HB

361

<TARGET><BILL>HB 361</BILL><SUBJECT>HB 361</SUBJECT><COMM>HFIN28</COMM></TARGET>

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: March 19, 2014 **FURTHER REFERRALS:**

Date of Committee Action: 4/7/14

The FINANCE Committee considered: **HB 361**

HOUSE BILL NO. 361
"An Act relating to licensing of behavior analysts."

HB 361 LICENSING OF BEHAVIOR ANALYSTS

Recommends it be replaced with [ ] HCS *or* [ ] CS for _____ (_____)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ **[ ] Same Title [ ] New Title**

[ ] attach amendments
[ ] add new referral to _____Committee
[ ] Letter of Intent_____Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
DHS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES
*FN# is assigned by Chief Clerk's Office

*FN#	List by Dept(s):	Fiscal	Indet.	Zero

PREVIOUS FISCAL NOTES

FN#	List by Dept(s):	Fiscal	Indet.	Zero
1	DHS		✓	
2	CED	✓		

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	COTTENBERG	✓			
	MUÑOZ				
	MEYER			X	
	THOMPSON	✓			
	EDGMON	✓			
	T. WILSON	✓			
	GARA	✓			
	COSTELLO	✓			
Chair:	STOLTZE	✓			
Chair:	AUSTERMAN	X			

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 361
Fiscal Note Number: 1
(H) Publish Date: 3/19/14

Identifier: HB361-DHSS-HCMS-03-17-14
Title: LICENSING OF BEHAVIOR ANALYSTS
Sponsor: SADDLER
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	**0.0**	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	**0.0**	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 01/01/16

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Margaret Brodie, Director — Phone: (907)334-2520
Division: Health Care Services — Date: 03/17/2014 12:00 PM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services — Date: 03/17/14
Agency: Health & Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA **BILL NO.** HB 361
2014 LEGISLATIVE SESSION

Analysis

Passage of HB361 version "A" would trigger a series of events, the timing of which is difficult to estimate, therefore also making it difficult to accurately project the timing of potential resulting costs for the Health Care Medicaid Services component.

The Department of Commerce and Economic Development would be required to draft and implement regulations for behavior analyst licensure. Thereupon, DHSS may draft and submit to the Centers for Medicare and Medicaid Services (CMS) an amendment to the Alaska State Plan, incorporating provision of behavior analysis into Alaska Medicaid services provided. If CMS approval were granted, DHSS would promulgate regulations identifying target groups for behavior analysis services and service parameters and limits, and establishing a fee structure. Qualified individuals could seek State of Alaska licensure to provide behavior analysis, and enroll as Medicaid services providers. Only then might Health Care Medicaid Services component begin to incur costs under the new provisions.

If CMS were to determine that the service of behavior analysis falls under the scope of Early Periodic Screening, Diagnosis, and Treatment services (EPSDT), a currently approved/mandatory children's service within Alaska Medicaid, then the financial impact to Health Care Medicaid Services could be significant.

Nationally, behavior analysis is utilized to serve persons diagnosed with autism. The prevalence of autism spectrum disorders has increased dramatically in recent years, both nationally and in Alaska. The State of Alaska recognizes the increased incidence and the significant impact that early evaluation and diagnosis can have on children with such disorders. Children receiving early diagnoses and interventions have significantly improved outcomes over the course of their lives. According to the National Survey of Children's Health, 2011-2012, national prevalence of autism in children age 6-17 was then 3.23% in boys, and 0.70% in girls. The 2010 Alaska census reported 207,840 children in the state between ages 0-19. Based on these statistics, we might assume a potential population of 3,356 males and 727 females ages 0-19 with a diagnosis of autism. During the period of FY2011-2013, Health Care Medicaid Services paid for various service claims for a combined total of 1,838 persons under the age 21 with a diagnosis of autism.

DHSS cannot estimate with certainty the number of potential children diagnosed with autism, who would also be Medicaid eligible and might be determined to require behavior analysis services, were they to receive a mental health assessment to identify their potential level of service need. Combining the uncertainty of potential need for services with the uncertainty of the potential start of Medicaid-covered behavior analysis treatment, DHSS is not able to define the costs of HB 361, although it's clear there would be associated costs if DHSS sought approval for a State Plan amendment to include behavior analysis.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 361
Fiscal Note Number: 2
(H) Publish Date: 3/19/14

Identifier: HB361-DCCED-CBPL-03-14-14
Title: LICENSING OF BEHAVIOR ANALYSTS
Sponsor: SADDLER
Requester: House Health & Social Services

Department: Department of Commerce, Community and Economic Development
Appropriation: Corporations, Business and Professional Licensing
Allocation: Corporations, Business and Professional Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services	46.6		1.7	1.7	1.7	1.7	1.7
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**46.6**	**0.0**	**1.7**	**1.7**	**1.7**	**1.7**	**1.7**
Fund Source (Operating Only)							
1156 Rcpt Svcs	46.6		1.7	1.7	1.7	1.7	1.7
Total	**46.6**	**0.0**	**1.7**	**1.7**	**1.7**	**1.7**	**1.7**
Positions							
Full-time							
Part-time							
Temporary							
Change in Revenues	46.6		1.7	1.7	1.7	1.7	1.7

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/15

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Don Habeger, Director — Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing — Date: 03/14/2014 05:15 PM
Approved By: Jeanne Mungle, Director — Date: 03/14/14
Agency: Administrative Services

FISCAL NOTE ANALYSIS #2

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB 361

Analysis

HB361 requires licensure of behavioral analysts. It establishes the scope of practice for licensees, licensure requirements and exemptions, unlawful acts, and transitional language for program implementation. This bill establishes required licensure for individuals engaging in the practice of behavioral analysis. This will add a new professional licensing program to the 39 existing within the Division of Corporations, Business and Professional Licensing ("division").

The addition of this program requires startup expenses to configure the professional licensing database, develop and implement regulations, purchase supplies, and establish program procedures. Licensing fees for each program are set per AS 08.01.065, so the revenue collected equals the occupation's regulatory costs.

Costs for establishing and maintaining the new license program are based on existing programs of similar size and consist of the following:

Services: $35.2 one-time information technology costs to incorporate the new licensing program into the professional licensing database; $11.0 legal support services related to new program implementation; $0.4 for advertising public notices of regulations, printing, postage and mailing costs; $0.7 for fingerprinting beginning in the second year; $0.5 legal support services beginning in the second year; $0.1 hearing and mediation services beginning in the second year.

Regulations are required so that the department may implement the program and set fees under AS 08.01.065.

In addition to the above costs the program would incur direct expenses for licensing examiners, investigators, regulations specialist, and supervisory management through positive timekeeping. They would also incur indirect expenses for administrative support, such as accounting, payroll, risk management, ADA chargeback, and building leases. Although increased authorization is not needed for these costs, this program's share of the division's total indirect costs will be considered as part of the program's total costs during the biennial review of licensing fees.

ALASKA STATE LEGISLATURE

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REPRESENTATIVE DAN SADDLER

SPONSOR STATEMENT

House Bill 361

"An Act relating to licensing of behavior analysts."

Autism is a significant and growing problem in Alaska. Statistics show that one in 110 Alaska children – about 1 percent – are born with this developmental disability, characterized by a diminished ability to communicate, social isolation, and other symptoms.

While not curable, autism is treatable. Scientific, peer-reviewed studies have shown that early intensive treatment in the form of Applied Behavioral Analysis offers the best opportunity to help people with autism improve their ability to function productively in society.

Applied Behavior Analysis is recognized as the basis for the most effective form of treatment for autism by the U.S. Surgeon General, The National Institute of Child Health, and the American Academy of Pediatrics. You can best understand ABA as behavior modification therapy: It seeks to encourage appropriate behavior by assessing and managing the relationship between the environment and the desired behavior.

Forty years of research shows that nearly half of people with autism who receive intensive early intervention and treatment do not require lifelong services and support -- and half can achieve normal functioning after two to three years. This can mean lifetime savings of $200,000 to $1.1 million for a person through the age of 55.

One of the most important elements in successful autism treatment is having it provided by well-trained behavioral therapists – those who hold the nationally recognized credential of Board-Certified Behavioral Analyst, or BCBA.

To qualify as a BCBA, applicants must have a minimum of a master's degree, plus extensive training and experience requirements of up to 1,500 hours of supervised practice in the field, 225 hours of graduate-level classroom work, or a year's experience teaching ABA at the university level. They must also pass the challenging BCBA certification examination. The Board-Certified Assistant Behavioral Analyst, or BCaBA credential, requires slightly lower standards.

The state already supports the training of BCBAs through a grant to the Center for Human Development, at the University of Alaska Anchorage. There are about 20 to 30 BCBAs and BCaBAs in Alaska today, although not all of them are currently working in the field.

