatment. After children receive those three years, they are left without further treatment from qualified Autism Providers who do research based ABA treatment. Families such as mine are left without help and support.

My family is blessed to have a highly qualified and caring BCBA and staff supporting my children (who are a mixture of adolescents and adults) and truly...if it were not for this BCBA and her devoted staff, I would have given up years ago. Believe me, no one can do this alone. None of the current base of Autism Providers were able to help us once the kids had

exhausted their very short lived "three years of intensive treatment" that was provided under the Children's Long Term Services waiver. We were told, at that time, that the Providers were not able to provide services for "post intensive" clients (my children). They told us they didn't have the resources or expertise to help children as they aged past 8-10 years old.

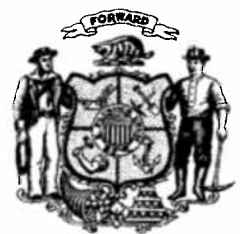
The BCBA who works on behalf of my children is the sole reason that my kids are able to continue going to school (even though they do still require full support) and are able to work and learn in the hopes of moving into a volunteer or paid work position at some time in the future. Were it not for this BCBA and her staff, we would have given up and our children would sit at our home and eventually end up in sheltered workshops. We, nor other families, can afford to pay out of pocket for help for our kids. We worked hard to assist in the passing of the Autism Mandate for Wisconsin but did not recognize that it failed to include wording that would include our BCBA to continue to provide services to our children under the mandate.

I promise you that the current base of Autism Providers that are covered under the new Mandate are turning away children because they are full. They are turning away adolescents and adults because they feel qualified only to provide services to children. There are far too many children, adolescents and adults and not enough qualified providers or evidence based behavioral treatment. Adding the BCBA language will allow for my children to benefit from our hard fought battle to gain insurance for their needs. We need your help and support.

Gratefully,
Diane and Jerry Konkell
2700 Woodbridge Road
Brookfield, WI 53005
cell number - 262/993-3266



WISCONSIN STATE LEGISLATURE



SB
667

Good morning,

My name is Bill Murray and I am a Board Certified Behavior Analyst. I want to thank you for this opportunity to speak with you and set the record straight on the qualifications necessary to competently deliver treatment via an ABA, or applied behavior analysis, model. Legislating the proper qualifications will, like medicine, architecture, engineering and other well-established fields, ensure children are not harmed by practitioners who claim to know ABA, yet have received no training in this method.

Although I am also an employee of DHS, where I work in the waiver program responsible for managing the treatment programs for children with autism in WI, I speak to you today as a private citizen on my own time. I wish to share with you the unique qualifications of BCBAs and the need to ensure that people who claim expertise in this form of therapy are actually trained in it.

In order to be eligible to sit for the examination to become a BCBA and to then practice that form of therapy known as applied behavior analysis, applicants to take the national exam must meet a number of requirements:

1. a minimum of a bachelor's and a master's degree from an approved program.
2. a minimum of 225 classroom hours of graduate level instruction in ethics, behavioral assessment, selecting of intervention outcomes and strategies, experimental evaluation of interventions, measurement of behavior, displaying and interpreting behavioral data, behavioral change procedures and systems support, and other elective areas based on their interests (autism, developmental disabilities, organizational behavior management, traumatic brain injuries, etc).
3. a minimum of 1500 hours of supervised experience (supervision by a BCBA).

Of course, none of the aforementioned requirements guarantees competency. Meeting these requirements simply allows an applicant to sit for the national examination offered by the Behavior Analyst Certification Board (<http://www.bacb.com>). Once an applicant passes, BCBAs are qualified to practice that form of therapy known as applied behavior analysis, and no other form of therapy. This last statement is critical, as our code of ethics requires us to not practice outside our training and experience. I could share stories with you of families I have known over the years who have been misled by charlatans claiming expertise in ABA, when in fact they have no training, no expertise, and in many cases are violating their own professional code of ethics by claiming they do. This hurts children, it hurts families, and it wastes money (private and public tax dollars) and valuable therapy time when a child is young.

BCBAs can help solve this problem. Research in the last ten plus years has clearly shown that early intervention by qualified therapists is not only cost-effective, but also results in

optimal outcomes for children. Research has also shown us that eclectic models that combine different forms of therapy are less effective, as is ABA therapy when delivered by “self-titled” ABA consultants. We all hear that parents want choice when it comes to therapy for their child. Behavior analysts support choice – informed choice – based on science and quality research, so that parents can choose from therapies known to be effective for their child. Why would we want otherwise – do we really want to fund ineffective therapies or effective therapies delivered by people without adequate training?

