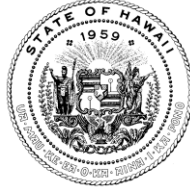


SB2496



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

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
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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 COMMITTEES ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH
AND
HUMAN SERVICES

TWENTY-NINTH LEGISLATURE
Regular Session of 2018

Wednesday, January 31, 2018
2:55 p.m.

TESTIMONY ON SENATE BILL NO. 2496, RELATING TO BEHAVIOR ANALYSIS.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR, TO THE HONORABLE JOSH GREEN, CHAIR, AND MEMBERS OF THE COMMITTEES:

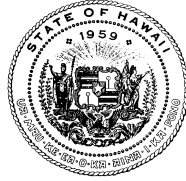
The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on S.B. 2496, Relating to Behavior Analysis. My name is Celia Suzuki, and I am the Licensing Administrator for the Department’s Professional and Vocational Licensing Division (“PVL”). PVL takes no position on this measure and offers the following comments.

S.B. 2496 exempts behavior analysis licensure requirements for certain individuals who implement applied behavior analysis services or plans under the

oversight or direction of others. This bill also updates and standardizes the terminology used to refer to behavior analysts.

On page 6, lines 6-7, the Department respectfully recommends adding "Hawaii-", so that those lines would then read: "behavior analyst [~~licensed in this State;~~] or Hawaii-licensed psychologist". However, it would not be necessary to similarly identify behavior analysts as "Hawaii-licensed" (on page 6, line 5), since pursuant to Hawaii Revised Statutes section 465D-2, "licensed behavior analyst" is defined as a "person . . . [w]ho has been issued a license under this chapter."

Thank you for the opportunity to testify on S.B. 2496.



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

**Testimony in SUPPORT of SB 2496
RELATING TO BEHAVIOR ANALYSIS**

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES
SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: January 31, 2018 Room Number: 016

1 **Fiscal Implications:** NONE

2 **Department Testimony:**

3 The Department of Health (DOH) strongly supports SB 2496 RELATING TO
4 BEHAVIOR ANALYSIS. The DOH-Developmental Disabilities Division (DDD) operates
5 Hawaii's §1915(c) Medicaid Intellectual and Developmental Disabilities (I/DD) Home and
6 Community-Based Services Waiver on behalf of the Department of Human Services,
7 MedQUEST Division. DOH-DDD is committed to raising the quality of behavioral
8 interventions. We are committed to using Licensed Behavior Analysts (LBAs) and Licensed
9 Psychologists working within their respective scopes of practice when an adult participant of the
10 I/DD waiver needs a formal Functional Behavioral Analysis and oversight for the
11 implementation of a Behavior Support Plan. However, elements of the current statute are
12 impacting provision and access to behavior analytic services for adults in the waiver.

13 Please note that for children in any §1915(c) waiver who have Autism Spectrum
14 Disorders (ASD), the Centers for Medicare and Medicaid Services (CMS) has clarified that
15 services for the treatment of ASD must be provided through the child's Medicaid health plan
16 through their Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, and
17 **cannot** be provided as a Medicaid Waiver service. Therefore, the provision of behavior analysis

1 in the I/DD waiver is only for adults, and most often for people with entrenched and challenging
2 behaviors that include self-harm and aggression toward others.

3 A primary issue in §465D-2, HRS, is the broad definition of the practice of behavior
4 analysis. While the intent of the Legislature was to establish standards for the licensing of
5 behavior analysts to address autism, the broad definition is being interpreted to mean that even
6 simple behavioral interventions, including for adults without autism, require a licensed behavior
7 analyst. There is a lack of workforce of LBAs in Hawaii, and a shortage of LBAs to supervise
8 Registered Behavior Technician (RBT) training hours. These factors, coupled with the fact that
9 most LBAs provide services to children with autism primarily in office-based settings, are
10 limiting access to behavioral analysis services for adults in the waiver who have high-end
11 behaviors that require staff-intensive approaches, and who access their services in homes and in
12 the community. They require implementation of services by teams of people that include a mix
13 of RBTs and trained direct support workers often for many hours during the day and night.

14 DOH also supports SB 2496 because it will help ensure Hawaii's compliance with the
15 I/DD waiver, including its numerous requirements for quality assurance, participant safeguards,
16 and ensuring the rights of participants. DDD has developed the operational policies and
17 procedures necessary for oversight of behavioral practices, including positive behavioral
18 supports, restrictive interventions, adverse event reporting, and a behavior support review
19 committee. Provider agencies are required to maintain an active nationally-recognized behavior
20 support program. Further, the I/DD waiver requires the state to maintain an adequate provider
21 pool to address the needs of participants.

22 Specifically, DOH supports the amendments to chapter 465-D, HRS as stated in SB 2496
23 for the following reasons:

24 1) Adds the term "applied" to "behavioral analysis" throughout the statute where it is
25 missing. This serves two purposes: consistency of terms, and distinguishing simple
26 analysis for understanding functions of behaviors and implementing routine interventions
27 with those functions that only a licensed person can perform;

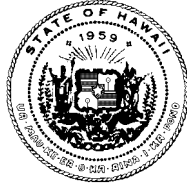
1 2) Adds an exemption for individuals who design or implement behavior analytic
2 services for participants of Waiver provided there is oversight by a behavioral review
3 committee. DDD has access to LBAs through a service called Training and Consultation
4 and has strong quality oversight of behavioral practices as mentioned earlier. As such,
5 this amendment to Chapter 465D, HRS will mitigate for the broad definition of practice
6 of behavior analysis, and allow DOH-DDD to manage the utilization of behavioral
7 services for cases where the design and implementation requires a LBA. Without this
8 exemption, LBAs are far less likely to work with our population, and access to this
9 critically needed service will continue to be limited; and

10 3) Adds an exemption for Caregivers. Caregivers are not expressly included in the
11 exemptions listed in §465D-7, HRS. Currently, a “family member” is exempt from
12 licensing under §465D-7(a)(4), HRS. DOH seeks an amendment for caregivers as stated
13 in SB2496, the same as the family exemption in the current statute. Without this
14 exemption, by January 2019, any caregiver reinforcing behaviors in homes must first
15 become an RBT by obtaining the credential from the Behavior Analyst Certification
16 Board. This will likely disrupt placements for waiver participants as most caregivers will
17 not choose to go through the extensive process to become an RBT.

18
19 Thank you very much for the opportunity to testify.

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21
22
23
24

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

January 30, 2018

TO: The Honorable Senator Josh Green, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H Baker, Chair
Senate Committee on Commerce, Consumer Protection and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2496 – RELATING TO BEHAVIORAL ANALYSIS**

Hearing: Wednesday, January 31, 2018, 2:55 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and supports the measure.

PURPOSE: The purpose of the bill is to: (1) Allow children with autism spectrum disorders to receive appropriate applied behavior analysis treatment, while simultaneously providing safeguards for consumer protection; (2) Exempt from the licensure requirement for behavior analysis certain individuals who implement applied behavior analysis services or plans under the oversight of a behavioral review committee or psychologist; and (3) Update and standardize the terminology used to refer to behavior analysts.

The DOH-Developmental Disabilities Division (DDD) operates Hawaii's Medicaid Intellectual and Developmental Disabilities (I/DD) Home and Community-Based Services Waiver on behalf of our DHS Med-QUEST Division. We agree with DDD that we all seek strong behavioral health services for both our children and adult beneficiaries. However, elements of the current statute are impacting provision and access to behavior analytic services for adults who are served by the I/DD waiver.

Please note that for children served by the I/DD waiver who also have Autism Spectrum Disorders (ASD), the Centers for Medicare and Medicaid Service (CMS) has clarified that ASD treatments and services must be provided through the child's Medicaid health plan through their Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. It cannot be provided as an I/DD waived service.

Therefore, the provision of behavior analysis in the I/DD waiver is only for adults, and most often for people with entrenched and challenging behaviors that include self-harm and aggression toward others. These services are quite different than those to treat ASD.

One of the primary issues that has emerged in section 465D-1, Hawaii Revised Statutes (HRS), is the broad definition of the practice of behavior analysis. While the intent of the legislature was to establish standards for the licensing of behavior analysts to address autism, the broad definition is being interpreted to mean that even simple behavioral interventions, including for adults without autism, require a licensed behavior analyst. This is challenging for several reasons – while there is progress in developing the capacity of the workforce, there continues to be sufficient workforce of Licensed Behavioral Analysts (LBA) in Hawaii, as well as a shortage of LBAs to supervise Registered Behavior Technician (RBT) training hours.

Additionally, the LBAs provide services to children with autism primarily in office-based setting; they are not necessarily trained to address DDD's behavioral health needs. The difficulty is most acute for adults served by the I/DD waiver who have high-end behaviors that require staff-intensive approaches, and who access their services in homes and in the community. These adults require implementation of services by teams of people that include a mix of RBTs and trained direct support workers, often for many hours during the day and night.