Under current state law, Alaskans with BCBAs cannot bill health insurance companies or Medicaid for their services at a rate that reflects their high degree of training and professional skill because they are not formally licensed.

HB 361 addresses this situation by providing for those holding the BCBA or BCaBA credentials in Alaska to be licensed by the Division of Professional Licensing, in the Alaska Department of Commerce, Community and Economic Development. Fourteen other states currently provide licensing and regulate behavior analysts. This approach has the strong support of Alaska BCBAs and of national autism advocacy groups.

By ensuring licensing and higher standards of practice for BCBAs and BCaBAs, HB 361 will:

- encourage more people to provide autism services in Alaska
- offer higher reimbursement rates for professional providers
- provide better outcomes for Alaska children with autism
- save the state money by avoiding the need for costly institutional care, and
- improve the quality of life for hundreds of Alaskans and their families.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
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Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM March 11, 2014

SUBJECT: HB 361 Sectional Summary (Work Order No. 28-LS1474\A)

TO: Representative Dan Saddler
Attn: Kim Skipper

FROM: Hilary Martin
Legislative Counsel

You have requested a sectional summary of the above-described bill. As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill -- the bill itself is the best statement of its contents.

Section 1. Adds behavior analysts to the list of professions covered by AS 08.01.

Section 2. Adds behavior analysts to the list of professions that must use an appropriate professional designation.

Section 3. Adds a new chapter regulating behavior analysts.

Sec. 08.15.010. Prohibits practicing behavior analysis without a license.

Sec. 08.15.020. Sets out qualifications for a license as a behavior analyst and assistant behavior analyst, including passing the Board Certified Behavior Analyst Examination, certification by the Behavior Analyst Certification Board, and passing a background check.

Sec. 08.15.030. Allows the department to issue a temporary license for 30 days or less in a calendar year.

Sec. 08.15.040. Allows for renewal of a license upon proof of continued certification by the Behavior Analyst Certification Board, Inc.

Sec. 08.15.050. Lists the grounds for suspension, revocation, or refusal to issue a license.

Sec. 08.15.060. Lists the disciplinary sanctions the department may impose on a licensee.

Sec. 08.15.070. Lists exemptions from the licensing requirements of the chapter.

Sec. 08.15.080. Requires the department to adopt regulations to implement the chapter, including regulations on continuing education requirements and standards for licensure by credentials.

Sec. 08.15.090. Sets out the definitions for the chapter.

Section 4. Adds behavior analysts and assistant behavior analysts to the definition of "health care provider" which grants immunity for providing free health care services.

Section 5. Adds behavior analysts and assistant behavior analysts to the list of people who are required to report child abuse or neglect.

Section 6. Makes the licensing requirements of the bill applicable immediately to persons who have never practiced behavior analysis in the state before the effective date of the Act, and two years after the effective date of the Act to persons who have practiced behavior analysis in the state for at least three of the five years immediately preceding the effective date of the Act, and are certified by the Behavior Analyst Certification Board, Inc.

HVM:lnd
14-113.lnd

UAA Center for Human Development

To: Chairman Higgins and members of the Health and Social Services Committee,
State of Alaska House of Representatives
From: Anne Paley CHD CBC Program Director
Date: March 18, 2014

Re: Support of HB 361, An Act Related to Licensing of Behavior Analysts

Honorable House members:

My name is Anne Paley. My main role at the Center for Human Development is to operate as the Program Director for the Complex Behavior Collaborative. As you are aware, the house is funding the Complex Behavior Collaborative (CBC) to the amount of $525,000. We are thankful and encouraged. The funding will allow us to continue to work with local agencies to increase our capacity to better support individuals with challenging behaviors.

At the Center for Human Development, CBC, we utilize the principles of Applied Behavior Analysis (ABA) in the work we do with agencies and individual clients. I am personally a beneficiary of the workforce development that allowed me to access advanced graduate-level training and develop my skills as a practitioner. In order to become a Board Certified Behavior Analyst I have taken graduate level courses and completed 1500 clinical hours supervised by a BCBA. This allowed me to take the exam, which I am now awaiting my results.

HB 361 will give us the opportunity to continue developing our cohort of professionals and allow qualified practitioners to perform evidenced based practice in working with individuals who need these services in the State of Alaska. Often we end up recruiting professionals from out of state. This can be effective if that expertise is strategically matched with building our capacity in state. HB 361 will provide the internal support to professionals that have worked hard to increase their skill base and deliver these services and supports within our home communities. The initial focus of many of our BCBA's has been on work with individuals with autism. By increasing the quality of support with individuals with autism, we have also increased our capacity to better support individuals with other diagnosis. We have found this approach to be effective with all of the individuals we have worked with in the CBC.

Thank you for the opportunity to look at licensure. I believe this is a critical piece to continuing to better support a variety of individuals and keep everyone living within their home community.

Sincerely,

Anne H Paley 907 264-6227 annep@alaskachd.org

Annette Blanas LCSW, BCBA
annette@gci.net
(907) 748-0496

Here are my talking points for support of the BCBA licensure

Alaska is training BCBA's but at this time it is difficult to keep them in Alaska due to issues related to billing for the services they provide. Many insurance companies require professionals to be licensed in order to bill for services. For this reason licensure is directly related to retention of our current numbers and provides incentive for additional professionals to enter the field. At this time we do not have enough BCBA's to fill the needs of our state.

As this relates to the autism insurance bill, if the issue of billing for services is not addressed children with autism will not receive the type of services they need at a level sufficient to make improvements.

Licensure will provide a means for BCBA's to bill for services and will have a direct impact on the availability of critical services for children and adults with autism.

There are several other important reasons for the licensure of Board Certified Behavior Analysts (BCBA's).

Families who need this level of service are often desperate. With so few options available they will take what ever they can get even if the service is poor quality.

Rural communities with limited access to professionals are at risk of receiving services from practitioners who are not providing quality, safe, and/or ethical services. Because rural communities tend to be isolated from other professionals that would recognize these issues early, Behavior Analysts working in these communities, and who do not have adequate skills, may continue to provide inadequate or unsafe services. Licensure helps to address these concerns.

Families living in rural communities are often desperate for any type of service and will take whatever is available. This can lead them to accept low quality services, which can create more challenges than what may have existed before services. Licensure provides a foundation of minimum quality across the profession and in all communities.

LEA ANNE MCWHORTER
5243 Sillary Circle
Anchorage, Alaska 99508

Date: March 15, 2014

To: Representative Higgins, Chair
Health & Social Services Standing Committee

From: Lea Anne McWhorter
Member, Governor's Task Force on Autism
Parent of Autistic Child

Subject: HB 36, Licensing of Behavior Analysts

As a member of the Governor's Task Force on Autism and as a parent of a child who experiences autism, I would like to offer support for passage of HB 361, Licensing of Behavior Analysts.

Research shows that early diagnosis of and intervention training for behavior are key to the successful futures of individuals who experience autism, and the principles of Applied Behavior Analysis are an avenue to provide the successful outcomes desired.

In Alaska, a small number of private providers offer research- and evidenced-based intervention options, using a multi-disciplinary approach, guided by the critical principles of Applied Behavior Analysis and overseen by Board Certified Behavioral Analyst. Such services include interventions that are intensive, involve families as active participants, provide well-trained staff, develop clear objectives, and consistently use data-driven evaluations of progress. They do so while also teaching generalization and maintenance of skills, and assisting with transitions to school or other community-based activities.

HB 361, Licensing of Behavior Analysts, will provide a means for families to be assured that the services they are seeking for their children will be delivered by a provider who is fully trained to implement the intervention methods of ABA. In addition, HB 361 will allow certified and licensed Behavior Analysts to be eligible to receive compensation from health insurance companies who offer coverage for ABA services in the treatment of autism, and thus create an opportunity to increase the number of much-needed ABA providers in Alaska.

I urge you to pass HB 361, Licensing of Behavior Analysts, in order to increase the opportunities for individuals experiencing autism to access the tools that can help lead them to full and productive futures.

Thank you for your consideration.
/s/ Lea Anne McWhorter

March 17, 2014

Ms. Kim Skipper, Chief of Staff

Office of Rep. Dan Saddler

State Capitol, Room 104

Juneau, AK 99801

RE: HB 361 – Licensing of Behavior Analysts

Ms. Skipper,

I am writing in response today regarding my strong support for the proposed HB361 bill to license Board Certified Behavior Analysts. As a mother of two children with autism I have seen the benefits of ABA services with both of my children.