It should also be emphasized that ABA is the most extensively researched and most highly proven therapy for children with autism spectrum disorders. Both UW Eau Claire and UW Milwaukee train therapists in ABA methodologies – UWEC at the undergraduate level, and UWM at the graduate level. Sadly, graduates of these programs must currently leave Wisconsin to secure employment in their chosen field as behavior analysts, because we do not allow them to practice as qualified providers of therapy services in their home state.

The citizens of Wisconsin, children and adults, deserve quality evidence-based treatment services delivered by practitioners exclusively trained in those therapy models. Board Certified Behavior Analysts, and yes I intentionally emphasized the words “behavior analysts,” are exclusively trained in behavior analysis. Not including them as qualified providers in the insurance mandate was clearly an oversight, and this can be remedied. The fact is, only two groups of practitioners receive adequate training in ABA to ensure competency - licensed psychologists and Board Certified Behavior Analysts.

I thank you for this opportunity to speak to you, and I have great hope you will ensure those most qualified to deliver ABA treatment are included in the mandate in order to protect consumers and ensure optimal treatment outcomes.

Bill Murray, Ph.D., BCBA
Brooklyn, WI

<http://www.wisaba.org>



Angela Wade MS BCBA
Board Certified Behavior Analyst

My name is Angela Wade and I am in full support of including Board Certified Behavior Analysts as qualified supervising providers. I received a Bachelor's degree in psychology from Eau Claire and went out of state to Southern Illinois University to get a master's degree in behavior analysis and therapy. Once I graduated, became certified, and started to look for employment, it became very apparent that although I desperately wanted to return to my home state, there were no employment opportunities here. I found it quite contradictory that Wisconsin is known for having great funding for children with autism, yet the opportunities for BCBA's are virtually non-existent. As a BCBA, I initially gained employment in the St Louis School system and then worked as a BCBA for a residential agency in Illinois. When I was married a little over one year ago and my husband took a position in Wisconsin, I bit the bullet and started contacting any individuals that might have idea of job opportunities for a well qualified BCBA. Thankfully, I emailed the right people and have since built a full caseload of adult clients throughout the State. Although I love working with adults, my passion is working with children with autism and their families and unfortunately Wisconsin still does not recognize the importance of BCBA's as so many other states do.

I, along with so many others, feel that it is important for the services and supervised services provided by a BCBA to be covered by insurance for the primary reason that BCBA's are the only professionals who are specifically trained in ABA-evidence based treatment. In addition, more and more of Wisconsin's college students are becoming interested in Behavior Analysis and it's a shame that right now most of them look for employment in other states. This happens not by choice but because there are no opportunities in Wisconsin. Including BCBA's in the Autism Insurance Mandate would allow those students to remain in

the state and also draw more professionals to this state from reputable graduate programs in the Midwest and throughout the country. For the sake of comparison, as of yesterday, Wisconsin has 17 BCBA's listed on the registry, whereas Illinois has 159, Michigan has 81, and Minnesota has 48. Furthermore, if more BCBA's remained in Wisconsin, there would be additional treatment opportunities for families and an increase in the number of quality service providers. I have spoken with numerous families who have said that they would greatly appreciate having more than one or two options for service providers. Some of those families who are fortunate enough to work with a BCBA are now forced to scramble to find other comparable service providers that are covered through insurance. It is my opinion that families with children with autism have enough stress on a daily basis without having to be concerned with whether or not their BCBA will be covered by insurance.

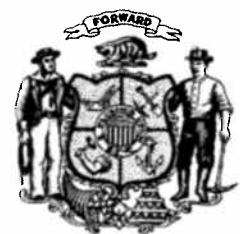
In conclusion, I strongly feel that BCBA's should be included as qualified supervising providers because we are specially trained in evidence based treatment. Including BCBA's would also be helpful to the job market in Wisconsin, would help keep students in Wisconsin when they graduate, would draw other professionals to the area, and would increase evidence based treatment options for families with children with autism.

Thank you for your time.