For these reasons, DHS supports SB 2496 because it will support access to the necessary quality services for the adults served by the waiver, and still maintain the appropriate quality assurance, participant safe-guards and the rights of the participants.

Thank you for the opportunity to provide comments on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018**

ON THE FOLLOWING MEASURE:

S.B. NO. 2496, RELATING TO BEHAVIOR ANALYSIS.

BEFORE THE:

SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, AND
HEALTH AND ON HUMAN SERVICES

DATE: Wednesday, January 31, 2018 **TIME:** 2:55 p.m.

LOCATION: State Capitol, Room 16

TESTIFIER(S): Russell A. Suzuki, First Deputy Attorney General, or
Tara K.C.S. Molnar, Deputy Attorney General

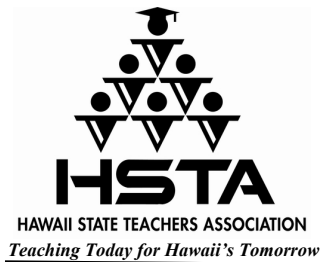
Chairs Baker and Green and Members of the Committees:

The Department of the Attorney General provides comments on this bill.

This measure would exempt individuals who implement or design applied behavior analysis services to participants in the Medicaid home and community-based services waiver (Medicaid waiver) program from behavior analyst license requirements in chapter 465D, Hawaii Revised Statutes (HRS), "provided that a behavioral review committee provides quality assurance and oversight" (page 4, line 20, through page 5, line 4). The bill makes other changes to chapter 465D that are not at issue here.

The measure exempts individuals who implement or design applied behavior analysis services to participants in the Medicaid waiver program from behavior analyst license requirements in chapter 465D, without defining the terms "behavioral review committee," "quality assurance," and "oversight" (page 4, line 20, through page 5, line 4). If the Committees are inclined to exempt individuals who provide applied behavior analysis services to Medicaid waiver participants from chapter 465D's licensure requirements, we suggest that it delete or define the terms in the phrase "provided that a behavioral review committee provides quality assurance and oversight," in order to clarify the proposed exemption.

The Department of the Attorney General respectfully recommends that, if the Committees move this measure forward, they amend the bill as suggested.



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Corey Rosenlee
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Justin Hughey
Vice President
Amy Perruso
Secretary-Treasurer
Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE COMMITTEES ON
HUMAN SERVICES and COMMERCE, CONSUMER PROTECTION, AND
HEALTH

RE: SB 2496 - RELATING TO BEHAVIOR ANALYSIS

WEDNESDAY, JANUARY 31, 2018

COREY ROSENLEE, PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

Chair Green, Chair Baker, and Members of the Committee:

The Hawaii State Teachers Association **opposes SB 2496**, relating to behavior analysis.

Act 199, Session Laws of Hawaii 2015, otherwise known as Luke's Law, established the behavior analyst program within the Department of Commerce and Consumer Affairs and created licensing requirements for behavior analysts. Licensing of behavior analysis services was made concurrent with mandated insurance coverage for diagnosis and treatment related to autism disorders, with which nearly 1,500 public school students are currently diagnosed.

Behavior analysis means the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. The practice of behavior analysis includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis, as well as the use of contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop positive behaviors.

Unfortunately, the DOE is experiencing a shortage of licensed behavior analysts and, in 2016, successfully sought an amendment to state law to allow teachers to perform behavior analysis and prescribe services. Yet, teachers are not trained or qualified to make behavioral diagnoses, and being commanded to do so—some teachers have been threatened with termination for refusing to complete behavioral

diagnoses for which they have no professional training—interferes with their ability to provide a quality learning environment for their students, taking time away from lesson planning, professional development and collaboration, delivery of personalized learning, and more.

This measure does not rectify the current problems facing the behavior analyst community or the children who depend on their services. To begin, it does not eliminate the staffing shortage that has led to teachers performing behavior analysis, which can only be closed by providing the DOE with funding to hire licensed behavior analysts, either as employees of the department or by contracting with the many private providers who are currently being denied access to the children they're qualified to serve. Moreover, it does not repeal teachers from the definition of “direct support worker” under HRS §465D-7, which would prevent teachers from being compelled to perform diagnostic and health-based work for which they are not qualified. Finally, it does not call upon the DOE to allow private behavior analysts to assist students during school hours, despite private insurance companies agreeing to pay for their services. Rather, this bill further consecrates into state law the problematic and unethical practice of allowing behavior analysis to be conducted by unqualified individuals, whose time is better spent on the professions for which they've been rigorously trained.

According to the HIDOE's own report to the legislature in their Report on Behavior Analyst and Certification Requirements Implementation, dated January 5th, 2018, they are working to support 39 DOE personnel to become BCBAs in an approved program, and they are assisting 145 other DOE personnel to become Registered Behavior Technicians (RBTs) by 2019. We need to continue in this direction, not one of weakening Act 199 more. Luke's Law should remain as it is.

To ensure our most vulnerable keiki are given the care they deserve, the Hawaii State Teachers Association asks your committee to **oppose** this bill.

SB-2496

Submitted on: 1/29/2018 1:41:13 PM

Testimony for CPH on 1/31/2018 2:55:00 PM

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

Comments:

We were very concerned and disappointed when we saw this bill. A few years ago, after the ABA insurance mandate was passed, along with the BCBA licensing law, the DD Division approached several stakeholders and explained its concern about whether HCBS waiver providers would fall within the definition and need to meet the requirements of the licensing statute as they performed their services for people in the DD waiver. A consensus was reached that it would be appropriate to be properly credentialed, as per the legal requirements, and it was also acknowledged that a phase-in period for direct support workers to become RBTs (Registered Behavior Technicians) was necessary. For that reason we and others supported the current law which provides a delayed implementation of the RBT requirement until 1/1/2019.

We had been under the impression that DD was attempting in good faith to comply and to develop the robust network of properly trained providers. If delays or issues were encountered and perhaps an additional period of time was needed, that could have been the subject of discussion among the parties. However, we were a bit taken by surprise when we learned of this bill which now seeks an all out, blanket exemption from the requirements of the law. We see no justification, be it legal or practical, for such a change in the law and we would urge the DD Division to reverse course on this issue and continue with what we thought were supposed to be its good-faith efforts to serve its recipients who need these services.



An Independent Licensee of the Blue Cross and Blue Shield Association

January 31, 2018

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

The Honorable Josh Green, Chair
Senate Committee on Human Services

Re: SB 2496 – Relating to Behavior Analysis

Dear Chair Baker, Chair Green, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2496, which would exempt from licensure requirements certain individuals who implement applied behavior analysis (ABA) services or plans.

HMSA appreciates the intent of this measure to increase access to ABA services in our state. At the request of legislators last year, HMSA started working with the psychologist community to create a pilot program to recognize and reimburse psychologists providing ABA services to our members. We are moving forward with the pilot, and hope to have feedback to Legislators and other stakeholders on the outcome of the program. As such, we have concerns on the language exempting psychologists from this are of licensure law.

We also have concerns with the addition of the term “caregiver” as it relates to delivering an ABA plan. Currently the term is undefined and could be broadly interpreted. Also we are unsure how the addition of psychologists as an exempted group would affect care for our members.

We do appreciate the intent of this measure and are open to working with the stakeholders. Thank you for allowing us to provide our comments on SB 2496.

Sincerely,

Pono Chong
Vice President, Government Relations



01/29/18

[COMMITTEE ON EDUCATION](#)

Senator Michelle N. Kidani, Chair

Senator Kaiiali'i Kahele, Vice Chair

Wednesday, January 31, 2018, 2:45 pm

Conference Room 229

SB 2520 Relating to Behavior Analysis--Testimony in SUPPORT

Honorable Chair Kidani, Vice Chair Kahele, and members of the committee,

Hawai'i Association for Behavior Analysis (HABA) supports our teachers, our keiki, and Senate Bill 2250. As we have testified in previous years, Applied Behavior Analysis (ABA) is a necessary treatment for many children within the Department of Education (DOE) and should be provided by those licensed and qualified to do so-- as stated in Chapter 465-D. Despite collaborative efforts, HABA has not been able to work together with the administrators of the DOE in finding solutions to the barriers in implementing Chapter 465-D. If funding is truly the primary barrier in increasing the availability and accessibility of ABA within the DOE, then, SB 2520 provides a solution. Once additional funding is made available, ABA should be more readily accessible to our children. If it is not, then we must look to barriers outside of funding. Thank you for supporting our teachers, our keiki, and SB 2520.