I would like to share my experience over the last year with Blue Cross Blue Shield of Alaska (BCBS) with respects to covering ABA services for my son. It has definitely been a very difficult road. Both the BCBA provider and I tried to work with BCBS to determine what billing codes to use, but they were unable or unwilling to provide this information. Even though BCBS currently pays for this type of service in other states with mandates. During the course of the year I received numerous notices of denied coverage due to the provider not being a licensed provider in the State of Alaska. Other months BCBS would pay the claims, but claims were processed differently. After continually phone calls to the service department to correct the numerous errors I finally became so frustrated I sent a rather abrupt, but to the point email explaining my continued frustration and BCBS in ability to do their jobs correctly. This email spurred BCBS to review every claim for 2013 and all claims where then reprocessed correctly. This processes took months and finally by the end of January 2014 everything was corrected. Had I not had 10 years of insurance experience and the determination to stay on top of this my son might not have gotten this very necessary services.

By passing this bill it will allow many more families to access this very beneficial and necessary services to help their child with autism. It will also allow BCBA's and BCaBA's ease in billing and to receive an appropriate rate of payment based on their qualifications and experience.

I along with the parents listed below are in strong support the passage of bill HB361.

Sincerely,

Lisa Klessens

17205 Alice Loop

Eagle River, AK 99577

Kirstina Santacrose

18412 Stillwater Dr.

Eagle River, AK 99477

Kelly & Glenn Ott

21309 Lowland Ave.

Eagle River, AK 99577

Laura & Billy Barnhill

9632 Nizki Circle

Eagle River, AK 99577

Donna Yarbro

32964 N. Glenn Hwy

Sutton, AK 99674

Beth & Will Hastings

18811 Mills Bay Drive

Eagle River, AK 99577

Chris Saddler

P.O. Box 771416

Eagle River, AK 99577

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

March 18, 2014

Representative Dan Saddler
State Capitol, Room 104
Juneau, AK 99801

RE: HB 361

Dear Representative Saddler:

On behalf of Premera Blue Cross, I am writing with respect to HB 361, *an act relating to licensing of behavior analysts*. Premera supports HB 361 which would establish a licensure process for behavior analysts.

We believe the approach proposed in the bill to license and regulate behavior analysts is sound and would enhance patient safety for services provided to children diagnosed with autism spectrum disorders.

The licensing process would establish the qualifications to obtain a license which include certification by the Behavior Analyst Certification Board and meeting continuing education requirements. These requirements in addition to the disciplinary standards will serve to ensure that children obtain treatment from credentialed and trained providers. Patient safety is a key priority for Premera as we seek to improve the quality of care and support the delivery of evidence-based medicine.

To align with the new licensure, we respectfully request an amendment to AS 21.42.397(g)(1). We suggest the following modifications to clarify that services are provided by individuals licensed and registered by the state licensing board as meeting the requirements the board sets forth which may include national certification as appropriate. We also suggest a clarification that the provider is practicing within the scope of his or her licensure or clinical specialty areas. To that effect, we suggest the following:

> "autism service provider" means an individual who is licensed, certified, or registered by the applicable state licensing board, [OR BY A NATIONALLY RECOGNIZED CERTIFYING ORGANIZATION AND] who provides direct services to an individual with an autism spectrum disorder, **and is practicing within the scope of licensure or specialty standards**;"

We appreciate your consideration of this input with respect to HB 361 and your work directing the Comprehensive Autism Early Diagnosis and Treatment Task Force. Please feel free to give me a call if you would like to discuss this further.

Sincerely,

Sheela Tallman

Sheela Tallman
Senior Manager, Legislative Policy

cc: John Espinola, M.D.
Ted Conklin, M.D.

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Teaching Skills for Success

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3-18-14

To the Alaska Legislation,

I am the owner of Behavior Matters LLC, a behavior analytic company in Eagle River, AK and the parent of 2 children with Autism. I currently have a staff of 24 serving clients in the greater Anchorage area, Mat Su valley, Talkeetna, Kenai, and Juneau. On staff, we have one BCBA-D, four BCBA's, and 2 BCaBA's. We also have four employees that have completed the requirements for certification and three more taking classes toward certification.

We currently bill multiple insurance companies but the only reliable payor is Tricare. Even with the recent insurance mandate, some insurance companies have refused to pay for or authorize services while other insurance companies will pay for service but it usually takes several remits and multiple phone calls or at times will request a refund. ODS is an example of insurance company that authorized services and later requested a refund, thus leaving the family with a large bill.

The licensure of certified behavior analysis will allow us to continue to work with our current families, while providing a professional rate that are more consistent with our training and expertise. It will also allow us to bill a stronger network of behavior analyst within the state to support Alaskans with autism.

Sincerely,

Rebeka Edge, MA, BCBA
CEO Behavior Matters
12836 Old Glenn Hwy
Eagle River, AK 99577
907-726-5330 office
907-726-5366 office fax
855-726-5366 personal fax

UAA Center for Human Development
University of Alaska Anchorage

To: Members of the Health and Social Services Committee,
State of Alaska House of Representatives
Date: March 17, 2014
RE: Support of HB 361, An Act Related to Licensing of Behavior Analysts.

Honorable House members:

My name is Dr. Richard A Kiefer-O'Donnell. I serve as the Associate Director of the Center for Human Development. The Center is the federally-mandated, *University Center of Excellence for Disabilities*, charged with serving the entire state of Alaska. We are housed through UAA, but have a statewide mission to support all individuals with disabilities and their families. I would like to add my name in support of HB 361 which would establish a state license for those eligible professionals who wish to meet the needs of individuals with intense behavioral needs, be they with or without disabilities. This bill, should it become law, is a pivot step in a series of workforce development and capacity building activities that actually started in 2007, when The Governor's Council on Disabilities & Special Education, in its report, ***Autism Issues and Needs: Findings and Recommendations***, suggested two related Action Items :

1. Enlist Alaska's universities' support and collaboration in developing certification and degree programs for students interested in specializing in autism interventions;
2. Build capacity for all early intervention and childcare programs, and school districts, to adopt evidence-based, non-aversive behavioral interventions, such as positive behavioral support and best practice interventions with proven outcomes; and
3. Remove licensing barriers that prevent out-of-state autism specialists from practicing in Alaska. (http://dhss.alaska.gov/gcdse/Documents/Publications/pdf/2006_autism.pdf)

Starting in late 2008, the State of Alaska, through a partnership made up of variety of state agency, school district, families and the Center for Human Development, implemented an Action Plan into motion, associated with advanced graduate-level training that developed practitioners who were sufficiently skilled and experienced to respond to the needs of individuals with highly challenging behaviors, including children, teens and adults with Autism. Since its inception in the winter of 2009, more than 21 highly skilled professional have completed this 2 ½ year intensive program of study, with another 17 post-Master's level professionals in the pipeline to finish in 18 months.

This bill, a product of the work of the Autism Insurance Task Force, is the last needed step for these skilled practitioners to fully assume their roles. Like the action already taken by 19 states over the last 3 years, you are being asked to consider the passage of this measure. It will establish a cost-efficient and effective system to license these professionals, based in part of sustaining in good status, their national credentials and meeting ongoing CEU-based training requirements. As such, I strongly encourage to vote in support of this bill. Doing so demonstrates continued support of children and youth with intense behavioral needs, and their families.

907.264.6259
richardk@alaskachd.org

Suzanne Letso, M.A., BCBA
Chief Executive Officer
Alaska Center for Autism
17545 North Eagle River Loop Road
Eagle River, AK 99577

March 18, 2014

Dear Rep. Higgins, Rep. Keller and Members of the House Health & Social Services Committee:

I am writing to you in support of HB 361, an act relating to the licensing of behavior analysts.

I am a Board Certified Behavior Analyst (BCBA) overseeing autism programs in Connecticut and Alaska. We are currently operating a private, non-profit school for children with autism in Eagle River, and are providing consultative services both in and outside the Greater Anchorage area. I currently employ 6 people who reside in Alaska, one of whom is a BCBA, and two of who are completing their coursework to become BCBA's. In addition, there are five other BCBA's in our organization who are regularly in Alaska supervising Applied Behavior Analytic (ABA) programs in various locations around the state.

Licensure of behavior analysts is critical to the provision of ABA within the state of Alaska. This will facilitate implementation of the autism insurance bill enacted last year. It will also ensure that those providing ABA services are appropriately qualified, and have undergone a background check – including those who are not AK residents. It will enable Alaskan residences that have completed Alaskan-based university coursework to remain in Alaska rather than leaving the state because they cannot utilize their education and experience here. Perhaps most importantly, it will protect consumers of ABA services and will enable children with autism and other disabilities who are currently out of state to someday be able to return home.

