

# SB739

Measure Title: RELATING TO BEHAVIOR ANALYSIS SERVICES.

Report Title: Behavior Analysts; Licensure; Certification

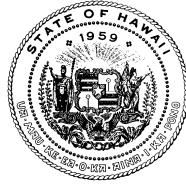
Description: Expands treatment capacity of behavior analysis services by allowing individuals with certain certification and under supervision conditions to implement behavior analysis services.

Companion:

Package: None

Current Referral: CPH

Introducer(s): GREEN, Baker



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB 739  
Relating to BEHAVIOR ANALYSIS SERVICES**

SENATOR ROSALYN BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: February 24, 2017 Room Number: 229  
9:30 AM

1 **Fiscal Implications:** None.

2 **Department Testimony:** The purpose of this measure is to expand the treatment capacity of  
3 behavior analysis services by changing certain licensing exemptions in Hawaii Revised Statutes  
4 (HRS) § 465D-7(a) for those who design or implement applied behavior analysis services  
5 (ABA).

6 The Department respectfully requests amendments to this measure.

7 The Department supports the work of licensed professionals and paraprofessionals, who  
8 provide services to those with challenging behavior under the Medicaid §1915(c) Home and  
9 Community-Based Services Waiver for People With Intellectual and Developmental Disabilities  
10 (Medicaid waiver).

11 The Department is willing to work with interested stakeholders to ensure that:  
12 (1) services to Medicaid waiver participants are delivered by qualified providers; (2) waiver  
13 participants have access to services, particularly on the Neighbor Islands; and (3) there is  
14 reasonable time to build workforce capacity.

15 **Justification:** Act 199, Session Laws of Hawaii (SLH) 2015, codified as HRS chapter 465D,  
16 requires the licensing of behavior analysts.

17 The licensed behavior analyst (LBA) is responsible for the design and development of the  
18 behavior plan, which is usually implemented by paraprofessional staff.

19 HRS § 465D-7(a) currently provides for certain exemptions from the licensing  
20 requirement.

1 This measure proposes exemptions for:

2 (1) Individuals who design and implement ABA services, where they are credentialed by  
3 national certification agencies and are supervised by an LBA;

4 (2) Individuals who directly implement ABA services, where they are credentialed by the  
5 Behavior Analyst Certification Board (BACB), Behavioral Intervention Certification  
6 Council (BICC), or Qualified Applied Behavior Analysis (QABA) Credentialing  
7 Board; and

8 (3) Direct support workers who provide Medicaid waiver services and who are  
9 supervised by licensed professionals. This clarifies the current exemption in HRS §  
10 465D-7(a)(3)(C), which was enacted as Act 123, SLH 2016.

11 **Offered Amendments:** The Department respectfully requests the following amendments to  
12 HRS §§ 465D-7(a) and 465D-2.

13 HRS § 465D-7(a)(4) currently exempts a family member or legal guardian from the  
14 licensing requirement where they are implementing an ABA plan under the direction of an LBA.  
15 The current exemption does not expressly exempt caregivers who have individuals living in their  
16 homes from the licensing or certification requirement. Requiring these caregivers to become a  
17 Registered Behavior Technician (RBT) may become burdensome to the point of caregivers  
18 requesting individuals with intellectual or developmental disabilities to move out.

19 The Department respectfully requests adding caregivers to the exemption in HRS §  
20 465D-7(a)(4) and allowing this exemption to apply where family members, guardians, or  
21 caregivers act under the direction of a licensed professional for consistency with the current  
22 exemption in HRS § 465D-7(a)(1).

23 (4) A family member, ~~[or]~~ legal guardian, or caregiver implementing an  
24 applied behavior analysis plan and who acts under the direction of a  
25 licensed behavior analyst or licensed [in this State;] professional who is  
26 authorized to practice behavior analysis;

27 The “practice of behavior analysis” is broadly defined in HRS § 465D-2. This has  
28 implications for even simple behavioral interventions that are routinely implemented across the  
29 population of people with intellectual and developmental disabilities. This could be addressed

1 by amending the definition to exclude behavioral techniques used solely as treatment modalities,  
2 similar to the definition in Washington's law.

3 The Department respectfully requests amending the definition of "practice of behavior  
4 analysis" by adopting the Washington definition.

5 Section \_\_. Section 465D-2, Hawaii Revised Statutes, is amended by amending  
6 the definition of "practice of behavior analysis" to read as follows:

7 "Practice of behavior analysis" means ~~the~~;

8 (1) The design, implementation, and evaluation of instructional and  
9 environmental modifications to produce socially significant  
10 improvements in human behavior~~[-Practice of behavior analysis~~  
11 ~~includes the];~~

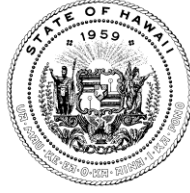
12 (2) The empirical identification of functional relations between behavior  
13 and environmental factors, known as functional assessment and  
14 analysis~~[-Practice of behavior analysis also includes the]; and~~

15 (3) The use of contextual factors, motivating operations, antecedent  
16 stimuli, positive reinforcement, and other consequences to help  
17 people develop new behaviors, increase or decrease existing  
18 behaviors, and emit behaviors under specific environmental  
19 conditions.

20 Practice of behavior analysis expressly excludes psychological testing, diagnosis  
21 of a mental or physical disorder, neuropsychology, psychotherapy, cognitive  
22 therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as  
23 treatment modalities.

24 Practice of behavior analysis also excludes the use of behavioral techniques  
25 described in paragraph (3) alone as treatment modalities."

26 Thank you for the opportunity to testify on this measure.



DAVID Y. IGE  
GOVERNOR  
SHAN S. TSUTSUI  
LT. GOVERNOR

**STATE OF HAWAII**  
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CATHERINE P. AWAKUNI COLÓN  
DIRECTOR  
JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

**PRESENTATION OF THE  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE SENATE COMMITTEE ON  
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-NINTH LEGISLATURE  
Regular Session of 2017

Friday, February 24, 2017  
9:30 a.m.

**TESTIMONY ON SENATE BILL NO. 739, RELATING TO BEHAVIOR ANALYSIS  
SERVICES.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Constance Cabral, Executive Officer of the Behavior Analyst Program, offering comments on behalf of the Professional and Vocational Licensing Division, Department of Commerce and Consumer Affairs ("Department"). This bill expands treatment capacity of behavior analysis services by allowing individuals with certain certification and under supervisory conditions to implement behavior analysis services.

While the Department takes no position on the bill, we would like to offer the

following amendments to paragraphs 465D-7(a)(2) and (3) for clarity and consistency.

With regard to paragraph 465D-7(a)(2), we recommend:

- (2) *An individual who implements or designs applied behavior analysis services and possesses board certification ~~[as an assistant behavior analyst by]~~ from a national certifying agency, ~~[the Behavior Analyst Certification Board]~~ and who practices in accordance with the most recent supervisory and ethical requirements adopted by ~~[the Behavior Analyst Certification Board]~~ a national certifying agency under the direction of a behavior analyst licensed in this State;*

The term “national certifying agency” more clearly identifies the purpose of the Behavior Analyst Certification Board (“BACB”).

With regard to paragraph 465D-7(a)(3), we recommend:

- (3) *An individual who directly implements applied behavior analysis services under the supervision of a licensed professional whose scope of practice overlaps with the practice of behavior analysis and:*

The phrase “licensed professional whose scope of practice overlaps with the practice of behavior analysis” is used in the first exemption, paragraph (1).

Since it is that exempt individual in paragraph (1) who would be supervising others in the implementation of applied behavior analysis services, the same phrase should be used in paragraph (3) for consistency and clarity.

With regard to clause 465D-7(a)(3)(A), we recommend:

- (A) ~~[Is credentialed as a registered behavior technician by the]~~ Possesses board certification from one or more of the following certifying agencies:

- (i) Behavior Analyst Certification Board[;];
- (ii) Behavioral Intervention Certification Council; or
- (iii) Qualified Applied Behavior Analysis Credentialing Board,  
and is under the direction of a professional licensed in this State and acting  
within the scope of that licensure; or

The phrase “possesses board certification” is used in paragraph (2) and all three agencies issue certifications.

Thank you for the opportunity to provide testimony on Senate Bill No. 739, Relating to Behavior Analysis Services.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
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TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
February 24, 2017

The Honorable Rosalyn H. Baker, Chair  
Senate Committee on Consumer Protection and  
Health  
Twenty-Ninth Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Senator Baker and Members of the Committee:

SUBJECT: SB 739 - Relating to Behavior Analysis Services

The State Council on Developmental Disabilities (DD) **supports the intent of SB 739**. This measure expands treatment capacity of behavior analysis services by allowing individuals with certain certification and under supervision conditions to implement behavior analysis services.

The Council supports the licensing of behavior analysts for the practice of behavior analysis. We appreciate the Legislature's commitment of this in the passage of Act 199, Session Laws of Hawaii (SLH) 2015, which requires the licensing of behavior analysts beginning on January 1, 2016. Furthermore, we supported legislation that provided certain exemptions from the licensing requirement for direct support workers. That measure was enacted as Act 123, SLH 2016.

HRS § 465D-7(a)(4) exempts a family member or legal guardian from the licensing requirement in order to implement an applied behavior analysis plan under the direction of a behavior analyst licensed in Hawaii. However, we realize that this exemption does not include caregivers who have individuals with DD living in their home from licensing and certification requirements. Caregivers who currently implement simple behavior interventions may consider the requirements too rigorous and burdensome. Therefore, they may not seek to be licensed or certified. This situation would put the individual living in their home at risk from having to move to another home.

In order to address this potential unintended consequence, and prevent transfer trauma and disruption for the individual, **the Council respectfully asks for your support in amending HRS § 465D-7(a)(4) to include caregivers along with a family member or legal guardian implementing an applied behavior analysis plan and**

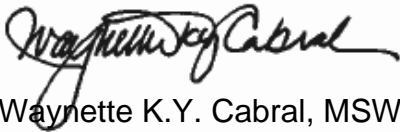


The Honorable Rosalyn H. Baker  
Page 2  
February 24, 2017

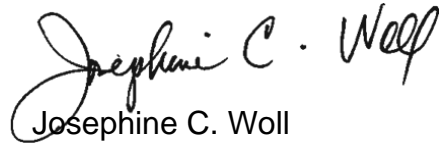
**who acts under the direction of a behavior analyst licensed in this State.** We feel this would prevent the possible displacement of individuals with DD.

Thank you for the opportunity to submit testimony supporting the intent of SB 739 and for considering our proposed amendment.

Sincerely,



Waynette K.Y. Cabral, MSW  
Executive Administrator



Josephine C. Woll  
Chair



An Independent Licensee of the Blue Cross and Blue Shield Association

February 24, 2017

The Honorable Rosalyn H. Baker, Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Senate Committee on Consumer Protection, and Health

Re: SB 739 – Relating to Behavior Analysis Services

Dear Chair Baker, Vice Chair Nishihara, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to offer testimony on SB 739, which expands treatment capacity of behavior analysis services by allowing individuals with certain certification and under supervision conditions to implement behavior analysis services. HMSA appreciates the intent of the Bill and offers the following comments.

HMSA appreciates the important role that behavior analysts play in treatment of autism and the distinct challenge that Hawaii faces in recruiting and licensing qualified applied behavioral analysis (ABA) service providers – especially in rural areas and on neighbor islands. SB 739 seeks, in part, to address this challenge by expanding who is recognized as a qualified paraprofessional to provide behavior therapy. However, we are concerned that the Bill as currently written may not ensure the professional oversight or supervision that is required to meet the current professional standards that we believe are required to ensure quality care to our members.

Our primary interest is to ensure that the supervising ABA service provider has appropriate training to supervise the other providers. To that end we have met, and are continuing to meet, with the stakeholders and expressed our interest in finding a common standard of training/certification that meets or exceeds the BACB supervision/certification guidelines.

Thank you for the opportunity to provide comments on SB 739.

Sincerely,

Mark K. Oto  
Director, Government Relations



February 23, 2017

The Honorable Rosalyn H. Baker, Chair  
and Members of the Committee on Commerce  
Hawaii State Capitol  
415 South Beretania St., Room 230  
Honolulu, HI 96813

Re: Letter in Support of Senate Bill 739

Dear Chair Baker and Members of the Committee:

I am the executive director of the Behavioral Intervention Certification Council (BICC). BICC is a nonprofit organization that has developed the Board Certified Autism Technician (BCAT) credential, the only autism-specific credential for behavior technicians accredited by the National Commission of Certifying Agencies (NCCA).

BICC was established in 2013 to promote the highest standards of treatment for individuals with autism spectrum disorder (ASD) through the development, implementation, coordination, and evaluation of all aspects of the certification and certification renewal processes. BICC is an independent and autonomous governing body for the BCAT certification program.

BICC submits this letter in support of Senate Bill 739, which would expand those eligible to implement autism treatment plans to include those credentialed by BICC, the Board Certified Autism Technician (BCAT). The BCAT is autism-specific and accredited by the National Commission for Certifying Agencies, the same organization that accredits the BCBA and BCaBA programs. BCATs must meet training and education requirements, sign and adhere to a Code of Ethics, pass an exam that demonstrates mastery of autism-specific applied behavior analysis, and pass a comprehensive background check which is ongoing (i.e., not reliant on self-reporting). Additionally, BCATs must accrue 12 units of continuing education based on the BCAT Task List in order to renew their certification, with 25% of the CEUs dedicated to ethics. BICC also recognizes that other licensed professionals may be qualified to supervise BCATs, allowing licensed professionals acting within the scope of their license to supervise BCATs in the implementation of an autism treatment plan.

BICC is committed to working with providers to ensure access to the BCAT exam, which is available on-demand at active test locations. BICC has three testing sites in Hawaii, located in Honokaa, Kahului, and Honolulu. Providers in rural areas where testing sites may be scarce have the option of applying to host a BCAT exam, which is then proctored by highly trained external proctors. This option increases both access and cost-effectiveness, two elements which contribute to a provider's ability to increase capacity to meet the community's needs.

BICC respectfully urges the members of this committee to support SB 739. Should you have any questions, please do not hesitate to contact me at (914) 820-9903 or [l.whitlock@behavioralcertification.org](mailto:l.whitlock@behavioralcertification.org). I look forward to working with you.

Respectfully submitted,

Lauren Rivera Whitlock  
Executive Director  
Behavioral Intervention Certification Council



# AUTISM SOCIETY

*Improving the Lives of All Affected by Autism*

*Hawaii*



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**TESTIMONY IN OPPOSITION TO S.B. 739  
RELATING TO BEHAVIOR ANALYSIS SERVICES**

**THE SENATE  
THE TWENTY-NINTH LEGISLATURE  
REGULAR SESSION OF 2017  
COMMITTEE ON COMMERCE, CONSUMER PROTECTION,  
AND HEALTH**

**Friday, February 24, 2017, 9:30 A.m., Conference Room 229**

The Honorable Rosalyn H. Baker, Chair  
The Honorable Clarence K. Nishihara, Vice Chair  
Committee on Commerce, Consumer Protection, and Health

Dear Chair, Vice Chair, and Members of the Committee:

We offer the following COMMENTS IN OPPOSITION to S.B. 739. The Bill would allow state agencies to provide applied behavior treatment through individuals who are not licensed professionals and who may be unqualified.

S.B. 739 would further amend Act 199 of 2015 (codified at H.R.S. §465D-7) by exempting the Department of Education (“DOE”) and the Department of Health from its requirements. HMSA testified in 2015 in support of that legislation (S.B. 40), stating:

“Given the specialized nature of services that are necessary for children with autism spectrum disorder services, it is imperative that those providers be of the highest quality. A licensure requirement will help to ensure those service providers to whom we will entrust those children, meet those professional standards.”

The autism insurance legislation enacted in 2015 (Act 235, 2015) requires that applied behavior treatment be provided by an individual who is licensed by a state licensure board. Medicaid rules provide that reimbursement for applied behavior treatment be made only to licensed providers. Those mandates establish a standard of care that would likely be applied in litigation filed on behalf of children with disabilities. The lower standard this bill would adopt would cause harm to children with disabilities and impair the state’s position in litigation. That would likely lead to supplemental service awards, private school placements, and attorney fees to the detriment of State taxpayers.

On June 1, 2000, the U.S. District Court held the State in contempt of court in the *Felix* case for failing to increase the number of qualified special education teachers. *Felix v. Waihee*, D. Haw. Civ. No. 93-367 DAE, Doc. 317 (June 1, 2000) at 25. The use of unlicensed behavioral analysts permitted by this Bill would be similar to the DOE’s behavior in *Felix*.

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Testimony in Opposition, Page 2

The state should ensure that applied behavior treatment provided through its own employees or contractors meets the standards established under existing State and Federal law.

Thank you for the opportunity to testify.

Respectfully submitted,

Ryan Lee, M.D.  
President, Autism Society of Hawaii

Lindsey Shepard  
Naomi Tachera  
John P. Deller  
Members, Board of Directors



# Hawai'i Psychological Association

## *For a Healthy Hawai'i*

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P.O. Box 833  
Honolulu, HI 96808

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Email: [hpaexec@gmail.com](mailto:hpaexec@gmail.com)  
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### Testimony SUPPORTING SB739 RELATING TO BEHAVIOR ANALYSIS SERVICES and recommending amendments

The Hawaii Psychological Association (HPA) supports the spirit of SB739 and the proposer's intention to increase options for assuring the competency of workers providing direct ABA services under the supervision of BCBA's and not allowing a monopoly for one company in this area. We would like to offer some recommended language for further amending the original BCBA licensing law - Act 199 - related to the issue of supervising direct service workers.

Act 199 has explicit language in several places stating that the law is not intended to restrict the practice of other licensed or credentialed healthcare practitioners practicing within their own recognized scopes of practice. The statutes that provide for the licensing of *Psychologists* in Hawaii, include the term "Behavior Analysis" in the description of Psychologists' scope of practice. Also, the section "465-3 Exemptions" allows an exemption for:

(2) Any person who performs any, or any combination of the professional services defined as the practice of psychology under the direction of a licensed psychologist in accordance with rules adopted by the board; provided that the person may use the term "psychological assistant", but shall not identify the person's self as a psychologist or imply that the person is licensed to practice psychology;

Despite the fact that our own licensing law permits Psychologists to direct psychological assistants in providing behavior analysis services, some psychologists have been denied payment for the work of our paraprofessionals and some state agencies have declined to contract with licensed psychologists as supervisors of direct service workers - based on Act 199.

HPA contends that Psychologists' licensure permits us to direct psychological assistants whom we believe competent to provide psychological services, including behavioral analysis, without requiring them to go to the additional unnecessary expense of obtaining and maintaining a separate certification from a national body. Psychologists have been training assistants to deliver these services and supervising their work in Hawaii for years without incident.

Consistent with these concerns, HPA would like to recommend passing SB739, with some specific revisions:

On page 1 of SB739 we recommend substituting the following text for the last clause in number (1) after the semicolon in line 9: including individuals supervised by the licensed professional. This may include paraprofessionals, unlicensed professionals, students, and parents, provided that the supervision is within the licensed professional's own recognized scope of practice and neither the licensed professional nor the individual supervised uses the title "behavior analyst;"

On page 2 of SB739 we recommend that a section 3(B) should be inserted after the proposed section 3(A) to read: An individual who provides ABA services under the supervision of a licensed or credentialed practitioner working within his or her own recognized scope of practice,

provided that the licensed or credentialed supervisor attests to the training and qualifications of the individual to provide the supervised ABA service, and maintains responsibility for that individual's work.

HPA is sensitive to the concerns for consumer protection that have been raised in conversations with us by leaders of the Hawaii Association for Behavioral Analysis (HABA) in defense of the original bill. However, HPA maintains that the Board of Psychology in overseeing the practice of Psychologists provides this protection in the case of our direct supervisees. It is our ethical responsibility to ensure that these direct service workers are adequately trained and supported and that each consumer receives competent services.

Thank you for the opportunity to provide input on this bill.

Respectfully submitted,

Julie Y. Takishima-Lacasa, Ph. D.  
HPA Legislative Chair

*Association of*



***Professional  
Behavior Analysts***

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*[info@apbahome.net](mailto:info@apbahome.net)*

*[www.apbahome.net](http://www.apbahome.net)*

**Testimony Regarding Hawaii SB 739 Relating to Behavior Analysis Services**

Submitted to Senate Consumer Protection and Health Committee at

[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

February 23, 2017

The Association of Professional Behavior Analysts offers the comments that follow in support of its Affiliate, the Hawaii Association for Behavior Analysis (HABA). APBA is an international nonprofit membership organization whose mission is to promote and advance the science-based practice of behavior analysis. One way we fulfill that mission is by advocating for public policies, including laws to license or otherwise regulate practitioners of applied behavior analysis (ABA). Like HABA, we oppose SB 739 for the reasons outlined next.

**SB 739 should not be adopted because it would change the Hawaii behavior analyst licensure law (Section 465D-7, Hawaii Revised Statutes) in ways that are inconsistent with professional licensing standards and would put the public at risk.**

In adopting the behavior analyst licensure law, the State of Hawaii wisely ensured that the requirements for obtaining and maintaining state-issued credentials to practice ABA parallel requirements in other licensure laws, which in turn reflect widely accepted standards, case law, and best practices in professional credentialing and consumer protection. Those include

- the knowledge and skills required to practice the profession;
- degree, coursework, and supervised experiential training designed to develop the knowledge and skills;
- passage of a psychometrically and legally validated professional examination;
- standards of professional conduct; and
- requirements for continuing education.
- all of the above and other standards (e.g., regarding supervision)
  - derived from *job analysis studies* involving subject matter experts, large numbers of members of the profession, and experts in psychometrics and applicable laws.
  - pertain to *practicing the profession generally, not with specific client populations or conditions.*

The credentialing programs operated by the Behavior Analyst Certification Board (BACB) have all of these features. The BACB is an independent, nonprofit entity whose credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence. That accreditation provides important legal and other safeguards to



governments, funders, consumers, and the profession. The BACB has a solid, almost 20-year track record in credentialing practitioners of ABA, a full legal team, and procedures for coordinating with governmental regulatory bodies on vetting applicants and investigating allegations of misconduct. It has conducted several comprehensive job analysis studies that have been published in professional journals and the BACB newsletter. The BACB manages the only professionally and legally validated exams in the general practice of ABA that are currently available.

It is for those and other reasons that legislators and regulators in many jurisdictions have incorporated the BACB credentials into licensure and other laws, as the Hawaii legislature did in the behavior analyst licensure law. Contrary to assertions that doing so creates a “monopoly,” it is important to note that it is common for licensure laws and/or rules to incorporate standards and exams that are set and managed by single professional organizations or credentialing bodies. For instance, the Hawaii psychology licensure law and rules, like many throughout North America, include requirements for applicants to pass the Examination for Professional Practice in Psychology, which is developed and managed by a single entity – the Association of State and Provincial Psychology Boards (ASPPB). The ASPPB also conducts job analysis studies in the professional practice of psychology, parallel to those conducted by the BACB. Similarly, rules for licensing speech-language pathologists in Hawaii reference the national licensure exam and national certification managed by a single entity, the American Speech-Language-Hearing Association.

It’s also important to note that, like the overwhelming majority of licensure laws and rules we have seen, the foregoing Hawaii licensure laws and rules are not specific to any client populations, diagnoses, or disorders; that is, psychologists are licensed to practice clinical psychology rather than schizophrenia or depression, and SLPs are licensed to practice speech-language pathology rather than stroke or articulation disorders. The same is true of the current Hawaii behavior analyst licensure law, but that would change in problematic ways if SB 379 were adopted.

SB 739 is confusing because it conflates certification (which generally pertains to individuals rather than “agencies”) with accreditation (which applies to programs, e.g., to train or credential practitioners). More importantly, it proposes to amend the behavior analyst licensure law by replacing well-established, legally validated professional standards with requirements that are inconsistent with other state licensure laws, ambiguous, will mislead the public, and may not be legally defensible. Some specific concerns are

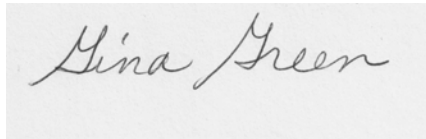
- The bill proposes to allow individuals who deliver ABA services under supervision to hold either the BACB’s Registered Behavior Technician (RBT) credential or one of two other paraprofessional credentials. That is problematic because
  - unlike the RBT, training and testing to obtain the other two credentials is limited to certain forms of behavioral intervention for autism rather than the practice of ABA generally, which encompasses many concepts and procedures beyond those that are used in autism intervention.
  - adoption of those autism-specific credentials would mislead the public by implying that the law credentials individuals to practice autism intervention rather than ABA.
  - one of the alternative credentialing programs is not properly accredited.
  - the public would have no way of knowing that the other two credentials *are not equivalent to the RBT*.

- The bill also proposes to allow RBTs to be supervised by individuals other than Licensed Behavior Analysts and Licensed Assistant Behavior Analysts. That is problematic because
  - standards for supervising RBTs have been set by the BACB in accordance with its accreditation. They require that RBTs be supervised by Board Certified Behavior Analysts or Board Certified Assistant Behavior Analysts who have completed specified training in supervision. Hawaii LBAs, LABAs, and RBTs who fail to supervise or be supervised in accordance with the BACB’s supervision standards can lose their BACB credentials, and in turn their state-issued credentials.
  - such a provision would be inconsistent with professional standards and other Hawaii licensure laws and rules requiring that supervision be provided by individuals who hold credentials and meet other requirements *set by the relevant profession* (for example, see the psychology licensure law and rules).

We would point out that the behavior analyst licensure law clearly permits licensed psychologists and other appropriately credentialed professionals to practice ABA without being licensed as behavior analysts, provided that behavior analysis is in their scope of practice. It does not encroach on their right to supervise trainees, paraprofessionals, and others in accordance with the licensure laws and regulations of their respective professions.

We urge “no” votes on SB 739.

Respectfully submitted,

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

Gina Green, PhD, BCBA-D  
Chief Executive Officer



02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

Conference Room 229

State Capitol

415 South Beretania St.

**Testimony in OPPOSITION to SB739**

Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,

The Hawai'i Association for Behavior Analysis (HABA) would like to thank the legislature for their support of applied behavior analysis (ABA) in the 2015 and 2016 legislative sessions. HABA's mission is to support both providers and consumers of ABA in the islands. Hawai'i's current law requires Registered Behavior Technician™ (RBT) credentialing for direct support workers, and Board Certified Assistant Behavior Analyst (BCaBA) certification for assistant behavior analysts, through the Behavior Analyst Certification Board® (BACB). The current language of SB739 seeks to add alternative credentials for direct support workers and assistant behavior analysts. HABA remains focused on improving the quality of ABA services and ensuring consumer protection for some of the state's most vulnerable. **Allowing alternative credentials degrades current protections in the existing law and HABA stands in opposition to SB739.**

Current law affords consumer protection by establishing set standards for minimum training, competency, and ongoing supervision across all settings and funding sources in which ABA services are provided. As the field of behavior analysis grows, various credentials have become available; however, it is of utmost importance any credential is thoroughly evaluated to ensure consumer protection. In reviewing available literature, the BACB credentials meet key areas of excellence including the use of psychometric procedures, use of job analysis studies, evidence-based training, evidence-based supervision dosage, and a system for disciplinary actions (ethical compliance) in addition to many others (Green, 2011; Carr et al, 2017; Institute for Credentialing Excellence, 2017). The BACB credentialing body is recommended by Autism Speaks and the Association for Science in Autism Treatment (ASAT) as a means for consumers to identify qualified practitioners in the field of ABA.