Mahalo,

Kathleen Penland

Kathleen Penland, M. Ed. BCBA, LBA

President, Hawai'i Association for Behavior Analysis



January 29th, 2017

State Capitol
415 South Beretania Street

Re: **STONG OPPOSITION** for **SB2496**

Dear Members of the Committee,

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 am also a parent member of Special Education Advisory Committee (SEAC) for DOE. I have over 25 years experience in Behavior Analysis. Thank you so much for the opportunity to testify in **STRONG OPPOSITION GIVEN THE GRAVE CONCERNS FOR I HAVE FOR** of **SB2496**.

This proposed bill would allow for certain individuals unlicensed/uncredentialed in behavior analysis to engage in the practice of behavior analysis (ABA) when done in a home-based setting under DOH waiver programs. This bill is dangerous to individuals receiving waiver services in that it would allow "caregivers" to be exempt from the licensure law. **NO DEFINITION** exists in the bill for "caregiver" in this bill, who caregivers are and who they are not. Basically everyone is a caregiver!

In addition, it would allow a "behavioral review committee" to oversee the treatment, **HOWEVER, NO DEFINITION** of this committee exists in this bill, nor does it describe the proposed members of this committee and their credentials/expertise, and how this committee would provide oversight, handle complaints, etc.

Allowing this bill to pass as written would be an egregious offense against the children of Hawaii! Many unthinkable abuses have occurred due to the lack of trained and appropriately credentialed individuals who work with individuals diagnosed with IDD/DD/Autism in our state.

To further delineate the importance of the appropriately credentialed personnel to engage in the practice of ABA, I have included the following excerpt from the Association of Professional Behavior Analysts "Identifying ABA Interventions white paper" (<http://www.apbahome.net/page/practiceguidelines>).

The increasing demand for ABA services that began in the early 1990s underscored the need for uniform, objective, verifiable standards and procedures for determining who is qualified to practice ABA professionally. The Behavior Analyst Certification Board (BACB) was established in 1998 to develop such standards and procedures (Johnston, Carr, & Mellichamp, 2017). It is an independent, nonprofit organization whose behavior analyst



credentialing programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institute for Credentialing Excellence. The NCCA's rigorous standards are grounded in case law and best practices in professional credentialing. The BACB has developed competencies for practicing ABA and standards for credentialing practitioners based on several extensive job analysis studies involving thousands of professional behavior analysts from around the world (Carr & Nosik, 2017; Johnston, Mellichamp, Shook, & Carr, 2014; Shook & Favell, 2008; Shook, Johnston, & Mellichamp, 2004). The standards include degrees, coursework, supervised experiential training, and passage of a professionally designed and managed examination in behavior analysis. The BACB is required to conduct a job analysis periodically and to use the results to ensure that the credentialing requirements reflect new developments in research, policies, and social and cultural norms. In short, the BACB requirements represent empirically supported international standards for practicing ABA that have been developed by the profession. Those standards parallel requirements for obtaining credentials (certifications, registrations, or licenses) to practice most recognized professions. At present the BACB is the only entity whose programs for certifying professional practitioners of ABA are accredited and internationally recognized, and it administers the only psychometrically and legally validated professional examinations in the practice of ABA. For those and other reasons, BACB Professional Practice of ABA, credentials have been incorporated in many licensure and other laws specifying qualifications to practice ABA professionally (but note that ABA practitioners who work in a few areas, such as organizational behavior management and applied animal behavior, are exempt from licensure in many U.S. states at present). The BACB certifies professional practitioners at two levels. Current requirements for certification as a Board Certified Behavior Analyst ®(BCBA®) are: at least a master's degree in applied behavior analysis or a closely related field from an accredited institution; completion of 270 classroom hours of graduate-level instruction in specified behavior analysis topics; completion of specified hours of supervised experiential training in applied behavior analysis; and passage of the BCBA examination. Individuals who teach behavior analysis in full-time university faculty positions and those with doctorates and at least 10 years' experience in behavior analysis may also qualify to take the BCBA examination. In addition, BCBA's with doctoral degrees can apply for the designation Board Certified Behavior Analyst – Doctoral® (BCBA-D®). Current requirements for certification as a Board Certified Assistant Behavior Analyst® (BCaBA®) are: at least a bachelor's degree from an accredited institution; completion of 180 classroom hours of instruction in specified behavior analysis topics; completion of specified hours of supervised experiential training in applied behavior analysis; and passage of the BCaBA examination. The BACB also



issues a credential for paraprofessionals, the Registered Behavior Technician™ (RBT™). Again, the requirements for obtaining and maintaining all of the BACB credentials change periodically. Details, including current credentialing and ethical standards, are available at www.bacb.com.

Genuine ABA interventions have the seven defining features described previously. Interventions that do not have all of those features cannot be characterized accurately as ABA. Nor can interventions that may incorporate some ABA procedures along with some non-behavior analytic procedures (e.g., Prizant, Wetherby, Rubin, & Laurent, 2003; Rogers & Dawson, 2010; also see Smith & Iadarola, 2015), because such interventions do not meet the criterion of being conceptually systematic, that is, thoroughly grounded in the concepts and principles of behavior analysis. Additionally, genuine ABA interventions are designed and overseen by professional behavior analysts (i.e., BCBA's or Licensed Behavior Analysts where government licensure is in place), perhaps assisted by BCaBA's or Licensed Assistant Behavior Analysts. Some individuals with credentials in other professions may be able to document that they have formal and experiential training comparable to that required for BACB certification and have passed a professional examination in behavior analysis. Members of other professions as well as laypersons may utilize some ABA techniques and information about behavior analysis that is in the public domain, but that is not the same as practicing ABA professionally.

If an intervention is actually based on ABA principles, it follows logically that those who design and oversee the intervention must have undergone training and demonstrated competence in those principles and their applications. That is most reliably documented by meeting BACB certification standards.

We look forward to maintaining consumer protection for individuals with IDD/DD/autism that will be afforded with the death of this bill. Thank you so much for addressing this important issue for the constituents of Hawaii.

Sincerely,

Amy Wiech, PhD, BCBA-D, LBA
Board Certified Behavior Analyst- Doctoral
Founder /Executive Director of ABC Group Hawaii



Testimony of the **Special Education Center of Hawaii**
in strong support of SB2496, which seeks to amend portions of HRS 465-D.
January 29, 2018

My name is Bridget Panee, and I am the President/Chief Executive Officer of the Special Education Center of Hawaii, commonly known as SECOH. Although SECOH has been serving individuals with intellectual and developmental disabilities in Hawaii since 1965.

We understand the very real concerns that underlie HRS 465-D. While we agree that the licensing of Board Certified Behavior Analyst (BCBA) is important and that they serve a very important role, it is our belief that the statute as written is too broad and needs clarification. Furthermore, we believe requiring every individual providing Direct Services to individuals with Behavior Support Plans (BSPs) be a certified as a Registered Behavior Technician (RBT) is too broadly defined and in most cases, unnecessary in the actual service environment for adults with Intellectual Disabilities (ID)/Developmental Disabilities (DD) in which we operate.

SECOH serves adults with ID/DD who may or may not be on the autism spectrum, which is referenced in HRS 465-D. Most of those we serve sometimes have “behavioral” challenges that call for simple supports and encouragement like re-direction, positive feedback etc. opposed to complex responses and interventions associated with behavior support plans.

Approximately a third of our Direct Service staff members have been with SECOH for over 10 years, most of whom do not possess a degree, nor do they have the time, resources, and in some cases the capacity to obtain RBT certification. They do however, absolutely possess the compassion and dedication to our participants that are of paramount importance to providing quality services. In many cases their relationships with our participants are long-standing and very deep which is also crucial to our participants’ well-being. Additionally, staff undergo rigorous training on a regular basis and are provided appropriate oversight to ensure proper care.

Given the current language, if HRS 465-D passes as is, SECOH would have to ensure most if not all direct support staff be certified as RBTs since the service is delivered and authorized in groups. Furthermore, several clients would require costly behavioral assessments etc. that is currently not being done, nor is it needed. Lastly, this type of staff requirement would be undue hardship on the staff and the agency to include a potential exit of most of the workforce, which could result in an interruption of services and most importantly compromise the physical and emotional well-being of those we serve.

If it is not possible to exempt the population we serve as stated in SB2496 from the requirements associated with HRS 465-D, we propose the following:

1. A revised and comprehensive definition of the types of interventions that require specialized training and monitoring associated with the requirements of an RBT. Based on experience, we suggest, such training for the following types of interventions:
 - Physical holds and restraints
 - Complex data collection and analysis
 - Routine intervention, observation, and updates by a BCBA.
2. An increase in reimbursements rates to cover the additional costs associated with the implementation of plans etc. even with an amended statute.
3. Sufficient time to develop appropriate implementation guidelines and to develop an adequate workforce will also be necessary to ensure success.