For years, both state and federal funds including military funding have been utilized to support ABA programming, as well as families who privately fund ABA services for people with autism in the state. Just in the last few years alone, the Anchorage Public School System has spent several million dollars on behavior analytic services for children with autism. Without licensure this will remain an unregulated "cottage industry" with no consumer protections in place.

This bill will have an immediate and long-term impact on the availability and quality of ABA services for people with autism in the state. But it will likely also benefit others in the state in the future because BCBA's also work with an increasing variety of other populations including, but not limited to our aging population, our prison

population, those with traumatic brain injury, Fetal Alcohol Syndrome, and in manufacturing facilities for example. As the number of BCBA's in AK increase, at least some of these professionals may begin to expand their practice to help some of these other populations as well as people with autism. Which makes it even more critical that licensure of BCBA's be established as soon as possible.

There are already 17 states that have enacted regulatory programs for behavior analysts, including North Dakota which has even fewer BCBA's than Alaska does (as of today, there are only 5 BCBA residing in that state), and a number of other states including Connecticut are in the process of seeking licensure as well.

In terms of the cost of establishing a licensing program, the Behavior Analyst Certification Board can help implement the licensing process. I'm sure Dr. James Carr, the Chief Executive Officer of this nonprofit organization would be happy to speak with the committee leadership and/or this committee regarding this option. Dr. Carr can be reached at carr@bacb.com.

Yours truly,
Suzanne Letso, M.A., BCBA
Chief Executive Officer
Connecticut Center for Child Development/Alaska Center for Autism

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March 17, 2014

Rep. Dan Saddler,

I am writing this letter to support HB 361 – Licensing of Behavior Analysts. I am a Behavior Analyst in private practice in Anchorage. I provide in-home ABA services to children with Autism and other developmental delays. I am a Board Certified Behavior Analyst at the Doctoral level. I am also licensed as a Behavior Analyst in the state of Missouri.

As a practitioner, I believe licensure is extremely important for the state of Alaska. This bill creates a method for licensing Behavior Analysts that aligns with the national certification from the Behavior Analysts Certification Board (BACB) and matches licensing requirements in other states, such as Missouri. Creating a license for Behavior Analysts will allow for better regulation of those providing behavior analytic services so that providers are implementing techniques founded in the science of Behavior Analysis. This license will also allow for more consumers to access Behavior Analytic services that have previously not been covered by insurance companies that require a provider with a state license to provide services.

I believe that HB 361 is necessary to improve Behavior Analytic service availability and quality in the state of Alaska. I am pleased that this bill is being considered and I fully support it.

Sincerely,

Rachel L White, PhD, BCBA-D
President, Good Behavior Beginnings

Alaska Association for
BEHAVIOR ANALYSIS

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4/3/2014

The Alaska Association for Behavior Analysis and its members strongly support professional licensure for Alaska Behavior Analysts (HB 361). We believe that providing state-level professional licensure will better serve Alaskans in the following ways:

1) **The Protection of Clients and Consumers**: Behavior Analysts are often called upon to treat dangerous maladaptive behavior, including self-injury, aggression, and elopement. The behavior analytic literature includes a variety of evidence-based, humane behavioral strategies available to address these issues while working in the best interest of clients and their caregivers. These interventions can only be effectively delivered under the supervision of an experienced and competent behavior analyst. Providing a state-level professional license for behavior analysts will help protect clients and consumers from harmful or ineffective interventions delivered by unqualified individuals.

2) **Protecting a Growing Professional Field**: The number of behavior analysts practicing in the state of Alaska has grown in the last decade, and shows no sign of slowing. The need for a professional level licensure for behavior analysts will become a necessity as the number of behavior analysts in the state continues to grow.

3) **A Step Toward Regulation for Alaska Behavior Analysts**: While the Behavior Analysis Certification Board (BACB) has developed an effective system for certifying behavior analysts, the BACB lacks the resources necessary to address ethical and professional regulatory behaviors as they arise (see Dorsey, Weinberg, Zane, & Guidi, 2009; Shook, 2007). A state-level professional license is the first step toward a regulatory board which would allow more immediate access to professional guidance and oversight, ensuring high integrity services for Alaskans.

4) **Addressing Alaska's Most Serious Issues**: A state licensing board would allow the development of behavior analytic services specialized for the unique circumstances facing Alaskan citizens, especially in Alaska's remote communities. In addition, offering a professional license for behavior analysts is one step toward creating a therapeutic treatment milieu in Alaska where our residents are professionally trained to address our key issues. Developing culturally sensitive treatment can help address the unique issues facing Alaska (e.g., higher incidence of suicide, Fetal Alcohol Spectrum Disorder, children sent out of state for behavioral treatment, etc.).

5) **Expedited Billing for Practitioners**: Currently, behavior analysts are not always able to recoup payment from insurance agencies for services provided to clients. A common rationale provided by these companies is that behavior analysts working in Alaska are not covered by a state-level license. HB 361 will create a state license so that Behavior Analysts can become in-network providers and receive payment for their work, which

will expedite insurance billing and increase the likelihood that clients obtain access to necessary treatments in a timely fashion.

6) **Professional Development Opportunities**: There are currently initiatives in Alaska to provide behavior analytic training to Alaska students. If HB 361 is passed into law, this professional licensure will help facilitate a thriving work environment and will create an opportunity for in-state employment.

In conclusions, the Alaska Association for Behavior Analysis hopes that HB 361 will have a number of benefits for Alaskans, including ensuring the quality of behavioral services provided in Alaska, protecting clients from potentially harmful "behavioral" services provided by unqualified individuals, and helping practicing behavior analysts appropriately bill and receive payment for services provided to clients.

References

Dorsey, M. F., Weinberg, M., Zane, T., & Guidi, M. M. (2009). The case for licensure of applied behavior analysts. *Behavior Analysis in Practice, (2)*1, 53-58.

Shook, G. L. (2007, May). *Ethics in applied behavior analysis: A review of some critical issues.* Paper presented at the meeting of the Association for Behavior Analysis International, San Diego, CA.

What is the total cost to the community?

- Cost to district for 3 – 21 years of age: $91,458 greater for outplacement
- Cost to the state $464,742 for outplacement of students 3 – 21 but…
- Cost of adult day program from 22 to 82? $642,930
  - Net savings of $178,188
  - For a very most outcome of only achieving a difference for a LON 8 of staffing 1:1 all day versus staffing 1:1 ½ a day
- Savings if person can remain at home for 25 years prior to residential services: $4,142,930
  - Net savings of $3,678,188

Cost–benefit estimates for early intensive behavioral intervention for young children with autism—general model and single state case

1. John W. Jacobson[1,*],
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3. Gina Green[3]

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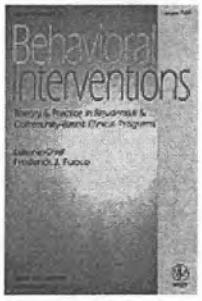
Issue



Behavioral Interventions

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Abstract

Clinical research and public policy reviews that have emerged in the past several years now make it possible to estimate the cost–benefits of early intervention for infants, toddlers, and preschoolers with autism or pervasive development disorder—not otherwise specified (PDD—NOS). Research indicates that with early, intensive intervention based on the principles of applied behavior analysis, substantial numbers of children with autism or PDD—NOS can attain intellectual, academic, communication, social, and daily living skills within the normal range. Representative costs from Pennsylvania, including costs for educational and adult developmental disability services, are applied in a cost–benefit model, assuming average participation in early intensive behavioral intervention (EIBI) for three years between the age of 2 years and school

entry. The model applied assumes a range of EIBI effects, with some children ultimately participating in regular education without supports, some in special education, and some in intensive special education. At varying rates of effectiveness and in constant dollars, this model estimates that cost savings range from $187,000 to $203,000 per child for ages 3–22 years, and from $656,000 to $1,082,000 per child for ages 3–55 years. Differences in initial costs of $33,000 and $50,000 per year for EIBI have a modest impact on cost–benefit balance, but are greatly outweighed by estimated savings. The analysis indicates that significant cost-aversion or cost-avoidance may be possible with EIBI.

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ORIGINAL PAPER

Cost Comparison of Early Intensive Behavioral Intervention and Special Education for Children with Autism

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Abstract The financial implications of the increased prevalence of autism, though rarely discussed, will be extremely important to society. We compared the costs associated with 18 years of special education to the costs associated with the implementation of an average of 3 years of Discrete Trial Training as an Early Intensive Behavioral Intervention (EIBI) in an effort to minimize the need for special education. Our results indicate that the state of Texas would save $208,500 per child across eighteen years of education with EIBI. When applied to the conservative estimate of 10,000 children with autism in Texas, the State would save a total of $2.09 billion with EIBI. Implications for taxpayers, policymakers, and treatment are discussed.