	Behavior Analyst Certification Board® (BACB)	Qualified Applied Behavior Analysis Certification Board ©(QABA)	Behavioral Intervention Certification Council© (BICC)
Year Established	1998	2012	2013
Nonprofit status	Nonprofit	For profit	Nonprofit
Total number of all credentialed individuals <sup>1</sup>	Over 50,000	2,843	1,420
Number of current credentialed individuals in Hawai'i <sup>2</sup>	659	0	0
Population specific credentials	No. Reflective of diverse populations served in ABA.	Yes. Autism applications only.	Yes. Autism applications only.
Supervisor must have demonstrated competency in ABA	Yes	No	No
Direct care credential requires demonstrated competency in ABA	Yes	No	No
Supervision dosage adheres to best practice for ABA	Yes	No	Yes
Comprehensive ethical compliance code including cultural competence	Yes	No	No
Disciplinary procedures if needed	Yes	None specified on website	Yes

<sup>1</sup>Data from BACB 1/2017, QABA 1/31/17, BICC 2/2/17.

<sup>2</sup>Data from BACB 2/22/17, QABA 1/31/17, BICC 2/2/17.

### **Competency-Based Assessment and Professional Development**

Acquisition and maintenance of the RBT credential requires initial and ongoing competency assessment with an ongoing supervision component; it is thereby grounded in a professional development model that emphasizes in-situ behavioral skills training (BST). BST is a training process, evidenced in the professional development literature in the field of education, which emphasizes practical experiences through modeling, rehearsal, and feedback. A number of studies validate the BST approach to professional development (e.g., Koegel, Russo, & Rincover, 1977; Rispoli, Neely, Lang, & Ganz, 2011; Selinske, Greer, & Lodhi, 1991). Unfortunately, employers do not appear to be regularly adopting



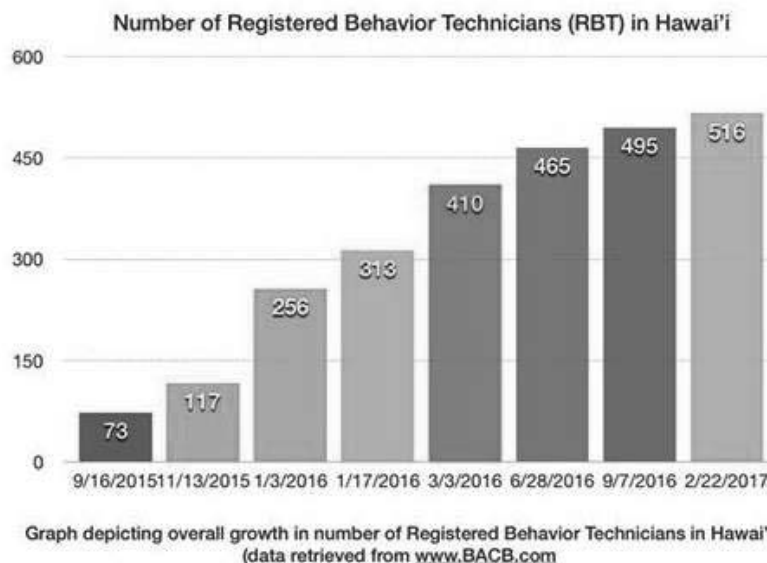
these procedures, which are considered “best practice” for pre-service and in-service training (Reed & Henley, 2015).

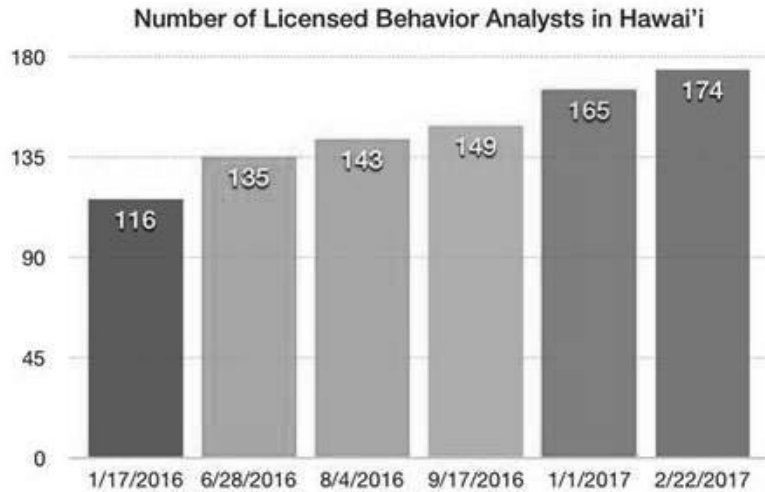
### Supervision Activities and Standards

Supervision activities involve supporting staff in demonstrating competencies of targeted practice areas, establishing performance expectations and skill mastery, error correction, and ongoing motivation to enhance the quality of staff performance (Reid, Parsons, & Green, 2012). The BACB Professional and Ethical Compliance Code for Behavior Analysts includes a section on “Behavior Analysts as Supervisors,” covering specific considerations related to supervisory activities (BACB, 2014). RBT supervision requires credentialed ABA supervisors to provide training and ongoing supervision with feedback. Appropriately-credentialed supervisors have not only undergone competency-based programs to practice ABA, they have also completed a standard supervisor training curriculum (BACB, 2012) and receive continuing education specific to ABA supervision; this ensures a minimum quality of support for direct support workers and the students whom they and their supervisors are serving. Dixon and colleagues (2016) found that **supervisors with a BACB certification produce approximately 74% greater mastery rates of learning objectives in comparison to supervisors without BACB certification.**

### Clarity of Information for Consumers and Provider Capacity

In one year since implementation of state law, there are over 500 RBTs in Hawai'i and this number continues to grow (BACB, 2017). Similarly, there are now 174 licensed behavior analysts in Hawai'i, with continued growth. This means that consumers and other stakeholders (e.g., funders) have a clear mechanism for identifying behavior technicians and supervising behavior analysts who have a defined set of behavior-analytic experiences.





Graph depicts overall growth in number of Licensed Behavior Analysts (LBA) in the state of Hawai'i (data from [www.pvl.ehawaii.gov/pvlsearch/license](http://www.pvl.ehawaii.gov/pvlsearch/license)) since ABA Licensure went into effect on 1/1/2016.

Some have argued the current law restricts psychologists' right to practice. Under existing state law, individuals who are licensed and practicing within their scope of experience and training, can design and implement applied behavior analysis (ABA) services. Health plans have confirmed there is a modifier to indicate a psychologist rather than a behavior analyst provided services. Licensed psychologists, certified by the American Board of Professional Psychology (ABPP) in Behavior and Cognitive Psychology, who have been tested for demonstration of behavior analytic competency, are eligible to oversee RBTs and those seeking board certification from the BACB. Behavior analysts in the state have focused on building workforce capacity across the islands by participating in university programs, providing supervised experience, volunteering on workforce development groups, and offering free 40 hour RBT trainings. Currently there are over 100 students from five islands enrolled in coursework for board certification, and countless individuals pursuing their RBT credential. We welcome ABPP board certified psychologists to join us as we continue to work toward building an increased provider network of highly trained providers across the state.

### **Barriers to Service**

While the state has made significant progress in providing access to ABA for individuals in need, several barriers remain. Children in the DOE are not able to access the amount of ABA services needed, or may not be able to access ABA services at all. Current restrictions for QUEST and commercial health plans do not cover ABA in the schools based on the premise DOE should provide ABA; however, the DOE does not yet consistently provide ABA using equally qualified, trained, providers. This has resulted in an increased demand for afterschool ABA services and misinformation regarding wait lists for ABA. HABA recently



surveyed over 40 ABA insurance-funded providers in the state and found 88% of agencies had daytime availability and 44% had afternoon availability. This legislature passed SB2395 for the provision of telehealth services starting 1/1/17 as means to increase access to care in rural areas of our state; however, health plans are not currently allowing behavior analytic services via telehealth. As a community, we need to come together to solve system issues while continuing to maintain high standards in the current law establishing consumer protections through regulated training and demonstrated competency. We ask you uphold current law, malama our keiki, and vote no on this bill.

A handwritten signature in black ink, appearing to read "K. Koba-Burd".

Kristen Koba-Burd, M.S., BCBA, LBA  
HABA Past-President  
HABA Legislative Committee, 2017  
[legislation@hawaiiaba.org](mailto:legislation@hawaiiaba.org)

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QABA Credentialing Board  
February 3, 2017

MEMORANDUM

TO: Senator Rosalyn H. Baker

FROM: Tom McCool, Ed.D  
Chairman  
QABA Credentialing Board

I am aware that your committee is hearing a proposal to expand credentials eligible for the provision of autism behavioral services. Below is information about the QABA Credentialing Board which I hope supports the inclusion of the Applied Behavior Analysis Technician (ABAT) and Qualified Autism Services Practitioner (QASP) credentials in the revised legislation.

These credentials were an outgrowth of a process in California to require special education teachers to secure an Autism Added Authorization in order to be eligible to teach children on the autism spectrum. This was in recognition that special education certification was not adequate to insure knowledge and expertise in this important venture.

In 2012, the ABAT credential was the only autism specific credential offered. The intent was to provide the same level of expertise for the high school and bachelor degreed individuals who were providing behavior support services to children on the autism spectrum. It is important to note that these individuals were providing 87%+ of the services being provided. It is also important to note that there was no uniformly accepted training requirements for these individuals.

The RBT was introduced in 2014 and the BCAT in 2016.

I would like to provide you and WABA with information about the QABA credentials so that you would have an opportunity to evaluate them in terms of their applicability for providing services to children and families impacted by Autism Spectrum Disorder.

**Validation**

There were a number of steps taken to establish the QABA credentials beginning in 2011, at which time there were no credentials in place for Behavior Technician. Innovative Learning, a training and education company had established Project Optimal in California to develop and implement training and certification for the Autism Added Authorization. This Added Authorization was designed to insure that teachers working with children diagnosed with ASD had the knowledge and skills to provide appropriate services to these children. The California legislature had decided that the basic Special Education Certification was not adequate to achieve this goal.

At the same time, legislation was being enacted across the US to require insurance companies to provide behavioral and other services to children with ASD. It was a logical extension of IL’s work to lead the effort to establish a credentialing process for Behavior Technicians providing behavioral services to children with ASD.

IL representatives contacted the leadership at the BACB to suggest the establishment of the Behavior Technician credential that would target those individuals who had little to no training or competency requirements - 80%+ of the existing workforce. The BACB declined to be involved in this process.

In 2012, IL moved forward to develop credentials for Behavior Technicians at two levels of education:

1. Applied Behavior Analysis Technician(ABAT) – for high school levels of education
2. Qualified Autism Services Practitioner(QASP) – for bachelor and masters degree levels of education.

**ACCREDITATION**

In 2013, IL began to explore a process for having these credentials accredited by national accreditation organizations and identified the following information:

There is an accreditation hierarchy represented below

The IOS (International Organization for Standardization) oversees the process. The ISO accredits ANSI (the American National Standards Institute), and ANSI accredits ICE (The Institute for Credentialing Excellence), which accredits the NCCA.

		IOS					
			ANSI				
				ICE			
					NCCA		

IL explored both ANSI and NCCA accreditation and was informed that the QABA entity would have to establish an independent board in order to meet accreditation standards. This was completed in late 2013, and the new board was comprised of individuals with experience in the field of autism services. I joined the board in January 2014, and was named Chairman in October 2014.

**TRICARE APPROVAL**

In late 2014, TRICAR distributed a communication about the Autism Demonstration Project that included the requirement that TRICAR tutors secure a Registered Behavior Technician (RBT) credential in order to provide services to TRICARE clients. This would have disallowed the provision of services by those without the RBT credential.

In January 2015, I contacted Mr. Rick Hart, Health Operations Director(US) for the Defense Health Agency and began the process to have TRICARE evaluate the QABA credentials for inclusion in the Autism Demonstration Project which provides behavioral services to military dependents

In subsequent communications with TRICARE we were able to provide information about the QABA Credentialing Board and the process by which this board issues Applied Behavior Analysis Technician (ABAT) and Qualified Autism Services Practitioner (QASP) credentials. As part of this process I participated in an Autism Round Table in Washington on May 15, 2015.

On July 28, 2015, I participated in a follow-up phone conference with TRICARE during which I was told that TRICARE was recommending approval of the ABAT and QASP credentials within the Autism Demonstration Project. These credentials were included in the TRICARE Policy Manual, which was published in October 1015. This verified that individuals with the ABAT and QASP credentials are qualified to provide much needed autism behavioral services to TRICARE clients.

Autism Round Table – May 5, 2015

Attendees		
Dr. Laura Junor	Dr. Junor <b>Junor, Laura J HON OSD OUSD P-R (US)</b> <	laura.j.junor.civ@mail.mil
Richard W Thomas	MG Thomas Thomas, Richard W (Tom) MG USARMY DHA HEALTH OPNS DIR (US)" <	richard.w.thomas44.mil@mail.mil
Mary C Justis	Ms. Justis Justis, Mary C SES DHA HEALTH OPNS DIR (US)"	mary.c.justis.civ@mail.mil
Martha Taft	Ms. Taft"Taft, Martha H CIV DHA HEALTH OPNS DIR (US)"	martha.h.taft.civ@mail.mil
Richard Hart	Mr. Hart Hart, Richard C CIV DHA HP EXECUTION OPS (US)"	richard.c.hart4.civ@mail.mil
Dori Rogut	Ms. Rogut"Rogut, Dori A CIV DHA HEALTH OPNS DIR (US)" <	dori.a.rogut.civ@mail.mil
Krystyna Bienia	Ms. Bienia Bienia, Krystyna M CTR (US)"	krystyna.m.bienia.ctr@mail.mil
John W Davison	Mr. Davison"Davison, John W III CIV (US)	john.w.davison2.civ@mail.mil
Nicole Frazier	CDR Frazier Frazer, Nicole L CDR USPHS DHA HEALTH OPNS DIR (US)" <	nicole.l.frazer.mil@mail.mil
Thomas McCool	Dr. McCool	Tmccool125@gmail.com
Michael Jackonis	Mr. Jackonis "Jackonis, Michael J Jr CIV DHA OGC (US)" <	michael.j.jackonis2.civ@mail.mil
Richard Breen	Mr. Breen Breen, Richard H Jr CIV (US)"	richard.h.breen.civ@mail.mil

Information Only		
Mr. Paul Fitzpatrick	POC: Mr. Paul Fitzpatrick <u>703-681-7936</u> Paul Fitzpatrick Fitzpatrick, Paul M CIV (US)"	paul.m.fitzpatrick2.civ@mail.mil
Patricia Lewis	Lewis, Patricia C CIV DHA HEALTH OPS DIR (US)	patricia.c.lewis.civ@mail.mil
Robert Schmidle General USMC	Schmidle, Robert E Jr LtGen USMC OSD CAPE (US)" <	robert.e.schmidle.mil@mail.mil
Trevor Powell	Executive Assistant to the Principal Deputy Under Secretary of Defense Personnel & Readiness Pentagon, Rm 3E986 <u>703-697-2121</u>	

Below are two questions from the Department of Defense website regarding credentials accepted by TRICARE:

**Q23:**

**I noticed that you added the Qualified Applied Behavior Analysis (QABA) Credentialing Board's behavior technician level credential, the Applied Behavior Analysis Technicians (ABAT), and the QABA bachelor's level assistant credential, the Qualified Autism Services Practitioner (QASP) (see paragraphs 2.3 & 6.25) as acceptable alternatives to the BACB's RBT and BCaBA. Why were these QABA credentials added?**

**A:**

The QABA Credentialing Board was established in 2012 to certify technician level ABA staff and bachelor's level assistants, primarily in California. DHA was approached by the Director of QABA to review these two QABA credentials in the hope that TRICARE would deem these QABA credentials as acceptable alternatives to the RBT for behavior technicians and the BCaBA for the bachelor's level assistant behavior analysts. The Department's review concluded that QABA's ABAT and QASP are acceptable alternative credentials. There are 2,607 ABAT certified BTs in California. They were concerned that their credentials would not be recognized under TRICARE and that they would also have to obtain an additional BACB RBT credential in order to continue to practice under TRICARE after December 31, 2015, which would be duplicative. Both the BACB and the QABA have registries that keep track of credential compliance and violators, which the Department values for quality monitoring.

**Q12:**

**When the RBT requirement becomes effective December 31, 2015, delays in treatment will be caused because the authorized ABA supervisor will have to provide 40 hours of training to each Behavior Technician (BT), provide supervision to evaluate the skills of the BT, each BT will have to pass a BT exam, and submit an application for the RBT to the BACB. We recommend that TRICARE either a)**

**dispense with the requirement for BT certification, b) extend the period to give providers an opportunity to adapt to the new requirements, or c) assign a 90 day “provisional status” to allow BTs to see TRICARE beneficiaries while they receive the 40 hours of training and the evaluation of competencies to become an RBT.**

**A:**

We do not expect any delays in care. The RBT or Applied Behavior Analyst Technician (ABAT) requirement is designed to ensure the quality of BTs by providing two oversight registries to which poor quality BTs can be reported and disciplined, should violations occur. Though the vast majority of our providers give outstanding care, exceptions do occur, and this policy protects our most vulnerable TRICARE beneficiaries from poor quality and/or abusive ABA practices. Elimination of the RBT certification and/or ABAT credential requirement would be at cross-purposes with DHA’s commitment to high quality, safe care for our TRICARE beneficiaries.

We believe that the scrutiny given by TRICARE to the process utilized by the QABA Credentialing Board for credentialing ABAT and QASP behavior technicians was extensive and established a precedent for acceptance of these credentials by other insurance companies and health providers.

Below is a summary of the process undertaken by the QABA Credentialing Board:

#### IDENTIFIED NEED

1. Alarming increases in the numbers of children diagnosed with autism spectrum disorder
2. Recognition that more than 80% of ABA services are provided by unlicensed paraprofessionals
3. Highlighted the need for the development of industry standards that appropriately train and credential direct services staff

#### QABA ADDRESSED THE NEED

The process of developing these industry standards and establishing a training and credentialing system was conducted by the Qualified Applied Behavior Analysis Certification Board (QABA)

#### QABA CERTIFICATION BOARD

The Qualified Applied Behavior Analyst (QABA©) Certification Board is an organization established in 2012 to meet para-professional credentialing needs identified by behavior analysts, ABA providers, insurance providers, government departments, and consumers of behavior analysis and behavior health services.

#### QABA CERTIFICATION BOARD

1. The QABA© certification procedures and content have undergone psychometric review and validation, job practice analysis survey of the profession and standards established by content experts in the field.
2. The QABA© Certification Board oversees the process of certification for the Qualified Autism Services Practitioner (QASP) and Applied Behavior Analysis Technician (ABAT)

### 3. QABA CERTIFICATION BOARD

The QABA© board adheres to the national standards for boards that grant professional credentials and operates with Full governing authority

### 4. QABA CERTIFICATION BOARD

The QASP and ABAT Credential program has addressed the need to recognize those individuals who have had specific education and training in Autism and Applied Behavior Analysis (ABA) and are providing behavior health services under the supervision of a licensed or certified professional, such as a Board Certified Behavior Analyst (BCBA) or licensed Psychologist within the scope of practice of ABA.

## QABA PROCESS

1. The QABA job analysis for Applied Behavior Analysis Technicians identified and verified the competency areas of the paraprofessional delivering Applied Behavior Analysis treatment and support to those individuals diagnosed with Autism and related disorders. This process began in 2008 and continued through January 2012. From January 2012 to April 2014, formal surveys of candidates and subject matter experts were conducted.
2. LITERATURE REVIEW  
The process began with a comprehensive literature review to initially identify and validate the core competencies of the Applied Behavior Analysis Technician (ABAT).

## RESOURCES FOR STUDIES

1. DSW National Resources Center
2. National Autism Center. (2009). National standards report.
3. National Autism Center and the National Professional Development Center on Autism Spectrum Disorders. (2010). Evidence-based practices for children and youth with autism spectrum disorders.
4. U.S. Office of Special Education Programs.

## CORE COMPETENCIES - National Job Analysis

1. Professional and ethical responsibilities, professional role competencies
2. Client, family, and community education
3. Participant Empowerment
4. Documentation
5. Providing Person Centered supports
6. Assessment
7. Communication
8. Supporting Health and Wellness
9. Advocacy
10. Education, training and self development
11. Crisis Intervention
12. Service Coordination

## CORE COMPETENCIES - National Alliance of DSP

1. Participant Empowerment
2. Communication

3. Assessment
4. Community/Service Networking
5. Facilitation of Services
6. Community Living Skills and Supports
7. Education, Training, Self-Development
8. Advocacy
9. Vocational, Educational, Career Support
10. Crisis Prevention and Intervention
11. Organizational Participation
12. Documentation
13. Building/Maintaining Friendships/Relationships
14. Provide Person-Centered Supports
15. Supporting Health and Wellness

#### CORE COMPETENCIES - Virginia Autism Council

1. General Autism Knowledge
2. Environmental Structure and Visual Supports
3. Comprehensive Instructional Programming
4. Communication Competency
5. Social Skills Competency
6. Behavioral Competency
7. Sensory Motor Development Competency
8. Independence and Aptitude Competency

OVERLAP - Reviews of similar studies previously conducted verified that there was overlap in the core and domain competencies in each study as to the job skills and competencies needed to provide treatment and support for individuals with Autism and related disabilities. The QABA compiled the lists to come up with the broad identification of QABA STANDARDS

1. Autism Core Knowledge
2. Educational and Legislative Requirements
3. Principles of ABA
4. Instructional Interventions
5. Principles of Working with Autism Effectively
6. Treating Individuals with Challenging Behaviors
7. Data Collection and Evaluation
8. Positive Behavior Supports
9. Discrete Trial Teaching
10. Transitioning between Activities
11. Functional Communication and Visual Supports
12. Asperger's Syndrome and High Functioning Autism
13. Providing Behavioral Health Services
14. Pivotal Response Treatment
15. Person Centered Planning
16. Functional Analysis
17. Philosophy and Values, and Advocacy
18. Advocacy

## 19. Legal and Ethical Considerations

PILOT STUDY - The initial competencies were subjected to a pilot survey and a large-scale validation survey in order to assess the appropriateness of the various core and domain competencies and tasks to the ABAT. Participants in the study numbered 7679

### DISTRIBUTION BY AGE

Candidate Age  
18-35 24.52%  
36-45 30.74%  
46-65 42.32%  
Over 65 2.42%

### DISTRIBUTION BY ETHNICITY

White 75.56%  
Two or more races 4.66%  
Native Hawaiian and Pacific Islander 0.79%  
Latino / Hispanic 5.63%  
African American 8.01%  
Asian 4.83%  
American Indian or  
Alaska Native 0.52%

### DISTRIBUTION BY EDUCATION - Highest Level of Education

High School 14.10%  
Some college 11.31%  
Associate's degree 6.84%  
Bachelors Degree 49.10%  
Masters Degree 17.45%  
Doctorate 1.56%

### DISTRIBUTION BY AGE

18-35 24.52%  
36-45 30.74%  
46-65 42.32%  
Over 65 2.42%

### QABA REFINED CORE COMPETENCIES

Standard 1: Autism Core Knowledge  
Standard 2: Educational Training/Self Development  
Standard 3: Principles of ABA  
Standard 4: Instructional Interventions



- Standard 5: Principles of Working with Autism Effectively
- Standard 6: Treating Individuals with Challenging Behaviors
- Standard 7: Data Collection and Evaluation
- Standard 8: Positive Behavior Supports
- Standard 9: Discrete Trial Teaching
- Standard 10: Pivotal Response Treatment
- Standard 11: Person Centered Planning
- Standard 12: Functional Analysis
- Standard 13: Philosophy and Values, and Advocacy
- Standard 14: Legal and Ethical Considerations

## **CREDENTIALING REQUIREMENTS**

### Requirements for the ABAT Credential

- Minimum HS Diploma or GED
- Complete 45 hrs assessment-based coursework
- Complete 50 supervised fieldwork hours
- Successfully pass certification exam
- Provide professional recommendations
- Complete criminal background check<sup>1</sup>
- Agree to work under code of Ethics
- Maintain current certification
- Re-credential certification every 3 years
- Agree to listing on public registry

### Requirements for the QASP Credential

- Minimum BA/BS degree requirement
- Complete 180 hrs assessment-based coursework
- Complete 500 supervised fieldwork hours
- Successfully pass certification exam
- Provide professional recommendations
- Complete criminal background check<sup>2</sup>
- Agree to work under code of Ethics
- Maintain current certification
- Re-credential certification every 3 years
- Agree to listing on public registration

## **QABA REGISTRY**

The QABA registry is available on the QABA website and serves a variety of purposes:

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<sup>1</sup> If a candidate provides proof of successful completion of an approved background check, this requirement is considered to have been met. If not, there is a separate fee for processing an approved background check

<sup>2</sup> If a candidate provides proof of successful completion of an approved background check, this requirement is considered to have been met. If not, there is a separate fee for processing an approved background check

1. Verifies status as having the credential
2. Provides opportunity to assist in matching providers and needed services to minimize waiting lists
3. Provides assistance to credentialed paraprofessionals looking for employment
4. Provides access to resources for training, conferences, etc
5. Provides employers with the opportunity to hire people who are already trained and who have demonstrated competency rather than having to do the training after the person is hired. Which translates to faster access to services...i.e. they can get directly to work.

## PREAPPROVED COURSEWORK

Listed below are approved providers of approved ABAT and QASP **COURSEWORK** required for credentialing and **CONTINUING EDUCATION** that meets the requirements for **MAINTAINING** Credentialing

<b>Provider</b>	<b>CE Provider</b>	<b>Coursework ABAT</b>	<b>Coursework QASP</b>	<b>Graduate Credits</b>	<b>Website</b>
ACI Learning Centers	No	Yes	Yes	No	<a href="http://www.acilearningcenters.com">www.acilearningcenters.com</a>
Association for Behavior Analysis International (ABAI)	Yes	No	No	No	<a href="http://www.abainternational.org">www.abainternational.org</a>
Brandman University	Yes	Yes	Yes	Yes	<a href="http://www.brandman.edu">www.brandman.edu</a>
College of Applied Human Services (CoAHS)	Yes	Yes	Yes	Yes	<a href="http://www.coahs-edu.org">www.coahs-edu.org</a>
Compass Behavioral Health and Developmental Consultants	No	Yes	Yes	No	<a href="http://www.compassaid.com">www.compassaid.com</a>
Institute of Applied Behavior Analysis (IABA)	Yes	Yes	Yes	Yes	<a href="http://www.iaba.com">www.iaba.com</a>
Project Optimal	Yes	Yes	Yes	Yes	<a href="http://www.projectoptimal.com">www.projectoptimal.com</a>
Reaching Milestones- ABA Therapy	No	Yes	Yes	No	<a href="http://www.reachingmilestones.com">www.reachingmilestones.com</a>
Santa Barbara County Special Education Planning Area (SBC SELPA)	No	Yes	No	No	<a href="http://www.sbcsepa.org">www.sbcsepa.org</a>
STAR of California	Yes	Yes	Yes	No	<a href="http://www.starofca.com">www.starofca.com</a>

## **INTERIM APPROVAL AS AUTHORIZED PROVIDER**

In some instances, providers<sup>3</sup> (TRICARE and Care 1<sup>st</sup><sup>4</sup>) will permit behavior technicians to provide billable services for up to 90 days prior to receipt of the BT credential. Generally, this approval requires verification of the following conditions:

1. Is enrolled in the credentialing program(having met the education and age requirement)
2. Has completed the training that meets the certification requirements,
3. Is employed by a provider and working under the direct supervision of a licensed professional who has demonstrated competencies in autism or a BCBA.
4. Has successfully completed a background check

---

<sup>3</sup> TRICARE - If you would like your new authorized ABA supervisor to begin providing services while they are going through the credentialing process, please visit PGBA's website, [www.mytricare.com](http://www.mytricare.com), to get your provider set up as a TRICARE-authorized provider. The certification process takes less time than the credentialing process and will allow the provider to begin administering services while completing the credentialing process.