I hope you will not hesitate to contact me directly if you have any questions about this request, or the mission and work of SECOH.

Respectfully submitted,



Bridget Panee
President/Chief Executive Officer

708 Palekaua Street
Honolulu, HI 96816
Email spanee@secoh.org
Tel. 808-734-0236

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Ka Lima O Maui
Metrocare Hawaii-Plus
Molokai Occupational Center
Preferred Home & Community
Based Services, Inc.
Responsive Caregivers of Hawaii
The Arc of Hilo
The Arc of Kona



HWPAA strongly supports SB2496, which seeks to amend portions of HRS 465-D

HWPAA or the Hawaii Waiver Providers Association is a non-profit member organization open to agencies that provide Medicaid Waiver Services to individuals with intellectual and developmental disabilities in Hawaii. Our member agencies will be directly affected by SB2496

We understand the very real concerns that underlie HRS 465-D. While we agree that the licensing of BCBAs is important and that they serve a very important role, it is our belief that the statute as written is too broad and needs clarification. Furthermore, we believe requiring every Direct Support Worker providing Direct Services to individuals with behavior support plans be certified as a Registered Behavior Technician (RBT) is both unnecessary and unworkable in the real world environment in which we operate.

HWPAA member agencies serve adults with ID/DD who may or may not be on the autism spectrum. Most of those we serve sometimes have "behavioral" challenges that call for simple supports and encouragement like re-direction, positive feedback, etc., as opposed to the complex responses and interventions associated with behavior support plans.

Given the current language, if HRS 465-D is not amended, a lot of the Direct Support Workers will be required to obtain RBT certification. Many of these Direct Support Workers do not possess college degrees, nor do they have the time, resources, and in some cases the capacity to obtain RBT certification. Most of our Direct Support Workers are hired for their compassion, patience, and caring in dealing with our Participants. It is no secret that this is not a high paying occupation and that our staff stay with our agencies because they truly care about our Participants. HWPAA is concerned that requiring RBT certification could adversely affect our employees and make it even more difficult to find future employees. A lot of our agencies are already short staffed and have difficulties recruiting new staff based on pay that we are able to provide them.

If it is not possible to exempt the population we serve as stated in SB2496 from the requirements associated with HRS 465-D, we propose the following:

1. A raise in reimbursement rates to cover additional salary costs will be imperative if we are to provide necessary behavioral support plans successfully under even an amended statute.
2. Sufficient time to develop appropriate implementation guidelines and to develop an adequate workforce will also be necessary to ensure success.

Thank you very much for allowing us to submit testimony on behalf of SB2496



THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON HUMAN SERVICES
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Wednesday, January 31, 2018
2:55 PM
Conference Room 16
State Capitol
415 South Beretania St.

SB 2496 Relating to Behavior Analysis—Testimony in opposition of current draft, revisions needed

Honorable Chairs Baker and Green, Vice Chairs Tokuda and Chang, and members of the committee,

First, I would like to thank the members of the committee, in particular Chair Baker, for the time and attention given to the ethical and safe practice of applied behavior analysis (ABA) in our state. Over recent years, the legislature has listened to the concerns of constituents, created meaningful legislation, and upheld current law. The current behavior analyst licensure 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.

Behavior analysts and the Department of Health-Developmental Disabilities Division (DOH-DDD) have worked together openly since the law's passage. I have provided services under the division's waiver program and I commend the efforts of the division to revise the Waiver Standards for behavior supports, increase quality outcomes for participants, and add protections for individuals with restrictive interventions. While I support the efforts of the division, I fear exempting the division fully from the licensure law would not provide needed consumer protections and halt progress for the state in ensuring access to needed quality behavioral services.

- Rules made before the legislature
 - This legislature has played a significant role in supporting consumers of behavior analytic services and their 'ohana over recent years. It is respectfully requested the legislature convene with stakeholders and the division to work out a bill that protects consumers and affords the division needed time.
- Vulnerable adult population
 - DOH-DDD recipients in need of behavioral services under the waiver are some of the most vulnerable citizens in Hawai'i. While children under 21 are able to access ABA through their QUEST plan under Medicaid's early, periodic, screening, diagnostic, and treatment (EPSDT) rather than through the DOH-DDD waiver, adults with autism and

other intellectual and/or developmental disabilities are reliant on quality behavioral services provided by DOH-DDD providers and need the same level of protections.

- Limitations of the Behavior Support Review Committee (BSRC)
 - The current bill proposes to exempt the division from the law stating the exemption as: "An individual who designs or implements applied behavior analysis services to participants in the medicaid home and community-based services waiver program pursuant to section 1915(c) of the Social Security Act; provided that a behavioral review committee provides quality assurance and oversight;"
 - **The current behavioral review committee procedures outlined by the division do not provide needed support and oversight.** Per the division's [Policy #2.03 for Behavior Support Review](#), the behavioral support review committee (BSRC) reviews only referrals submitted for consumers with restrictive interventions such as physical restraint, and primarily seeks to review and approve documentation of stated plans. Per current division policy, "the [behavior support plan] BSP shall be reviewed annually by the BSRC" (p.8). Annual review for a consumer engaging in behaviors that pose a risk to themselves or others does not provide the needed oversight and quality assurance afforded to consumers under current law.
- Cost of ineffective services
 - Historically, individuals with behavioral needs in the waiver program have needed high staff ratios, such as three staff working with one consumer throughout the day and night. Many children in Hawai'i did not receive the intensive behavioral services they needed when they were young and they continue to transition into the waiver program as adults in need of behavioral services. It behooves the state to ensure behavioral services are efficient.
- Provider capacity
 - While I understand the division's concerns regarding provider capacity to work with adults in the waiver program, full exemption from the current law removes contingencies for providers to improve the qualifications of their current staff and continue to expand the workforce.

I would support additional time for the division, but cannot support a full exemption from the law.

Mahalo for your consideration,



Kristen Koba-Burd, M.S., BCBA, LBA

Maui



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
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www.hawaiipsychology.org

Email: hpaexec@gmail.com
Phone: (808) 521-8995

Committee on Human Services
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Hearing: Wednesday, January 31, 2018, 2:55 p.m., Conference Room 016

January 28, 2018

Re: Testimony in Strong Support of SB 2496, Relating to Behavior Analysis Services With an Amendment

The Hawaii Psychological Association supports SB2496 and it's intention to:

- (1) Allow children with autism spectrum disorders to receive appropriate applied behavior analysis treatment, while simultaneously providing safeguards for consumer protection;
- (2) Exempt from the licensure requirement for behavior analysis certain individuals who implement applied behavior analysis services or plans under the oversight of a behavioral review committee or psychologist

The Hawaii Psychological Association is very concerned that language in the previous legislation applying to treatment services for autism and the licensure of Board Certified Behavior Analysts (BCBAs) unintentionally restricted well-qualified professionals from providing services to children with autism and unintentionally provided a monopoly for one certifying agency, the Behavior Analyst Certification Board.

Our intention is to clarify the language so that properly trained psychologists can continue to provide services and continue to supervise paraprofessionals in the multi-tiered delivery model that is the standard of practice in autism. Psychologists' scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians. In a multi-tiered model, a psychologist may supervise post-doctoral fellows, students and unlicensed master's level clinicians as these trainees then supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. Please see the attached document from the American Psychological Association Practice Organization: "Statement on

Behavior Analysis and Behavior Analysts" and the second attached document from the American Psychological Association on: "Applied Behavior Analysis."

We support SB2496 with the proposed amendment which 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.

Proposed amendment:

Section 3. (a) (1) An individual working with the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, students, and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent/guardian in implementing an ABA intervention, provided that the supervision is within that licensed professional's scope of practice; and provided further that the licensed professional and the supervised individual shall not use the title of "licensed behavior analyst".

Thank you for the opportunity to submit testimony.

Tanya Gamby, Ph.D.
President
Hawaii Psychological Association



AMERICAN
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PRACTICE ORGANIZATION

Statement on Behavior Analysis and Behavior Analysts

The APAPO Board approved the following “Statement on Behavior Analysis and Behavior Analysts” at its February 2012 meeting:

Psychologists have a long history of developing and implementing effective services, including behavior analysis, for individuals with autism spectrum disorders and their families. Licensed psychologists with competence in behavior analysis are qualified to independently provide and to supervise the provision of behavior analytic services. Therefore, qualified licensed psychologists should be allowed to provide behavior analysis and to call the services they provide “behavior analysis” or “applied behavior analysis” without obtaining additional credentials or licensure. Other professionals who provide behavior analysis should be required by law or regulation to demonstrate education, training and supervision appropriate to a defined scope of practice and to the needs of the jurisdiction. The APAPO Board supports advocacy to ensure that any legislation or regulations regarding behavior analysts or the practice of behavior analysis contain provisions to protect consumers by ensuring that they receive services by appropriately qualified professionals. Further, the APAPO Board recommends that, to the extent that behavior analysts are regulated separately by state law, the benefits of regulation under the state board of psychology should be considered.