Keywords Autism · Cost · Early intensive behavioral intervention · Special education · Discrete trial training

The prevalence of autism is a topic currently receiving a great deal of attention, since evidence indicates an exponential rise in autism over the last decade. It was generally considered stable and rare with a .05% prevalence rate in the population for decades after Lotter (1966) conducted one of the first epidemiological studies of autism, but the DSM-IV-TR (2000) revised the prevalence rate by reporting a range from 2 to 20 per 10,000 people. This range is a reflection of the more recent reports of higher prevalence of autism around the globe, implying an overall increase in autism diagnoses over the years. For example, Bryson, Clark, and Smith (1988) indicated a prevalence of 10 per 10,000 individuals in Canada, and Webb et al. (1997) reported a prevalence of 9.2 per 10,000 in a Welsh district, a change from the 3.3

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per 10,000 of 10 years earlier. In an elegant study of prevalence in Northern Finland, autism was seen in 12.2 of 10,000 individuals, a reported increase from the 4.75 individuals from only nine years earlier (Kielinen, Linna, & Moilanen, 2000). California perhaps represents the most drastic increases in prevalence rates, with a Department of Developmental Services (2003) report indicating a 634% increase in autism prevalence from 1987 to 2002.

While the causes of this substantial increase in the prevalence of autism are unknown (for an excellent review, see Wing & Potter, 2002), the consequences are far reaching. For example, the rise in prevalence elicits the need for additional services and places a substantial burden on governments to fund programs for the epidemic number of children with autism. Unfortunately, this upward trend does not appear to be decreasing anytime soon, portending substantial costs in the future. A large financial implication of the rapidly increasing rate of diagnoses of Autism Spectrum disorders includes growing costs associated with special education, which is the focus of the current study.

The standard educational service for children with autism is special education, a term that generally reflects an eclectic assortment of educational and therapeutic techniques that are as varied as the school districts from which they come. Special education generally serves a highly heterogeneous group of children, such as a mix of children with autism, Down Syndrome, learning disabilities, mental retardation, or other developmental disabilities. In addition, some populations of children benefit from the programs more so than others, since the typical services are more appropriate for specific deficits or dysfunctions. For instance, for children with autism, empirical evidence concerning the effectiveness of special education, in any of its forms, is difficult to locate. However, based on a select few studies that test the effectiveness of special education or eclectic treatments, children with autism in special education do not demonstrate significant improvement in adaptive, social, cognitive, or language functioning (Eikeseth, Smith, Jahr, & Eldevik, 2002; Freeman et al., 1991; Freeman, Ritvo, Needleman, & Yokota, 1985; Howard, Sparkman, Cohen, Green, & Stanislaw, 2005; Smith, Groen, & Wynne, 2000). Furthermore, special education generally costs thousands of dollars per year in addition to funds designated for regular education. For example, in Texas, the 2002 state budget included approximately $11,000 per child per year for special education (Houston Independent School District, personal communication, 2004).

Independent of special education, many treatment services have offered promising gains in combating the impairments associated with autism. There exists a myriad of interventions for autism, which range from dietary manipulation to intensive psychodynamic therapy. There are only a few, however, that have empirically demonstrated efficacy. Among those with empirical support, a particular class of treatments for autism incorporates principles of Applied Behavior Analysis (ABA), which emphasizes environmental associations and contingencies. While ABA treatments vary in intensity and structure, they all share similar principles. In addition, when discussed within the context of treating young children, these techniques are also referred to as Early Intensive Behavioral Interventions (EIBI).

One prototypical EIBI, which has garnered a tremendous amount of support, is Discrete Trial Training (DTT; Lovaas, 1987; McEachin, Smith, & Lovaas, 1993). DTT consists of an average of 35 h per week of one-to-one behavior intervention that occurs in the child's home. The intervention is implemented by a team of 5 to 7 therapists, who each work for 6 h per week in two-to-three hour sessions. Ideally, the child receives 5 to 7 h of treatment per day, for 5 to 7 days per week. DTT generally lasts from 2 to 6 years with the average child requiring services for 3 years (Jacobson, Mulick, & Green, 1998). In addition, DTT is relatively costly, averaging $40,000 per year with a range from $20,000 to $60,000 per child per year. Economy of scale, parent and family involvement, and other factors influence the specific cost of a program. There is a parent-directed model of DTT, which utilizes the

parents as resources, that costs an average of $22,500 per child per year and has demonstrated comparable effectiveness to the intensive DTT (Sallows & Graupner, 2005).

In an initial investigation, 40 h a week of DTT were implemented with young children with autism, and the outcome of these children was compared with two control groups, one of which received ten hours a week of DTT while the other received an eclectic treatment within the community (Lovaas, 1987). Evidence indicates that the experimental group demonstrated significant gains in IQ and educational placement at the end of treatment compared to the control groups, which both remained virtually unchanged from pre- to post-assessment (Lovaas, 1987). The gains in educational placement included successful mainstreaming into a typical education classroom and remaining in that setting. Additionally, these findings have been fully replicated and maintained despite modifications to the treatment (Eikeseth et al., 2002; Sheinkopf & Siegel, 1998), and the follow-up study provided evidence that these gains were preserved over time (McEachin et al., 1993). More recently, Sallows and Graupner (2005) published data that replicated Lovaas' (1987) results.

Evidence from these investigations demonstrates that DTT has yielded a range of outcomes for children with autism. Slightly less than half of the participants achieved normal or near normal functioning, allowing them to complete school with little or no assistance (Lovaas, 1987; Sallows & Graupner, 2005). About a third of the children achieved substantial gains, allowing significantly reduced levels of care and assistance (Lovaas, 1987; Sallows & Graupner, 2005). The remaining 10–15% of children did not achieve significant gains in functioning and continued to require the expected (non-treated) levels of assistance (Lovaas, 1987; Sallows & Graupner, 2005). Thus, while costs for EIBI per year are higher than the costs for special education, EIBI only lasts for an average of three years with a substantial portion of the children mainstreaming into regular education, minimizing the need for additional special education funds for the remainder of childhood.

The potential for saving money by implementing EIBI is important only in light of the economic and financial implications of an autism epidemic. Much like financial forecasting in a business setting, national economies often incorporate the goal of investing today in order to yield a net gain tomorrow. While this tenet does not necessarily influence all governmental economic decisions, it certainly provides information for the funding of many of the services provided by a government, including education. In the United States, federal, state, and local governments budget considerable funds for education. From a purely financial standpoint, this is simply an investment with the goal of yielding monetary gains in the future. By investing in children's education for 18 years, the government expects that the children will, on average, assimilate into society as "productive" adults (those who stimulate the economy by paying taxes, investing in stocks, facilitating the development of goods, and providing labor). Thus, when a child grows up to become a productive member of society, he or she proceeds to match and exceed the original 18-year educational investment by the government.

When it comes to special education, such reasoning poses a problem. In addition to the funds reserved for regular education, additional funds are provided to children requiring special education. Without initial treatment, however, children with autism often require special education services for their entire academic career, yielding adults that not only have trouble being productive, but also continue to require additional governmental funds throughout their lifespan. From a strictly financial standpoint, funding education for children with autism is a risky investment. Not only is the government potentially losing money on the investment of typical education for these children, but also on the additional investment of special education. Granted, this investment does not exist in a vacuum. Much of a government's budget reflects a myriad of differing investments, and economic decision-making often incorporates

expected, albeit necessary, losses that are recuperated with unrelated gains. Thus, funds designated for special education might be considered a loss from the outset, but does this investment really need to be an expected loss? How much money could be saved with a new strategy?

Is there any evidence that an intervention for special education populations can produce a positive monetary return on an educational investment instead of an expected loss? While there is a relative paucity of literature examining the cost savings associated with implementing specific treatments instead of special education, there are a few oft-cited studies that present cost-benefit analyses of EIBI (Barnett & Escobar, 1989; Warfield, 1994). These analyses, however, fail to specifically address autism. Furthermore, cost-benefit analyses are not the same as projected cost comparisons. Cost-benefit analyses generally assess previous costs and benefits to evaluate a program's financial outcome. Thus, little projection is necessary. Projected cost comparisons are generally used when there is a lack of historical data on the precise costs and benefits of a program and are utilized to predict costs and benefits in the future. Each type of analysis has its own set of assumptions and inherent limitations and generally answers a different type of question.

Two notable studies addressed the costs associated with autism. Järbrink and Knapp (2001) assessed the costs of autism in Britain with a wide scope, incorporating ancillary elements such as family time costs, medication, and day care. In addition, the scope extended through the child's lifetime, as opposed to a narrower education timeframe. With costs associated with typical development not included, the authors determined that the lifetime costs for one individual with autism is greater than $2.5 million (Järbrink & Knapp, 2001). While this study highlighted the tremendous costs associated with an individual with autism, it did not consider the costs associated with caring for the entire population of individuals with autism in Britain, nor did it compare the costs of different treatment approaches.