<sup>4</sup> Care 1<sup>st</sup> – Has an approval process whereby a newly hired Behavior Technician can begin delivering billable services during the period it takes for them to complete credentialing requirements.

SB739

RELATING TO BEHAVIORAL ANALYSIS SERVICES

Chair Baker, Vice Chair Nishihara and Committee Members

Senators Kidani, Chang, Espero, Ihara and Ruderman,

I support this bill. This bill may benefit by identifying the licensed professions that overlap with the practice of behavioral analysis, which include psychologists, licensed marriage and family therapists, licensed social workers and licensed mental health counselors. Mahalo for the opportunity to provide testimony.

Kainoa Dang, LMFT

President - Hawaii Association of Marriage and Family Therapists (HAMFT)

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 4:24 PM  
**To:** CPH Testimony  
**Cc:** louis@hawaiidisabilityrights.org  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Oppose	Yes

Comments: In the past few years, Hawaii has made great strides towards protecting and providing services for children with autism spectrum disorder. As a result of litigation brought by the Hawaii Disability Rights Center, Medicaid now covers applied behavior analysis services under its EPSDT program. A few years ago the Hawaii Legislature joined the overwhelming majority of states when it mandated that private insurance cover applied behavior analysis. At the same time, it passed legislation to license behavior analysts and to provide for proper credentialing of registered behavior technicians, so that there would be properly qualified professionals to administer the therapy. This measure represents a step backwards when we ought to be progressing forward. In the past few years a great many individuals have become appropriately and legally qualified to perform applied behavior analysis. Many, many children are currently receiving these services from these individuals and have already made demonstrable improvement. Some entities on the other hand, like the Department of Education, have resisted the law and instead of properly training their staff, have spent their energy trying to delay the implementation or simply resisting the legal requirements. It does not seem that this bill serves any useful purpose- it merely allows people who are not qualified to undertake the practice of applied behavior analysis to perform other forms of "therapy" under its guise. This is detrimental to the children that the law was designed to protect. Instead of rewarding those who have spent the past few years flouting the law, we should effectively ensure that they finally come into compliance.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 22, 2017

Via Email – CPHtestimony@capitol.hawaii.gov; senbaker@capitol.hawaii.gov

The Honorable Rosalyn H. Baker, Chair  
& Members of the Committee on Commerce  
Hawaii State Capitol  
415 South Beretania Street  
Room 230  
Honolulu, HI 96813

Re: Senate Bill 739 – **SUPPORT**

Dear Chair Baker & Honorable Members of the Committee on Commerce:

The Center for Autism and Related Disorders (CARD) submits this letter in **support** of Senate Bill 739, a bill that would increase access to evidence-based autism treatment by expanding credentialing requirements to include the option of the Behavioral Intervention Certification Council's Board Certified Autism Technician (BCAT), among others. CARD commends Chair Baker and Senator Green for identifying a solution for families affected by autism who cannot access the treatment they need.

CARD is the world's largest organization treating autism spectrum disorder using the principles of applied behavior analysis (ABA) and the nation's third largest non-governmental organization contributing to autism research. CARD provides services at over 120 locations throughout the United States, including a location in Hawaii, and at international locations in Africa, Asia, and the Middle East, employing a workforce of over 2,000 dedicated professionals.

**Background:** Current law prohibits a licensed psychologist from supervising a paraprofessional in the delivery of evidence-based autism treatment because the law requires such paraprofessionals to be Registered Behavior Technicians (RBTs), a credential offered by the Behavior Analyst Certification Board (BACB). RBTs must be supervised by Board Certified Behavior Analysts. While HABA asserts that the BACB allows psychologists to supervise RBTs, the BACB requires psychologists to be board certified in behavioral and cognitive psychology by the American Board of Professional Psychology and to have been tested in applied behavior analysis (ABA). This particular board certification has not been widely adopted by psychologists. **In Hawaii, two psychologists meet the preliminary BACB requirements to supervise RBTs.** We have no way to know if these psychologists were tested in ABA and/or if their scope of practice includes autism treatment. For this reason, it is disingenuous for HABA to characterize the BACB as allowing psychologists to supervise the RBT and, in so doing, intimate that the proposed bill does not address a significant problem when the opposite is true.

**Military Impact:** It is noteworthy that the United States Department of Defense, which has undertaken extensive studies to ensure effective and safe treatment of retired and active duty military and their families, recognizes all three credentialing entities referenced in SB 739, thereby allowing psychologists to supervise delivery of ABA-based autism treatment. Unfortunately, Hawaii's current law prevents psychologists from supervising ABA-based treatment, and this limitation has contributed to delays experienced by active duty and retired military personnel living in Hawaii when their children require autism treatment.

**Allowing Qualified Licensed Professionals to Supervise Autism Treatment:** CARD is among the world's largest employers of Board Certified Behavior Analysts (BCBAs) and strongly supports efforts to align autism treatment

services to reflect the guidelines of the BACB with the exception of unreasonable limits on professionals permitted to provide and supervise autism treatment. To ensure sufficient access to treatment, it is important to permit licensed professionals for whom ABA is within the scope of their license to provide and supervise ABA-based autism. This is most often an issue for psychologists whose education, training, and initial work experience pre-date the founding of the Behavior Analyst Certification Board. CARD is concerned that psychologists with years of experience providing ABA-based treatment are prevented from supervising paraprofessionals, while a BCBA with minimal experience is afforded the opportunity to supervise paraprofessionals. It simply does not make sense to deprive families affected by autism of access to highly trained and qualified professionals. Currently, CARD has 11 patients in Hawaii waiting for services because BCBA's are in short supply, psychologists who have the experience and training to supervise the delivery of autism treatment are prevented from doing so when they are not BCBA's, and the process for a paraprofessional to become an RBT is slow, costly, and cumbersome.

**Current Limitations:** The RBT itself has additional limitations in that it is not autism specific and does not require the technician to have any experience working with individuals affected by autism. Moreover, the exam is only offered in Honolulu, which creates an added travel expense for providers on other islands. On the other hand, the BCAT (the BICC credential which is among those that this bill would permit) is NCCA accredited (the same accreditation awarded the BACB credentials) and autism specific, requires supervised experience, and ensures consumer safety through a comprehensive ongoing background check. Additionally, providers can host the exam by hiring trained proctors through the exam administrator. Perhaps most importantly, the BCAT can be supervised by a BCBA **or** by a licensed professional, such as a psychologist, who is acting within the scope and competency of that license.

CARD respectfully urges the esteemed members of this committee to **support** SB 739.

Thank you for taking the time to address this important issue. Should you require additional information, please do not hesitate to contact me at [J.Kornack@centerforautism.com](mailto:J.Kornack@centerforautism.com).

Sincerely,



Julie Kornack  
Director of Public Policy  
(818) 345-2345, extension 1070

cc: Senator Green



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 20, 2017 2:42 PM  
**To:** CPH Testimony  
**Cc:** apatterson@autismbehaviorservices.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/20/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrew Patterson	Autism Behavior Services Inc	Support	No

Comments: Greetings, I am the owner of Autism Behavior Services Inc. We have a team member that is opening our Hawaii office and were disappointed to find out that only the RBT is accepted. We are a Tricare provider and serve military families. We have used the ABAT and BCAT to service military families as allowed by Tricare. We request that you support SB 739 so that the RBT does not have a monopoly. Thank you.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 20, 2017 3:43 PM  
**To:** CPH Testimony  
**Cc:** rudyguevara@hotmail.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/20/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rudy Guevara	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 20, 2017 3:42 PM  
**To:** CPH Testimony  
**Cc:** louguevara@yahoo.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/20/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Emelour Guevara	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 20, 2017 3:39 PM  
**To:** CPH Testimony  
**Cc:** knguevara@gmail.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/20/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristine Guevara	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 19, 2017 8:21 AM  
**To:** CPH Testimony  
**Cc:** letourneg001@hawaii.rr.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/19/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
gina letourneur	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 21, 2017

Dear Senator Baker and Members of the CPH Committee,

This letter is in support of SB 739 Relating to Behavior Analysis Services. My name is Mary Jo Noonan. I am Professor of Special Education in the College of Education at the University of Hawai'i at Mānoa (UHM) and I am also a Board Certified Behavior Analyst (BCBA) and licensed as a behavior analyst by the State of Hawaii (LBA #50). I am writing to you today as a resident of the State of Hawaii, rather than as a representative of the University of Hawaii.

My job is to prepare special educators for teaching students with severe disabilities/autism, and to prepare behavior analysts who seek national board certification and state licensure. I teach courses and supervise practicum experiences in both of these programs, so I am very familiar with the scope of training in each of them.

Applied behavior analysis is the primary instructional method for students with severe disabilities/autism. There is substantial overlap in the teacher licensure and BCBA programs: Teacher candidates in the Severe Disabilities/Autism Post-Baccalaureate licensure program take four (4) of the required six (6) specialization courses in the BCBA program. Special education teachers who graduate from our program in the Severe Disabilities/Autism emphasis are well-trained in the principles of behavior analysis, behavioral assessment (including functional behavior assessment), positive behavior support procedures, data-based behavioral instruction techniques, communication/language assessment (including verbal behavior and augmentative communication), and adaptations and special procedures for students with severe disabilities/autism. Not only do our teacher candidates learn theory and applied behavior analysis procedures in their coursework, but they must demonstrate their competence at implementing these procedures in assignments and practicum experiences with students who have disabilities. Given this training, program graduates of the UHM Severe Disabilities/Autism Post-Baccalaureate licensure program are qualified to develop behavioral interventions for their students who have such needs, and should most certainly be included as team members with BCBA's in designing and implementing school-based behavioral interventions.

**Implementing applied behavior analysis is clearly within the scope of special education teachers' training and their practice of applied behavior analysis should not be restricted because BCBA's are now being licensed in Hawaii. I am concerned because some special education teachers are telling me that the current law (Act 199) prohibits them from fully doing their job in teaching students with autism.**

Thank you for considering this input in your work on this legislation. If I can provide further information or clarification, please do not hesitate to contact me (noonanmj@gmail.com).

Sincerely,



Mary Jo Noonan, PhD, BCBA  
Professor of Special Education  
Licensed Behavior Analyst, State of Hawaii, #50  
3357 Anoi Pl.  
Honolulu, HI 96822

**From:** [susan.narwicz@gmail.com](mailto:susan.narwicz@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 7:52:14 AM

---

Susan Narwicz Sherwood Ph.D  
Akele St  
Kailua, HI 96734

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Susan Narwicz Sherwood, Ph.D

**From:** [drstephenchoy@hotmail.com](mailto:drstephenchoy@hotmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 7:42:15 AM

---

stephen choy  
13 14 S King st #720  
Honolulu, HI 96814-9681

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

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Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Stephen sf choy phd  
808 593 8484





**From:** [diannegerard@hotmail.com](mailto:diannegerard@hotmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 6:32:19 AM

---

Dianne Gerard Ph.D.  
4371 Puaole St. Suite B  
Lihue, HI 96766-1275

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Dianne Gerard, Ph.D.  
808-246-4501



**From:** [lucas.morgan@gmail.com](mailto:lucas.morgan@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 6:02:49 AM

---

Lucas Morgan  
609 Kumukahi pl.  
Honolulu, HI 96825-1116

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Lucas Morgan PhD  
8082822564



**From:** [gtoloza@mac.com](mailto:gtoloza@mac.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 5:17:24 AM

---

Gabrielle Toloza  
283 Kakahiaka St  
Kailua, HI 96734-3461

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). I have worked with 100 + families in Hawaii and on the Big Island that have not had regular access to ABA services through any other means except trained psychologists and the direct support staff we trained in schools or community agencies. The goal of Autism insurance reform was to increase access not decrease.

As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Dr. Gabrielle Toloza

**From:** [lavaylau@aol.com](mailto:lavaylau@aol.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 5:12:37 AM

---

LaVay Lau Lau  
171 Nenu St.  
Honolulu, HI 96821-1810

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

LaVay Lau, Ph.D.  
808-348-3999





**From:** [lacasas7@hotmail.com](mailto:lacasas7@hotmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 12:57:16 AM

---

Stephane Lacasa  
949 Ailuna Street  
Honolulu, HI 96821-1707

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support SB739 with the amendments recommended by the Hawaii Psychological Association (HPA). Their proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would help to avoid further narrowing of access to effective interventions for our keiki who need these specialized services!

Respectfully,

Stephane Lacasa  
8083064149

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 8:27 AM  
**To:** CPH Testimony  
**Cc:** KPrpich@autismbehaviorservices.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kayli	Individual	Support	No

Comments: I would like to show my support for SB 793. Allowing for multiple certifications of staff would in turn allow for more clients with autism to have access to qualified individuals for their cases.

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2/22/17

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Ami Alona, BSW, CSAC  
875 Waimanu St. St. 607  
Honolulu, HI 96813

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments Introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Ami Alona".

Ami Alona, BSW, CSAC

**From:** [drmarieterry@gmail.com](mailto:drmarieterry@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 8:22:22 AM

---

Marie Terry-Bivens Psy.D.  
2975 Haleko Rd  
Lihue, HI 96766-1366

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Marie Terry-Bivens, Psy.D.  
8083327190



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 8:15 AM  
**To:** CPH Testimony  
**Cc:** cebisui@yahoo.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cheryl Ebisui	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 11:04 PM  
**To:** CPH Testimony  
**Cc:** keikicare@hawaii.rr.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/21/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Vera Marie Asato	Individual	Oppose	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 21, 2017 11:02 PM  
**To:** CPH Testimony  
**Cc:** falcons@hawaii.rr.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/21/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Vernon Asato	Individual	Oppose	No

Comments:

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February 21, 2017  
Senate Commerce, Consumer Protection and Health Committee.  
Oppose SB739 Relating to Behavior Analysis Services

Chair Baker, Vice Chair Nishihara and members of the Senate Commerce, Consumer Protection and Health Committee.

Thank you for this opportunity to provide my personal testimony in **strong opposition of SB 739** relating to reducing the licensure law in regards to behavior analysis services.

My name is Jari Sugano and my daughter was recently diagnosed with autism. For many years, we did not understand the cause of her non compliant behavior and most importantly, how to help her. Her behavior escalated over the years from behaviors such as dropping, grabbing, pulling, eloping, screaming, to self injury (head banging, biting, pinching, etc) to hurting those around her.

We spent 3 years seeking applied behavior analysis (ABA) services from the Department of Education. We recently learned that the use of ABA needs to be administered by a licensed professional. State law also requires those that work with the child using ABA practices be licensed as registered behavior technicians (RBT). ABA services are difficult to obtain, and for such reasons, I can understand the intent of this bill to lower the educational requirements with the objective of increasing licensed behavior analysis (LBA) in the state. However, this is not the answer.

My daughter has been receiving intensive ABA for her behavior issues at the ABC Group in Aiea. I have witnessed the use of strategies such as observation, data tracking, function based problem solving, reactive strategies, parent training, and LBA/RBT collaboration and now understand why such credentials are needed to effectively administer ABA correctly. My daughter's dropping, grabbing, screaming and self injury has been significantly minimized with the proper use of applied behavior analysis due to LBA and RBT oversight. Implementation of ABA over a 2 month period has improved the quality of our lives, including hers.

In order for behavior modification to be effective, there can be no gaps in program. Lowering the requirements is not the right solution to solve the escalating request for services. Increasing educational program offerings with tuition waivers is a better option to increase the number of licensed LBA and RBT in this state.

**Thank you for the opportunity to express our strong opposition for SB739.**

February 22, 2017

The Honorable Rosalyn H. Baker  
Hawaii Senate District 6  
Hawaii State Capitol, Room 230

**RE: SENATE BILL 739 -- SUPPORT**

Dear Senator Baker

On behalf of *myself, Diana Johnston*, I would like to express our strong support for Senate Bill 379 that includes behavior technician credentials by the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board. I strongly believe the adoption of these credentials will insure the availability of qualified behavior technicians who provide essential services to children diagnosed with autism.

This bill has the potential to significantly improve the lives of children diagnosed with autism and their families. It is no secret that the proliferation of children diagnosed on the autism spectrum has create a significant need for qualified behavior technicians who work one to one with children diagnosed with autism.

In addition, this bill will expand employment opportunities for many Hawaii citizens who are motivated and trained to deliver high quality behavioral services to those most in need of these services.

Although the TriCare Autism Demonstration Project has vetted and approved the credentials of the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board, Department of Defense dependents are currently denied needed behavioral services from highly qualified individuals in Hawaii.

Approval of Senate Bill 379 will correct this anomaly and insure that desperately needed autism services are available to children and families in Hawaii.

Thank you for supporting this important legislation.  
Sincerely,

*Diana Johnston*  
*Custodian Of Records*  
*QABA Credentialing Board*  
[djohnston@qababoard.com](mailto:djohnston@qababoard.com)

Testimony SB739

RELATING TO BEHAVOIRAL ANALYSIS

Comments on BILL SB739

I write these comments for consideration. The current rules in Hawaii Revised Statute reflect the professionalism of the field of Applied Behavioral Analysis (ABA). By removing the requirement requiring persons be qualified through the Behavioral Analysis Certification Board as Registered Behavioral Technicians. Such action will greatly diminish the quality of ABA services. We have seen this happen when DOE replaces Skills trainers with Paraprofessionals. Both are not the same skill level and, skills trainers have much more training then a paraprofessional. This is my current field on a part-time basis and, I can tell the difference between the practices of a skills trainer compared to a paraprofessional are evident. I am also certified as an RBT and this parallel holds true regarding quality of services.

Expansion of ABA services is an important measure due the constant demand for ABA services throughout Hawai'i yet, in our fever to see services being rendered we may be doing more harm than good due to persons not fully trained in the technical field of ABA. This field seems simple to do from an outsider perspective however, everything done during most ABA sessions has a reason either to replace non-desired behavioral or increase desired behavioral through some form of reinforcement. This can be done depending on the treatment plan with use of a token economy and other techniques.

The Legislature should be urged to incentivize persons with the qualifications and those seeking the qualifications to enter or retain season individuals deciding to remain in the field of ABA. One way to consider incentivizing persons to enter the field of APA and thus expanding services is by allowing a person(s) in the field to partially or fully discharge student loans since what is being done as a career field in a public good. This practice could be done new and currently qualified ABA qualified personnel.

Ken Farm



February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Charmaine Ilar, 91-1087 Hoomahana Street, Ewa Beach, HI 96706

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

**From:** [clepkowsky@gmail.com](mailto:clepkowsky@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 9:22:24 AM

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Charles Lepkowsky  
75-259 Malulani Drive  
Kailua-Kona, HI 96740-2085

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Charles M. Lepkowsky, Ph.D.

**From:** [Amihan Pabalan](#)  
**To:** [CPH Testimony](#)  
**Subject:** Support of SB 739  
**Date:** Wednesday, February 22, 2017 8:54:30 AM

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Date: February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Amihan Pabalan 91-120 Maohaka Way, Ewa Beach HI 96706

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

Sent from my iPhone



**From:** [Alistair Taylor](#)  
**To:** [CPH Testimony](#)  
**Date:** Wednesday, February 22, 2017 9:38:42 AM

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2/22/2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Alistair Taylor - Psychology Graduate Student  
61-160 Iliohu Place  
Haleiwa HI 96712

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

Kind regards  
Alistair Taylor

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:57 PM  
**To:** CPH Testimony  
**Cc:** CLuisUndan@hotmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christian Undan	Individual	Support	No

Comments: I am in support of SB 739.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:55 PM  
**To:** CPH Testimony  
**Cc:** tiffanysjho@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tiffany Ho	Individual	Support	No

Comments: Please pass SB 739!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:54 PM  
**To:** CPH Testimony  
**Cc:** altheadvocate@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Albert Chen	Individual	Support	No

Comments: I support SB 739.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:45 PM  
**To:** CPH Testimony  
**Cc:** harry.lloyd.mm@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Miles McKeone	Individual	Support	No

Comments: I support SB 739.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:36 PM  
**To:** CPH Testimony  
**Cc:** mpaulele@autismbehaviorservices.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
May Paulele	Individual	Comments Only	No

Comments: I am writing in support of SB 739, the bill that will expand treatment capacity of behavior analysis services by allowing individuals with certain certification and under supervision conditions to implement behavior analysis services. I am a Board Certified Behavior Analyst and have been working in the field of applied behavior analysis for 7 years. ABA is a scientific discipline that has decades of research showing it to be an effective treatment for various conditions including autism, traumatic brain injury, learning difficulties, behavior problems, as well as challenges associated with typical development. An important component of ABA intervention is that the treatment plan be developed and supervised by a clinician with the appropriate training, experience, and credentials in applied behavior analysis. I strongly support SB 739 because expanded certification would allow consumers in the State of Hawaii to access practitioners with the proper background and professional experience to provide effective ABA therapy. SB 739 would protect consumers and also ensure that individuals in need of ABA services receive it from qualified professionals. This is personally important to me because since 2009, I have been working with children with Autism utilizing ABA philosophies and strategies. I have seen vast improvement of my clients utilizing applied behavior analysis interventions. I have treated clients who have started services without having functional language but are now speaking in complete sentences. ABA intervention has helped them to communicate their wants and needs and successfully negotiate in their home and community environments. Problem behaviors have been significantly reduced and replaced with appropriate and functional alternative behaviors and they are now able to engage in meaningful social interactions with peers and their family members. I support SB 739 wholeheartedly because I have personally experienced the positive impact ABA can make in my client's and their families lives. I urge you to support SB 739 and protect consumers who receive treatment based on ABA. Sincerely, May Paulele, BCBA - Behavior Analyst

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:26 PM  
**To:** CPH Testimony  
**Cc:** janette.mckeone@hotmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Janette McKeone	Individual	Support	No

Comments: I support Senate Bill 739!

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 1:24 PM  
**To:** CPH Testimony  
**Cc:** krystleduldulao@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Krystle Duldulao	Individual	Support	No

Comments: I support SB 739.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 12:53 PM  
**To:** CPH Testimony  
**Cc:** anne@autismbehaviorconsulting.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anne Lau	Individual	Oppose	Yes

Comments:

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**From:** [Candy Bishop](#)  
**To:** [CPH Testimony](#)  
**Subject:** Behavior Analysis  
**Date:** Wednesday, February 22, 2017 1:57:33 PM

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The Honorable Rosalyn H. Baker

Hawaii Senate District 6  
Hawaii State Capitol, Room 230

**RE: SUPPORT FOR SENATE BILL 739**

Dear Senator Baker

On behalf of the more than 20,000 children diagnosed with autism in Hawaii, I would like to express my strong support for Senate Bill 739 that includes behavior technician credentials by the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board. I strongly believe the adoption of these credentials will insure the availability of qualified behavior technicians who provide essential services to children diagnosed with autism.

This bill has the potential to significantly improve the lives of children diagnosed with autism and their families. It is no secret that the proliferation of children diagnosed on the autism spectrum has create a significant need for qualified behavior technicians who work one to one with children diagnosed with autism.

In addition, this bill will expand employment opportunities for many Hawaii citizens who are motivated and trained to deliver high quality behavioral services to those most in need of these services.

Although the TriCare Autism Demonstration Project has vetted and approved the credentials of the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board, Department of Defense dependents are currently denied needed behavioral services from highly qualified individuals in Hawaii.

Approval of Senate Bill 739 will correct this anomaly and insure that desperately needed

autism services are available to children and families in Hawaii. It would also serve as a beacon of hope to those outside of Hawaii who are looking at this legislation as a model.

Thank you for supporting this important legislation.

Sincerely,

Candy Bishop, QASP-S

**Date:** February 22, 2017

**To:** Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

**Hearing:** Friday, February 24, 2017, 9:30 a.m, Conference Room 229

**From:** Tammy Bopp, Psy.D., (lic. # 570)  
1134 Kinau St., #701, Honolulu, HI, 96914, tammy@3.1416.org

**Re:** Testimony supporting SB 739, Relating to Behavior Analysis services *with amendments*, (proposed by the Hawaii Psychological Association (HPA)), which serve to:

1. legitimize the role of psychologists in providing and supervising Applied Behavior Analysis (ABA) services, and
2. expand the pool of providers who can implement ABA services under the supervision of a licensed psychologist.

As a licensed clinical psychologist with 23 years of experience in both the public and private sector, I am in support of SB 739 with the amendments proposed by the HPA. In its current form, SB 739 is at risk for being read in a way that could prevent licensed psychologists from engaging in ABA activities, (e.g., behavioral analysis and treatment), as well as supervision of ABA Direct Support Workers (DSWs). Amending SB 739 would align with scope of practice of psychologists, as defined in the Hawaii Revised Statutes 465-1, and would soundly secure the role of licensed psychologists to execute ABA activities **and** supervise DSWs. A second critical advantage of amending SB 739 is that it helps to expand the pool of qualified paraprofessionals who can implement ABA treatment plans.

Currently, there are challenges with recruiting and retaining ABA services for children with autism and their families. There is an enormous shortage and turnover of both Board Certified Behavior Analysts (BCBAs) and Registered Behavior Therapists (RBTs). There are only 523 RBTs and 143 BCBAs who are certified to work in Hawaii. There is a paralyzingly long waitlist to start ABA services and this paralysis is felt most strongly on the neighbor islands where in fact BCBAs are often flown in from Oahu. Further, not all of the BCBAs and RBTs who are registered in Hawai'i are actually *living* in Hawai'i. Another ongoing challenge is retention. Due to the low pay, unusual work hours and level of stress associated with their work many RBTs eventually prefer to do other (non-RBT) work with the Department of Education. In essence the actual numbers of available ABA professionals does not meet the demands.

Amending SB 739 stands to increase the availability and maintain the quality of ABA services for persons with autism and their families. All aspects of behavioral therapy associated with ABA services, including supervision of DSWs, is a very long-standing professional privilege of psychologists and a cornerstone of the practice of psychologists. This has been the case long before BCBAs ever existed. Frankly, I see it as unconscionable that children and families should have to wait months or years for services when they have already waited so long for this legislation in the first place and when highly credible and qualified services could be available much sooner. Therefore I urge the committee to support SB 739 with the amendments proposed by the HPA.