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SB
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Board Certified Behavior Analyst Presentation

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Presentations

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Speech-Language Pathologist
Board Certified Behavior Analyst
Director

Alisa Morrison-Armata, BA
Program Supervisor

Dr. Roger F. Bass, Ph.D.
Board Certified Behavior Analyst
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Jackie Gerhartz, MS
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Kathryn Moore, PT
Parent of Child with Autism

Marisa McKee, BCaBA
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I am grateful for the passage of this mandate, the legislators for writing it, and the benefit it will have for Wisconsin children with autism and their families. I have been working with children with autism for over 12 years in the state of Wisconsin and have been a Board Certified Assistant Behavior Analyst for over 6 years. I became a Board Certified Assistant Behavior Analyst because of how important providing ethical evidence-based practice is to me. I'd like to talk about what Applied Behavior Analysis is as a profession, how Board Certified Behavior Analysts are equally qualified as Qualified Supervising Providers, and how the Behavior Analyst Certification Board protects consumers.

First, ABA as a profession:

There are 7500 Behavior Analyst Certification Board certificants worldwide, with an average of 135 per state. Wisconsin has far fewer – 29 total, with 17 at the Board Certified Behavior Analyst level or above. The remainders are assistants, like myself. The field of Applied Behavior Analysis is a well-developed discipline with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, and recognized experience and education requirements for practice.

Second, Board Certified Behavior Analysts as equally qualified as Qualified Supervising Providers:

We develop and modify instructional programs based on frequent, systematic evaluation of direct observational data. We look at what keeps a behavior going and develop a plan to modify that behavior. We focus on skill acquisition and generalization. We employ an array of scientifically validated behavior analytic teaching procedures. We collaborate effectively with professionals from other disciplines and family members to promote consistent intervention and maximize outcomes while maintaining a commitment to scientifically validated interventions and data-based decision making. Board Certified Behavior Analysts implement an impressive range of evidence-based techniques in treating children with autism at a variety of levels. Board Certified Behavior Analysts, along with other Qualified Supervising Providers, are distinctly set apart from individuals who claim to provide behavior analytic or equivalent treatments.

Finally, the main reason to have Board Certified Behavior Analysts recognized is to protect consumers because we are treating people who cannot speak for themselves:

Certification is evidence that a professional has met minimum competency standards related to the practice of behavior analysis. The Behavior Analyst Certification Board was developed in 1998, based on a successful model in Florida. Five other states who had established their own boards transferred their certificants and credentialing responsibilities to the Behavior Analyst Certification Board and closed. Those states: California, Texas, Pennsylvania, New York, and Oklahoma, felt the additional governance by the state was unnecessary because of :

1. The legal standards established through state, federal, and case law,
2. Accepted standards for national certification programs, and
3. "Best practice" and ethical standards of the behavior analysis profession provided through the board.

The Department of Health Services, The Office of the Commissioner of Insurance, and the Department of Regulation and Licensing are all desirous of working towards recognition of the National Certification in a way that ensures the qualification of the practitioner and protection for the public.

Thank you again for your time and this opportunity to speak about the importance of the role of Board Certified Behavior Analysts as being Qualified Supervising Providers. Wisconsin has been a great model for other states regarding the treatment of children with autism, and including Board Certified Behavior Analysts would strengthen that reputation and allow us to lure additional Board Certified Behavior Analysts to our great state.

Tamara S. Kasper MS, CCC-SLP, BCBA
Speech-Language Pathologist
Board Certified Behavior Analyst
Director

My name is Tamara Kasper and I am a Speech-Language Pathologist and Board Certified Behavior Analyst who has treated children with autism exclusively for the last 17 years. I direct The Center for Autism Treatment in Cedarburg, Wisconsin which serves 30 children with autism spectrum disorders. We seek to clarify the qualifications and safeguards that ensure safe, high quality, effective treatment by Board Certified Behavior Analysts. We implore you to avoid pointless disruption in therapy and unnecessary limits in provider choices for individuals with autism and their families by supporting AB 789. Here are 5 reasons why BCBA's should be considered Qualified Supervising Providers of Autism Treatment