The APAPO Board position is supported by two APA policy documents, the [APA Model Act for State Licensure](#) (PDF, 111KB) and the [APA Ethical Principles of Psychologists and Code of Conduct](#). Specifically, section B.3 of the Model Act includes “behavior analysis and therapy” within the definition of the practice of psychology; and Ethics Code Standard 2 requires that “psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence.”

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ASSOCIATION

Applied Behavior Analysis

Adopted as APA Policy by APA Council of Representatives in February 2017

The principles of applied behavior analysis (also known as behavior modification and learning theory), developed and researched by psychology and competently applied in the treatment of various disorders based on that research, is clearly within the scope of the discipline of psychology and is an integral part of the discipline of psychology. Across the United States, applied behavior analysis is taught as a core skill in applied and health psychology programs. As such, the American Psychological Association (APA) affirms that the practice and supervision of applied behavior analysis are well-grounded in psychological science and evidence-based practice. APA also affirms that applied behavior analysis represents the applied form of behavior analysis which is included in the definition of the “Practice of Psychology” section of the APA Model Act for State Licensure of Psychologists. Therefore, APA asserts that the practice and supervision of applied behavior analysis is appropriately established within the scope of the discipline of psychology.

Suggested Citation

American Psychological Association. (2017). *APA Policy: Applied Behavior Analysis*. Retrieved from: <http://www.apa.org/about/policy/applied-behavior-analysis.aspx>

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State of Hawaii Hawaii State Senate

Committee on Human Services
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

January 31, 2018; 2:55 p.m.
Conference Room 16
SB2496

Dear Chairs Green and Baker, Vice Chairs Chang and Tokuda, and members of the Human Services and Commerce, Consumer Protection, and Health Committees.

Lanakila Pacific strongly supports SB2496 which seeks to amend portions of HRS 465-D. We understand the very real concerns that underlie HRS 465-D. While we agree that our participants with challenging behaviors require a workforce that is appropriately trained to meet their needs, it is our belief that the statute as written is too broad and needs clarification. In addition, we also believe requiring that every individual providing direct services to individuals with behavior support plans be certified as a registered behavior technician is both unnecessary and unworkable in the real world environment in which we operate.

Given the current language of HRS 465-D, Lanakila Pacific would have to ensure most if not all direct support staff be certified as RBTs since the service is delivered and authorized in groups. Furthermore, several clients would require costly behavioral assessments etc. that is currently not being done, nor is it needed. This type of staff requirement would cause undue hardship on the staff and the agency to include a potential exit of most of the workforce, which could result in an interruption of services and most important compromise the physical and emotional well-being of those we serve.

If it is not possible to exempt the population we serve as stated in SB2496 from the requirements associated with HRS 465-D, we propose the following:

1. A revised and comprehensive definition of the types of interventions that require specialized training and monitoring associated with the requirements of an RBT.
2. An increase in reimbursements rates to cover the additional costs associated with the implementation of plans etc. even with an amended statute.

3. Sufficient time to develop appropriate implementation guidelines and to develop an adequate workforce will also be necessary to ensure success.

Lanakila Pacific is a 79 year old Hawaii-based non-profit organization, whose mission is to build independence for challenged lives. Our programs include Teaching and Learning Centers (TLC) in Honolulu and Wahiawa, which teach over 115 adults with disabilities how to become more independent. TLC teaches life skills and actively give back by volunteering in our communities.

Thank you for the opportunity to provide testimony in support of this measure.

Respectfully submitted,

Marian E. Tsuji
President & CEO

Rona Fukumoto
VP of Programs and
Mission Advancement

Lori Lutu
Director of Teaching and
Learning Centers

SB-2496

Submitted on: 1/30/2018 9:07:59 AM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
James Kilgore	Full Life	Support	No

Comments:

Dear Chair Baker, Vice Chair Tokuda, Chair Green, Vice Chair Chang and Members of the Senate Committee on Commerce, Consumer Protection, and Health and Members of the Senate Committee on Human Services:

My name is James Kilgore and I am the Executive Director of Full Life. Full Life is a non-profit organization serving approximately 60 people with developmental disabilities and their families on Hawai'i Island for the nearly 18 years. I am writing to provide support for **SB 2496 scheduled for hearing on January 31, 2018 at 2:55PM.**

- I support filling gaps in services by professionals who are exempt from behavior analyst licensure requirements in the HCBS I/DD Waiver program.
- I support the exemptions to HRS 465D-7 to include an individual who designs or implements applied behavior analysis services to participants in the HCBS I/DD Waiver; provided behavioral review committee provides quality assurance and oversight
- There is an extreme shortage of Licensed Behavior Analysts (LBA) living on Hawai'i Island. Only 5 registered BCBA's currently reside on the Big Island. Most of these professionals are providing much needed services for people outside of the HCBS I/DD Waiver. Full Life hired a Licensed Behavior Analyst (LBA) to begin serving people with developmental disabilities through the HCBS I/DD Waiver. This person left after a short period to pursue other opportunities on the mainland and we were unable to find another LBA to carry out program plans.
- Due to the lack of LBA's in our local communities, and without changes outlined in SB 2496, Full Life would likely be unable to serve people in the HCBS I/DD Waiver program with behavior support plans. This would leave more people on the Big Island without local services.
- There are no testing facilities to administer the examination required to certify Registered Behavior Therapists (RBT) on the Big Island. This becomes even a greater burden when requiring behavior support plans for HCBS I/DD Waiver services to be implemented by an RBT only.
- We believe that strategies implemented in a behavior support plan through HCBS I/DD waivers can be safely and effectively carried out by trained Caregivers and Direct Support Workers with proper review and oversight.

Thank you for your valuable time and consideration,

James Kilgore

Testimony on SB2496

Easter Seals Hawaii supports SB2496, which seeks to amend portions of HRS 465-D.

Easter Seals Hawaii provides individualized, family-centered services to empower people with disabilities or special needs to achieve their goals and live independent, fulfilling lives. We have been serving special needs children, youth and adults for 72 years and provide more than 500,000 hours of direct service annually to individuals and families across the state. Our organization and many other service providers will be directly affected by SB2496.

We understand the very real concerns that underlie HRS 465-D, and we agree that the licensing of BCBAs is important and that they serve a very important role; however, **it is our belief that the proposed statute is too broad, as written, and needs clarification.** We also believe requiring that every individual providing Direct Services to individuals with BSPs be a certified RBT is currently unnecessary and unworkable in the real-world environment in which we operate.

Many of our Direct Support Workers would be challenged for lack of time or resources to obtain RBT certification, though they certainly possess the compassion, dedication and skills necessary to provide quality services to our clients. In many cases, their relationships are long-standing and crucial to our clients' well-being. Moreover, staff undergo rigorous training on a regular basis and are provided appropriate oversight to ensure proper care. Requiring these certifications under current circumstances would create a staffing and scheduling nightmare which could disrupt relationships that provide our participants with emotional stability.

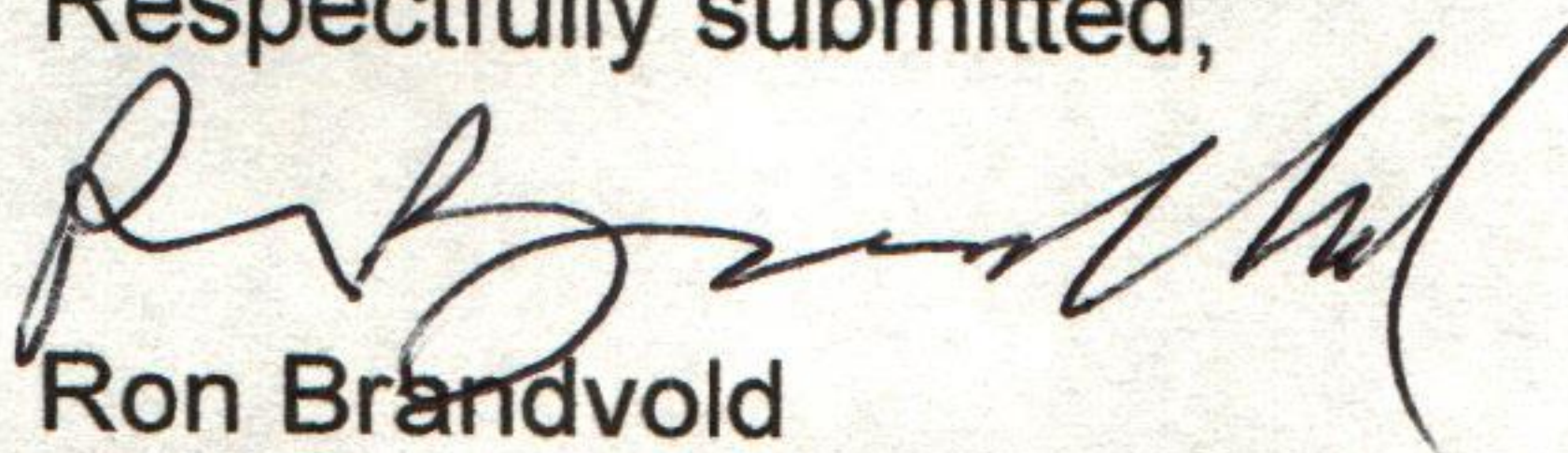
Additionally, a very tight job market has made it extremely difficult to find people to fill these Direct Service roles. The reimbursement rate for services has meant that salaries have not been increased at the same rate as the other labor sectors, which has made it difficult to recruit new staff and increase salaries for existing staff. We know that requiring a certification to work with children at this time would actually decrease the number of staff available and have a very negative effect on services.