**From:** [kristin.rajala@gmail.com](mailto:kristin.rajala@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739 with Amendments  
**Date:** Wednesday, February 22, 2017 2:22:53 PM

---

Kristin Rajala PsyD  
14-4909 Kahiloli Pl, Box 4099  
Pahoa, HI 96778-7784

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Kristin Rajala, PsyD  
5085231748



**From:** [oliveiraj009@gmail.com](mailto:oliveiraj009@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 3:22:35 PM

---

Jill Oliveira Gray Ph.D.  
1441 Kapiolani Blvd.  
Honolulu, HI 96814-4402

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Jill Oliveira Gray, Ph.D.  
808-349-9267





[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

Date: February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Sashalin Ondayog  
91-219 Hoonua Place  
Ewa Beach, HI 96706

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

**From:** [fhbailey@hawaiiantel.net](mailto:fhbailey@hawaiiantel.net)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 2:27:25 PM

---

Fahy Bailey Ph.D.  
PO Box 657  
Kilauea, HI 96754-0657

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Fahy Bailey, Ph.D.  
8086522928



**From:** [val@jesusanswers.com](mailto:val@jesusanswers.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 1:52:48 PM

---

Valerie Willman  
P.O. Box 25  
Eleele, HI 96705-0025

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Dr. Valerie Willman  
8086450742



[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

Date: 22 February 17

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Lirio Nagum 94-119 Poolau Way, Waipahu HI. 96797

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.



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## CPH Testimony

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**From:** Michael Reid <mreidnz@gmail.com>  
**Sent:** Wednesday, February 22, 2017 11:25 AM  
**To:** CPH Testimony  
**Subject:** Support for SB739

### RE: SENATE BILL 739 -- SUPPORT

Dear Senator Baker

On behalf of the more than 20,000 children diagnosed with autism in Hawaii, I would like to express my strong support for Senate Bill 739 that includes behavior technician credentials by the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board. I strongly believe the adoption of these credentials will insure the availability of qualified behavior technicians who provide essential services to children diagnosed with autism.

This bill has the potential to significantly improve the lives of children diagnosed with autism and their families. It is no secret that the proliferation of children diagnosed on the autism spectrum has create a significant need for qualified behavior technicians who work one to one with children diagnosed with autism.

In addition, this bill will expand employment opportunities for many Hawaii citizens who are motivated and trained to deliver high quality behavioral services to those most in need of these services.

Although the TriCare Autism Demonstration Project has vetted and approved the credentials of the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board, Department of Defense dependents are currently denied needed behavioral services from highly qualified individuals in Hawaii.

Approval of Senate Bill 739 will correct this anomaly and insure that desperately needed autism services are available to children and families in Hawaii. It would also serve as a beacon of hope to those outside of Hawaii who are looking at this legislation as a model.

Thank you for supporting this important legislation.

Sincerely,

Michael J. Reid Ph.D., Psy.D

## CPH Testimony

---

**From:** nowakc001@hawaii.rr.com  
**Sent:** Wednesday, February 22, 2017 10:57 AM  
**To:** CPH Testimony  
**Subject:** TESTIMONY IN SUPPORT OF SB739

Carol Nowak  
45-024 #1 Malulani St.  
Kaneohe, HI 96744

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH SENATOR ROSALYN H. BAKER, CHAIR SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Dr. Carol Nowak  
808-247-0535

## CPH Testimony

---

**From:** drjeffstern@gmail.com  
**Sent:** Wednesday, February 22, 2017 12:17 PM  
**To:** CPH Testimony  
**Subject:** TESTIMONY IN SUPPORT OF SB739

Jeffrey Stern  
1433 Kamehameha IV Rd.  
Honolulu, HI 96819-2583

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH SENATOR ROSALYN H. BAKER, CHAIR SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

Aloha e, Chair Baker, Vice Chair Nishihara, and honorable members of the Committee on Commerce, Consumer Protection and Health. My name is Jeffrey Stern, I am a psychologist specializing in work with children with disabilities, and past president of Hawaii Psychological Association. I feel I am uniquely qualified to weigh in on this legislative effort because I was trained an ABA in graduate school here at the University of Hawaii, I did my internship in clinical psychology at Variety School using ABA with children with disabilities, I hold two certificates in neurodevelopmental disabilities studies from the University of Hawaii at Manoa, and am a faculty mentor on a federal training grant with the JABSOM Maternal-Child Health: Leadership Education in Neurodevelopmental Disabilities program.

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, (that I supported via testimony last year), providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments proffered by HPA would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Jeffrey D. Stern, Ph.D.

## CPH Testimony

---

**From:** susandavisphd@gmail.com  
**Sent:** Wednesday, February 22, 2017 4:47 PM  
**To:** CPH Testimony  
**Subject:** TESTIMONY IN SUPPORT OF SB739

Susan Davis Ph.D.  
4217 Puu Pinao Place  
Koloa, HI 96756-9653

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH SENATOR ROSALYN H. BAKER, CHAIR SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Susan Davis, Ph.D.  
650-464-1654

## CPH Testimony

---

**From:** jcwhite54@gmail.com  
**Sent:** Wednesday, February 22, 2017 5:02 PM  
**To:** CPH Testimony  
**Subject:** TESTIMONY IN SUPPORT OF SB739

Judith White  
P.O. Box 1719  
Kapaa, HI 96746-5719

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH SENATOR ROSALYN H. BAKER, CHAIR SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Judith C. White, Psy.D.  
8083465856

[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

Date: February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Sashalin Ondayog  
91-219 Hoonua Place  
Ewa Beach, HI 96706

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

**From:** [val@jesusanswers.com](mailto:val@jesusanswers.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 1:52:48 PM

---

Valerie Willman  
P.O. Box 25  
Eleele, HI 96705-0025

February 22, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Dr. Valerie Willman  
8086450742





[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

Date: 2/24/17

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m, Conference Room 229

From: Jana Ortiz, Ph.D. licensed psychologist  
550 Kunehi St, Suite 205  
Kapolei HI 96707

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I am a licensed psychologist who has been working with the Autism Spectrum Disorder (ASD) population since 1993. I began my work with the ASD population with my graduate training at the University of Kansas. The University of Kansas is well known for its training in Applied Behavioral Analysis (ABA) and continues to be one of the leading colleges in teaching students the principles of behavior today.

I have been committed to the ASD population for years as a clinician and clinical director for agencies, such as, Trumpet Behavioral Health (TBH). TBH has also been known for ABA training and programs. One goal that TBH focused on was to continuously receive ABA training in order to implement effective programs for clients. I have supervised and helped train respected service providers including psychologists, BCBA's, RBT's and skills trainers in the state of Hawaii. Currently, I am in private practice and working with a variety of clients, including ASD clients. I am called on for consultation, regularly, by BCBA's, psychologists, other disciplines, schools, etc. I work with and hear from families that need ABA services in the home and community settings. Many of these families are on waiting lists and continue to be on waiting lists for BCBA and/or RBT services to begin. These families need support now and should be permitted to choose from qualified providers like myself and other qualified licensed psychologists, as well as BCBA's and other disciplines. This ensures continuity of services and is in the best interest of the clients. In addition, the ASD clients often have other important needs (e.g. anxiety and depression) that psychologists have the training to treat. I believe that limiting the qualified provider options is neither the intent nor the best step, considering how far this state has come to help the ASD community.

I believe there should be as many different service options as possible for individuals with autism and their families. I support this bill and the amendments introduced by the Hawaii Psychological Association, which would clarify that Applied Behavior Analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals. This includes psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

Sincerely,  
Dr. Jana Ortiz

**From:** [dfan@palcoaltou.edu](mailto:dfan@palcoaltou.edu)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Thursday, February 23, 2017 7:48:10 AM

---

Debra Yamashita  
98-1277 kaahumanu St #106-426  
Aiea, HI 96701-5314

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

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Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Debra

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 23, 2017 7:44 AM  
**To:** CPH Testimony  
**Cc:** amonden808@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/23/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
ashley monden	Individual	Oppose	Yes

Comments: I will be brining my testimony with me

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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02/24/17

Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in OPPOSITION to SB739**

Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,

I strongly oppose SB739. I support the Hawaii law, Act 199, because:

1. I support a competency-based model of credentialing and supervision for direct-support personnel who provide applied behavior analysis (ABA) services.
2. I acknowledge that supervisors of direct support personnel who implement ABA must be held to a standard requiring both demonstrated expertise in ABA and direct/ongoing training related to ABA supervisory activities.

I elaborate on these points and address potential areas of concern below.

**A Competency-Based Model for Direct Support Personnel**

The registered behavior technician (RBT) is the only true competency-based ABA credential available for direct-support personnel. That is, RBTs must annually demonstrate their competencies in ABA through practice or role play in order to maintain their credential. This approach is evidenced in the literature on educator/para-educator training and professional development (e.g., Rispoli, Neely, Lang, & Ganz, 2011). It speaks volumes that the RBT credential requirements were developed to be grounded in behavior analytic theory and research. The RBT credential was developed and continues to be managed/updated by the Behavior Analyst Certification Board (BACB) in alignment with a validated model of practice (Carr, Nosik, & DeLeon, 2017).

Regarding the alternative credentials/credentialing bodies posed in this bill, I am cautious of how para-educators who work with students with a variety of strengths and needs would benefit from an autism-specific crash course in ABA, with supervision from professionals that may not have proven competencies, and an annual computer-based exam alone to maintain their credential. Consumers deserve a consistent minimum standard as the “choice” for a service provider is not always up to them.

**Standards for Supervisors of Behavior Technicians**

Supervisors with an evident background in ABA must provide regular ongoing support to RBTs in their practice. Supervisors of direct support personnel have a critical impact

on the quality of services that consumers receive. They are tasked with disseminating the practice. There are “best practices” in supervision, and behavior analysts must stay privy to those as research develops. Therefore, the BACB requires initial training and ongoing professional development in the area of supervision for professionals to be qualified as supervisors.

Other licensed professionals will have varied expertise in ABA and their task list or ethical codes will not always provide specific details with respect to the practice of ABA; therefore, the capacity of other licensed professionals to supervise the practice of ABA must be scrutinized. Commonly, ethical codes direct licensed professionals to practice within their scope. However, professionals may not know what they do not know about ABA; ABA can deceptively appear to be simple. To fall back on that ethical code alone is not the standard of support that we seek to provide in the field of ABA (it is in fact, antithetical to our philosophy and approach to education and training, which is proactive). That ethical code may only protect consumers in the event that they know their rights and there is a clear violation, which is reactive and exhaustive of valuable instructional time.

One of the first places parents go when their child receives an autism diagnosis is the Autism Speaks Website. This website includes a page describing ABA. With respect to “Who is Qualified to Provide ABA Intervention,” this organization answers that providers should be “board certified with supervised experience providing ABA treatment for autism or who can clearly document that they have equivalent training and experience.” They also warn that many programs/individuals claim to provide ABA but lack established education and practical experience requirements.

## **Relevant Concerns**

### ***Does ACT 199 Restrict the Practice of Licensed Professionals?***

Historically, psychology programs have had marked differences in their approaches to theory, research, and practice as the field of ABA has emerged. The issue of licensed psychologists being able to oversee/supervise the practice of ABA has precedence at the national level. The BACB recognizes a path for licensed psychologists with expertise in ABA to be able supervise RBTs, board certified assistant behavior analysts (BCaBAs), or individuals gaining supervision toward board certification. This path is the certification in Behavioral and Cognitive Psychology by the American Board of Professional Psychology (ABPP). Because expertise in behavior analysis ranges among psychologists, the ABPP offers certification in 15 various specialty areas (e.g., forensic psychology, counseling psychology, psychoanalysis). Eligible candidates come from American Psychological Association-accredited programs and show proof of relevant education, training, and experience in their area. Upon providing this proof (e.g., submitting paperwork and transcripts), applicants submit about two to three video demonstrations of their practice and complete an oral exam with a board representing the specialty area. Traditionally, psychologists do not provide tiered services, acting in

the role of a supervisor to paraprofessional front-line staff. The ABPP, along with appropriate training in practices as a supervisor (e.g., collecting treatment integrity, implementing evidence-based coaching procedures), allows licensed psychologists to supervise BACB-credentialed individuals (RBTs, BCaBAs) or those seeking certification through the BACB.

It is also important to note that teachers can currently practice within the scope of their license. Many people in the state, for instance, have teacher licensure with training that is grounded in behavioral theory and application. The law should not be misinterpreted to unduly restrict the practice of these licensed teachers.

### ***Workforce Development***

There are over 25,000 RBTs in the world, over 500 of whom work in the state of Hawaii. The alternative credentialing options proposed in the bill report to have a range of roughly 1,400 to 2,500 credentialed individuals in the world, zero of whom reside in Hawaii (as determined by database searches). The rise of both RBTs and licensed behavior analysts in this state to fulfill the promise of the current law is remarkable.

### ***Consistency for Consumers and the Illusion of “Choice”***

SB739 proposes a choice model for the behavior technician’s role. However, this choice would not be left to consumers (e.g., an individual with a developmental disability and their family) or the direct support workers themselves. In reality, the choice would lie in the hands of the systems that employ direct support workers and serve consumers. Those systems would likely select one route to certifying behavior technicians for the sake of consistency/simplicity. For instance, the organization might adopt a direct-support credential that would fit closest to their current model, which might not require a strong or transparent supervision component. While the RBT credential is the relatively cheap option, the relatively strong supervisor requirements of the RBT may lead companies to adopt a credential with looser requirements in the areas of ongoing supervision and/or supervisor credential requirements.

Consumers are limited by variables such as location, school systems, and insurance companies. Some families would likely have to fight harder, travel longer distances, and pay more money to receive desired services that are consistent with current law.

### ***Should there be Autism-Specific Standards for Entry-Level Behavior Technicians?***

We must consider how individuals without an autism categorization or diagnosis would be affected by this bill. As someone that has experience providing ABA services to people with other developmental disabilities than autism, intellectual disabilities, multiple disabilities, emotional behavior disorders, and individuals at risk for behavior disorders, I will advocate for the right to quality ABA services on behalf of these individuals and their loved ones. We must not perpetuate the idea that ABA is for autism in our communities—that is not what the research tells us and unfortunately, this misguided



association is negatively affecting other populations in dire need of similar services. Therefore, efforts to credential para-professionals should not be redirected to any disability-specific credentials.

### **Conclusion**

Behavior analysis credentialing organizations vary; careful consideration of those differences should be reviewed before broadening the scope of the law to allow 1) alternative credentials for behavior technicians and 2) alternative routes to becoming a supervisor of ABA practices. Potential unintended consequences should be thoroughly projected and evaluated. After analyzing these proposed changes to the law, I am reasonably concerned that this bill threatens the best interest of consumers.

Jennifer Ninci, PhD, BCBA-D, LBA

Honolulu, Hawaii

### **References**

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Imagine yourself on a ski trip with your family and as you are going down the slope, you fall and now have a gaping wound in your leg. A doctor comes to your rescue, but then realizes he has no bandages. “But I do have happy face stickers!” he exclaims. He then takes out said happy face stickers and puts them on the gaping hole in your leg and says, “All better.” Do you feel all better? I mean it is a happy face sticker, why aren't you happy? It covers the wound in your leg and it's a happy face! What seems to be the problem?

This is what we are talking about today in order to help people like my brother, Luke. The idea I am trying to get across with this analogy is that while happy face stickers can cover part of the wound and get the job done, it cannot stop the bleeding and improve the condition that you are in. Much like this bill is trying to do. Behavior analysis without a license is essentially the same thing. While it somewhat gets the job done, it still does not help the student or the condition that they are in.

Vote No on this bill!

Emma Pinnow

Good Morning Senators,

I would like to change classrooms. My classroom is noisy. One of the students yells all day. It hurts my head! Another classmate gets yelled at by the EA.

I would like to go to another room to feel safe.

Can you help me?

Luke

\*Mom Caveat:

There are certain behaviors that are happening in this room. There is a certain skillset in this room. They are well intentioned I am sure. But if we have these same people with this same skillset apply behavior analysis, I fear we will have the same outcome.

Good Morning Senators,

“Mrs. Pinnow, Mrs. Pinnow, I wanted to catch you to tell you that a parent said that their child is benefitting from Luke’s Law” This I have heard a couple of times and it makes me smile and brings happiness on the roughest of days.

However, now as I learn about this bill I can only reflect on the 3 long years I spent my family’s resources on to get for others what was not allowed and still isn’t allowed my son. We can’t go backwards now Hawaii.

I spend every waking minute on the front line. During the day in the classroom, before and after helping Luke with his behaviors.

I will be testifying today as a parent with 25 + years in the classroom as a teacher with a Masters Degree in Education. I listen to Luke complain, “Please Mom I don’t want to be in my classroom I want to be in the class next door.” “Why Luke?” He shrugs his shoulders. I listen to him perseverate, “Mark (name changed) don’t do that!” “Mark, don’t touch.” “Mark, if you don’t listen to Mr. Blank.....”

What is going on? Monday I take him to school. He just starts talking in the car, it all comes spilling out. “Mom I can’t take it anymore.” “I don’t feel safe!” What?!! How proud I am that he can finally articulate his feelings. But oh so sad for my child to not feel safe. I talk to personnel...yes, children yell and are yelled at by adults because they feel the child has done something on purpose. (How I cringe inside) with my Masters in Education I have some knowledge of behavior and I am sure child ‘ren’ are acting in a certain way for any of a response but the person who is telling me this is NOT trained and basically reacting rather than educating. Why would we continue to put children in harm’s way by allowing others with just a smattering of knowledge, overseen sporadically by an overworked-underfunded public education system to continue this kind of practice? That is what you are asking to do with this bill.

Let’s NOT go backwards Hawaii for the sake of our keiki. Let’s not put another Band-Aid on. ‘cause they hurt when ya rip em off.’ Let’s move forward, albeit slowly if need be. There are trained people with the answers who have a plan here today in Hawaii. Let’s USE THEM!

On a side note: Did you know Luke was a 2.2 reading level in 4<sup>th</sup> grade? I just had his IEP a couple of days ago as Luke is a Junior this year. Just one more year to get an education! Remember how Sylvia Luke and others made the closing comments that they see the potential in him? His reading level was reported out last week at still a 2.2. And did I fail to mention he has a long term substitute? Not a qualified teacher and not a qualified SPECIAL EDUCATION teacher. One of the reasons my son is not progressing is because he hasn't had consistent access to licensed personnel. Instead he is in classrooms with long term substitutes without teaching degrees "that are supervised" note I said quotes "supervised" by licensed teachers who do not have the time to supervise. I have brought these concerns to my son's principal and was told they don't have anybody and he is just as frustrated.

I also asked for a Functional Behavior Assessment and was told the Autism Consultant Teacher would do it and the BCBA would review it. This is not OK.

Please do not let what is happening to Luke continue. Vote in Opposition to this bill!

With all due respect and a broken heart,

Geri Pinnow

Luke's Mom

February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and  
Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m., Conference Room 229

From: Linda Hufano, Ph.D.  
Alaka'i Na Keiki, Inc.  
1100 Alakea St., Suite 900  
Honolulu, Hawaii 96813

Re: Testimony in Support of SB739, Relating to Behavior Analysts with  
Amendments Introduced by the Hawaii Psychological Association

My name is Linda Hufano. I have worked as a psychologist in Hawaii in both the public and private sectors for over 30 years. As a state psychologist and administrator during the pre-Felix era, I was keenly aware of the lack of qualified services for children with autism and their families. When the state contracted those services out to the private sector, Hoahana Institute and its successor organization, Alaka'i Na Keiki, Inc., were among the first to implement applied behavior analysis (ABA) in Hawaii using a model based on the pioneering work of Ivar Lovaas, who traveled to Hawaii to help kick-off our program.

The mission of our organization, of which I am a co-founder, has been two-fold: 1) to develop and deliver services for children with significant communication, developmental, learning, social, emotional, and/or behavioral disabilities; and 2) to serve as a major resource for the training and ongoing professional development of professional and paraprofessional service staff in Hawaii. Our organization, under the direction of psychologists, has been a long-time provider and supervisor of quality behavioral intervention services under contracts with the Hawaii Department of Education, Early Intervention Services, Developmental Disabilities Division, and the Child and Adolescent Mental Health Division. In our outpatient clinic program, we also provide assessment and treatment services for children and adults with emotional and behavioral challenges, including individuals with autism. Our organization has provided ABA services for thousands of children and adults, and trained several hundred professionals and paraprofessionals in the process.

As an organization, we are concerned that ACT 199 as written is having the unintended consequence of being interpreted by state agencies and insurance companies as restricting the practice of ABA in Hawaii to licensed behavior analysts (LBAs) and the paraprofessionals and mid-tier level assistants that are regulated by their national certification board, which requires they be certified by a Licensed Behavior Analyst to maintain their certification. This has created an unfair monopoly, and children with Tricare coverage who had ABA paraprofessionals that were not certified RBTs lost the services of the BICC- or QABA-certified paraprofessional who had been delivering their services. As a psychologist that understands the difficulty that many individuals with ASD have in making transitioning to new providers, I am in full support of SB 739 as written. The addition of these national certification agencies will not lead to lesser

qualified paraprofessionals, if anything the inclusion of autism in their training curriculum is an improvement compared with RBT training as RBT training does not mention autism.

While supporting SB739 as an option for the training of paraprofessionals. I am more fervent in my support of the amendments introduced by the Hawaii Psychological Association (HPA). Hawaii's psychology licensure law specifically includes behavior analysis in its definition of the practice of psychology and additionally recognizes the scope of our practice to include supervising assistants, students, and unlicensed master's level clinicians. It is restrictive as well as an inefficient use of a psychologist's time to provide ABA services but not to be able to supervise assistants in doing so.

Compared with LBAs who are not trained in mental health, ABA-trained psychologists have the advantage of understand the anxiety, depression, or PTSD, that are frequently co-morbid with autism. As mental health providers, they can incorporate this knowledge for individuals presenting co-occurring disorders during the assessment, planning, and monitoring phases of ABA service delivery.

It is clear in speaking with representatives of state agencies that there will be a significant lack of trained professionals and paraprofessionals to deliver ABA services if ACT 199 continues to be misinterpreted as restricted to LBA's and the persons they supervise. It is our understanding from parents of individuals with autism, that waitlists for ABA services covered by insurance vary between providers from anywhere from 6 months to two years. Individuals with autism deserve access to all qualified professionals and their assistants.

I urge your support of Senate Bill 739 including the Amendments introduced by the Hawaii Psychological Association.

Thank you for considering my testimony.

**From:** [btklontz@aol.com](mailto:btklontz@aol.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 10:52:18 PM

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Brad Klontz  
4351 Kauila Street  
Lihue, HI 96766-8836

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Brad Klontz  
808-346-0605





02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

Conference Room 229

State Capitol

415 South Beretania St.

**Testimony in OPPOSITION to SB739**

Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,

Thank you for the opportunity to submit testimony in **opposition of SB739**. As a Licensed Behavior Analyst in Hawai'i, having worked in various settings (DOE, DDD, private insurance) across Maui and Oahu over the past six years, my view is multi-faceted.

First and foremost, we look at consumer protection. Mahalo to our legislators for their support of Applied Behavior Analysis (ABA) in the 2015 and 2016 legislative sessions. I have seen firsthand how Luke's Law and the Licensure of Behavior Analysts have expanded and improved ABA services across our state! It is truly something to be proud of. My concern at this time, however, is that SB739 looks to dilute the quality of care being delivered to our most vulnerable consumers. SB739 looks to expand direct support credential to options which do not require demonstrations of competency. This puts consumers at risk.

When looking at some more logistical issues, such as cost, I have compared the initial and renewal costs for the various direct care worker credentials mentioned in this bill. As seen in the table below, the RBT credential is the most economic, while the QABA is significantly more expensive. Expanding the law to other credentials would not save our state or providers money. Existing state law is the most economic approach to the credentialing of direct care workers.

	<b>BACB-RBT</b>	<b>BICC-BCAT</b>	<b>QABA-ABAT</b>
Initial Cost	\$50 application \$45 exam <b>=\$95</b>	\$30 exam eligibility \$44 exam (intro rate normally \$100) <b>=\$74</b>	<b>\$250</b>
Renewal Cost	<b>\$35 annual</b>	<b>\$50 per two years</b>	<b>\$50 annual</b> <b>\$150 recertification every 3 years w/ exam</b>

Existing state law provides the best consumer protection and is the most economic option. So I ask myself, why is existing state law being challenged here? Who benefits from expanding the law to other credentials? Certainly, not our consumers. What will the consequences be if SB739 passes? I fear that Hawai'i will see a continued low quality of care, particularly in our schools and our keiki will continue to fall through the cracks. Please do what's right! Malama our keiki and protect our most vulnerable consumers. Oppose SB739.

Sincerely,  
Kathleen Penland, M. Ed. BCBA-LBA

02/24/17

Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in OPPOSITION to SB739**

Thank you for the opportunity to share my testimony with regards to Senate bill 739 which would alter the current regulations in place to provide consumer protection for individuals receiving Applied Behavior Analytic (ABA) services in Hawai'i.

Since January 1, 2016, due to the dedication and hard work of countless individuals, children with Autism in Hawai'i have received access to ABA services. ABA is the only evidenced based treatment for children with Autism and through insurance reform I am seeing first-hand how positive of an impact this legislation has been for our children. Children and families affected by Autism in Hawai'i, some for the very 1<sup>st</sup> time, are receiving quality, evidenced-based treatment. Children are learning to communicate better. They are learning how to more appropriately interact with their friends. They are learning to be less rigid and tolerate changes. Families are being trained on ABA procedures. They are developing the skills needed to also teach their children. Most importantly, they are given hope that changes can be made, things can get better. You, the legislators of Hawai'i, have given these families hope.

This hope has been cultivated through children and families receiving high quality care with licensed and credentialed individuals through the Behavior Analysis Certification Board (BACB) and the Department of Commerce and Consumer Affairs (DCCA) in Hawai'i. The original intent of licensure in Hawai'i was to get services to the children quickly and setting the standard for high quality care that frankly has been lacking in the Department of Education. ABA isn't something you can learn from just reading some text books or powerpoints or watching a webinar. ABA is going in day in and day out, observing skilled professionals implementing procedures, it's imitating those procedures, receiving feedback from mentors, it's hands on practice and repetition. ABA is analyzing data and graphing, making changes based on this data, and constant and consistent upkeep of a child's program. The systematic application of ABA with trained, competent, and licensed individuals is what makes all the difference in the world.

All sides of this issue will agree that capacity to provide services to all the individuals who would benefit from ABA is a major concern. However, this concern alone is no reason to lower our expectations for quality of care. It's no reason to rush in and allow people who are not trained or qualified to serve one of our most vulnerable populations. Passing this bill as it is currently written would be dangerous and unfair for families affected by autism. By opposing this bill, you have the chance to ensure the best care possible remains the standard treatment for Autism in Hawai'i.

Sincerely,



Sara Sato, M.Ed., BCBA, LBA

February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and  
Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m., Conference Room 229

From: Richard J. Kravetz, Ph.D.  
Alaka'i Na Keiki, Inc.  
1100 Alakea St., Suite 900  
Honolulu, Hawaii 96813  
(808) 258-2598/ (808) 523-7771  
Rjkravetz@aol.com

Re: Testimony in Support of SB739, Relating to Behavior Analysis Services with  
Amendments Introduced by the Hawaii Psychological Association

I am a Hawaii-licensed psychologist with over thirty years of experience. For the past twenty years, I have trained and supervised paraprofessionals, practicum students, interns, postdoctoral residents and master's level clinicians in applied behavior analysis (ABA) services under contracts with the Hawaii Department of Education, Early Intervention Section and Developmental Disabilities Division.