1. **Board Certified Behavior Analysts are specifically trained in Behavior Analysis.** The statute mandates "evidence based" "behavioral" treatment. Applied Behavior Analysis is evidence based treatment for children with autism spectrum disorders.
2. **Board Certified Behavior Analysts are recognized as qualified supervising providers in other state statutes.** Lori Unumb, attorney for Autism Speaks, notes that **State Laws** specifically requiring coverage of Applied Behavioral Analysis (ABA) and medically necessary treatments are found in these 15 colored states (see map). Wisconsin is the only state of those with autism insurance mandates that did not specify BCBA's in the mandate.
3. **Board Certified Behavior Analysts are considered qualified providers by Tricare Military Health Care and The Wisconsin Children's Long Term Waiver.**
4. **BCBA's could be and should be required to adhere to the additional qualification requirements specified in the emergency rule for qualified supervising providers.**

5. **If BCBA's are not recognized as qualified supervising providers, children with autism in Wisconsin who receive services supervised by a BCBA will suffer,** as they may be forced to disrupt treatment to move to a different provider to access insurance.

Fifteen years ago, as a speech-language pathologist, I saw first-hand the difference that evidence based behavior treatment could make in the life of a child and his family. It became my mission to learn more about this life changing Applied Behavior Analysis. I began the specific college coursework required and an internationally recognized Behavior Analyst; Dr. Vincent Carbone, mentored me in the application of principles of behavior analysis to reduce self injury or aggression and increase communication, social, cognitive and daily living skills. Becoming a BCBA did not provide any recognition in the state of Wisconsin, however; my credentials as a BCBA were recognized in other states and countries. I

- Conducted over 140 workshops and trainings
- Provided consultation or training to 5 major providers of Early Intensive Behavioral Intervention in Wisconsin and providers in other states (WEAP, AIM, Weibusch and Nicholson Center For Autism Inc., Autism Behavioral Network, IDS, EAP of South Carolina and Georgia)
- Conducted 15 Research studies with Children with Autism and presented 15 studies at The Annual Convention of the Association for Behavior Analysis International over the last 8 years, one of which will be published in JABA
- Received a Clinical Achievement Award from the Wisconsin Speech-Language Pathology and Audiology Professional Organization
- Was an invited speaker at various autism and behavior analysis conferences
- Co-authored *K&K Sign and Say*, *K&K Sign to Talk Verbs*, and *Speak with Sign*
- Testified as an "expert witness" on treatment of children with autism in other states
- Was sought out by individuals for mentorship and supervision across the states

When the state of Wisconsin granted me a variance to serve as a supervising provider in 2006, my status as a Board Certified Behavior Analyst was recognized at last. I was finally able to fulfill my dream of directing therapy for children with autism in my own state and community. Please don't take this away. BCBA's in Wisconsin should be granted the same opportunity as psychiatrists, psychologists and social workers who meet the additional educational and experience requirements established in the emergency rule. Please rectify the omission of BCBA's by supporting SB 667.

Thank you.

	Board Certified Behavior Analyst	Licensed Clinical Social Worker	Licensed Clinical Psychologist	Psychiatrist
Minimum Degree Required	MS PhD, EdD	MSW PhD	PhD	MD
Number of Required Courses on Behavior Analyses	3 credits in Definitions and Characteristics, 2 credits in Behavioral Assessment, 3 credits in Behavior Change Procedures, 3 credits Discretionary	0	1 at UWM 0 at other universities, but available in some programs	0
Required Classes on Research Design and Statistics	2 classes	1 class	3 classes	1 or more classes, research required
Internship/Fellowship	1500 hours, at least 10 hours per week	16-20hrs/week for 2 semesters, 480-600 hours total	12 month, 2000 hours	4 year psychiatry residency Child and Adolescent Specialty: 2 year fellowship
Licensure/Certification	Master's degree 1500 hours supervised experience National Examination	MSW 3000 hours supervised practice including at least 1000 hours of face to face contact, and DSM diagnosis and treatment State open book examination	PhD in psychology 1 year of "appropriate experience" State examination	Licensed physician
Continuing Education Requirements	36 hours every 3 years, 3 hours have to be ethics	30 hours every 2 years, 4 hours have to be ethics and boundaries	40 hours every 2 years, 6 hours have to be on ethics, legal issues or risk management	30 hours every 2 years

Alisa Morrison-Armata, BA
Program Supervisor

My name is Alisa Morrison-Armata and I am here today to show my support for the inclusion of Board Certified Behavior Analysts in the Autism Insurance Mandate.