Jacobson et al. (1998) conducted an investigation of the costs associated with autism in Pennsylvania. Their methodology provided a projected cost comparison between children who received EIBI and those who did not. Their investigation was wide in scope, spanning the lifespan and taking into account such factors as public services, regular education, and family support services. Their analysis of EIBI benefits revealed a savings ranging from $656,000 to $1,082,000 per child across the lifespan, depending on the effectiveness of EIBI. They then extended these findings to 100 individuals with autism to illustrate the additive savings. The current investigation utilized similar logic with some minor modifications.

Marcus, Rubin, and Rubin (2000) responded to the Jacobson et al. (1998) article with some criticism. They suggested that the Jacobson et al. (1998) cost-benefit analysis was flawed because it was based on Lovaas' (1987) outcome results, which had not yet been replicated. Sallows and Graupner (2005), however, recently published data that replicated results for children with autism who received DTT. One could even argue that the results from the Sallows and Graupner (2005) study were more encouraging than those of Lovaas (1987). Marcus et al. (2000) criticized the Jacobson et al. (1998) article because other intervention approaches were not considered in the model. They stated, "There has not been (and may never be) a comprehensive comparison study of different intervention approaches" (p.595), suggesting that other approaches may be equally effective for maximizing cost savings and treatment gains. As Howard et al. (2005) recently pointed out, however, "there is little empirical evidence regarding the efficacy of non-behavior analytic treatment models..." (p. 4). In addition, in the Howard et al. (2005) study, behavioral intervention was compared to two groups of children receiving eclectic-based approaches. Not only do the data suggest that behavioral intervention was superior to the other approaches, but the results also suggest

that the eclectic-based approaches were ineffective and possibly even deleterious (Howard et al., 2005).

In addition, Marcus et al. (2000) incorporated a professional perspective from a school administrator in a metropolitan area. The administrator reported that among children with autism who have received a variety of intensive interventions (including Lovaas-based interventions) through the school system, she had never seen a child progress to the point of not needing additional support. Viewed from a different perspective, the administrator's comments actually could support some of the assumptions in the Jacobson et al. (1998) model. By suggesting that children with autism often experience a number of different intensive interventions (including some non-behaviorally oriented approaches) in special education, the administrator essentially is commenting on the aforementioned eclectic nature of special education. Some evidence suggests that DTT requires a substantial number of treatment hours per week to be maximally effective (Lovaas, 1987). If DTT and other behavioral approaches are interspersed among a variety of non-behavioral approaches, it is unlikely that the number of hours of DTT is sufficient to yield the gains necessary to advance a child from special education to typical classes. The administrator's comments also could be interpreted in light of the recent negative evaluation of eclectic early intervention for children with autism (Howard et al., 2005).

Our study follows from the Jacobson et al. (1998) study, but with slight modification. We present the first assessment of the projected costs and benefits of EIBI in Texas. It also simplifies the Jacobson et al. (1998) analysis by using a dichotomous outcome. In addition, since projected EIBI cost-savings per child have never been extended to a population, our findings will be discussed in terms of the entire population of children with autism in Texas. With the current investigation, projected costs associated with special education are directly compared to Discrete Trial Training as a feasible EIBI. It is hypothesized that the comparison will highlight a considerable cost differential between services. More specifically, we believe that providing EIBI to all children with autism in Texas, in an effort to prevent the children from attending special education, will result in millions, and possibly billions, of dollars in savings. In addition, the results will highlight a cost-efficient service model that maximizes the potential for the recovery of children with autism.

Method

We utilized a method from Jacobson et al. (1998) for hypothetically comparing the costs of special education to the costs of EIBI for children with autism in Texas. The formula incorporates special educations costs, EIBI costs, EIBI effectiveness, population estimates of children with autism in Texas, and the expected number of years required for each type of service. The formulas are outlined in Equation 1 and Equation 2 below.

Equation 1: Formula for computing projected savings associated with EIBI per child with autism in Texas

$$C = S(18) - [E(3) + S(.28)(15)]$$

C = Per-child savings
S = Annual special education costs (either state-budgeted or actual)
E = Annual EIBI costs
18 = Necessary years of special education for children who do not receive EIBI (age 4–22)
3 = Average number of years of EIBI (age 4–22)

.28 = Proportion of children who receive EIBI but fail to mainstream into regular education (72% offset)

15 = Necessary years of special education for children who receive EIBI but fail to mainstream into regular education (age 4–22).

Equation 2: Formula for computing projected savings associated with EIBI for all children with autism in Texas

$$C = S(18)(10,000) - [E(3)(10,000) + S(.28)(15)(10,000)]$$

C = total savings for all children with autism in Texas
S = Annual special education costs (either state-budgeted or actual)
E = Annual EIBI costs
10,000 = Conservative estimate of children with autism in Texas
18 = Necessary years of special education for children who do not receive EIBI (age 4–22)
3 = Average number of years of EIBI (age 4–22)
.28 = Proportion of children who receive EIBI but fail to mainstream into regular education (72% offset)
15 = Necessary years of special education for children who receive EIBI but fail to mainstream into regular education (age 4–22)

As with the Jacobson et al. (1998) study, our analysis requires certain assumptions. The assumptions are vital to the projected cost-benefit analysis, and there is sufficient justification for their use. Outlined below are explanations for each of the assumptions.

Assumption 1: 72% of children who receive EIBI eventually mainstream into regular education. Of children receiving EIBI, approximately 50% achieve normal or near-normal functioning (Lovaas, 1987; Sallows & Graupner, 2005). Approximately 40% of the children achieve moderate gains, allowing significantly reduced levels of care and assistance (Lovaas, 1987; Sallows & Graupner, 2005). Approximately 10% of the remaining children do not achieve significant gains in functioning and continue to require assistance (Lovaas, 1987; Sallows & Graupner, 2005). Jacobson et al. (1998) used all three outcomes to demonstrate projected costs and benefits. Our investigation, however, simplifies the analysis by removing the group reflective of the moderate gains outcome.

In the Jacobson et al. (1998) method, special education costs were reduced by 55% for the 40% of children who demonstrate moderate gains. Thus, to illustrate with 100 children with autism, 50 would require no additional special education services after EIBI, 40 would require special education services at 45% of its cost, and 10 would require special education services at 100% of its cost. For simplification, the moderate benefits group can be diffused into either the successfully mainstreamed or the unsuccessfully mainstreamed groups by finding the equivalent costs after dichotomization. Incorporating a 55% reduction in costs for services for the moderate gains group results in $198,000 in aggregated annual special education costs for the 40 out of 100 children with autism demonstrating moderate gains (see Equation 3). Equivalently, again using 100 children with autism, with 22 of the 40 children with moderate gains successfully mainstreaming and 18 unsuccessfully mainstreaming, the total annual special education costs are $198,000 ($11,000 times 18 children). Thus, successfully mainstreaming 22 out of the 40 children who achieve moderate gains with EIBI is monetarily equivalent to incorporating a 55% offset in special education costs for the 40% of children with moderate gains. With 50 of 100 children successfully mainstreamed, and

22 of the 40 children with moderate gains successfully mainstreamed, a total of 72 out of 100 children (or 72%) can be included in the success category, with 28 requiring additional special education at 100% of the costs.

Equation 3: Formula for computing special education costs for the 40% of 100 children receiving EIBI who achieve moderate gains

$$198,000 = 11,000(.45)(40)$$

11,000 = Annual state-budgeted special education costs per child
.45 = 45% (55% reduction) of special education service costs associated with the moderate gains group (Jacobson et al., 1998)
40 = Approximate number of children out of 100 that achieve moderate gains

Assumption 2: There is no way to predict the outcome of children engaged in EIBI. Many investigations have explored predictors and moderators of outcome of EIBI (Bibby, Eikeseth, Martin, Mudford, & Reeves, 2001; Fenske, Zalenski, Krantz, & McClannahan, 1985; Harris & Handleman, 2000; Luiselli, Cannon, Ellis, & Sisson, 2000). Despite their results, there are still no definitive child, family, or treatment characteristics that predict outcome. In the future, research on predictors of outcome of EIBI may highlight certain characteristics that help clinicians determine whether a specific child should receive EIBI or not.