When I began working as a clinical director and psychologist with the State of Hawaii's Child and Adolescent Mental Health Division in 1985, there were less than a handful of psychologists who were trained in ABA and experienced in working with individuals with autism. Since then I had the privilege of providing internships and postdoctoral fellowships for over 50 interns and postdoctoral fellows through the Hoahana Institute and Alaka'i Na Keiki, Inc., agencies I co-founded with other psychologists. Care Hawaii, TIFFE, and HBH have provided similar pre-licensure training opportunities for psychologists. In turn, these individuals have trained and supervised the next generation – including paraprofessionals - who when they learned what a difference they could make for children with autism - decided to pursue advanced degrees. Many of these former paraprofessionals are now among the ranks of Hawaii's special education teachers, licensed psychologists, licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapists, and several former paraprofessionals who received training and supervision from psychologists are members of our State's newest group of behavioral health professionals, now known as licensed behavior analysts (LBAs).

Although the law licensing behavior analysts exempts a licensed or credentialed practitioner practicing within the practitioner's own scope of practice from the licensure requirements for behavior analysts, some state agencies and insurance companies are interpreting this new law as restricting licensed psychologists (and licensed or credentialed professionals) from supervising behavior analysis. I have been told that that state agencies are trying to address how they are going to meet the requirement to utilize direct support workers, certified as Registered Behavior Technicians, to implement any behavioral intervention needed by a student/individual under the supervision of an LBA.

I would like to point out that providing and supervising behavior analysis is firmly established as part of psychology. Behavior analysis is based on psychological principles, founded by psychologists including O. Ivar Lovaas, a mentor and member of my doctoral committee and continues to be developed by the research efforts of psychologists. Dr. Lovaas is a pioneer within the field of applied behavior analysis, and was the first to provide evidence that the behavior of children with autism can be modified using ABA techniques.

It is also important to note that Hawaii's law related to the licensure of psychologists specifically includes behavior analysis and therapy in its definition of the practice of psychology. Additionally, the law recognizes the scope of our practice to include supervising others including assistants, students, and post-docs, and Hawaii administrative rules establish the full responsibilities of the supervisor, which include registering any assistant or student supervised with the state's Board of Psychology.

Hawaii needs licensed psychologists as providers and supervisors in order to maintain and continue to develop an adequate and workforce of professionals and paraprofessionals. I am concerned that ACT 199 and related laws requiring that all direct support workers working with the Hawaii Department of Education and Developmental Disabilities Division be certified as Registered Behavior Technicians (RBTs) by January 1, 2019 and be supervised by a select group of ABA trained professionals, namely LBAs, restricts the ability of other qualified professionals, e.g., Licensed Mental Health Counselors, Licensed Clinical Social Workers, Advance Practice Registered Nurses, Severe/Autism Credentialed Special Education Teachers, to practice within their own recognized scope of practice.

As a psychologist, I personally have had to turn away six clients who sought services from my agency because the policy of their insurance company was that while I would be approved to implement ABA services as an approved psychologist, I was not able to supervise a paraprofessional/RBT to assist me in doing so as only BCBAs were permitted to supervise. One representative from a different insurance company informed me that the reason I couldn't supervise a paraprofessional was because of ACT 199 as interpreted to them by the program administrator of for LBAs at the DCCA. It was very difficult for me to communicate to the parents of these children that I could not work with them since they had been receiving services from providers in our Outpatient Clinic or Early Intervention Services program and wished to continue receiving services from our organization.

Such restrictions do not well serve our community. Individuals with autism typically have high rates of co-occurring mental health issues, including depression, anxiety, and PTSD. Thus, in addition to LBA who are not trained in mental health, individuals with autism and their families need to be able to choose to work with a psychologist, or other mental health professional, who is sensitive to their emotional/mental health needs when assessing, developing, and monitoring their ABA programs.

Thank you for the opportunity to share my concerns.

**From:** [dralexanderbivens@gmail.com](mailto:dralexanderbivens@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 10:07:18 PM

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Alex Bivens  
POBox 321  
Anahola, HI 96703-0321

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

Aloha Ms. Baker and Mr. Nishihara,

I am writing in support of Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, my scope of practice includes the practice of "Behavior Analysis" and includes supervising psychological assistants in this practice. After all, Behavior Analysis WAS DEVELOPED BY PSYCHOLOGISTS! I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments clarify psychologists' scope of practice as including the supervision of behavioral interventions and will prevent an unnecessary narrowing of the behavioral health workforce.

The last thing Hawaii needs is a "turf war" in which providers with one certification try to cut other providers out of important practice opportunities.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Alex Bivens, Ph.D.  
(808) 332-7190



**From:** [mahill@hawaiiantel.net](mailto:mahill@hawaiiantel.net)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Thursday, February 23, 2017 8:47:30 AM

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Mary Ann Hill  
2970 Kele St Ste 201  
Lihue, HI 96766-1803

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Mary Ann Hill PhD  
8082457225



Lesley A. Slavin, Ph.D.  
317C Olomana Street  
Kailua, HI 96734

Testimony SUPPORTING SB739 RELATING TO BEHAVIOR ANALYSIS SERVICES  
and supporting the amendments proposed by the Hawaii Psychological Association (HPA)

I agree with the Hawaii Psychological Association (HPA) position supporting SB739 and its efforts to increase options for assuring the competency of workers providing direct ABA services under the supervision of BCBAs and not allowing a monopoly for one company in this area. I also support HPA's recommended further amendments to the original BCBA licensing law - Act 199 - related to the issue of supervising direct service workers providing behavioral interventions.

I am a licensed psychologist and the past-president of HPA. My training in clinical psychology at the University of Vermont included an emphasis on behavioral approaches to behavior change. My practice has been primarily in the area of child and family therapy with a specialization in youth with severe emotional disturbances. Unlike some of my colleagues who will be testifying on this bill, I am not an expert in the area of autism. Nonetheless, as a child specialist, my scope of practice and areas of competence overlap significantly with the description of applied behavior analysis (ABA) included in Act 199. For this reason, it is important to me to have the language of the statute clarified.

In my role as a supervising psychologist for the Hawaii State Child and Adolescent Mental Health Division, I work with a range of mental health services including in-home interventions and residential treatment programs. These often utilize behavioral approaches (which are defined in Act 199 as ABA) and they frequently include direct services by paraprofessional workers. For example, paraprofessional workers in a residential program may use a point system for all residents, or follow a unique behavior plan to address one resident's problematic behavior. These paraprofessionals are all supervised by mental health professionals who are **not** BCBAs. A literal reading of Act 199 would lead to the conclusion that this is "illegal." If so, CAMHD will need to shut down many of its services to children and youth with serious emotional disturbances and close its residential programs. I know that this was not the intention of the legislature in passing Act 199, and the BCBA group is not eager or equipped to take on all of these mental health services for high-end youth, but I raise this to emphasize the how vital it is for other, non-BCBA mental health professionals to supervise the work of direct service providers of behavioral interventions in our state. [Please note that I am not testifying on behalf of CAMHD or the Department of Health]

This law, with the amendments proposed by HPA, would make it clear to everyone that it is perfectly legal for licensed mental health professionals to supervise direct service providers within their scopes of practice, including supervising them on the use of behavioral techniques and interventions.

Thank you for the opportunity to provide input on this important bill.

Respectfully submitted,

*Lesley A Slavin, Ph. D.*

**From:** [jonathan.mueller2@va.gov](mailto:jonathan.mueller2@va.gov)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 9:47:18 PM

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Jonathan Mueller  
459 Patterson Road  
Honolulu, HI 96819-1522

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Jonathan Mueller  
808-433-0678



**From:** [mariabriones@hawaiiantel.net](mailto:mariabriones@hawaiiantel.net)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Wednesday, February 22, 2017 9:02:14 PM

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Maria Briones  
3176 Poipu Rd #5  
Koloa, HI 96756-9521

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Maria Briones  
8086359074



**TANYA GAMBY, Ph.D. Inc.**  
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**Date:** February 21, 2017

**To:** Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

**Hearing:** Friday, February 24, 2017, 9:30 a.m, Conference Room 229

**Re: Testimony supporting SB 739**, Relating to Behavior Analysis services with amendments, (proposed by the Hawaii Psychological Association (HPA)), which serve to: clarify the role of psychologists in providing and supervising Applied Behavior Analysis (ABA) services, and expand the pool of providers who can implement ABA services under the supervision of a licensed psychologist.

I am writing to you as a Hawaii licensed psychologist and President-Elect of the Hawaii Psychological Association. I have over twenty years of experience doing ABA/early intervention with children with autism. The ABA models that are currently recognized as best practice for children with autism are based on the pioneering work of Dr. Lovaas and his colleagues. Before moving back to Hawaii, I was the Associate Clinical Director for the Lovaas Institute (and worked directly with Dr. Lovaas); taught ABA classes at UCLA; and was a staff supervisor on the Lovaas Multisite Replication Project. Prior to working at the Lovaas institute, I was a clinic supervisor for Dr. Tristram Smith's ABA clinic. Dr. Smith is also recognized for his extensive research and clinical contributions in the autism/ABA field. I moved back to home to Kauai with the intention of offering ABA services to Kauai's children and have been an autism consultant for Kauai's Department of Education since 2007. I also have my own private practice. However, despite having over 20 years of experience and being a supervisor and researcher in some of the top ABA clinics in the world, the way the current law is written is restricting my ability to provide comprehensive services to children with autism.

Hawaii is one of 45 states to approve insurance coverage for children with autism, as it is recognized across the world, that intensive early ABA intervention before the age of six is critical for the future of children with autism. However, Hawaii is one of only three states that gave a monopoly to the BACB board (and to the Hawaii Association of Behavioral Analysts) by only recognizing their proprietary training and certification for direct support workers (i.e., RBTs®). This unnecessary restriction is limiting psychologists' scope of practice and is significantly reducing the pool of qualified providers in Hawaii.

The current law restricts paraprofessional treatment services to Registered Behavior Technicians® (RBTs). This eliminates other appropriately trained paraprofessionals from



providing services, and limits the workforce. It provides an additional barrier for psychologists as RBTs® are credentialed by the behavior analyst board and to maintain their RBT credential, they can only be supervised by BCBA's. Thus unintentionally restricting the ability of psychologists to supervise a treatment team.

The Lovaas/UCLA method of supervision continues to be recognized as the gold standard for the supervision of direct support workers. Reichow and Wolery (2009), "examined the relationship between supervisor training models and treatment outcomes. Their findings suggested that studies that implemented supervisor-training protocols based on the University of California, Los Angeles (UCLA) model produced greater gains in IQ than studies that employed other training procedures." However, despite my background as a Clinical Director at The Lovaas Institute, working in the field of ABA and treating hundreds of children for over 20 years using the Lovaas method of treatment, the current law makes it difficult for me to supervise direct support workers as the current law specifies that direct support workers are credentialed as RBTs® and supervised by BCBA's. Despite the fact that the BCBA and RBT certification do not demonstrate that the candidate has specific training in autism and/or early intervention (as it is a broad certification specific to the practice of behavior analysis rather than autism). Additionally, the RBT® credentialing criteria does not follow the UCLA model of supervision and there is no empirical evidence showing that even well trained RBTs® are competent to provide ABA early intervention (as this is a proprietary certification that was not based on research findings).

A recent joint statement by Leaf and colleagues (2017), who are recognized as the leading autism researchers and clinicians (many of whom pioneered the current ABA strategies that we use with children with autism), expressed concern that there is no data that RBTs® are better trained than other appropriately trained paraprofessionals. I have highlighted their most important points below:

1. "The training hours requirement for the RBT® does not appear to be extensive nor does it appear to be consistent with the current body of research."
2. "It has not been demonstrated that better outcomes are obtained when using [RBT®] certified personnel."
3. "If funding sources begin limiting coverage to RBTs®, BCaBAs® and BCBA's®, it may be difficult for some individuals to get services from professionals who are highly trained but do not have these certifications/credentials. This can be especially difficult in more rural areas where there is a shortage of professionals to provide the needed services or internationally where there are limited behavior analytic services."
4. "There has been no empirical investigation of the specific components of the RBT® credential. There has been no empirical evidence that procedures are being implemented with a higher degree of fidelity or that consumers are better protected because of the certification process. There has been no empirical evidence showing that outcomes for individuals diagnosed with ASD will improve with the creation of the RBT® credential. Thus, at the present time, it remains unclear if the RBT® will result in improving the lives of individuals

diagnosed with ASD. Furthermore, the possibility of unintended consequences may even cause harm to those whom the creation of RBT® was intended to help must not be overlooked. . . . it may be the case that many of these individuals have a vested interest (e.g., financial interest in an established credential for direct line staff . . . [and] it would appear that the RBT has potentially greater risks than benefits.”

HABA and the BACB board directly benefit by limiting support workers to their proprietary certification, as it gives them a monopoly in the marketplace, but there is no data showing RBTs® are superior to other appropriately trained paraprofessionals. This specification in the law is unnecessarily restrictive and is hurting our ability to provide quality treatment to children who need it. It is also at direct odds with the intention of the law which “provides exemptions for licensed/credentialed practitioners (including licensed psychologists and other mental health professionals), allowing them to practice within their recognized scope of practice, which regularly includes ABA/behaviorally based assessment, interventions, and supervision of paraprofessionals.” Because only BCBAs® can supervise RBTs®, this language is making it difficult for other professionals to offer comprehensive treatment and supervision and is giving an inappropriate monopoly to one certifying agency. These unintentional restrictions are a violation of psychologists’ ability to practice in the state of Hawaii and have the effect of severely reducing the number of qualified professionals who are able to provide such services.

I am further concerned by misleading testimony provided by HABA that states: “Dixon and colleagues (2016) found that supervisors with a BACB® certification produce approximately 74% greater mastery rates of learning objectives in comparison to supervisors without BACB® certification.” Dixon et al.’s research specifically excluded psychologists and other certified professionals from the supervision comparison group. So this data does not show that BACBs are more qualified than psychologists or other licensed professionals, as they were not included in the research.

Additionally, it is widely recognized that people with autism spectrum disorders (ASDs) have more mental health disorders than the typical population. These mental health disorders include depression (which is considered to affect as many as 67% of persons with ASD), anxiety (57% comorbidity), ADHD (60% comorbidity), and other serious mental health disorders along with a significantly increased risk of suicide. Expertise in the co-occurring conditions in a person with autism is crucial to the development and implementation of an appropriate and comprehensive intervention plan and leads to better treatment outcomes. Behavior analysts (who are not necessarily mental health professionals) are not trained in these additional treatment strategies or disorders and often lack the expertise to diagnose and treat the comorbid conditions. Many mental health professionals, such as psychologists, have the necessary training and expertise to address the comorbid mental health needs as well as the behavioral and other treatment needs of individuals with autism and therefore, should not be restricted in their practice by the behavior analyst licensing law.

On Kauai, we have a shortage of providers and we have many children in need of services who are in the early intervention age range. These children are currently unable to access ABA services because the unnecessarily restrictive language in the current law is limiting our workforce and making it difficult to staff agencies with paraprofessionals. Despite decades of research showing the importance of early intervention, these children may “age out” of the critical age range for early intervention because of an unnecessary technicality in the language of the law. Other states recognize that there are a number of ways to assure quality provision of services and did not specify RBTs® as they recognized that was inappropriate and unnecessarily restrictive.

Amending SB 739 increases the availability of quality ABA services for persons with autism and their families. All aspects of behavioral therapy associated with ABA services, including supervision of DSWs, is a very long-standing professional privilege of psychologists and a cornerstone of the practice of psychologists. Psychologists researched and developed most of the current ABA protocols and should not be restricted in their scope of practice as many of us have been working with children with autism before the BCBA certification existed. Therefore I urge the committee to support SB 739 with with some specific revisions:

On page 1 of SB739 we recommend substituting the following text for the last clause in number (1) after the semicolon in line 9: including individuals supervised by the licensed professional. This may include paraprofessionals, unlicensed professionals, students, and parents, provided that the supervision is within the licensed professional’s own recognized scope of practice and neither the licensed professional nor the individual supervised uses the title “behavior analyst;”

On page 2 of SB739 we recommend that a section 3(B) should be inserted after the proposed section 3(A) to read: An individual who provides ABA services under the supervision of a licensed or credentialed practitioner working within his or her own recognized scope of practice, provided that the licensed or credentialed supervisor attests to the training and qualifications of the individual to provide the supervised ABA service, and maintains responsibility for that individual’s work.

Respectfully submitted,

Tanya Gamby, Ph.D.  
Licensed Psychologist  
President-Elect of the Hawaii Psychological Association

## References

Dixon, D. R., Linstead, E., Granpeesheh, D., Novack, M. N., French, R., Stevens, E., & Powell, A. (2016). An evaluation of the impact of supervision intensity, supervisor qualifications, and caseload on outcomes in the treatment of autism spectrum disorder. *Behavior Analysis in Practice, 9*, 339-348.

Leaf, J. B., Leaf, R., McEachin, J., Taubman, M., Smith, T., Harris, S. L., et al. (2017). Concerns about the Registered Behavior Technician® in relation to effective autism intervention. *Behavior Analysis in Practice*. doi:10.1007/s40617-016-0145-9.

Reichow, B., & Wolery, M. (2009). Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA young autism project model. *Journal of Autism & Developmental Disorders, 39*(1), 23-41.

[CPHtestimony@capitol.hawaii.gov](mailto:CPHtestimony@capitol.hawaii.gov)

Date: Wednesday, February 22, 2017

To: Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

Hearing: Friday, February 24, 2017, 9:30 a.m., Conference Room 229

From: Sarah Clem-Guess  
98-1211 Maohu Place  
Aiea HI, 96701

Re: Testimony in Support of SB 739, Relating to Behavior Analysis Services, with Amendments introduced by the Hawaii Psychological Association.

I am a mother of two autistic children that has been positively impacted by trained psychologist because of this I believe there should be as many different service options as possible for individuals with autism and their families. Thus, I support this bill and the amendments introduced by the Hawaii Psychological Association which would clarify applied behavior analysis services (ABA) may be provided by BCBA's as well as other ABA-trained licensed and credentialed professionals, including psychologists and the paraprofessionals working under their supervision.

Thank you for the opportunity to submit this testimony.

Sincerely,  
Sarah Clem-Guess

02/24/17

Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

**Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,**

My name is Johanna Taylor and I am a licensed behavior analyst in the state of Hawaii. I am writing in STRONG OPPOSITION TO SB739. I have provided applied behavior analysis (ABA) treatment to children with developmental disabilities on neighbor islands. Personally, I have witnessed the positive outlook many parents gained when realizing a trained, educated professional was implementing ABA treatment to help their children learn socially significant skills.

I strongly oppose SB739 for several key reasons. We must maintain consumer protection for individuals that require applied behavior analysis (ABA) treatment in the state. This consumer protection includes individuals with autism spectrum disorder, but also extends to any individuals with a disability that requires ABA to live a meaningful life. Maintaining a high standard and training requirements will ensure individuals with developmental disabilities receive the treatment they deserve. The proposed language would allow providers that have less than two years supervised direct service professionals delivering ABA. The changes would eliminate the requirement for direct services professionals to demonstrate competency with procedures prior to providing ABA. The Registered Behavior Technician (RBT) credential requires demonstration of competency-based skills and annual renewal through which the professional must show he/she can still implement procedures accurately. In many cases, direct service professionals are implementing interventions that if implemented incorrectly could cause severe challenging behaviors or regression of skills; it is possible that without appropriate training, an individual could harm himself or others.

It is critical that professionals that lead and guide direct care professionals implementing ABA have specific training on how to supervise individuals. The Behavior Analyst Certification Board (BACB) requires specific supervision training and continuing education while those holding other credentials do not. Although professionals may be well-educated in their field, this does not purport that they can appropriately supervise others to implement procedures. It is important

that supervisors receive thorough training and continuing education on supervisory topics so that they can continue to support the implementation of ABA appropriately.

Since the ABA licensure law went into effect in Hawaii, the number of RBTs has increased from 256 to 516. There are a number of providers that have offered free RBT trainings to increase capacity in the state and the numbers continue to grow each day. Currently, there are 0 individuals in Hawaii listed as having the ABA-T or BCAT (credentials through QABA and BICC). Therefore, the addition of these credentials would not improve the present climate of services.

I urge you to consider opposition to SB739. It is our kuleana to continue to protect the keiki and their families in Hawaii and make sure that they receive ABA treatment from trained professionals that are supervised by competent behavior analysts.

Mahalo,

**Johanna Taylor, PhD, BCBA, LBA**

2/24/17

Consumer Protection and Health  
Opposition to SB739

Chair, Vice Chair, and members of the committee,

I write to you today with concern for our keiki. I have had the unique experience of working with individuals in need of applied behavior analytic (ABA) services across the lifespan. In this time, I have worked with many different providers, some certified by the Behavior Analyst Certification Board (BACB) and others licensed or certified in other disciplines. The difference in quality programming, supervision and training of staff by BACB credentialed professionals makes a world of difference when helping individuals with significant behavioral, social, and communication challenges. Allowing other, alternative credentials, for the practice of ABA is too risky for our state. The BACB is the gold standard in care across the nation and has proven success here at home. Why would we dilute this standard at a time when the state is finally making progress? As a state, we have struggled to meet the needs of those with developmental disabilities—from the Felix Consent to decree, to countless lawsuits, to some of the lowest graduation rates and employment rates for people with disabilities in the nation, we have struggled. In 2015 we were the 42<sup>nd</sup> state to pass autism insurance reform. In 2016 legislators upheld the licensure law and ensured families across the state could rest assured knowing they could access ABA from licensed, qualified professionals. I can't help but wonder, in the years before insurance reform, where were these alternate credentialing bodies and other professionals saying they could provide ABA? Why is it that only now, when there is a funding source, we see others attempting to advocate for their right to practice? This bill seeks to take us backward, not forward. While these alternative credentials may be minimally used elsewhere, they do not meet the needs of Hawai'i and I respectfully ask you vote no on this bill.

Mahalo,

Brian J. Burdt  
Paia, Maui



*Sean W. Scanlan, Ph.D.*

*Licensed Clinical Psychologist*

*1019 University Ave. #6A, Honolulu, HI 96826. (808) 277-7577. seanscanlaphd@yahoo.com*

February 22, 2017

**To:** Senator Roz Baker, Chair, Senator Clarence K. Nishihara, Vice Chair, and Members of the Committee on Commerce, Consumer Protection and Health

**Hearing:** Friday, February 24, 2017, 9:30 a.m., Conference Room 229

**Re:** Testimony supporting SB 739, Relating to Behavior Analysis services with amendments, (proposed by the Hawaii Psychological Association [HPA]), which serve to: clarify the role of psychologists in providing and supervising Applied Behavior Analysis (ABA) services, and expand the pool of providers who can implement ABA services under the supervision of a licensed psychologist.

I have been working with children with ASD since 1997 and supervising aides since 2000. I have my Ph.D. in Clinical Psychology and was licensed by the State in 2005. To be licensed, we are required to have at least 4,000+ hours in supervised training by a licensed psychologist. When I was applying for licensure, I was told that I actually had too many hours of work with only the ASD population, and I had to prove that I was trained in other areas. Thankfully, I was. In my ASD experience, I worked in the role of an Autism Consultant with the DOE and DOH, ran 2 ABA-based biopsychosocial programs with 75+ children with ASD, and was the director of CARE Hawaii's autism services (ensuring the appropriate provision of services related to D.O.E.'s intensive instructional services contract, including management of services of 100+ providers). Over the years, I've attended dozens of workshops by prominent ASD experts (e.g., Lovaas, Leaf), read countless books and articles by prominent authors (e.g., Lovaas, the Koegels, Schopler, Siegal, Granpeesheh, Leaf, Grandin, Baron-Cohen, Harris & Handleman, Smith), and was intensively supervised by several psychologists and prominent BCBAs. Currently, I have a private practice, and I continue to oversee ABA programs (and the paraprofessionals on the cases) for children with ASD.

Along with many of my colleagues who are licensed psychologists trained in ABA, I am requesting that the legislature amend the new law to make it clear that licensed psychologists and other qualified practitioners are able to continue supervising paraprofessionals in the implementation of ABA/behavioral interventions in addition to continuing to train their respective students, interns, and post-doctoral trainees.

Unfortunately, current phrasing of the law has left room for misinterpretation, and it is unfair that this ambiguity might restrict me from helping the kids that I've helped for almost 20 years. And considering how much help this population needs, I don't think it was the intent of the law to be adding restrictions at this time

Respectfully submitted,



Sean W. Scanlan, Ph.D.

Licensed Clinical Psychologist

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 23, 2017 9:02 AM  
**To:** CPH Testimony  
**Cc:** ak.keesey@gmail.com  
**Subject:** Submitted testimony for SB739 on Feb 24, 2017 09:30AM

**SB739**

Submitted on: 2/23/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrea Keesey	Individual	Oppose	No

Comments: Honorable Chair Baker, Vice Chair Nishihara, and members of the committee, I am writing to you to urge you not to pass the bill SB739. When law for licensure for Applied Behavior Analysis was passed in 2015, it was created to protect consumers and set a minimum standard for their providers. The current bill is aiming change the language of Hawaii's Law, Act 199, to allow unqualified providers to practice ABA. If this bill is passed the minimum standard of qualification will decrease, which will put our vulnerable population further at risk. Currently, the only credential that requires competency-based training is the RBT credential. By removing this from the current law we are allowing people who have NOT demonstrated competency practice ABA. We have seen time and time again the repercussions for allowing unqualified people to work with this population. It is time to protect and support the children of Hawaii by standing with the current law that protects the quality of services they are provided with. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 22, 2017 10:37 PM  
**To:** CPH Testimony  
**Cc:** hawaiifundiver@hotmail.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/22/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jason Hijirida	Individual	Oppose	No

Comments:

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February 19, 2017

Hawaii Legislature  
415 S Beretania Street  
Honolulu, HI 96813

Subject: Opposition to SB739

Dear Members of the House and Senate:

My wife and I have been advocating for applied behavior analysis (ABA) services, since we learned it was the most effective treatment recommended for children with autism. Our eldest daughter, Abigail, was diagnosed with autism at age 7, she is 17 today. She did not begin receiving services until 2014; when she was 14 years old. When we began services, Abi had difficulty with her behavior, with changes in routines, with hygiene, socializing with others, and in establishing motivation in developing independence with daily skills. Over the past 3 years of receiving ABA services, Abi has blossomed! She has made tremendous progress with ABA services, provided by a licensed behavior analyst (LBA).

Unfortunately, we are not able to have Abi's services covered by our health insurance. They told us psychologists do not provide ABA services, plus we already had access to psychological services. We petitioned our insurer to cover our daughter's ABA services, particularly because we had already tried every other insurer-available approach, without significant results. Our appeal was denied. Despite this, as a family, we decided to continue with ABA services. With the support of our consultant, who is highly qualified and licensed as a behavior analyst (LBA), our family has made many successful gains; Abi spends more time with the family, we are learning how to effectively interact, and contribute as a household. We have great hopes for Abi and we are relieved to learn that our insurance will begin covering ABA services for her, effective July 1, 2017.