If it is not possible to exempt the population we serve, as stated in SB2496, from the requirements associated with HRS 465-D, we propose the following:

1. A raise in reimbursement rates would be imperative to cover additional salary costs, if we are to provide necessary behavioral support plans successfully under even an amended statute.
2. Allow sufficient time for providers to develop appropriate implementation guidelines and to develop an adequate workforce, as will also be necessary to ensure success.

Thank you very much for allowing us to submit testimony on behalf of SB2496.

Respectfully submitted,



Ron Brandvold
CEO, Easter Seals Hawaii

MAILING ADDRESS

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99-0108896

To: Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair
Committee on Human Services

Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection, and Health

Date: January 30, 2018

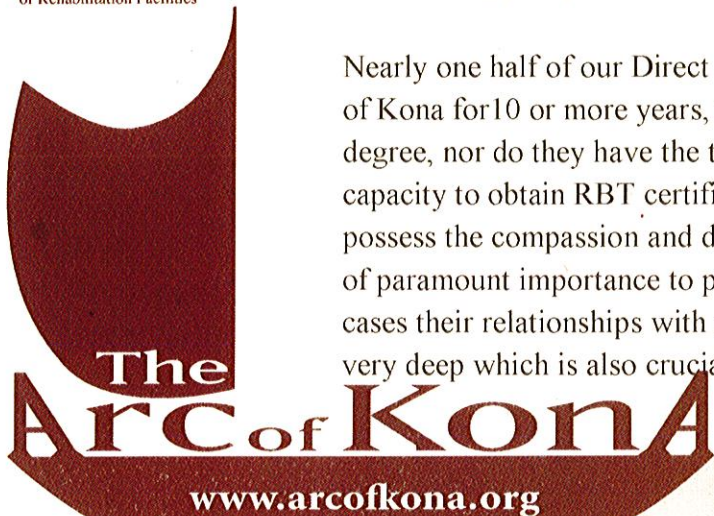
RE: **Testimony in support of SB 2496**

The Arc of Kona strongly supports SB 2496 which seeks to amend portions of HRS 465-D.

We understand the concerns that underlie HRS 465-D and, while we agree that the licensing of BCBA's is important and that they serve an important role, it is our belief that HRS 465-D, as written, is too broad and requires clarification. Furthermore, we believe the requirement that every individual providing Direct Services to individuals with Behavior Support Plans (BSPs) become a certified Registered Behavior Technician (RBT) is also too broadly defined and, in most cases, unnecessary in the environment that services for adults with Intellectual/Developmental Disabilities (I/DD) are provided.

The Arc of Kona serves adults with I/DD who may or may not be on the autism spectrum. Many of the individuals we serve have behavioral challenges at times that call for simple supports and encouragement such as re-direction and positive feedback as opposed to complex responses and interventions associated with behavior support plans.

Nearly one half of our Direct Support staff have been with the Arc of Kona for 10 or more years, most of whom do not possess a degree, nor do they have the time, resources, and in some cases the capacity to obtain RBT certification. They do, however, absolutely possess the compassion and dedication to our participants that are of paramount importance to providing quality services. In many cases their relationships with our participants are long-standing and very deep which is also crucial to our participants' well-being.



"Expanding the Possibilities"
"Ho'o Nui Ka Hiki"

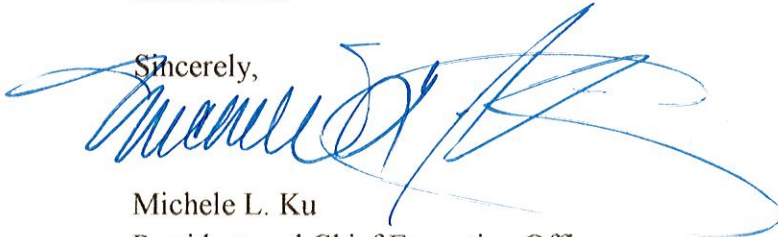
Additionally, staff undergo rigorous training on a regular basis and are provided appropriate oversight to ensure proper care.

Given the current language of HRS 465-D, the Arc of Kona would need to certify most, if not all, direct support staff be certified as RBT's. This requirement would place an undue hardship on the staff and our organization. Many of our Direct Support staff may choose to exit the agency instead of pursuing this certification resulting in an interruption of services and most importantly compromise the physical and emotional well-being of those we serve.

As a result, the Arc of Kona strongly supports SB 2496.

Thank you for the opportunity to provide testimony. Please contact me should you have any questions or require additional information.

Sincerely,



Michele L. Ku
President and Chief Executive Officer

Testimony in Support of SB2496

Senator Josh Green, Chair
Senate Committee on Human Services
Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health
Hearing Date: January 31, 2018 Room Number: 016

Honorable Senators:

The Arc in Hawaii strongly supports SB2496, which seeks to amend portions of HRS 465-D.

The Arc in Hawaii, a private non-profit agency, provides services to individuals with intellectual and developmental disabilities (ID/DD) and their families across Oahu. Together with its national and neighbor-island Arc affiliates, The Arc in Hawaii promotes and protects the rights of people with ID/DD and actively supports their right to be included and fully participate in the community throughout their lifetime.

We understand the very real concerns that underlie HRS 465-D. While we agree that the licensing of BCBA's is important and that they serve a very important role, it is our belief that the statute as written is too broad and needs clarification. We also believe requiring that every individual providing Direct Services to individuals with BSPs be a certified RBT is both unnecessary and unworkable in the real world environment in which we operate.

The Arc in Hawaii serves adults with ID/DD who may or may not be on the autism spectrum. Most of the participants we serve have minor behavioral issues that can be addressed with simple behavioral protocols. A Behavioral Support Plan (BSP), requiring the services of a Licensed Behavioral Analyst (LBA), is not necessary in these situations. Given the current shortage of LBAs in Hawaii it is also not realistically workable.

Roughly a third of our Direct Service staff members have been with The Arc in Hawaii for over 10 years. A vast majority of them do not possess a degree, nor do they have the time, resources, or in some cases the capacity necessary to obtain RBT certification. They do absolutely possess the compassion and dedication to our participants that are of paramount importance to providing quality services. In many cases their relationships with our participants are long-standing and very deep which is also crucial to our participants' well-being. Additionally, staff undergo rigorous training on a regular basis and are provided appropriate oversight to ensure proper care.

465-D's broad outlines would seem to require that the presence of one participant whose behavior requires a BSP in an ADH classroom or in an Arc-operated waiver home would mean that all staff in those environments would have to be certified RBTs. That would create a staffing and scheduling

nightmare for us. The likely dramatic increase in staff turnover would disrupt relationships and even long-standing placements that provide our participants with the consistency and emotional stability they need.

We humbly submit that our agency can more than adequately address the needs behind 465-D under the following regime:

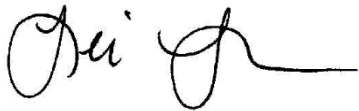
- 1) Training and consultation services from an LBA or Psychologist to provide an over-arching framework for needed behavioral support plans, along with
- 2) A mix of both RBTs and Direct Service workers providing ADH, PAB and CLS services to implement those plans.

We caution that:

- 1) Given the difficult employment market we currently face, a raise in reimbursement rates to cover additional salary costs will be imperative if we are to provide necessary behavioral support plans successfully under even an amended statute.
- 2) Sufficient time to develop appropriate implementation guidelines and to develop an adequate workforce will also be necessary to ensure success, again even under an amended statute.

Thank you very much for allowing us to submit testimony on behalf of SB2496.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lei Fountain', with a long horizontal flourish extending to the right.

Lei Fountain
Executive Director

Goodwill Industries of Hawaii strongly supports SB2496,
which seeks to amend portions of HRS 465-D.