Assumption 3: Children with autism, who only receive special education but successfully mainstream into regular education, have a negligible influence on the costs associated with special education. This assumption is reflective of a common belief that is echoed in Jacobson et al. (1998), "Without EIBI the majority of children with autism or PDD will manifest enduring dependency on special education and adult developmental disability services" (p. 206). This statement endorses the common belief that special education services do not provide the necessary gains for successful mainstreaming. Indeed, children with autism who mainstream might do so because they were originally misdiagnosed or erroneously placed in special education. In addition, evidence indicates that special education is not very effective for eliciting significant gains in adaptive, social, cognitive, or language functioning (Eikeseth et al., 2002; Freeman et al., 1991; Freeman et al., 1985; Smith et al., 2000). Evidence might even suggest that "eclectic" interventions have a negative effect (Howard et al., 2005). Similarly, there is some indication that the spontaneous recovery rate of autism is very low (Lovaas, 1987). In fact, in a study of special education by Freeman et al. (1985), less than 5% of the participating children with autism mainstreamed into regular education. Therefore, for the sake of argument, it is safe to assume that a child with autism who enters special education without EIBI intervention will most likely remain there throughout childhood.

Assumption 4: The annual cost associated with EIBI is $22,500; the annual state-budgeted cost for special education is $11,000, and the *actual* annual costs for special education is approximately $20,000. The current study proposes the implementation of the parent-directed model of DTT (Sallows & Graupner, 2005). For this reason, $22,500 will represent the annual EIBI cost. In addition, the investigators placed a call to the Houston Independent School District (HISD) to obtain information on the education budget, revealing that approximately $11,000 per child is set aside for special education by the state of Texas (HISD, personal communication, 2004). In addition, there is a distinction between state-budgeted and *actual* costs. The $11,000 represents state-budgeted costs, or the literal funds supplied by the state of Texas for each child's special education. The *actual* costs, however, represent the overall costs necessary for providing special education services, approximately $20,000 per year (HISD, personal communication, 2004). *Actual* costs are generally comprised of state-budgeted,

local, federal, and private funds. Thus, by definition, *actual* costs contain state-budgeted costs. Please also note that special education costs do not include regular education costs. A child receiving special education generally receives both special education and regular education funds. As a result, regular education costs are omitted from the analysis since it is balanced evenly across all children and offers little to the analysis.

Assumption 5: Population estimates and costs associated with services do not change over time. The current analysis maintains a static model of projected cost comparison by omitting inflation and the time value of money, ignoring increases in autism prevalence, and arguing a constant cost of services. The model assumes that current prevalence rates of autism in Texas will remain constant over the years. A 2002 report of prevalence rates indicates there are approximately 10,000 school age children with autism in Texas (Fighting Autism, 2004). The model hypothetically assesses a single school age cohort of children with autism. Thus, savings are applicable to that specific cohort of 10,000 children with autism recognized by the state of Texas. This is a conservative decision, since prevalence rates are skyrocketing at epidemic rates and not all children with autism are necessarily recognized by the state of Texas. Thus, any discovered savings would likely underestimate the money that would be saved with future cohorts. Also, the model assumes that the costs of services will remain stable over 18 years.

Results

Based on a child receiving three years of EIBI, then realizing a 72% offset in special education costs over the remaining 15-year period (due to a 72% reduction in services required following EIBI), a total savings of $84,300 per child in state-budgeted funds is achieved over the total school years. Comparing the reported *actual* cost of a special education program to a three-year EIBI program (and a 72% special education offset), savings of $208,500 per child are achieved. These results are illustrated in Table 1. Clearly, there is a higher up-front cost for EIBI with $67,500 over a three-year period versus a state-budgeted cost of $33,000 for special education services over the same three-year period. However, that early additional cost is recovered within five years, and the savings over the remaining years are substantial. Similarly, in the *actual* cost example, the additional costs for three years of EIBI, compared to the cost of the first three years of Special Education, is $7,500. This amount is more than recouped in the first year following EIBI by the reduced need for special school services.

The costs also can be broken down into differential child outcomes. For example, 28% of children who receive EIBI unsuccessfully mainstream into a typical classroom. The costs

Table 1 Projected special education cost savings per child with autism in Texas (Spanning 18 Years)

	State-budgeted annual costs	Total state-budgeted costs age 4 to 22	Actual annual costs	Total actual costs age 4 to 22
Funds provided by the state of Texas for special education	$11,000	$198,000	$20,000	$360,000
Early intensive behavioral intervention	$22,500	$67,500	$22,500	$67,500
28% (72% reduction) of special education services for 15 years		$46,200		$84,000
Total cost per child who receives EIBI		$113,700		$151,500
Savings using EIBI per child		$84,300		$208,500

Table 2 Using children who do not receive EIBI as baseline, projected special education cost savings per child with autism in Texas (Spanning 18 Years)

Child outcome	Total state-budgeted costs age 4 to 22	Total actual costs age 4 to 22
Mainstreamed EIBI	130,500	292,500
Not mainstreamed EIBI	− 34,500	− 7,500
Combined EIBI child	84,300	208,500

for these children are much higher than for both the successfully mainstreamed children and the children who only receive special education. These costs are broken down in Table 2, which uses children who do not receive EIBI as baseline and shows net gains and losses for each outcome. For example, there is a net loss of $34,500 in state-budgeted funds and $7,500 in *actual* funds attributed to those children who are unsuccessfully mainstreamed. These losses, however, are recouped with the substantial savings from the successfully mainstreamed children, who each yield a net gain of $130,500 in state-budgeted funds and $292,500 in *actual* funds across 18 years of education. Note that the costs for the two EIBI outcomes do not average or add up to the "Combined EIBI" condition, which is a function of percentages.

These costs and savings were subsequently extended to the conservatively estimated population of 10,000 children with autism in Texas. A total savings of over $843 million in state-budgeted funds and $2.09 billion in *actual* funds is achieved over the total school years. These calculations are demonstrated in Table 3.

Similar to the per-child analysis, the costs for each type of outcome can be extended to the population. Using children who do not receive EIBI as baseline, the gains and losses associated with each of these outcomes are illustrated in Table 4. Contrary to the per-child analysis, which was derived from percentages, the "Combined EIBI" condition for the population represents an additive effect for both EIBI outcomes. Thus, the population costs for unsuccessful mainstreaming plus the costs for successful mainstreaming add up to the total costs for all EIBI children. Aggregating the 2,800 children who unsuccessfully mainstream into regular education over 18 years of education, there is a loss of $96.6 million and $21 million in state-budgeted and *actual* funds, respectively. Again, this loss is

Table 3 Projected special education cost savings for all children with autism in Texas (Spanning 18 Years)

	State-budgeted annual costs	Total state-budgeted costs age 4 to 22	Actual annual costs	Total actual costs age 4 to 22
Funds provided by the state of Texas for special education	$110,000,000	$1,980,000,000	$200,000,000	$3,600,000,000
Early intensive behavioral intervention	$225,000,000	$675,000,000	$225,000,000	$675,000,000
28% (72% reduction) of special education services for 15 years		$462,000,000		$840,000,000
Total cost for all children receiving EIBI		$1,137,000,000		$1,515,000,000
Savings using EIBI for all children		$843,000,000		$2,085,000,000

Table 4 Using children who do not receive EIBI as baseline, projected special education cost savings for all children with autism in Texas (Spanning 18 Years)

Child outcome	Total state-budgeted costs age 4 to 22	Total actual costs age 4 to 22
Mainstreamed EIBI	939,600,000	2,106,000,000
Not mainstreamed EIBI	−96,600,000	−21,000,000
Combined EIBI children	843,000,000	2,085,000,000

recovered with the savings from the 7,200 successfully mainstreamed children, which as a group yield a net gain of $939.6 million and $2.11 billion in state-budgeted and *actual* funds, respectively.

Discussion

Projected cost comparisons reveal that the state of Texas has the potential to save over $2 billion in *actual* costs associated with special education services over an 18-year period. Moreover, this estimate of savings errs on the conservative side of calculation, since epidemiological data indicate an increase in autism prevalence worldwide. Furthermore, the United States Government Accountability Office (GAO; 2005) released a report that indicated that the average federal funds reserved for each child with autism in the United States is $18,790 per year, which includes $6,556 for regular education. Thus, regular education costs notwithstanding, an average of $12,234 per year in federal funds are spent on each child with autism in special education across the country. We used an estimate of $11,000 for each child per year in Texas state-budgeted funds, indicating that our estimate of saved governmental funds was conservative. The GAO (2005) report also provides support for our findings generalizing to other states. Although each state varies in the amount of state-budgeted funds provided to children with autism, and the state of Texas covers most of the costs associated with this population, it is clear that a significant amount of federal funds would be saved in other states.

In addition, the analysis was limited to special education savings alone; the calculations did not incorporate secondary benefits from mainstreaming children with autism into regular education, such as savings on specialized daycare and medical bills. These secondary benefits extend into adulthood as well. Children who are successfully integrated into typical education settings likely require fewer supportive funds than do adults, since there is a reduced need for adult care services and for supplementing lost income due to unemployment.