This bill, as proposed stands to open up the providers who can oversee ABA services to individuals who do not have proper training or demonstrated competency in behavior analysis. This bill would also allow individuals trained in autism, not behavior analysis, to be seen as qualified to provide ABA services to our keiki. We have waited too long, fought too hard, and spent too much money, time, and energy to see unqualified providers erode the quality of ABA services, currently being provided in Hawai'i. As parents, we stand in **STRONG OPPOSITION** of SB 739 and we respectfully ask you to reconsider your support of this very detrimental and backwards legislation.

Mahalo nui,



Calvert and Emily Chun  
1054-A Alewa Drive  
Honolulu, HI 96817



**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 23, 2017 9:30 AM  
**To:** CPH Testimony  
**Cc:** starsister2000@yahoo.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/23/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bonnie Koba	Individual	Oppose	No

Comments:

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02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Traditionally I would greet you with my mo‘okū‘auhau (genealogy), where I am from, and the ancestors that came before me. Today’s style of greeting has changed but still maintain the same information, giving insight into the past. Although who I am is important, I am reaching out to you about the future, the future of my children and thousands of children in Hawai‘i. My name is Naomi Tachera I live in Waimea on Hawai‘i Island; I am a Native Hawaiian mother and student. I have two sons’ ages 6 and 4 that were diagnosed with autism spectrum disorder. I researched evidenced based therapy to treat the symptoms of autism and found a lot of research on Applied Behavior Analysis (ABA). My oldest son was the first in the State of Hawai‘i to receive ABA through Medicaid, and after seeing amazing progress; I knew I wanted to become a Board Certified Behavior Analyst (BCBA). I graduated from UH Hilo with a Bachelor’s in Psychology, and I am currently pursuing a Master’s degree in Exceptional Student Education and Applied Behavior Analysis.

What is considered an appropriate treatment for children with autism? According to my children’s Pediatrician, Behavioral Pediatric Specialist, Pediatric Neurologist, Psychologist, and BCBA’s, both my children are recommended to have intensive ABA, supervised by a BCBA. This legislation seeks to expand direct support credentials to options which do not require demonstrations of competency. This puts consumers at risk, my two children Kaiao and Kaleohano. If you allow other professionals other than Registered Behavior Technicians (RBT) and BCBA’s to practice and supervise ABA programs it will be disaster for our children, our future. A misconception has been circulating that Psychologists are not able to supervise RBTs, when in fact Psychologist who have passed an examination in behavior analysis, are able to oversee Registered Behavior Technicians. The law isn't limiting; it's protecting my children. If there’s any veteran autism parents in support of SB739, it’s because they will not feel the effects to the same degree, our children are still young and have a fighting chance!

If I can pursue board certification by going to graduate school, being a mother of two young children with autism, working full time, and living a rural community, then all the other professionals that want to “expand” their services to provide ABA, must do the same! From my perspective, SB739 has been initiated either because they want to save money or they want to make money, not about providing quality ABA services. The behavior analysts in Hawai‘i have been tirelessly advocating for our communities. We stand in support of consumer protection and in opposition of SB 739.

Naomi Tachera

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,

I urge you to oppose SB739. As a parent of a child with Autism who has received ABA for self-injurious behaviors as well as a host of other problem behaviors, it is imperative that our laws stay the way they are to insure that we are receiving highly qualified BCBA's and RBT's. If the law changes and therapist working with children in homes, schools and the public are not certified, our Keiki will NOT receive the essential quality of services. It will be devastating not only for families, but for schools and the community as well! Please do not let SB739 pass!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis. ABA that is delivered by a person who is not certified a BCBA or RBT, is NOT ABA.

Brandi Picardal  
Waipahu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

The difference between the RBT and the other proposed credentials is the other credentials broaden the scope of supervisor to non-qualified professionals and remove the expectation for demonstration of competency by the direct support worker. It would be a disservice to all our keiki to make it that people that are not credentialed are able to supervise their cases without a greater knowledge of Applied Behavior Analysis.

Mele Stoner  
Honolulu, Oahu



02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

To Whom It May Concern:

I would like to submit my testimony to OPPOSE Senate Bill 739. To remove the requirement for non-credentialed providers (removing the RBT requirement) would mean that there is no minimum supervision for those providing applied behavior analysis (ABA) to our most at risk population. The RBT credential requires that at minimum, a paraprofessional, teacher, anyone providing this excellent service be supervised by a Board Certified Behavior Analyst (BCBA) or Psychologist certified by the American Board of Professional Psychology (ABPP) in Behavioral and Cognitive Psychology 5% of the time they are providing ABA services and have to be seen at least twice a month. This supervisor is held accountable for the work that the RBT is performing.

By removing the requirement for RBT credential we are removing the specific requirement for supervision of this staff. Close supervision is one of the quality indicators of a ABA program. I think that instead of continually trying to create loopholes that we should be working on increasing quality services in Hawaii.

I personally have agreed to a contract to work with the Department of Education on Kauai, I offered a free RBT training for the school district, and am happy to continue working with the island to improve services here. Thank you for considering this testimony and PLEASE contact me ([LShepherdBCBA@gmail.com](mailto:LShepherdBCBA@gmail.com)) with any questions you may have.

Lindsey Shepherd, BCBA, LBA  
Koloa, Kauai

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

To obtain the RBT credential, we go through 40 hours of training, a competency assessment, and an examination administered through Pearson. These certifications and proof of competency serve to provide the best services possible to clients. My clients are all children, who are some of the most malleable and the plans implemented have the possibility to greatly aid or be a detriment to the consumer, both the client and the family. With the competency that we are expected to have and exhibit in daily practice through supervision and re-certification, our clients receive the highest quality of services because of the experience and knowledge of Licensed Behavior Analysts (LBA). Without these proofs of competency, the practice is skewed and does not best serve the client.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Brittany Linville  
Ewa Beach, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Erin Walters  
Hilo, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I'm a parent of an ASD child whose ABA therapy was once supervised by a non-trained MSW. It was an epic fail as this so called Behavior Intervention Specialist was fired for having ABSOLUTELY no idea how to deliver therapy to my son. Please stop this from happening AGAIN.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Brandi Baretto  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Cori-Webb  
Mililani, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

This seems like a no-brainer to me, especially when we are talking about consumer protection. Only individuals with rigorous training and demonstrated competency in behavior analysis should design and oversee ABA services. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Molly Stemmler  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

As a parent and an educator, I oppose SB739. SB739 would allow our most vulnerable and marginalized keikis to be served by less committed and knowledgeable individuals. They and their families deserve better. Please oppose SB739 –we need to move forward, not backwards. A concerned parent, citizen and educator, I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sungalina Lee  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Honorable Chair Baker, Vice Chair Nishihara, and members of the committee,

My name is Goldean Lowe, I am a Board Certified and Licensed Behavior Analyst, currently supervising two BCBA candidates during their master's coursework and practicums. I've been working with children and families for 23 years, the last 7 years as a manager and clinical supervisor of three accredited programs, serving 80+ families per year.

As someone who has developed service lines and programming, served families directly and clinically supervised others, I would like to point to the ethical problems and infringement of patients' rights in your suggestion of recommending unregulated individuals to deliver ABA services.

I can only begin to point at a few of the legal problems you will be facing in allowing other credentialed fields to practice outside of their training expertise. Parents are becoming more and more aware of the research base from which the science of ABA has expanded. The state will inevitably be faced with lawsuits from families who have received services that are not based in the rigorous scientific-based ABA field.

An analogy could be made that instead of licensing medical doctors to practice medicine, the State offers license to health technicians. If the public only had health technician service, they may lose faith that anyone could actually treat their health condition, because they are used to a low standard of training and care. This is a situation that is not uncommon in our field where someone who has taken a workshop or a class in ABA may think of themselves as trained in ABA. However, these claims only dissipate the public's belief that this applied science can actually work.

There is no question that while well-intentioned practitioners may be eager to share what they know, the field of ABA is based on 60+ years of research, that is ever expanding, it requires regulation, supervision, continuing education, following data, constant updating of current applications and following of an ethical code.

I hope you come to the understanding of protecting patients' rights to access ethical treatment from trained professionals.

Goldean Lowe MA BCBA LBA 146



02/24/17

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sara Lopez  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

I am extremely concerned about the bill seeking to add other credentialing boards for ABA (QABA, BICC, etc.). With the current proposal, there is a lack of consideration as to the negative impact on clients/families who receive specific ABA services from credentialed BCBAs, BCaBAs, and RBT, as well as impacting future clients and the very treatment they seek.

As one who has earned a Doctorate in Clinical Psychology, I can speak to the FACT that psychologists do NOT receive specific training in the area of Applied Behavior Analysis (ABA), and graduate UNFIT to provide and/or supervise these services. One course in Behavior Theory is hardly adequate to prepare psychologists to apply the degree of evidence-based systematic programming that is both effective and efficient enough to produce behavior change. Although BCBAs certainly welcome collaboration with other disciplines toward common goals, our practices are dissimilar. The BACB offers specific guidelines to ensure that the systematic practices of BCBAs, BCaBAs, and RBTs are within the scope of ABA. Our credentials serve to indicate to consumers that we have passed coursework, been through rigorous supervision by a credentialed provider, and demonstrated mastery of the content. This vetting serves to confirm to the community we serve that we are educated and highly trained professionals working in an area of specialized expertise.

Just as psychologists must receive other endorsements and certifications to practice with specific populations (e.g. LGBT training, etc.), ABA is no different and should not be an area 'opened up' to those who do not possess the necessary education and proven mastery to practice in the field. Other credentials do NOT require evidence-based supervision by supervisors with DEMONSTRATED COMPETENCY in ABA. This would therefore serve to dilute practices AND direct services to those of our population who are most vulnerable, and is a grave disservice to our state and communities. Perhaps it is legislators who do not realize the specificity of ABA practices and therefore the full impact of this proposal. PLEASE research and understand the harm this bill will cause if passed.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Dr. Lori Babbitt  
Kula, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Cody Lopez  
Haleiwa, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

It would be a travesty for Senate bill SB739 to go through and strip children with autism the proper and professional services they need to function. I know this is being done so that children who are currently receiving proper ABA therapy from outside entities get stripped and thrown back into the DOE where they will receive sub par treatment and care because of money. my son was in special education class in the DOE system where they claimed they were doing ABA therapy, but it obvious the people doing the therapy was unqualified and in over their heads. we were fortunate enough for my son to get out of the DOE and into ABA therapy in a place that has structure, competent oversight and qualified people who genuinely care about helping children with autism get the help they desperately need to live and lead a good life. it's a shame that you are willing to strip children with autism the quality of care because the DOE is having to pay to send children to ABA therapy at outside sources. it's sad and pathetic because all I see on TV is how you all claim to care about the future of our children and making sure to do whatever you can to give them the best chance to succeed in life, blatantly lie to save money. money over the quality of care for children who need it the most. I truly hope this bill doesn't pass, because I know first hand the type of "care" kids will receive from the DOE.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Adonis Buttel  
Hauula, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

I am writing to you from a place of compassion and concern. The current standards for applied behavior analysis (ABA) services in Hawai'i were crafted with consumer protections in mind. This bill, as proposed seeks to confuse consumers, by using similar acronyms and terminology, which in reality translates to the broadening of those who can supervise ABA and dilutes the expectations and training for direct support workers. To aid in your understanding of the implications of SB739, I have drafted the following "5 Questions and Answers About ABA Licensure in Hawai'i".

**Question 1: Why was this bill introduced?**

**Answer:** While there are likely different motivating factors, the support for this proposed bill, comes primarily from mainland providers; particularly providers of applied behavior analysis (ABA) service, who are not behavior analysts. Due in large part to the efforts of these individuals, their native state, California, has not successfully passed or enacted ABA licensure regulations. In fact, these same individuals have been credited with derailing the legislative efforts in California. Seeing Hawai'i as a potentially steady source of funding, providers (those qualified and unqualified to provide services) have been drawn to Hawai'i. The companies, which will be the most successful, are those who practice in accordance with state law, who take the time to learn about our community, and those who put forth the effort to develop cultural competencies.

**Question 2: Why are psychologists claiming this law limits their scope of practice?**

**Answer:** While the Hawai'i Psychological Association (HPA) is standing on behalf of psychologists right to practice, the majority of psychologists in the state would say they do not practice behavior analysis. Of those who do practice behavior analysis, it is common practice they would provide DIRECT ABA services. Existing ABA licensure law, and local healthcare insurers, allow psychologists to bill for direct ABA services in Hawai'i. Commercial health plans have confirmed there is a modifier to indicate a psychologist, rather than a behavior analyst, provided the ABA services. In areas where psychologists do provide ABA services, it is NOT common practice for them to provide and oversee a tiered ABA service model delivery. Licensed psychologists, certified by the American Board of Professional Psychology (ABPP) in Behavior and Cognitive Psychology, who tested in behavior analysis, *are eligible to oversee Registered Behavior Technicians™ (RBTs)*, as specified by the Behavior Analyst Certification Board (BACB).

In response to the claim, that, "Dr. Lovaas, a pioneer in applied behavior analysis himself, would be unfit to practice under current restrictions in Hawai'i", Dr. Eric Larsson, Executive Director of the Lovaas Institute noted, "Actually, he [Lovaas] would have had no trouble meeting Option 3 [from the BACB] that was in effect in the early 2000's, when he still practiced. Only someone with a cavalier approach to a parent's right to informed consent would refuse to make the effort to meet these minimum standards of practice" (*personal communication, 2/22/2017*).

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**Testimony in STRONG OPPOSITION to SB739****Question 3: Who would be allowed to perform ABA if this law passes that is not allowed under current law?**

**Answer:** The answer is two-fold. The proposed language of SB739 seeks to expand who can oversee direct support workers, as well as the qualifications needed by the direct support workers themselves. The proposed language could allow someone with only two years experience implementing behavior intervention programs to supervise someone implementing ABA. It would also allow individuals who have not demonstrated initial competencies implementing behavior analytic programs to practice, under the supervision of an individual with improperly regulated training (*see HABA video explanation*).

**Question 4: Do we have capacity issues in the state? Are there enough providers?**

**Answer:** In less than two decades, the Behavior Analyst Certification Board (BACB) has credentialed more than 50,000 behavior analysts and behavior technicians in more than 70 countries, and there are no indications of a slowdown in growth trends (*Carr and Nosik, 2017*). We are developing capacity for both licensed behavior analysts (LBA) and Registered Behavior Technicians™ (RBT) in Hawai'i at an impressive rate as well. When our licensure law went into effect on 1/1/2016, there were 60 Licensed Behavior Analysts in the state. As of 2/22/2017, 174 are listed on the DCCA Behavior Analyst registry.

Since our ABA licensure law went into effect, the number of Registered Behavior Technicians (RBTs) has doubled from 250 to now over 500 credentialed; ranking Hawai'i in the Top 10 states for total number of RBTs. The average turnaround time from initial application to becoming a RBT is 4 weeks or less. Some delays are occurring during the insurance agency authorization process, which would not be alleviated by adding additional credentials for direct support workers. Presently, there are 0 individuals in Hawai'i who are listed as having the ABA-T or the BCAT credential (according to the QABA and BICC registries). To say the Behavior Analyst Certification Board (BACB) has a "monopoly" on behavior analysis would be like saying the American Medical Association (AMA) has a monopoly on medicine. "Because the BACB's credentialing programs were designed based on lessons learned from earlier credentialing efforts in behavior analysis, as well as established credentialing standards, they have endured for almost 20 years and have been recognized in hundreds of laws and funding systems around the world" (*Carr, Nosik, DeLeon, 2017*).

Direct Support Worker credential	RBT®	ABAT®	BCAT
Nationally Accredited (NCCA)	YES	NO	YES
# Certificants in Hawai'i	515	0	0
Year Board Established	1999	2012	2013

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**Question 5: What will be the impact on consumers if we remove the RBT requirement and allow other licensed professionals to oversee and develop ABA programming?**

**Answer:** Conversations with insurers have indicated they will push back and will not adopt these alternate credentials, for direct support workers. If so, the consumers who likely experience the largest degradation of services, would be those receiving services by state departments (e.g., Dept of Education, Early Intervention, etc.). Our DOE schools have until 1/1/2019 to come into compliance with the RBT requirement for their educational assistants. If we want to know what services look like without RBTs and LBAs in place, we need only to look to our schools now. What is happening in our classrooms currently? We have a large number of emergency hires. We have large amounts of unlicensed and poorly supported classroom teachers, who are overwhelmed with an ever-growing amount of responsibilities. As providers, we experience resistance from school administration who attempt to sabotage or prohibit collaboration. As consumers, we witness children become aggressive and despondent, and when progress is not made, we are told the child is the reason.

This is unacceptable! Our keiki deserve better. It's our kuleana.

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If there are difficulties in executing the law as intended, naturally we want to know about them. We are willing to brainstorm, collaborate, and unite, in efforts to solve any issues resulting in an unnecessary delay of ABA services, by qualified professionals in our state. The current standards for applied behavior analysis (ABA) services in Hawai'i were crafted with consumer protections in mind. This bill, as proposed would decrease consumer protections by increasing consumer confusion. We ask you to stand with us; consumers and providers to uphold our existing ABA licensure and credentialing requirements. We appreciate your time. Please feel free to reach out if there are any questions, or requests for additional documentation or information.

Mahalo nui loa,

Amanda N. Kelly, PhD, BCBA-D, LBA  
Director, Anuenue Behavior Analysts  
Board Member, Hawai'i Disability Rights Center  
Director, University of West Florida, Office of ABA, Hawai'i Cohort  
Legislative Committee Member, Hawai'i Association for Behavior Analysis

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Ryan Bell  
Waialua, Oahu



02/24/17

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Iveth Galvan  
Aiea, Oahu

02/24/17

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Demmis Cisneros  
Aiea, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

Horizons Academy strongly supports only licensing and the practice of behavior analysis by individuals who meet the current State standard in collaboration with the Behavior Analysis Certification Board. Please continue to uphold the quality and standard of behavior analysis. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis. Please continue to uphold the quality and standard for behavior analysis in the State of Hawai'i.

Beau Laughlin  
Kihei, Maui

02/24/17

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Stacy Ramer  
Kihei, Maui

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

As someone who has been working with children in the field of ABA for 5 years, I know how important it is to have the proper training! Our keiki deserve the best education possible and to remove the RBT credential would mean a lower standard of ABA. I've seen so many children thrive because of the intensive work RBTs and BCBAs do with them, and to think someone without the training that is required now, could work with these children, is heartbreaking.

I strongly oppose SB739! I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Caitlin Prieto  
Mililani, Oahu

02/24/17

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I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Adam Studzinski  
Wailuku, Maui

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I strongly support licensing standards that will ensure consumers receive services by trained and qualified professionals. The proposed changes of SB739 would compromise consumer protection and lead to irreparable harm. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Amy Grant  
Haleiwa, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I strongly support the behavior analyst licensure as is. The proposed changes of SB739 would compromise consumer protection and lead to irreparable harm. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Lawson Cosseboom  
Haleiwa, Oahu



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**Testimony in STRONG OPPOSITION to SB739**

I am an RBT at Autism Behavior Consulting (ABC) Group, and due to the use of ABA principles, I constantly see incredible growth with all of the kids that I work with. My job is very demanding and constantly requires the use of ABA theories in everyday interactions with the kids. We technicians are always implementing antecedent interventions, reward systems, extinction, and other methods to teach appropriate behavior. Behavior interventions plans are not all-encompassing, and if technicians were not required to hold the RBT credential, they may be less capable of making appropriate decisions when children exhibit new or surprising behaviors. Technicians also work directly with the children much more often than BCBAs do, and as a result, are often the best people to suggest plan modifications and additions to the behavior analysts. We would not be as capable of this if we were not RBT trained. There are already enough under qualified people working with special needs children, and I feel that requiring the RBT credential is one of the best ways to ensure that these children receive the best possible services

Noelle Dennard  
Waipahu, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

As a mother of a child with Autism, having an unqualified person to practice ABA fears me. Therefore I want all the personnel whoever works with students with autism or related disorders to be licensed. I oppose SB739. Having BCBA supervised or learning what ABA is or about what Autism is might reduce the chance of getting students with special needs abused which is our biggest fear as parents. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Juri Ishida  
Mililani, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

As a licensed clinical social worker in the state of Hawaii and a director of a Behavioral Health company, I know first hand that it is medically necessary for services for children diagnosed with ASD to be provided by and overseen by licensed behavior analysts (LBA). Other licensed professionals do not have the education and experience required to complete behavior identification assessments, reassessments, treatment plans, and support and supervision of the direct support workers and families. Please look at the data and the facts, please take out keiki and their families in consideration, please allow yourself to see that the current licensure and credentialing standards for the practice of behavior analysis is working and is benefiting our keiki.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Eliza Lipp  
Kahului, Maui

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

Our Legislative System has worked hard thus far to safeguard the safety and care for children and adults with autism. There have been countless hours on the part of your colleagues to ensure the right treatment, by the right professional, is available to those that need service. Please continue to make decisions that uphold the efforts that everyone has worked so hard for. Thank you!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Anastasia Keller-Collins  
Ewa Beach, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I have worked in this field a number of years and can see the difference in those who are qualified as Registered Behavior Technicians (RBTs) working with our kids and those who are not qualified. There is a huge difference. Our kids deserve quality services that will help them reach their potential! I oppose bill SB739!!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Cherlyn Tamura  
Kailua, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I have worked in the field for almost 15 years and can truly say that we need highly trained and qualified individuals to practice ABA. I just read an article that mentioned that the state was sued over an aide that napped while his student with autism sexually assaulted another student. How much more needs to happen until this is taken seriously?! Our students deserve much more! With proper training and oversight, this would not have happened!

Carolyn De Jesus  
Mililani, Oahu

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I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

John Collins  
Ewa Beach, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I have been teaching students with learning disabilities for the last 15 years. In that time, I have seen a dramatic increase in behaviors that impact the learning of our students and other students in the class. Our school had a Board Certified Behavior Analyst (BCBA) as a counselor. The work this counselor did with me and the students in my class helped me as a teacher work more effectively with the students with problem behaviors. There has been a decrease in problem behaviors and increased time on task. I also began a course of study in Behavior Analysis because of the insights I gained in through working with the counselor. What I have learned thus far has made my job much easier. I have gained insight into my students, what makes them different, and how to help them. The training of a professional with a BCBA gives that person specific tools that help them understand the function of the problem behavior, design a behavior support plan, and track that plan to be sure it is working. This work includes fading the supports so that the student or client is able to function independently. Applied Behavior Analysis (ABA) is based on close to 75 years of research and work directly with students with Autism Spectrum Disorders (ASD) and Intellectual and Developmental Disabilities (IDD). This work is what gives Behavior Analysts the unique training necessary to effectively help people with Autism, Developmental Disabilities, and Learning Disabilities. Since it is a specialty, it is best to have Licensed Behavior Analyst performing ABA services. They, like doctors, need specially trained support staff, to carry out the protocols for behavior change. Registered Behavior Technicians (RBTs) are the “nurses” to the BCBA “doctors”. As a teacher who cares deeply about her students and their growth into functioning happy members of our society, I ask you to oppose SB739.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Joanna Mackin  
Kaneohe, Oahu



02/24/17

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I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Lo Edmonds  
Haleiwa, Oahu

02/24/17

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Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Linda Ching  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Take care of all of our keiki, mind, body, and soul. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Nicole Ogata  
Honolulu, Oahu

02/24/17

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Marcus Au Young  
Honolulu, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. By removing the Registered Behavior Technician (RBT) credential, it puts our families who receive Applied Behavior Analysis (ABA) services at risk. The RBT goes through ABA-specific training, and demonstrates competency through skills demonstration and a written exam. Furthermore, they are closely supervised by a Licensed Behavior Analyst (LBA) to ensure they are delivering evidenced-based interventions for individuals receiving ABA services. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Grace Bunghanoy-Diama  
Mililani, Oahu

02/24/17

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Maureen Kelly  
Wahiawa, Oahu

02/24/17

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Hannah Hubanks  
Waialua, Oahu

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**Testimony in STRONG OPPOSITION to SB739**

ABA is imperative to be implemented by licensed individuals so we know ABA is done correctly, there is procedural integrity, and the individuals receiving ABA treatment deserve this right.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Lorelei Bandola  
Aiea, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.



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**Testimony in STRONG OPPOSITION to SB739**

Rachel Sammis  
Haleiwa, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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Masako Cummings  
Honolulu, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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**Testimony in STRONG OPPOSITION to SB739**

Ninoshka Loaiza-Andreas  
Haleiwa, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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**Testimony in STRONG OPPOSITION to SB739**

Christopher Jones  
Waialua, Oahu

Should we go back to letting Barbers practice medicine? Please let the educated and qualified people do what they are trained to do: analyzing behavioral differences and determining the best treatments. I was married to a therapist for 27 years and I know that I could not do what he did; I've been a teacher for 35

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**Testimony in STRONG OPPOSITION to SB739**

years and have worked with special needs children, I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sharon Kuntz  
Haleiwa, Oahu

My child has had to suffer through numerous people in the school system who do not qualify. Changing the wording will greatly impact children who receive services by introducing them to professionals who are not

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qualified and properly trained. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Alison Villiarimo  
Hawai'i

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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Melissa Sexton  
Wahiawa, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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**Testimony in STRONG OPPOSITION to SB739**

Jennifer Fuchise  
Honolulu, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.



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**Testimony in STRONG OPPOSITION to SB739**

Marissa Ayala  
Honolulu, Oahu

I am a direct support worker (DSW) for a contracted provider for DOE. I have seen on multiple occasions the harm that uncredentialed staff cause when attempting to devise or implement behavior analytic programs. I

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**Testimony in STRONG OPPOSITION to SB739**

oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Deborah Hoohuli-Rosa  
Kihei, Maui

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**Testimony in STRONG OPPOSITION to SB739**

I believe that if this bill gets signed it will cause issues and concerns on the safety of the children with unlicensed mentors. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Reid Oshiro  
Honolulu, Oahu

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I am a special education teacher from the Big Island of Hawai'i. I would like to express my strong opposition to Senate Bill 739 by submitting my testimony demonstrating the devastating impact that this bill may have on the keiki and teachers of Hawai'i. Like many of my colleagues in Special Education I came to the field after experiencing challenges with a family member who is autistic. Not only were some interventions implemented on him completely inappropriate, but some were emotionally and physically damaging. After watching the devastating effects of unqualified personnel interacting with my family member, I pursued and earned multiple degrees and certifications in Psychology and Special Education. I continued working in the field as a teacher and soon realized there was still a staggering shortage of qualified people able to appropriately conduct functional behavioral assessments, develop behavioral support plans, and implement evidenced based and research-proven strategies to address behavioral concerns.

Over more than a two year period I was employed at a local charter school and was instructed to complete Functional Behavioral Assessments. I explained that I was untrained, and that my six plus years of coursework in Psychology and Education had not covered this task in depth. I was instructed by my department head that as a Special Education teacher, by virtue of our certification, we were qualified to complete a Functional Behavioral Assessments (FBA) and develop Behavioral Support Plans (BSP). She suggested I review existing plans for other students to educate myself how to complete the FBA/BSP. Initially, I muddled through the process and requested the support of the School Based Behavioral Health personnel. To attempt to gain more knowledge, during the summer break, I flew to another island with a colleague and undertook a 40-hour course designed as a part of a certification requirement towards becoming Registered Behavior Technicians (RBTs).