My name is Emily Lau, and I am the Vice President of Mission Services of Goodwill Industries of Hawaii. Goodwill Industries of Hawaii has been serving the state of Hawaii since 1959, providing services to people with intellectual and development disabilities (ID/DD), as well as people with other disadvantaging conditions.

As a service provider for people with disabilities, we understand the concerns that underlie HRS 465-D. While we agree that the licensing of BCBA's is important and that they serve a very important role, we believe that the statute as written is too broad and needs clarification. We further believe that requiring every Direct Support Worker providing direct services to individuals with Behavior Support Plans be certified as a Registered Behavior Technician (RBT) is unnecessary and impractical in the actual services environment.

Goodwill serves adults with ID/DD who may or may not be on the autism spectrum. Most of those we served have very minor and infrequent behavior issues that only simple supports or encouragement such as re-direction, positive feedbacks etc. is needed. While only a few individuals may require the supports and interventions associated with behavior support plans, the current language of 465-D's broad outlines would require that the presence of one participant whose behavior requires a behavior support plan in an ADH group or Community group setting would mean that all staff in those environments would have to be certified RBTs. This would require a lot of our Direct Support Workers to obtain RBT certifications.

Most Direct Support Workers have been with Goodwill for a length of time. Some have been providing services to adults with ID/DD for over 15 years. While majority do not have a degree, they are experienced, dedicated, and compassionate. They have good understanding of how to work with the ID/DD populations. In many cases, their relationships with the participants and their circle of support is long-standing which is very crucial to our participants' well-being. Most of these workers do not have the time, resources, and in some cases the capacity to obtain RBT certification. Requiring them to obtain RBT certification will result in undue hardship to the agency and staff, and a potential loss of workforce which could result in interruption of services provided and could compromise the physical and emotional well-being of those we serve.

In addition, with the current employment market, hiring new Direct Support Worker is already a challenge. Adding more certification requirements to the worker's qualification will make it even more difficult to find and hire workers. We do not believe there are enough qualified workforce to support the implementation of HRS 465-D if it is not amended. Furthermore, the current H&CBS Medicaid Waiver reimbursement rate does not support hiring of staff with RBT credential to provide direct support in the group setting. The reimbursement rate will have to be revised to include the additional cost of hiring worker with RBT certification for HRS 465-D to be fully implemented.

We believe that under the current Home and Community Based Medicaid Waiver program, the Department of Health Development Disabilities Division is able to provide comprehensive oversight. There are vigorous training that Direct Support Workers are required to attend regularly. All of these measures will ensure individuals in the H&CBS Waiver program receive adequate supports and proper care.

If it is not possible to exempt the population we serve as stated in SB2496 from the requirements associated with HRS 465-D, we propose the following:

1. An increase in reimbursements rates to cover the additional costs associated with the implementation of plans, etc. even with an amended statute.
2. Sufficient time to develop appropriate implementation guidelines and to develop an adequate

Thank you very much for letting us submit testimony on behalf of SB2496.

SB-2496

Submitted on: 1/27/2018 2:02:33 PM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez		Oppose	No

Comments:

SB-2496

Submitted on: 1/29/2018 8:52:45 AM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Gannon	West Hawaii CHC	Support	No

Comments:

I support SB2496

Date: January 28, 2018
To: Senator Rosalyn Baker
Hearing: Wednesday, January 31, 2018, 2:55 p.m., Conference Room 016
From: Linda Hufano, Ph.D.
122 Hoahana Place
Honolulu, Hawaii 96825
Re: Testimony in Strong Support of SB 2496, Relating to Behavior Analysis Services with
A Friendly Amendment being introduced by the Hawaii Psychological Association

I am a behaviorally-trained psychologist and have worked as a psychologist in the public and private sectors for over 30 years.

Support for SB 2496

I am in **strong support** of SB2496. It clarifies that licensed psychologists and other professionals whose scope of practice overlaps with behavior analysis will be allowed to continue to provide behavior analysis and supervise others to do so, which we had always understood the intent of Chapter 465D of the Hawaii revised Statutes to be.

Additionally, SB2496 recognizes caregivers as exempt, as they should be.

Finally, SB2496 clarifies the definition of behavior analysis so that parents, counselors, teachers and direct support workers can continue to design and utilize behavioral interventions such as star charts, token economies, praise, ignoring, time-out, intermittent reinforcement, and the list goes on - for the purpose of teaching new skills, reducing inappropriate behaviors, etc.

History of ABA in Hawaii

The Departments of Psychology and Special Education at the University of Hawaii were among the first behaviorally-oriented programs in the nation. Professors in both programs have outstanding credentials in behavioral psychology – including formulating learning principles underlying applied behavior analysis with various populations, developing behavioral/instructional techniques, and training many of Hawaii's practicing psychologists and special education teachers. Thus, to say that behaviorism or applied behavior analysis (ABA) is new to Hawaii would be a misstatement.

Twenty years ago, the state contracted services for students with ASD out to the private sector. Hoahana Institute and its successor organizations, Alaka'i Na Keiki, Inc. and CARE Hawaii, were among the first to propose and implement ABA services using a three-tiered model based on the pioneering work of Ivar Lovaas (who traveled to Hawaii to help kick-off the program since it had been proposed by one of his former students). In this model, Hawaii psychologists trained postdoctoral residents from Hawaii and the Mainland to 1) assess and design behavioral interventions for students with autism, 2) to consult with teachers, and 3) to supervise paraprofessionals and families implement ABA in the school, home and community.

In later years, agencies in Hawaii trained master's level to assess and design behavioral interventions, consult with teachers and supervise paraprofessionals – some of whom are now licensed clinical social workers, licensed special education teachers, licensed marriage family therapists, licensed mental health counselors, and most recently, licensed behavior analysts. Thus, to say that psychologists do not supervise others in implementing ABA is untrue.

"The Gold Standard for Training and Supervision"

The Lovaas model has long been recognized as the gold standard for training and supervision based on research looking at "outcomes". There is no research evidence to support the notion that BCBA's achieve

better outcomes than licensed psychologists or other licensed professionals. HABA cited a research study by Dennis Dixon et al. wherein BCBA's achieved better results than non-BCBA's. Per written testimony from Dr. Dixon to last year's Senate Committee on SB739, this was a mischaracterization of his findings since licensed psychologists and other licensed professionals were specifically excluded from the study.

Similarly, there is no evidence to support that RBT training is superior, i.e., more effective or leads to better outcomes, than the ABA paraprofessional training provided by other nationally certified groups (which require training in autism for paraprofessionals who implement ABA for individuals with ASD), or the ABA paraprofessional training, as specified by the funding agency¹, and provided by a contracted agency; or the ABA paraprofessional training provided by a licensed psychologist who is responsible, under his/her license, for ensuring competent service delivery to service recipients who require an individualized treatment plan.

Board Certification from the ABPP vs. Certification from the BACB

Opponents of last year's SB739, SD1, seemed to equate board certification from the Behavior Analysis Certification Board (BACB) with board certification from the American Board of Professional Psychology (ABPP). Thus, it is important to recognize the following:

- Board certification from the American Board of Professional Psychology (ABPP) is purely voluntary. Neither the Hawaii law pertaining to the licensure of psychologists or the American Psychological Association (APA) requires or recommends that psychologists obtain board certification from the American Board of Professional Psychology (ABPP)² to provide Applied Behavior Analysis (ABA) or to supervise others in implementing ABA services. (See the attached "Motion recently passed by the APA Council Pertaining to ABA Policy")³.
- It is relevant to note that only 3-4% of all licensed psychologists in the U.S. - approximately 4,000 out of an estimated 107,000 - possess ABPP certification in one or more of 15 different areas. Of these 4,000 psychologists, only 141 possess certification in Behavioral and Cognitive Psychology. Per the ABPP⁴, certification in this area could mean the psychologist was examined in ABA, but it could also mean he or she was examined in behavior therapy, cognitive-behavior therapy, or cognitive therapy.⁵
- HABA's position that psychologists should obtain ABPP certification is totally without merit, and would certainly have the effect of, restricting the pool of qualified professionals who are trained in ABA and have been providing services to individuals with autism under contracts with the Hawaii DOE, EIS and DD Division for several years.
- The BCBA credential is not consistent with generally accepted concept of board certification in other human services professions where board certification is understood to mean a level of proficiency "over and above" what is required by the practitioner's professional organization or by individual state licensing boards. Consumers and other professionals familiar with the more

¹ The Hawaii DOE, DOH, EIS, CAMHD, and DDD currently specify education, training and supervision requirements which meet or exceed RBT training in many areas, are less costly, and less likely to result in service delays. It is worth noting that paraprofessional turnover estimates in Hawaii are between 30-40 percent annually and 50% on the Mainland.