The adulthood benefits also reflect a return on an economic investment. As previously discussed, state governments invest in the ability of education to yield productive adults who stimulate the economy. With special education and children with autism, however, this investment is an expected loss, since there is no indication that children with autism who receive special education services for 18 years assimilate into society as productive citizens. In fact, the government likely continues to provide funds for this population throughout the lifespan. Thus, this particular educational investment not only yields a net loss at maturation, but the decision also ensures continual losses thereafter. By implementing EIBI with all children with autism, as a way to prevent the need for special education, the investment not only produces a sizeable savings after 18 years, but it maximizes the likelihood that most of these children will return a profit long after maturation.

Our study also contributes to an additional facet of the criteria needed for labeling an intervention an Empirically Supported Treatment (EST). A task force from Division 12 of the American Psychological Association (1995) established criteria for assessing the integrity of psychological interventions. Chambless and Hollon (1998) elaborated the criteria and discussed the efficacy, effectiveness, and efficiency of psychological treatments. Efficacy and effectiveness of DTT have been addressed in the literature, but efficiency has received little attention. Efficiency refers to the treatment's utility, cost-efficiency, and feasibility (Chambless & Hollon, 1998). The current investigation contributes to knowledge regarding its efficiency, demonstrating that DTT is cost-efficient compared to one alternative service option.

The heterogeneity of children enrolled in special education may explain its apparent lack of effectiveness. For example, a child with autism may not benefit from services designed for children with Down Syndrome, and vice versa, since each type of disorder reflects different types of dysfunctions and deficits that require specific attention. Just as children with autism should receive EIBI, different populations might benefit from receiving treatments deemed effective for that specific population. For this reason, it would behoove policy makers to reconsider the role of educational services with children with developmental disabilities. Indeed, it may mean a minimization of the education system's role in providing services and a maximization of population-specific treatment implementation by mental health practitioners. Following from this, special education would then have expanded resources to serve children who failed to mainstream into typical education despite implementation of appropriate interventions.

Some of the concerns about the Jacobson et al. (1998) model brought forth by Marcus et al. (2000) require comment for our study. For one, Marcus et al. (2000) suggest that Jacobson et al. (1998) were insensitive to the restricted resources found in most school systems. It might be the case that school systems are limited with resources, but our study might provide one solution for freeing up many of those resources. Marcus et al. (2000) also suggest that the Jacobson et al. (1998) model implies that there is only one effective treatment for autism. Our study makes no such implication. We simply are comparing one approach to another in terms of potential cost savings (eclectic special education approaches vs. DTT) and not suggesting that there is only one effective treatment for autism. In fact, many of the children likely will require some special education services after the implementation of DTT. There are many empirically supported alternative behavioral treatments that could be considered as part of the special education curriculum. Further, this study is not an attempt to "fan the flames" (Marcus et al., 2000, p. 597) of divide between families of children with autism and treatment providers. We simply are offering a potential plan for saving money and maximizing recovery by utilizing one of the most empirically supported treatments for autism to date. Finally, our investigation acknowledges that children with autism who receive early intensive behavioral intervention often do not fully recover. We agree with Marcus et al. (2000) in that many of these children continue to exhibit residual symptoms of autism through the lifespan and that achieving status in regular education classrooms does not necessarily imply that these children are symptom-free.

Our analysis has its limitations. One limitation is that spontaneous recovery and special education successes are not incorporated into the formula. Some may argue that this is a liberal decision, but it is important to note that this projected cost-benefit analysis is not precise, since approximate numbers are incorporated throughout the calculations. For example, there are not exactly 10,000 children with autism in Texas, nor does it cost exactly $11,000 per year for special education. The current analysis is an approximation of the costs saved by implementing EIBI, and the influences of spontaneous recovery and special

education successes were deemed negligible. Similarly, as with any projected cost-benefit analysis, expected values are not going to match reality when the events unfold. For example, state-budgeted funds allocated for special education may change, or percentages of success may vary due to differential EIBI implementation. While this limitation is warranted, the magnitude of cost savings affords some margin of error, especially when *actual* instead of state-budgeted costs are considered. Finally, some may argue that a change in policy and implementing a new service plan has tremendous start-up costs. Like most financial endeavors, initial start-up costs are recouped over time. While difficult, it would be helpful for future projected cost comparisons to incorporate start-up costs into the calculations. In addition, a demonstration project can address all of these limitations by longitudinally tracking cost savings in a sample of children randomly assigned to either a group only receiving special education or to a group receiving EIBI plus special education as needed.

Ultimately, it is the goal of our paper to demonstrate a financial point, but there is naturally something uneasy about reducing children to a monetary value. Lack of cost-efficiency notwithstanding, special education does little to ameliorate the impairments exhibited by children with autism, and EIBI has yielded moderate to considerable gains in functioning in a substantial portion of children. The bottom line is that a simple change in policy could drastically improve functioning and quality of life for thousands of children with autism in Texas. As a bonus, the taxpayers could potentially save over $2 billion across 18 years.

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April 3, 2014

Dear Rep. Bill Stoltze, Rep. Austerman and Members of the Finance Committee:

I am writing to you in support of HB 361, an act relating to the licensing of behavior analysts.

Licensing of Behavior Analysts does not have to be an expensive enterprise. Based on the budget prepared for Kentucky, the net costs to the state will be less than $7,000 per year because they are relying on the BACB credentialing process rather than creating their own unique – and expensive process. If Alaska is able to keep even one person with autism or other developmental disabilities in state rather than requiring an expensive out-of-state placement the state will save far more money than this small sum. (A copy of this budget has been submitted with this testimony.)

As outlined in HB 361, licensing of BCBA's and BCaBA's would be tied directly to the BACB's educational and training requirements, test, and ongoing continuing education requirements. Applicants for licensure would complete an application form and criminal background check forms to be submitted with a fee to the state of Alaska. Alaska would then request confirmation from the BACB that the person is actively certified, await the results of the criminal background check, and handle the payments. Other than hearing grievances, the rest of the licensing process can be outsourced to the BACB at no cost to the state at all.

There are already 15 states that currently license behavior analysts, including North Dakota which has even fewer BCBA's than Alaska does (as of today, there are only 5 BCBA residing in that state), and at 7 other states including Connecticut are in the process of seeking licensure as well.

Most states have a higher fee for initial requests for licensure, and then a smaller annual fee. Initial fees can range from $250 - $500, and annual fees of $150 – 350 are common fees in other states running similar programs.

Additionally, the state can expect to save a great deal of money over time by providing in-state intensive ABA program for people with autism and other disabilities. For example, a cost analysis study found that the state of Texas would save more than $208,000 per student over the 18 years the children with significant

disabilities spend in special education settings. This does not even include the reduced cost of servicing these individuals after they age out of school (see Chasson, Harris & Neely, 2007 submitted with this testimony). Based on a cost analysis utilizing the residential costs for people in Connecticut the lifelong savings could be well over 3 million dollars per person (see Letso slide submitted with this testimony. A cost analysis conducted by Jacobson, Mulick and Green (abstract submitted with this testimony) found also found substantial lifelong cost savings.

Licensing of behavior analysts will go a long way toward protecting consumers of ABA services, including Alaska school districts that are already spending millions of dollars each year on these services. For years, both state and federal funds including military funding have been utilized to support ABA programming in Alaska, as well as families who privately fund ABA services for people with autism in the state. Just in the last few years alone, the Anchorage Public School System has spent several million dollars on behavior analytic services for children with autism. Without licensure this will remain an unregulated "cottage industry" with no consumer protections in place.

Licensure of behavior analysts is critical to the provision of ABA within the state of Alaska. This will facilitate implementation of the autism insurance bill enacted last year. It will also ensure that those providing ABA services are appropriately qualified, and have undergone a background check – including those who are not AK residents. It will enable Alaskan residences that have completed Alaskan-based university coursework to remain in Alaska rather than leaving the state because they cannot utilize their education and experience here. Perhaps most importantly, it will protect consumers of ABA services and will enable children with autism and other disabilities who are currently out of state to someday be able to return home.

This bill will have an immediate and long-term impact on the availability and quality of ABA services for people with autism in the state. But it will likely also benefit others in the state in the future because BCBA's also work with an increasing variety of other populations including, but not limited to our aging population, our prison population, those with traumatic brain injury, Fetal Alcohol Syndrome, and in manufacturing facilities for example. As the number of BCBA's in AK increase, at least some of these professionals may begin to expand their practice to help some of these other populations as well as people with autism. Which makes it even more critical that licensure of BCBA's be established as soon as possible.

Yours truly,
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