Upon my return to school, I discussed what I had learned with the district School Based Behavioral Health (SBBH), the special education team, and repeatedly requested our Special Education department head to review the laws and clarify for us how the law impacted teachers, and me specifically in regards to an RBT candidate completing any behavioral analytical procedures related to FBA/BSP. I reminded her there were legal ramifications for noncompliance with the legislation and that I wanted to protect my licensure by complying fully. I asked to defer FBA/BSP's to more qualified personnel in accordance the law, was told to continue to complete them as required or be immediately terminated. I was also told that if I continued to pursue the Registered Behavioral Technician credential and was unable to perform the FBA's/BSP's that I would be immediately terminated.

My colleague and I were forced to write a letter stating that we would would comply with the Principal's directive to conduct a FBA's and develop BSP's for our students or face immediate termination for insubordination. I asked my principal if I continued to pursue the RBT credential what would happen and he reasserted that if I elected to not complete FBA/BSP's as required I would be terminated. I needed to remain employed, therefore I was unable to pursue the RBT credential. Furthermore, my colleague and I were told that if we failed to comply that any prospective employer contacting the school for a reference would be told

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that we had been fired for insubordinate behavior and refusal to complete our jobs as directed. We were also told that if we “made our stand” on this issue, despite the time and effort spent to achieve our Special Education licenses would be unable gain employment in the state of Hawaii. We were also threatened if we went through our union and grieved this through the HSTA it would be a year long exercise in futility as the administrator “knew special education laws” and we did not. My administrator claimed that he had spoken to his resources in regards to our request and knew the law and directed us to comply or face immediate termination.

As a result of this request for clarification, I was put on a principal directed development plan to monitor my compliance with this directive. The work environment became hostile. I was told by a fellow colleague that if I was going to leave the school to “leave gracefully.” I then began to seek alternative employment and asked my HSTA uni-serve representative for help. Less than three weeks later, I tendered my resignation. I was told that I needed to stop servicing my students in the classroom and work on completing upcoming Individual Education Plans for my two grade levels and another teacher before I left my position. I was told my office was to be moved from the other side of the building where my classrooms were located so that I could be closer to the vice principal and other special education teachers for my last two weeks. Four days prior to my last day, my school email account was disabled. On my last day I was refused access to my personnel records and I was presented with and asked to sign a Notice of Trespass. This is unacceptable. We can not subject our teachers to this kind of treatment for attempting to seek training, ask for clarification, and attempt to understand and comply with legislation to better serve our students. Despite our extensive training, our teachers are not specifically trained nor are they qualified to serve as behavior analysts.

My greatest concern lies with the undeniable negative impact of inadequately trained personnel on our special education students. Teachers should not have to perform behavior analytic tasks that create and drive behavioral support plans and interventions without adequate training and supervision from qualified personnel. Our keiki deserve better.

As a result of my observations and experience, I am currently pursuing my coursework for future certification as a Board Certified Behavior Analyst (BCBA).

Joy Moana Oliveira  
Hawai'i Island

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I have worked with special needs children in Hawaii for the past 10 years as a 1:1 autism aide, as an educational assistant, and now as a special education teacher. I have observed unqualified individuals work with special needs students and personally witnessed the long-term negative impact it has on them. Unqualified individuals have instructed me to implement behavioral strategies that they personally have never tried before and were not research-based. Despite my complaints, assertions that I required additional training, and professional reservations, I was mandated by my administration to implement non-ABA (Applied Behavior Analysis) strategies only to see them fail miserably.

Last year I was hired as an emergency hire special education teacher at a charter school in Hilo. This was my first year teaching and I had no idea of what a FBA (Functional Behavior Assessment) and BSP (Behavior Support Plan) was. I was told to revise and write a number of them for my student population. Despite being untrained and my repeated requests for help dismissed, I was advised that I was “smart enough” to “figure it out” and was left to complete the FBA/BSP without guidance or any professional training. I was instructed to look at other student’s BSP’s for ideas. I personally do not believe that reviewing any FBA/BSP’s completed by untrained and uncertified individuals qualifies as adequate training.

This past summer my University sent out an email for a free RBT (Registered Behavior Technician) class. I vigorously pursued the opportunity, as I wanted to expand my knowledge base and provide the best level of service for my own students. During the forty-hour RBT class it was confirmed that if you are not specifically trained in writing a FBA/BSP you are not qualified to write them. When I expressed my concerns regarding my lack of knowledge or proficiency to the head of the special education department she demanded that I write the BSP, as it is part of my job. Despite my repeated attempts to ask for help and adequate training I was told it was unnecessary and to just do them or be fired. I was told that if I was to “make my stand on this issue then I would no longer be able to work as a special education teacher anymore”. After feeling that my career was in jeopardy I took a job interview in Oahu and was offered a position there. A few days after putting in my two weeks notice I was pulled out of all my classrooms and told by the principal to leave or be let go, as my services are no longer needed. I was forced out and forced to sign my separation of services as he already spoke to my new principal in Oahu. I was further told that if I were to come back onto school property it would be considered as trespassing. Though I was living on the Big Island and we have an increased need for teachers there this resulted in having to pack up and move whatever I could in 2 days to relocate to my new job in Oahu.

As a special education teacher I endeavor to keep my students’ best interest as a primary factor in appropriately developing strategies that will develop and improve their skills. To address the issue of unsatisfactory training I am actively pursuing coursework to gain additional knowledge towards certification as a Board Certified Behavioral Analyst (BCBA). At the school level I hope to educate others as to the scope and serious nature of what a BSP means to a student.

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With your support we can break this type of limited and short-sighted thinking that negatively impacts students and creates an environment that will not just develop critical thinkers, but also leaders who are able to navigate the world with their heads held high and who are determined to create a better tomorrow!

Ashley Monden  
Mililani, Oahu

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Kale Kwon  
Honolulu, Oahu



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Toni Rosales  
Aiea, Oahu

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Jonathan Roger  
Aiea, Oahu

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My son is currently receiving ABA services through an agency, which uses unverified/unlicensed therapists, although it is against state law. The treatment he receives is well below the expected standard. We have tried discussing this with the agency but have been ignored. Lack of certified quality therapists from this agency has had a negative impact not only on his emotional and mental well-being but to the rest of the family as well. Within a year period, my son has been through several different therapists. Due to the lack of services from appropriately credentialed providers, we have made very little to no progress in his treatment. This bill will only continue to allow inexperienced people to serve in this area and will no doubt have a negative impact on those children and their families.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Roger Larson  
Wahiawa, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I am writing this testimony in opposition of the Senate Bill 739. As a Special Education Teacher, mother of three and former individual working in the field of Applied Behavior Analysis (ABA), I strongly believe that only trained persons should be allowed to provide ABA services. I truly feel that in order for ABA services to maintain its validity and be truly effective, staff needs to be appropriately qualified to implement its techniques and principles. When individuals are competently trained in ABA and required to get credentialed to provide ABA support it really is advantageous for everyone. I have an Autism Spectrum Disorders (ASD) Educational Assistant (EA) who is receiving her training towards her RBT this year and she is coming back from these trainings with a lot of new insight and a better understanding of behavior. The district I work for is incredibly supportive and seems to see the genuine value for training its support staff in Applied Behavior Analysis (ABA). Trainings and credentialing programs for support staff is so important in any field as it honestly can assist in reducing resistance to change, minimizing avoidable errors and allowing for the initial implementation of services to be focused on the client as it should be.

Requiring support staff to be credentialed in providing direct ABA support is a good thing and will help not only the individual receiving direct ABA services, but those that will feel the impact of the services being provided, like the community and the schools they attend. I have always valued knowledge as an open-minded individual and as an educator. Constantly looking to grow and become better at what I do is a part of my profession and what makes me love teaching so much. I feel that many teachers will agree with me that we need more competent service providers giving our students quality services to help them gain independent skills, manage behaviors and become valued members of society. Applied Behavior Analysis (ABA) can be a vital tool in providing that for our most challenged students BUT it has to be implemented competently, or we are doing a disservice to our students, parents, teachers and community.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Cheryl Goo  
Mililani, Oahu

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Chloe Jones  
Honolulu, Oahu

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Ryan Bell  
Waialua, Oahu

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Jenelle Higgins  
Honolulu, Oahu

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Please don't dilute the behavior profession with non-professionals. Be pono and do good for your people who have worked hard to get a good education.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Brian Powers  
Mililani, Oahu



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Judith Ojukwu  
Honolulu, Oahu

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It is in the best interest of our children and families to rely on nationally respected professional standards, not leave it up to local organizations to decide whether a practitioner of Applied Behavior Analysis (ABA) is adequate in their practice, particularly because there will be significant economic incentives to "go cheap" and hire unqualified individuals, if the Registered Behavior Technician credential is not upheld. Our keiki and families deserve better. Children develop rapidly and poorly qualified professionals waste precious time for them.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Peggy Brandt  
Honolulu, Oahu

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It will be detrimental to our children with special needs if this goes through and there is no guidance on who can provide the services to children. There is a reason for credentialing and getting training for Registered Behavior Technician (RBT), who are required to be supervised by a Licensed Behavior Analyst (LBA).

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Yuri Lee  
Honolulu, Oahu

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The difference between the RBT and the other proposed credentials is the other credentials broaden the scope of supervisor to non-qualified professionals and remove the expectation for demonstration of competency by the direct support worker.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Laura Bonilla  
Kapolei, Oahu

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

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Mai Waye  
Mililani, Oahu

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As a parent of a child with autism, I do not support removing this language from the legislation. My son should be entitled to care by competent providers who have completed their training and are filling versed in the behaviors and abilities of autistic children.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jeastine Larson  
Wahiawa, Oahu

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I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Carrie Wedemeyer  
Honolulu, Oahu

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Meredith Andrews  
Pearl City, Oahu



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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jane Schramko  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Bridget Alexander  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

As a board certified and licensed behavior analyst, I know first hand how rigorous the processes is to reaching this level of certification. It requires years of education, supervision, and testing. We need to keep standards high to protect our children's rights and to ensure that ethical guidelines are followed. Behavior Analysis can be extremely effective- but also dangerous if not implemented correctly.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sara Mayne-McClay  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Tobias Olival  
Honoka'a, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Isabelle Yao  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis. I oppose SB739.

Janice Thomas  
Kamuela, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Kealia Prince  
Hilo, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Matthew LoSasso  
Kailua Kona, Hawai'i



02/24/17

Committee on Commerce, Consumer Protection, and Health

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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Kali Hoover  
Holualoa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

It has been my experience in participating in ABA (approximately 5 yrs) with my grandson with an autism diagnosis, that those we have worked who have credentials in behavioral analysis have made a life changing difference in our family. Without their expertise, we would be lost. To allow those less qualified would compromise the program. When you work so closely with these professionals you realize how knowledgeable they are. Please reconsider relaxing the standards, allowing those less qualified to conduct ABA. Behavioral analysis is complex, as are kids who need ABA. Money may be saved in the short run, but the relaxed standards will affect those in the need over the long haul and then to remedy that will probably never happen. Thank you for your time and consideration.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Brenda Broadus  
Kapolei, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Leilani Whittle  
Kamuela, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

First off, we should not allow just anyone to practice ABA therapy with the child. This could do more harm to the child in special education. If you think about it, would you allow just anybody to clean or work on your child's teeth? Or would you feel more safe if you knew these people went to school and got certified in the field? Would you want just anybody to give you anesthesia or would you want a trained anesthesiologist to give you medicine? We must always think about what is best for our children, and cannot always think about the easy way or the cheapest way. In order to have our child advance in society we need trained individuals to help. It is just like how we ourselves would want trained professionals to help us, we would also feel better knowing that they went to school and got certification in their profession.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Lisa Sakuda  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

Simply put, I oppose this bill. Reasoning: It puts the care of Hawaii's autistic and behavioral challenged children in the hands of cheaper, but less capable and less observant staff. One would not let a handyman try to analyze, much less correct a building's structural faults, why would we think unqualified personnel be able to properly care for a behaviorally challenged child. While it is cheaper, it is only cheaper in the short term. There long term, the child would receive lesser quality care, reducing the prognosis of a desirable outcome for that child. Qualified professional care is needed every step of the way. This bill will start the child with a State induced deficit that will markedly slow the child's progress and increase costs in the long term.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Michael Tober  
Kaneohe, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Tsulanlee Lindesey  
Honokaa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Conference Room 229  
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**Testimony in STRONG OPPOSITION to SB739**

ACT 199 was a move in the right direction for Hawaii in providing QUALITY services by trained professionals to our children needing specialized services to prosper and grow. It is our DUTY as professionals and community to uphold high standards in what we do for our children requiring services. Our children DESERVE to receive services from competent professionals who are certified Registered Behavior Technicians (RBT) and licensed Board Certified Behavior Analyst (BCBA). What is the justification to say they do not? I stand with HABA in opposition to the change of licensure and credentialing standards for the practice of Applied Behavior Analysis (ABA).

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Haunani Tamashiro  
Waikoloa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Dalani Earman  
Ewa Beach, Oahu



02/24/17

Committee on Commerce, Consumer Protection, and Health

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

How dare you take away a program that is helping our children. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jacy Medina  
Kamuela, Hawai'i

02/24/17

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Malaea Spencer  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Uphold the existing licensure law for behavioral analysts. Qualified, credentialed individuals provide our keiki with effective care and treatment!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Cindy Vanover  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Angie Gibbons  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

Traditionally I would greet you with my mo‘okū‘auhau (genealogy), where I am from, and the ancestors that came before me. Today’s style of greeting has changed but still maintain the same information, giving insight into the past. Although who I am is important, I am reaching out to you about the future, the future of my children and thousands of children in our public school system. My name is Naomi Tachera I live in Waimea on Hawai‘i Island; I am a Native Hawaiian mother and student. I have two sons’ ages 6 and 4 that were diagnosed with autism spectrum disorder. I researched evidenced based therapy to treat the symptoms of autism and found a lot of research on Applied Behavior Analysis (ABA). My oldest son was the first in the State of Hawai‘i to receive ABA through Medicaid, and after seeing meaningful progress; I knew I wanted to become a Board Certified Behavior Analyst (BCBA). I graduated from UH Hilo with a Bachelor’s in Psychology, and I am currently enrolled at University of West Florida’s Hawai‘i ABA cohort pursuing a Master’s degree in Exceptional Student Education and Applied Behavior Analysis. Both my children are in the DOE and have been identified as Special Education students, eligible under IDEA for a free and appropriate education.

What is considered an appropriate education for children with autism? According to my children’s Pediatrician, Behavioral Pediatric Specialist, Pediatric Neurologist, Psychologist, and BCBA, both my children are recommended to have intensive ABA, supervised by a BCBA. Now since both my children are in the DOE, 7 hours a day they do not have access to ABA, here is why that’s a problem. When learning takes place, children essentially need to enter school with a lot of prerequisite skills, for example paying attention to the teacher.

My children did not enter school with the skill of paying attention longer then one minute, and in order for them to access learning they would first need to have that skill. Each of their teachers did not have the tools to address the most foundational skill of paying attention. I truly love and appreciate both my son’s teachers, but they have no support from their administration. They have been asking for support to get ABA training and to no avail, one of my son’s teachers took it upon herself to pursue board certification on her own time, because she strongly believes that ABA is the foundation for teaching and learning. If you allow other professionals other than Registered Behavior Technicians (RBT) and BCBA’s to practice and supervise ABA programs in the DOE it will be disaster for our children, our future. The closest analogy I can think of is like letting a flight attendant fly the plane. I mean sure they see pilots fly everyday; they are familiar with the language, the layout of the plane, protocols and procedures. But would you trust a flight attendant flying the plane with your children aboard? Or different types of pilots, would you prefer a commercial pilot or helicopter pilot to fly your commercial plane? Yes they are both pilots, but they were trained on different aircrafts and differ in training.

Mahalo for your time,  
Naomi Tachera

02/24/17

Committee on Commerce, Consumer Protection, and Health

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

To Whom it May Concern:

We are writing in reference to the 2 new bills that were recently submitted to the legislation regarding licensing of professionals providing Applied Behavior Analysis to individuals. Under the current law in Hawaii, Act 199, you must be licensed to practice Behavior Analysis. The proposed bills, SB 751 and SB 739 would seek to change this requirement.

During the 2015/2016 school year, we witnessed firsthand the devastation that inappropriately and unskilled behavior analysis (ABA) protocols can have on a child. Our now 9 year daughter, who has Down syndrome and Autism was provided behavior supports by the Department of Education, the intention being to provide her the skills necessary to have appropriate access to her learning as well as to make meaningful progress. Sadly, neither of these took place in the school setting.

During the 2015/2016 school year we watched our happy, joyful daughter become anxious, sad, angry, and fearful, losing the joy for learning that she had possessed prior to beginning at her current school. She developed many aversive behaviors to include self-injurious behaviors such as slapping herself on the head, hard hits on her chin, pinching herself on the cheeks, pulling her own hair, and biting herself.

By November, 2015 she would sometimes cry when we arrived at school. She refused to exit the car and we would have to physically assist her in doing so. By November, 2016 she developed a behavior where she would not walk more than 4-5 feet without stopping, and would plop down and refuse to resume walking. She began to have explosive bowel movements, sometimes at school, and almost daily at home immediately following school. Immediately following school she would require 30-60 minutes of intensive decompression before she could function in a meaningful way. We were baffled and concerned as to what was taking place during the school day to cause these behaviors. She was provided in her IEP, behavioral services which consisted of a contracted BISS (Behavioral Intensive Support Services). We quickly realized that the BISS was unable to answer any of our questions pertaining to the behavior supports specific to Applied Behavior Analysis that were recommended for our daughter by her private neuropsychologist and developmental pediatrician. We also learned that she had no background or training in Applied Behavior Analysis. She was not licensed. She was according to her Student Service Plan reports providing ABA protocols and methodologies. She without our knowledge developed a Behavior Support Plan with the Special Education teacher that included a CPI hold for our non-aggressive daughter. In February we were assured by the administrator that it would not be used...we were informed in April/May 2016 by the new BISS that it was still in place. We had educated ourselves thoroughly on Applied Behavior Analysis which we learned was communication based. Without functional communication our daughter could not have meaningful access to her learning. Our daughter's communication continued to regress.

In February 2016 we communicated our concerns to the school administrator. We were met with statements that the behavior services were not direct instruction or support for our child but rather support for the teachers and 1:1 para-pro. This was concerning as ABA when provided with integrity and by experienced professionals, usually a certified and licensed BCBA, will include direct instruction and support, and daily data collection.

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**Testimony in STRONG OPPOSITION to SB739**

Shortly following the meeting, the BISS was no longer available to provide behavioral services to our child. Our daughter was provided a new BISS. She as well, despite the newly enacted licensing law specific to licensing of ABA providers was not a licensed psychologist or BCBA, and attempted to provide Applied Behavior Analysis methodologies. We again on numerous occasions communicated our concerns to the school, requesting numerous times to please provide our child with either a licensed psychologist who practiced ABA in the scope of their practice or a licensed BCBA. We were denied again and again with assurances that our child was receiving appropriate behavioral supports.

Our daughter's behaviors became more concerning and self-injurious. In the Spring of 2016, We had several IEE assessments performed by experts in their field of practice to include:

- A licensed BCBA to perform a Functional Behavior Assessment to include an all-day observation in the school.
- A licensed occupational therapist to provide a comprehensive OT assessment, who has her masters in Applied Behavior Analysis that included an all-day observation.
- A speech language and feeding specialist to perform comprehensive sp/lg and feeding assessments that include school observations.
- A thorough review of the programming provided our daughter by the school behavioral supports, by a licensed and certified neuropsychologist who reported the BISS ABA programming to be ineffective.

As the IEE reports began to filter in they all had one thing in common. Our daughter was not being provided appropriate ABA /behavioral supports. Her behaviors were self-injurious, negative, non-compliant and completely lacking in consistency. Our child's behaviors had been created due to unlicensed and untrained persons provided attempts at Applied Behavior Analysis.

We know this because Since August 2016 our child has attended a clinically based program that is based on Applied Behavior Analysis. Every staff member is a licensed BCBA, BCaBA or RBT. (Registered Behavior Technician). Before the staff could even begin to implement the programming that they knew would help our daughter, they had to undergo months of intensive and supportive de-programming of the aversive behaviors that had been created in the unsupported DOE environment and by unskilled and unlicensed ABA providers.

Finally after 6 months of intensive and positive Applied Behavior Supports, she is once again demonstrating functional and meaningful communication to access her learning. She is completely toilet trained. She is demonstrating only approximately 15% of the aversive behaviors throughout her learning day and beyond that she had learned and developed with the provision of inappropriate behavioral programming by the untrained and unlicensed behavior staff in her previous school. She is once again joyful and learning.

Passing SB 751 nd SB 739 will have devastating effects on children like our daughter who need licensed and skilled experts in the provision of Applied Behavior Analysis. We have seen it firsthand.

Thank you for the opportunity to share our testimony with you.  
John and Maureen McComas

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

Would you let someone without a medical license operate on your child? I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Johnny Chan  
Honolulu, Oahu



02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

My son, diagnosed with autism, was unethically restrained, without consent, by untrained DOE employees. Abuse! A licensed behavior analyst (LBA) would never use a punishment procedure with mechanical restraints for behavior management.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Enough abuse.

Therese Ricks  
Honolulu, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Korbie Wusstig  
Paauilo, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Chelsea de Jesus  
Kailua Kona, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

Our children, their parents, and healthcare providers should be entitled to receive services and reports from professionally certified behavior analysts who are working for their best interests. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Marie Lynn  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Desiree Ka'ae  
Hilo, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

PLEASE!!! uphold our existing licensure law and OPPOSE Senate Bill 739.

Ha'alo'u Soares  
Hilo, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Theresa Pukahi  
Laie, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

Would you want someone who doesn't have a license perform heart surgery or operate a vehicle? I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Ruth Buttel  
Hauula, Oahu



02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I am fortunate to have grandchildren that don't have Autism, but I have friends that do and cousins that have grandchildren that do. They need To be tested and these parents need help. Please take care of these children's needs. This is a crucial test for keiki's that could possible have. Autism. I oppose this bill SB739. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sandra Ahlo  
Hilo, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Candice Kidani  
Kamuela, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I have personally seen the growth, development and benefits of HABA to two autistic children very dear to me. Without the level of expertise and appropriate knowledge they may not receive the care and therapy they need and deserve. I oppose SB 739! I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jimi-Jean Kalaniopio  
Kamuela, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

Do not pass this bill to maintain quality care. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Susan Barton  
Ookals, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Micah Olival  
Honokaa, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. It goes against common sense to allow unlicensed individuals to analyze a person's behavior. This will lead to improperly diagnosed cases.

Stewart Thomas  
Honolulu, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

Please uphold licensure law. My two nephews need continued care and quality services. They need qualified, experienced and competent individuals that practice behavioral analysis to provide the services they need!

Kaiolohia Tolentino  
Kamuela, Hawai'i

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Frank Buttel  
Hauula, Oahu



02/24/17

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Why would you want to take ANY help away from a CHILD with disabilities !! I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Bobbe Doran  
Honokaa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Selena Medeiros  
Honokaa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

ABA is a complex practice that can change the life of someone with autism and other special needs. ABA teaches fundamental life skills needed to help these children become functioning members of society. However, if we except people with little to no knowledge of ABA to implement such complex programs little or no change may occur. It is critical that all persons working in the field of ABA have the basic knowledge of the science in order to give the program and our children a chance to thrive.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Sierra Rainwater  
Kihei, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Aloha. I am writing to you in opposition of SB739. As a BCBA, a Licensed Behavior Analyst, and Behavioral Services Manager of BAYADA Behavioral Health, I have worked in this field for many years, and am familiar with it's challenges and achievements. In conducting ABA services, what we do as providers, by very definition, changes the lives of our clients in very meaningful ways. ABA is a scientifically administered therapy that can be extremely dangerous to clients if it is administered in an uneducated, unregulated, or unethical form. As BCBAs, we undergo extensive education, real-life training and supervision in order to practice with a means that is both safe and effective. The implementation of any of our strategies in an even slightly-compromised fashion can damage a client's progress, capabilities, and can even cause harm.

I personally have chosen to work in the ABA service line of our company, rather than in the DOE, because I value the training and credentialing that all of my colleagues in ABA are responsible to upkeep. Part of my duties as BSM is to train and check incoming RBTs for competency so that they may enter the field. I take their fitness to fulfill their duties very seriously, as I know how important their role is. I would never feel comfortable allowing a person that is incapable of obtaining an RBT credential to perform any sort of services with the clients I service. I entered this field because I care about those clients and caregivers impacted by Autism Spectrum Disorder. I wanted to do good and provide help. I worked hard to educate myself to a level and certification that allows me to feel confident in my work. I would hate to see this field that means so much to me be tarnished by companies who seek only to make money quickly, and without proper education and training, at the potential risk of Hawaii's ASD community. Thank you for your time.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jessica Stark  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Protect our children. Make sure they receive the best! I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Jacqueline Sills  
Kamuela, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Do not take programs that are important to our keiki. Are you going to take another opportunity from our children, placing them further behind instead of being in the forefront of development. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Toni Ambrosio  
Kamuela, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

All of Hawaii's keiki deserve the highest standard of excellence when it come to education. Professionals who work with our children should be of the highest quality and certification. By lowering the standard of qualification, we would be doing our children a dishonor by depriving them of what they deserve. There, I oppose SB739. Mālama e na keiki.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Ramona Herlihy  
Paauilo, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

The effect of ABA provided by an RBT under the supervision of a licensed professional is demonstrated in the data. I believe the numbers for each client can truly speak volumes to the importance of ensuring competency in behavior analysis for professionals providing behavior analytic services. I, as a Licensed Behavior Analyst in Hawaii, oppose SB739.

I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Amanda Lipinski  
Kailua-Kona, Hawai'i



02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

For the sake of our most vulnerable keiki, we must uphold the highest standards for those who provide services to children with special needs. Poor families struggling to support their children will suffer disproportionate harm from this bill. Without strict license and credential requirements, needy families will be forced to accept substandard care for their children and will continue paying the price as these children become adults without adequate institutional support.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Marielle Hampton  
Honokaa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Pamela James  
Kamuela, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Conference Room 229  
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**Testimony in STRONG OPPOSITION to SB739**

In my years in the field of ABA in other states, I have seen the results of so called "ABA" intervention implementation completed by non-qualified technicians. From school- based interventions in Texas to home sessions throughout various regions of California, I have encountered a myriad of conditions in "behavioral programming" completed by non-certified staff that have led to increased self harm, aggression, and other challenging behaviors. When I was looking for places to relocate, one of the most attractive things about Hawaii, for me, was its commitment to providing certified, qualified professionals in all capacities within Applied Behavior Analysis services. Without this continued commitment, I fear that Hawaii's level of care for children receiving ABA services will plummet and our children will not receive the quality of health care and education that they deserve.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Joshua O'Kain  
Ewa Beach, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Brooke Kinsler  
Kailua-Kona, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Please protect those who need behavior analysis services by requiring only qualified, appropriately educated persons to be participants in their care. To do anything less is like swapping out Registered Nurses with Nurse Aides.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Deborah Aldrich  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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Conference Room 229  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

As a speech-language pathologist (SLP) of 41 years (35 in Hawaii), I have had the opportunity to work along some awesome behavior analysts and behavior technicians. While ABA is only type of therapy for students on the spectrum, every child is individually wired, therefore families should be given the choice and particularly a chance, to have this therapy available to them and to have it provided by competently licensed and credentialed professionals. I strongly oppose, as a professional in the communication arena, Senate Bill 739.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Genie Ruddle  
Waikoloa, Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Aloha Legislators,

Please oppose SB 739 which seeks to remove the RBT credential requirements. This change will be detrimental to our keiki who desperately need quality behavior analysis services. This is a critical health service that requires the appropriate training & certification. Please do not short sell our keiki's health, wellbeing & futures.