I have been providing treatment to children and young adults with autism spectrum disorders for almost ten years. In this time I have worked for different service providers under the supervision of both psychologists and a Board Certified Behavior Analyst. I feel strongly that Board Certified Behavior Analysts need to be included as "qualified supervising providers". Today I will compare for you the education levels needed to become a licensed clinical social worker, a licensed clinical psychologist, a psychiatrist and a Board Certified Behavior Analyst. My goal is for this panel to understand that Board Certified Behavior Analysts do meet the levels of education and experience necessary to provide quality evidence based treatment for children with autism spectrum disorders.

When comparing education levels, the first thing we want to look at is the minimum degree required to practice in each of these fields. To practice as a licensed clinical social worker, one must have a master's degree in social work. To practice as a licensed clinical psychologist, one must have a doctorate in psychology. To practice as a psychiatrist, one must have be a doctor of medicine. To receive full board certification and practice as a Board Certified Behavior Analyst, one must have a master's degree. For both social workers and Board Certified Behavior Analysts, one can also receive a doctorate, but this is not required to practice in the field. So as you can see, there is already one "qualified supervising provider" that meets the master's level only criteria.

The next educational requirement that is critical for "qualified supervising providers" to posses if they are providing evidence based treatment services to children with autism spectrum disorders is coursework in behavior analyses. Licensed clinical social workers are not required to complete any coursework in this area. Psychologists are required to take one class that has some information on applied behavior analyses at the University of Wisconsin-Milwaukee, but they are not required to take any courses in this area in other graduate programs in our state. Psychiatrists are also not required to take any classes in behavior analyses. However, Board Certified Behavior Analysts are required to take many courses in this area.

Board Certified Behavior Analysts are required to complete 3 credits in Definitions, characteristics, principles, processes and concepts. They are required to complete one credit in ethical considerations as it applies to behavior analyses. They are required to complete 2 credits in behavioral assessment and selecting intervention outcomes. They are required to complete 3 credits on behavioral change procedures and systems support. And they are also required to complete an additional 3 credits on a topic of their choosing in the field of behavior analyses. With this information it is clear that Board Certified Behavior Analysts have the knowledge base to provide applied behavior analytic treatment. They in fact have a larger academic knowledge base to draw from because they are required to complete more course work in the field than any other of the qualified supervising providers.

The third area that I would ask you to consider is coursework required in research design and statistics. Licensed clinical social workers are required to take one class in this area. Licensed clinical psychologists are required to take three classes in this area. Psychiatrists are required to take one class but are also required to participate in research design as part of their MD and their residencies. Board Certified Behavior Analysts are required to take two classes in research design and statistics with emphasis on single-subject research design. Single-subject research design is used to design, monitor and ensure the most effective treatment for all the clients we serve.

The fourth area we need to look at is internships or fellowships. Licensed clinical social workers are required to complete 16-20 hours per week for 2 semesters as their internship. Licensed clinical psychologists are required to complete a 12 month, 2000 hour internship. Psychiatrists are required to complete a 4 year residency and then a 2 year fellowship if they are going to specialize in treating children and adolescents. Board Certified Behavior Analysts are required to complete fifteen hundred hours of supervised experience. While social workers, psychologists and psychiatrists could complete their internships in a wide variety of areas within their field, Board Certified Behavior Analysts are required to complete their supervised experience within behavior analyses.

The fifth area I would like to discuss for you is the certification or licensure requirements. Before becoming licensed, social workers are required to have a master's degree in social work, complete 3000 hours of supervised practice and they are required to pass a state open book examination.

Psychologists are required to have a doctorate in psychology, one year of "appropriate experience" and they are required to pass a state examination. Psychiatrists are required to be licensed physicians. A Board Certified Behavior Analyst is required to have a master's degree, fifteen hundred hours of supervised experience and pass a national examination.

The final area I would like to describe to you today is the area of continuing education. Social workers are required to complete 30 hours of continuing education every two years and at least 4 of those hours need to be in ethics and boundaries. Psychologists complete 40 continuing education hours every two years and 6 of those hours need to be on ethics, legal issues or risk management. Psychiatrists are required to complete 30 hours of continuing education every two years. Board Certified behavior Analysts are required to complete 36 hours of continuing education every 3 years and at least 3 hours of those need to be in ethics.

As you can see, there are differences in knowledge and education levels within the currently accepted "qualified supervising providers" under the Autism Insurance Mandate Emergency Rule. My hope is that now you are able to see how Board Certified Behavior Analysts can also be included in this group of qualified professionals. The education and experience requirements needed to become Board Certified make these individuals uniquely qualified to provide evidence based treatment to children with autism spectrum disorders.

Thank you.

Dr. Roger F. Bass, Ph. D.
Board Certified Behavior Analyst-Doctoral
Professor of Education

Good afternoon and thank you for this opportunity to speak before the Committee on Insurance.

My name is Dr. Roger Bass. I hold degrees in psychology, education, and a UW-Madison PhD in Studies in Behavioral Disabilities. I'm a Board Certified Behavior Analyst, Past President of the Wisconsin Association for Behavior Analysis, and for 25 years I've served as a professor of Education preparing general and special education teachers at the graduate and undergraduate levels. In short, for my entire professional life, I've had one foot in behavior analysis and the other in education. That dual path was a deliberate choice made nearly 40 years ago for reasons that are directly relevant to my appearance here today.

In 1973, while studying psychology under a behavior analyst, I was assigned field work with a 5-year old named Amy. I was told that she was aggressive, had a 10 second attention span, and was simultaneously learning disabled, emotionally disturbed, and mentally retarded. Actually she was autistic, as my behavior analyst mentor pointed out.

Now imagine seeing her for the first time belly down on a mechanic's dolly breast stroking down a hallway because, according to the school's theory, she had to act like a reptile before she could act like a mammal, and then a primate when, possibly, language training might be of value.

My advisor and I did something very different—a behavioral intervention—that, in 16 weeks, eliminated stereotypic responding and aggression while establishing communication with word cards. By then Amy had a 45 minute attention span—the same a college student.

With a foundation like that you'd expect a happy ending but that wasn't to be. Following three years of elementary education she was smearing feces and was uncontrollable. About 5 years after that, she was institutionalized because she could not be managed. With no small amount of effort, I located Amy 2 years ago—she was in her 40s and unrecognizable—she had no meaningful speech and was taking between 9 to 11 behavior control medications per day which made her, in my opinion, too drugged to be teachable. And remember, throughout all of this, Amy's parents were a model of cooperation—they did everything requested of them.

Which brings me to my point: years of research for my book and a lifetime of working to bring Applied Behavior Analysis to education have repeatedly demonstrated that Amy is hardly the exception. Behavior analysts are desperately needed to guide educators working with autistic children.

Specifically:

#1. Applied behavior analysts using Early Intensive Behavioral Interventions can teach the fundamental—the pivotal—skills needed to benefit from school. I also know, because I have chaired education programs, that neither the state nor, consequently, the colleges and universities, provide the kind and quality of training received by Board Certified Behavior Analysts.

#2. Unlike teachers, applied behavior analysts can work intensively with parents and caregivers **in the child's home and social environments** to tailor treatment programs addressing far more than academics. For example--

- Reducing self-stimulation and self-injurious behavior.
- Developing self-help skills like toileting.
- Teaching independent living and employment.
- Intensive social skills and communication training.
- Reducing aggression.

To accomplish these ends, applied behavior analysts can utilize every resource in the child's entire social milieu—this is simply impossible for educators to do.

Including Board Certified Behavior Analysts as funded autism providers would impel psychology and education programs to improve autism services no matter where they are delivered by improving the post-secondary programs preparing such individuals.

Please understand, my remarks are in no way meant to denigrate teachers or psychologists any more than saying cardiologists are better equipped to do heart surgery than are general practitioners. Specialists and generalists all contribute to health care and so it is with behavior analysts and other practitioners. What I'm requesting is that this distinction be recognized in the case of autism, as it is in medicine, by increasing parent and teacher access to the proven practices that are applied behavior analysis.

Thank you.

Jackie Gerhartz, MS Line Therapist

My name is Jackie Gerhartz and I have recently completed my Master's Degree in School Counseling. I have worked with children with autism for three years, providing line therapy for several children through different Autism Treatment providers.