Mahalo,  
Jen Maydan  
Haiku, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Dear Legislators,

I highly oppose SB739, since I have first hand experience with ABA therapy with my autistic grandson in Honolulu. He is high functioning, but had multiple behavior problems, including meltdown, not having friend, not knowing how to be empathetic, being aggressive toward my daughter and the dog. He has learned appropriate behaviour through in home ABA therapy in Honolulu. Please vote against this measure and keep ABA therapy, provided by licensed and credentialed providers, as the current for children with autism and other special needs. Thank you for your time.

Vicli Davis  
Hilo, Hawai'i



02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. The language proposed leaves individuals receiving applied behavior analysis (ABA) vulnerable as un-credentialed individuals will be able to implement ABA therapy without any clear guideline on their qualifications to do so. If there is a population of people who are restricted in implementing ABA, there should be open discussions with affected parties and Hawai'i Association for Behavior Analysis (HABA) to discuss what can be done. It is important to remember that there may be credentialed individuals who are experts in autism, but not applied behavior analysis. ABA is an empirically evidenced science to speaks to not only individuals affected by autism but to all populations of people in all environments where observable behaviors can occur. We need to protect the quality of services provided to a vulnerable population and keep the integrity of the current law in tact. Populations of professionals who are impacted should reach out to HABA so there can be a community effort to keep service integrity intact.

Sara Dinkelo  
Honolulu, Oahu

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Conference Room 229  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Eric Whippy  
Haiku, Maui

02/24/17

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Give our babies what they need to function in a normal environment. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Piilani Kaalekahi  
Pearl City, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

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Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

To Whom It May Concern,

I am writing this piece of individual testimony in opposition of SB739 because of the greater impact it could have on the provision of applied behavior analysis (ABA) services. As a certified and licensed practitioner within the state of Hawaii, I believe that it is of the utmost importance to hold all practitioners to a high standard of certification. SB739 removes the current credentialing requirement for direct providers, which would be a disservice to consumers of applied behavior analysis (ABA). Without proper regulation, such as that maintained by the Behavior Analyst Certification Board (BACB), improperly trained individuals would have the opportunity to affect the lives of ABA consumers. The current standards requiring RBT certification ensure a standard of training and supervision for those staff who would shape the lives of children and adults. I urge you to reconsider the detrimental impact of this piece of legislature.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Respectfully,

Nancy Trujillo Sisemore, MS, BCBA, LBA  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

My name is Amy Smith Wiech, I am a Doctoral Level Board Certified Behavior Analyst and Licensed Behavior Analyst. I am the Founder of Autism Behavior Consulting Group (ABC Group), a Kama'aina company for over 10 years. I have almost 25 years experience in Behavior Analysis. Thank you so much for the opportunity to testify in **STRONG OPPOSITION** of SB 739.

This proposed bill would allow for certain individuals unlicensed in behavior analysis to engage in the practice of behavior analysis (ABA) when done in a public educational setting.

THIS WILL BE AKIN TO ALLOWING SOCIAL WORKERS OR SPEECH PATHOLOGISTS WHO HAVE ATTENDED A ONE-DAY WORKSHOP ON SURGERY TO PERFORM LIFE THREATENING SURGERY ON THE CHILDREN OF HAWAII. INSTEAD OF BUILDING CAPACITY AND TRAINING AND ADEQUATE POOL OF BOARD CERTIFIED SURGEONS IN HAWAII. I would not even think of following protocols related to speech pathology or social work because I know that I do not have the requisite credentials, training or experience. The same goes for Behavior Analysis. It is a science that requires years of coursework, training, supervision and examination to meet the minimum standards.

The State of Hawaii needs to build a capacity of Licensed Behavior Analysts (LBA) and Registered Behavior Technicians (RBT) in Special Education and in the field of Health Care. The Behavior Analyst Certification Board (BACB) has established training and experience standards which establish **MINIMUM STANDARDS OF COMPETENCE for Board Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBT) who practice behavior analysis.** The State of Hawaii just recently passed licensure starting on 1/1/16 for Behavior Analysts. We have over 150 Licensed Behavior Analysts in Hawaii, and over 500 RBTs. This number will keep climbing, and these credentials will provide protection for consumers. Hawaii can build capacity. Let us help! Standards are good. They assist with promoting consumer protection and safety for our residents.

This bill presents an issue of **consumer protection and safety.** We need to protect the children of Hawaii from unlicensed and untrained people who do not possess the requisite credentials or experience within their license from providing ABA treatment to children in Hawaii. Last year, the news reported a boy with autism being reportedly strapped to a chair daily, and withheld food and liquid from him at Koko Head Elementary- these were people are not licensed in Behavior Analysis, nor are Educational assistants and Paraprofessionals. At Kipapa Elementary, there were several parents who raised similar concerns a few years ago about their children being fed vomit, and tied to chairs. Lawsuits were the outcome of these abuses in schools. These again are people who are not licensed in Behavior Analysis, like EAs and Paraprofessionals. We need to protect our children, and putting unlicensed persons in the schools to "do

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**Testimony in STRONG OPPOSITION to SB739**

behavior analysis" is egregious. There are untrained EAs, Paraprofessionals, and other staff in schools already doing damage to kids with autism. **Let's raise the bar for our children and for our state.**

DO NOT PASS SB739!

Related Readings:

Behavior Analyst Certification Board (May 2011). *Online Newsletter*.

[http://bacb.com/wp-content/uploads/2015/07/BACB\\_Newsletter\\_05\\_2011.pdf](http://bacb.com/wp-content/uploads/2015/07/BACB_Newsletter_05_2011.pdf)

Behavior Analyst Certification Board (December 2013). *BACB Newsletter – Special Issue on the RBT Credential*. [http://bacb.com/wp-content/uploads/2015/07/BACB\\_Newsletter\\_12-13.pdf](http://bacb.com/wp-content/uploads/2015/07/BACB_Newsletter_12-13.pdf)

Green, G. (August 2011). How to evaluate alternative credentials in behavior analysis. *APBA Reporter*, 31.

Green, G. (October/November 2015). How to evaluate alternative credentials in behavior analysis, Part II. *APBA Reporter*, 55.

Johnston, J. M., Mellichamp, F. H., Shook, G. L., & Carr, J. E. (2014). Determining BACB examination content and standards. *Behavior Analysis in Practice*, 7(1), 3-9.

Shook, G.L., Hartsfield, F., & Hemingway, M. (1995). Essential content for training behavior analysis practitioners. *The Behavior Analyst*, 18, 83-91.

Shook, G. L., Johnston, J. M., & Mellichamp, F. (2004). Determining essential content for applied behavior analyst practitioners. *The Behavior Analyst*, 27, 67-94.

We look forward to maintaining consumer protection for children that will be afforded with the death of this bill. Thank you so much for addressing this important issue for our constituents.

Sincerely,

Amy Wiech, PhD, BCBA-D, LBA

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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**Testimony in STRONG OPPOSITION to SB739**

Board Certified Behavior Analyst- Doctoral  
Founder /Executive Director

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Val Bocanegra  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Austin Stringfellow  
Kihei, Maui



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Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

To Whom It May Concern:

I am submitting my testimony to OPPOSE Senate Bill 739. I am the mother of a child receiving Applied Behavior Analysis (ABA) services from a Board Certified Behavior Analyst (BCBA). Over the past 4 years, he has received effective ABA services from a variety of BCBA's and Registered Behavior Technicians (RBTs). He has also been *victimized* by a variety of purported "ABA services" provided through two school systems by Psychologists, Behavior Intervention Support Specialists (BISS), Autism Consulting Teacher (ACT), and Educational Assistants (EA) under their "supervision." Under the untrained and ineffective services provided by these "professionals", my son regressed socially and behaviorally, markedly increased aggressive and stimulatory behaviors in school, and made little academic progress. Thankfully, his home-based Licensed Behavior Analyst (LBA) was able to help him relearn appropriate behaviors and intervene with his social skills and executive functioning, as well as build fluency that helped him make academic gains as well. The RBT credential is the only direct support worker credential that is required to have a minimum of 5% supervision from a BCBA or Psychologist certified by the American Board of Professional Psychology (ABPP) in Behavioral and Cognitive Psychology. The credential also requires the direct support worker to meet with their supervisor at least twice per month. As the mother of a child who needs these vital services, I would only accept this *minimum level of competency* and oversight for such a vulnerable population.

If you allow other credentialed personnel to implement ABA you weaken its effectiveness at best; and at worst, you irreparably harm a person. Please uphold the current law so our most vulnerable population of people have access to appropriate and effective services, and please VOTE NO on SENATE BILL 739.

Respectfully Submitted,

Kate Disney  
Wahiawa, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I fight to keep the Registered Behavior Technician position and qualifications in ABA therapy. Standards are set according to the BCBA Code of Ethics, and it is a position necessary for young individuals like myself to continue to gain early years of experience that I am so appreciative of and hold high value in the clients, the work, and respect to authority at an objectified perspective. It is a challenging position that ensures competent individuals who have studied, practiced, and passed the coursework and examination. I've personally experienced and continue to be involved with improvements made on the oversight of Behavior Analysts due to the RBT credential.

Divine Dennis  
Honolulu, Oahu

02/24/17

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Kimberly Root  
Kihei, Maui

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**Testimony in STRONG OPPOSITION to SB739**

We need trained professionals with knowledge and experience in handling special needs children opposing this bill will hurt everyone especially the child by having them regress from things taught by professionals.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Taylor-Maigne Hayme  
Honolulu, Oahu

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**Testimony in STRONG OPPOSITION to SB739**

Education is of the utmost importance for these kids. If their heart is in it, they will take RBT course. I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Laura Rogers  
Kihei, Maui

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Committee on Commerce, Consumer Protection, and Health

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

As a current RBT as well as a BCBA candidate, I feel that it is imperative for individuals receiving ABA therapy be overseen by someone that the National Board for Behavior Analysis has deemed fit to practice ABA. The board sets rigorous standards for a reason- because not anyone is qualified to be able to practice this science. In addition, RBT's also go through a thorough training specifically overseen by a BCBA who can further explain the content being learned. Our almost vulnerable student population- those with disabilities such as autism not only deserve to be but need to be treated by professionals who are well trained and credentialed the BACB.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Kahalenoe Kamalani  
Mililani, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

With a ratio of 1 every 68 kids diagnosed with autism would it be better if we place them in qualified hands rather than less competent people? What will be the future of these kids if we put them in less capable hands? I've been trying to get ABA services for my son who was just diagnosed with autism. He is currently attending public school with no ABA therapy. I finally got a Licensed Behavior Analyst (LBA), but getting the school to cooperate with my sons ABA provider for an observation at school has taken over a month! This is so frustrating since all I want to do is give him the best treatment, and that is Applied Behavior Analysis (ABA) as proven by studies! And getting insurance to approve it takes weeks. How can my son get better when just getting services takes months? Why is it hard for public schools to incorporate ABA when it is clearly needed?

I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis. I oppose SB739.

Mary Juinio  
Aiea, Oahu

02/24/17

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Dean Wong  
Kahului, Maui



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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Vanessa Montes  
Honolulu, Oahu

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**Testimony in STRONG OPPOSITION to SB739**

We need RBT people to work with these individuals with special needs. When hiring a under qualified person,your basically stating that you don't care who works with them or what they do. They are just as much as human as you and I and deserve to be treated the same way. They deserve educated,qualified people that have an understanding of these special people . Also and understanding of how the program works and what will work for certain individuals. This can only be learned during RBT training. You can't put an unqualified individual with no knowledge to work with special needs person, it's practically just babysitting. So please keep RBT, it will help those that need that extra push have a chance in life and learning new things.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Danielle Talon  
Kihei, Oahu

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Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Nikki DePriest  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

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Amanda Boehm  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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SB739, if passed would affect the quality of care that people with autism spectrum disorders received. Without the specific behavior analytic education, supervision and ethical guidelines that BACB certification ensures, consumers of ABA treatment -a very vulnerable population- could be subjected to substandard treatment. **To think that any mental health professional can deliver behavior analytic treatment is like believing that any doctor could do brain surgery.** ABA is a very specific discipline. It requires years of training and supervision to acquire proficiency. We have a law that utilizes a well established board credential which has spent years setting forth ethical and clinical guidelines with input from the most well respected and experienced professionals in the field...Why would we want to move away from high standards? Laws should protect consumers. SB739 removes quality assurance from our current law. Please vote against SB739.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Faye Neves  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Van Kober  
Hawai'i

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739 due to the fact it removes the RBT (Registered Behavioral Tech.) requirement. This is detrimental to the individual needing that support and hinders the progress and development they could otherwise achieve.

Chuck Page  
Kihei, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

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**Testimony in STRONG OPPOSITION to SB739**

Hourly staff, without oversight by licensed behavior analysts (LBA) are simply not prepared to ensure the safety of our kids while actually working towards skills acquisition and behavior reduction. The functional perspective that has been research proven time and time again belongs solely to ABA and its practitioners.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Matthew Sartin  
Kihei, Maui



02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Benjamin Penland  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Carolyn Penland  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

The difference between the RBT and the other proposed credentials is the other credentials broaden the scope of supervisor to non-qualified professionals and remove the expectation for demonstration of competency by the direct support worker.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Demi Mendoza  
Honolulu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

In order to effectively support our kids and their families, we need credentialed individuals who can show competency in practicing applied behavior analytic practices. This small step can help us continue to impact their quality of life in the most positive way possible.

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Roxanne Bristol  
Waipahu, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

These guys over here (the ones who are pushing for the bill), they are shady and up to no good. Us? We're busting our tails trying make things awesome. The DOE is doing the opposite and some psychologists want to cash in on the opportunity. That's no bueno, as a matter of fact, it's complete and utter bullshit!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis. Uphold the Registered Behavior Technician credential for direct support workers!

Forest Penland  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Ryan Kerr  
Kihei, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

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State Capitol  
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**Testimony in STRONG OPPOSITION to SB739**

I have worked as an RBT since November and love every minute of it. I am privileged to see growth in the clients I work with and am constantly learning more about the ABA practices that I am implementing. My training to become an RBT is invaluable to me and what I do on a daily basis. Without the proper training in Applied Behavior Analysis, I wouldn't be effective in working with my clients. Our clients need people trained and trained well and these credentials allow that to happen!

Jessica Funk  
Kailua, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

This new legislation opens the field up to professionals who may not be well trained themselves but claim to be. I'm only saying that due to my own experiences. As a special education teacher I do not feel comfortable with the implementation of a plan that has come from someone that isn't BCBA certified. The DOE has many licensed professionals but they lack the knowledge and experience to write behavior support plans for the autism population or any other child for that matter. Maybe I have just had a bad experience, but I have been misguided by too many in the DOE. "Behavioral specialists " are not trained to work with this population. I have had my share of email wars. Autism resource teachers are just teachers, not specialists. Autism EA's get the same training the teacher do. As a DOE teacher who is currently doing my coursework in ABA, I can just say that I wish ABA was part of my teacher training. Students who have moved on, I am sorry and wish I knew then, what I know now.

Jeanette Perez  
Keaau, Hawai'i



02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Please help us ensure that families and their children receive services from qualified professionals. By upholding the RBT credential in the current state law, you can help families continue to feel confident that they are receiving the most effective treatment for their child(ren). The RBT credential denotes a higher standard of service ensuring better trained, more qualified and more reputable therapists delivering services.

Tracy Bein  
Kihei, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Thank you for this opportunity to submit testimony. I am writing to ask you to oppose SB739. This bill would be a detriment to the practice of Applied Behavior Analysis (ABA) for the state of Hawai'i. The requirements for Board Certified Behavior Analysts (BCBA) and Registered Behavior Technicians (RBT) require a demonstration of competence, something that is lacking in all of the other credentials proposed by this bill. Additionally, the BCBA and RBT credentials are governed by compliance codes which require adherence to strict ethical standards. Both of these are in place to protect consumers of ABA. Psychologists have stated that Act 199 restricts their ability to practice Behavior Analysis. This simply is not true. Psychologists have their own credentialing board (The American Board of Professional Psychology) and within that board, there is a specialization in Behavioral and Cognitive Psychology. With that specialization, Psychologist are able to design and implement ABA programs, and with an additional 8 hours of training in supervision (required by the Behavior Analysis Certification Board of all supervisors), they are able to supervise RBTs as well. Our most vulnerable keiki are in need of highly trained individuals. Please don't soften the law and take away that requirement. Give our kids a fighting chance!

I oppose SB739. I stand with HABA in opposing the change of licensure and credentialing standards for the practice of behavior analysis.

Lara Bollinger  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

Imagine high school graduates with no special training providing medical services to people with physiological illnesses! Deciding that CNAs aren't valuable and instead hiring anyone who's looking for a job to take their places. Parity laws mandate equality of treatment for all types of medical illness, whether physical, neurological, or mental, so how can we deny effective treatment to people in need? Registered Behavior Technicians have been trained to implement behavior plans in specific, effective ways. They have the understanding of behavior analysis that is necessary in order to properly serve people in need of treatment. We wouldn't dream of lowering standards of care for people with other medical diagnoses; how could we be considering lowering them for people who often don't have a voice to advocate for themselves? An ugly history of atrocities committed against people with disabilities is still in sight in the rear view mirror, which is why it is of the utmost importance to provide specific training and education to the people who will be providing services to these populations. When we require training and education of the people who look to work in this field, we seek commitment, thereby weeding out people who are just looking for a paycheck and are much less likely to provide quality care. If we remove the RBT credential and hire anyone who wants to take a stab at this line of work, we heighten the risk of continuing to provide substandard care to people who have more to lose than we can imagine. Developmental disabilities such as autism are complex ailments, and people living with these conditions deserve the best we can offer, not just a warm body to watch over them. This is medically necessary, life-changing treatment. It is incredibly comprehensive, complex, and EFFECTIVE. How can we even consider discontinuing effective treatment for people who need it? Neglect would be an understatement. We have failed our sick and disabled long enough. It is time to do more, not less. One last consideration, regarding the bottom line: 20 years of work in this field has made it crystal clear that providing quality treatment to children with autism is far more cost effective than paying for lifelong care that is not concerned with growth and progress toward goals. The proof is in the pudding. Behavior analytic services work, plain and simple, and if we want to optimize the progress of the rapidly growing number of children and families living with autism, we MUST provide the most effective treatment! Otherwise we will hinder their progress, maintain greater levels of dependence and diminished functioning, and ultimately pay much more for people to have poorer outcomes. When legislation approves a reduction in care, a virtual guarantee of doing harm to people in need, civil rights are being violated. This day in age, knowing what we do about the suffering of people with disabilities, to add unnecessary suffering is unconscionable. Thank you for your time and consideration.

Mahalo,

Lauren Kelly  
Kihei, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

I oppose the change of licensure since children deserve qualify people in the field to provide them with the services.

Maria Restrepo  
Makawao, Maui

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

This testimony is in opposition of SB739. The removal of Registered Behavior Technician (RBT) opens up for unqualified, potentially incompetent individuals working with our keiki therefore, removing consumer protection. As a result, this could yield poor implementation of behavior support plans which could potentially be even more costly because the child will require treatment for a longer duration. As a mother, I am frightened by SB739. If my child is sick, she goes to her pediatrician. If my child has a heart condition, she goes to a pediatric cardiologist. If my child has cancer, she goes to a pediatric oncologist. If my child has behavioral needs, she needs a Licensed Behavior Analyst (LBA) with direct work provided by an RBT. We do not let an oncologist provide heart surgery. We do not let the pediatrician conduct a Functional Behavior Assessment (FBA). I strongly oppose for my future of my child and all children. As a community, we can do better than this. Let's do the right thing!

Kim Wolff  
Haleiwa, Oahu

02/24/17

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair  
Senator Clarence K. Nishihara, Vice Chair

Conference Room 229  
State Capitol  
415 South Beretania St.

**Testimony in STRONG OPPOSITION to SB739**

My son Chris was diagnosed with Autism Spectrum Disorder in 2011. Since then, our family has benefitted greatly from Applied Behavior Analysis (ABA) with licensed and certified providers (LBA/RBT). Removing the certification requirement as SB 739 is currently written would be a mistake not only for optimal developmental therapy, but for health and safety.

Before Chris learned to communicate verbally, he demonstrated some self-injurious and violent behaviors. Certified providers with training in intervening with these types of behaviors are vital to the **safety** of children, peers, and themselves.

Because of his differences from neurotypical peers, Chris has endured egregious bullying. Certified providers have used therapeutic tools such as social stories to train him to initiate and elicit **positive social interactions**, and to respond appropriately to bullying.

Chris currently attends Alvah Scott Elementary in Aiea, which is a model for optimal Special Education services. At a previous school, he was a victim of "the soft bigotry of low expectations" (GWBush) in lower elementary classrooms. All he did in first grade was color. All he did in second grade was endure relational aggression of peers and adults. Certified providers have painstakingly and incrementally elicited substantial **academic** supplementation to close the resulting skill gaps. He is currently enjoying math block in General Education along with his neurotypical peers, and we are confident his reading will continue to improve as he is being appropriately challenged.

Thank you for your time and attention. I hope you choose to oppose SB 739 in the interest of Hawaii's children and families.

Jen Eberlein, M.Ed., Chris' Mom

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 23, 2017 9:26 AM  
**To:** CPH Testimony  
**Cc:** sckitamura@gmail.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/23/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chesne Cabral Kitamura	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** [bliss.walter@gmail.com](mailto:bliss.walter@gmail.com)  
**To:** [CPH Testimony](#)  
**Subject:** TESTIMONY IN SUPPORT OF SB739  
**Date:** Thursday, February 23, 2017 9:52:24 AM

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Alex Bliss Walter Ph. D.  
1165 Ikena Circle  
Honolulu, HI 96821-2559

February 23, 2017

Rosalyn H. Baker  
Chair, Committee on Commerce, Consumer Protection, and Health

Dear Senator Baker:

Testimony SUPPORTING SB739  
RELATING TO BEHAVIOR ANALYSIS SERVICES  
And recommending amendments

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Friday, February 24, 2017 9:30AM  
State Capitol Conference Room 229  
415 South Beretania Street

I support Senate Bill 739 with the amendments recommended by the Hawaii Psychological Association (HPA). As a licensed psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and includes the direction of psychological assistants in this practice. I am very concerned that the original statute, Act 199, providing for the licensure of Board Certified Behavior Analysts (BCBAs) has been over-interpreted as making it illegal for my students and psychological assistants to provide behavioral interventions under my supervision. The proposed amendments would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce by allowing more variety in the acceptable training and certification requirements for paraprofessional workers and their supervisors.

Thank you for the opportunity to provide testimony on this important topic.

Sincerely,

Alex Bliss Walter, Ph. D.  
8088964389





**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 23, 2017 10:51 AM  
**To:** CPH Testimony  
**Cc:** queentileafahanahou@hotmail.com  
**Subject:** \*Submitted testimony for SB739 on Feb 24, 2017 09:30AM\*

**SB739**

Submitted on: 2/23/2017

Testimony for CPH on Feb 24, 2017 09:30AM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nalani Kaninau	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 20, 2017

The Honorable Rosalyn H. Baker  
Hawaii Senate District 6  
Hawaii State Capitol, Room 230

Dear Senator Baker:

This letter is provided to you and members of the Hawaii Senate Committee on Commerce, Consumer Protection, and Health in support of SB739 and the inclusion of Section 3 A regarding credentialing of behavior technicians.

As a member of the QABA Credentialing Board, I support the inclusion of credentials by the Behavior Analyst Certification Board; the Behavioral Intervention Certification Council; and the Qualified Applied Behavior Analysis Credentialing Board, and believe the adoption of these credentials will insure the availability of qualified behavior technicians who provide essential services to children diagnosed with autism.

We recognize that there is a shortage of qualified behavior technicians required to meet the needs of children diagnosed with autism. For many years direct behavioral services have been provided by individuals and organizations without any nationally recognized qualifications.

In 2011, a time when the autism epidemic was raising concerns around the world, there were no credentialing programs for the 87%<sup>1</sup> of behavior technicians who were providing services to children with autism across the US. That year, the Qualified Applied Behavior Analysis (QABA) Credentialing Board initiated a process to identify the Core Competencies required for the delivery of essential autism services. This process included input from:

1. DSW National Resources Center
2. National Autism Center. (2009). National standards report.
3. National Autism Center and the National Professional Development Center on Autism Spectrum Disorders. (2010). Evidence-based practices for children and youth with autism spectrum disorders.
4. U.S. Office of Special Education Programs.

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<sup>1</sup> Approximately 87% of direct services were provided by individuals with high school or bachelor degree levels of education

The results of this process identified fourteen essential core competencies that should be demonstrated by behavior technicians providing hands on services to children on the autism spectrum.

- Standard 1: Autism Core Knowledge
- Standard 2: Educational Training/Self Development
- Standard 3: Principles of ABA
- Standard 4: Instructional Interventions
- Standard 5: Principles of Working with Autism Effectively
- Standard 6: Treating Individuals with Challenging Behaviors
- Standard 7: Data Collection and Evaluation
- Standard 8: Positive Behavior Supports
- Standard 9: Discrete Trial Teaching
- Standard 10: Pivotal Response Treatment
- Standard 11: Person Centered Planning
- Standard 12: Functional Analysis
- Standard 13: Philosophy and Values, and Advocacy
- Standard 14: Legal and Ethical Considerations

In October 2014, this information was presented to the U.S. Department of Defense in an effort to identify the qualification for behavior technicians to be included in the DOD's TriCare Autism Demonstration Project. This project provides behavioral services to children of U.S. military dependents who have a diagnosis of autism.

On July 28, 2015, TRICARE recommended approval of the credentials by the Qualified Applied Behavior Analysis Credentialing Board in addition to credentials of the Behavior Analyst Certification Board. These credentials were included in the TRICARE Policy Manual, published in October 2015, which officially verified that individuals with these credentials are qualified to provide much needed autism behavioral services to TRICARE clients. In December 2016, TriCare expanded their approvals to include credentials of the Behavioral Intervention Certification Council.

The Department of Defense is committed to insuring that only qualified behavior technicians are authorized to provide essential behavior services under the supervision of a licensed professional within the scope and competency of that license.

In an effort to insure that Hawaii citizens impacted by autism have available to them an adequate number of qualified behavior technicians, the state of Hawaii should strongly consider the actions taken by the U.S. Department of Defense to identify the qualifications of behavior technicians who are essential in our attempts to provide quality services to children on the autism spectrum.

Sincerely

Thomas P. McCool, Ed.D.  
Chairman, QABA Credentialing Board