- When I began working for The Center for Autism Treatment, I noted a difference in the treatment that was provided. I noted that principles of Behavior Analysis were utilized in every aspect of treatment. The Center conducts trainings and even in the quizzes and the competencies we are required to complete, they use ABA principles, such as prompting and prompt fading, to teach us. In addition, The Center uses principles of ABA in providing both social and material reinforcement for skills that we need to learn in order to work more effectively with the children. For example, the line who demonstrates neatness and accuracy in data collection receives the honor of wearing a crown during the training and lines receive bonuses when they pass tests and accurately demonstrate therapy skills.
- I have seen that a BCBA can effectively reduce problem behavior and teach communication, cognitive skills, and daily living skills to a child who had almost no skills. One of the children I worked with had received services from another provider and had less than 12 months of her waiver spot left when she began receiving services under the supervision of a BCBA. In the 6 months that I worked with her, we were able to increase her communication skills so that she was using over 60 signs and producing some vocalizations. She also had much less problem behavior, which was greatly inhibiting her learning ability when we first started therapy with her. This was accomplished through precise teaching and close supervision. It was very exciting to see these changes in such a short period of time, and it made leaving that child's house even harder when her waiver spot ended.
- The BCBA assisted us in continuously measuring our program progress through the use of a sequenced curriculum and the graphing of each goal. If we were not getting the results we needed, changes in programming were made immediately. If she was not excited and motivated to learn, we changed what we were doing to generate motivation.

- The BCBA provided methods and procedures for teaching skills at a variety of levels. One child needed to learn to be flexible while playing so that he could enjoy playing with friends. Another child needed to learn to play with simple toys and enjoy playing. Our team learned to break any skill down into smaller parts and systematically teach it. We have taught skills from toileting and showering to requesting and conversing, to addition and spelling. We learned how to teach sign language and help children speak more clearly.
- My experience working with different providers has shown me that a BCBA can provide qualified supervision to treatment teams that support children with autism. Please include BCBA's as qualified supervising providers of treatment for individuals with autism.

Thank you.

Kathryn Moore, PT
Parent of Child with Autism

Hello and thank you for the opportunity to speak today.

I am the mother of a child with autism. For the past 7 years that has become my identity. Like so many other families across the state and country, the news is devastating. And navigating uncharted territory after diagnosis can be daunting, exhausting, and overwhelming. We had no idea how to help our son. We had no idea even where to look for help.

That is, until our nearly 2 year wait for the autism waiver to come through finally did, and Tammi Kasper and The Center for Autism Treatment came into our lives. Finally, the life preserver we had been praying for had arrived after countless hours of researching and determining the best provider of applied behavior analysis for our situation. As a licensed Physical Therapist with 15 years of experience, I know that not all providers are created equal.

The first time Tammi, a board certified behavior analyst with an advanced degree, met our son Jared, she tried to talk to him through a stuffed rabbit. Jared looked at her like she was crazy and wouldn't even acknowledge the rabbit. That same day, she tried to get him to "drive" using the lid to a play-doh bucket to steer. He just continued to swing, putting the lid on the floor, stating "fat's not a steering wheel".

Now Jared pretends with his stuffed animals, creates dialogue, imagines the phone ringing and has a made up two way conversation. He makes his toy airplane fly, and even makes airplane noises as he imagines flying to California to visit his Grandma. He no longer lines it up with the others, incessantly spinning its wheels. We are thankful every day for Tammi Kasper and the state waiver program for autism treatment. I can only imagine where Jared would be now if we were able to start services sooner. It is my hope that other families will not have to wait for services to start so that their child can make the same sorts of improvement.

So when the qualifications of a board certified behavior analyst are in question, my immediate thought is one of disbelief. How is it that a board certified behavior analyst is thought to be unqualified to develop, implement, modify, and advance an applied behavior analysis program? When I say it out loud, it sounds absurd. You see, we had already done our research, back when choosing a provider for the waiver program, more than 2 years ago. We learned that the educational

requirements along with the amount of experience that Ms. Kasper has specifically and exclusively with children with autism were more than adequate. In fact, the standards of board certification exceed our expectations, from the code of ethics and continuing education requirements, to the background checks and ability to check credentials freely. All of these factors, including an appropriate amount of supervised experience, led us to make the most important decision in our lives, in our son's life. My judgment, common sense, and the success of my son tells me that a board certified behavior analyst is more than completely qualified to be a "qualified supervising provider" under this rule.

I recognize the task laid before the distinguished members of the panel was immense. I think this rule is an excellent start to an incredibly challenging problem, and I implore you to make some of the necessary changes being asked of you today to make it even better. Please include BCBA's as qualified supervising providers.

Thank you.

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