² The ABPP is a separate entity from the APA. The APA is the national professional organization for psychology which HABA confuses with the ABPP in various written communications.

³ See APA Council Meeting Minutes dated 2/24 and 25, 2017, email shared by HPA Representative, June Ching.

⁴ Personal communication to Dr. Linda Hufano from Kathy Holland, ABPP, on 2/28/17.

⁵ Only two licensed psychologists possess ABPP certification in Behavioral and Cognitive Psychology. The HPA knows both of these individuals, neither of whom specialize in ABA or ASD.

traditional use of the term “board certification” may mistake the credentialing of behavior analysts as implying advanced proficiency when in fact it reflects a pre-license, certification for professionals with a master’s degree in an area that may or may not have been in a human service field⁶, fewer course credits and supervised field hours than those required by than are required by licensed psychologists or other licensed professionals whose scope of practice overlaps with behavior analysis, and does not require post-master’s or post-doctoral supervision prior to licensure.

- To our knowledge, no funding source requires the ABPP certification. It is unreasonable and creates an unnecessary barrier to treatment by imposing a requirement on psychologists who have already surpassed educational and experience requirements than those completed by the average BCBA.
- Just as a psychologist would be expected to have sufficient training in ABA, we trust the BCBA to have specific training in ABA with the target population he or she works with or risk losing his or her license. The fact that the psychologist is licensed is what prevents the psychologist from acting outside of the scope of that license. There is no need for suggesting an additional requirement.

Why Should Individuals and Families Have Options

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

There is also a workforce issue. Everyone qualified provider is needed. 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 Chapter 465D of the Hawaii Revised Statute continues to be misinterpreted as restricted to LBA’s and the persons they supervise. It is our understanding from parents of individuals with autism and case managers, 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 believe that the amendment being introduced by the Hawaii Psychologist Association would clarify the role of licensed psychologist in supervising others. This amendment states:

Section 3. (a) (1) An individual working with the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master’s level practitioners, students, and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent/guardian in implementing an ABA intervention, provided that the supervision is within that licensed professional’s scope of practice; and provided further that the licensed professional and the supervised individual shall not use the title of “licensed behavior analyst” or “behavior analyst”;

Thank you for the opportunity to submit testimony.

⁶ The BACB website currently indicates a master’s degree in behavior analysis, education or psychology is acceptable and those applicants who are unsure or whether the field of study of their degree is acceptable may request a preliminary review. In the past, however, the BACB has approved master’s degrees in many other fields, including art, English, history, business, and economics.

January 28, 2018

To: Senator Rosalyn Baker

Hearing: Wednesday, January 31, 2018, 2:55 p.m., Conference Room 016

From: Richard J. Kravetz, Ph.D.
122 Hoahana Place
Honolulu, Hawaii 96825

Re: Testimony in Strong Support of SB 2496, Relating to Behavior Analysis Services with
A Friendly Amendment being introduced by the Hawaii Psychological Association

I have worked in Hawaii as a psychologist for over thirty years. My work has included training and supervising paraprofessionals, practicum students, interns, postdoctoral residents and master's level clinicians in providing applied behavior analysis (ABA) through contracts with the Hawaii Department of Education, Early Intervention Section and Developmental Disabilities Division that my agency has had since 1997.

Twenty years ago there were less than a handful of behavioral health professionals in Hawaii who were trained to provide ABA for individuals with autism. Over the past 20 years, as a Licensed Psychologist for the Hoahana Institute and Clinical Director of Alaka'i Na Keiki, Inc., I have had the privilege of training and supervising over 70 interns, postdoctoral fellows and unlicensed master's level mental health practitioners to deliver ABA services, consult with parents and relevant professionals, and supervise paraprofessionals and direct support workers within a tiered model of service delivery. Care Hawaii and Hawaii Behavioral Health have provided similar training experiences for psychologists in Hawaii. In turn, these psychologists 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 go back to school and are now among Hawaii's ABA and autism-trained special education teachers, licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapists, and include, as well, our State's newest group of licensed behavioral health professionals, i.e., behavior analysts.

Although the law licensing behavior analysts (Hawaii Revised Statutes, Chapter 465D), expressly exempts a licensed 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 other professionals from supervising behavior analysis even though it is within their recognized scope of practice. We are told that state agencies are trying to address how they are going to meet, what they understand to be, the requirement of the new law that behavioral interventions can only be delivered by certified Registered Behavior Technicians working 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 my mentor O. Ivar Lovaas; and continues to be developed by the research efforts of psychologists today.

Statutorily, Hawaii's law related to the licensure of psychologists (Hawaii Revised Statutes 465) specifically includes behavior analysis and therapy in its definition of the practice of psychology and also recognizes the scope of our practice to include supervising others including assistants, students, and post-docs.

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, will limit 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.

Such a restriction of services will not well serve our community, which continues to need to retain and increase its professional and paraprofessional workforce. We need everyone.

I believe the following amendment that is being introduced by the Hawaii Psychological Association (HPA) would clarify the role of licensed psychologist in supervising others:

Section 3. (a) (1) An individual working with the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, students, and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent/guardian in implementing an ABA intervention, provided that the supervision is within that licensed professional's scope of practice; and provided further that the licensed professional and the supervised individual shall not use the title of "licensed behavior analyst" or "behavior analyst";

Thank you for the opportunity to share my concerns.

SB-2496

Submitted on: 1/29/2018 10:18:49 PM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tanya Gamby		Support	No

Comments:

Date: January 28, 2018

To: Senator Rosalyn Baker

Hearing: Wednesday, January 31, 2018, 2:55 p.m., Conference Room 016

From: Tanya Gamby, Ph.D.

4-1558 Kuhio Hwy

Kapaa, HI 96746

Re: Testimony in Strong Support of SB 2496, Relating to Behavior Analysis

Services with an Amendment being introduced by the Hawaii Psychological Association

I am writing to you as a Hawaii licensed psychologist and President 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 of 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 widely recognized for his extensive research and clinical contributions in the autism/ABA field. I moved back home to Kaua'i with the intention of offering ABA services to Kaua'i's children and have been an autism consultant for Kauai's Department of Education for a number of years. I also have a 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.

Support for SB 2496

I am in strong support of SB2496. It clarifies that licensed psychologists and other professionals whose scope of practice overlaps with behavior analysis will be allowed to continue to provide behavior analysis and supervise others to do so, which we had always understood the intent of Chapter 465D of the Hawaii revised Statutes to be.

Additionally, SB2496 recognizes caregivers as exempt, as they should be.

Finally, SB2496 clarifies the definition of behavior analysis so that parents, counselors, teachers and direct support workers can continue to design and utilize behavioral interventions such as star charts, token economies, praise, ignoring, time-out, intermittent reinforcement, and the list goes on - for the purpose of teaching new skills, reducing inappropriate behaviors, etc.

I further believe that the amendment being introduced by the Hawaii Psychologist Association would clarify the role of licensed psychologist in supervising others. This amendment states:

Section 3. (a) (1) An individual working with the scope of practice or duties of another licensed profession that overlaps with the practice of behavior analysis, including individuals directly supervised by a licensed professional, such as unlicensed master's level practitioners, students, and postdoctoral fellows, who may train and supervise a paraprofessional, direct support worker, or parent/guardian in implementing an ABA intervention, provided that the supervision is within that licensed professional's scope of practice; and provided further that the licensed professional and the supervised individual shall not use the title of "licensed behavior analyst" or "behavior analyst";

BACKGROUND AND HISTORY

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 6 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 paraprofessionals (i.e., RBTs®). ABA services for autism are labor intensive and depend on the work of supervised paraprofessionals. Thus, this unnecessary restriction is limiting psychologists' scope of practice and significantly reducing the pool of qualified providers in Hawaii.

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. The current law specifies that direct support workers are credentialed as RBTs® and supervised by much less qualified BCBA's. The RBT® credentialing criteria does not follow the UCLA model of supervision, and there is no empirical evidence showing that RBTs® are competent to provide ABA early intervention (as this is a proprietary certification that was not based on research findings). Additionally, best practice ABA early intervention protocols for children with autism are backed by years of research. In my experience, many BCBA's understand behavior and behavior reduction strategies but have not been adequately trained in any early intervention protocols.

Last year's misleading testimony provided by HABA 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,” fails to mention that Dixon et al.'s research 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 these professionals were specifically excluded from the research.

Additionally, a recent joint statement by Leaf and colleagues (2017), widely recognized as 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 BCBAs®, 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 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 appropriately trained professionals to offer comprehensive treatment and supervise paraprofessionals 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.

On Kauai, we have a shortage of providers, and we have many children in need of services who are in the critical early intervention age range. These children are 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. 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 RBT’s as they recognized specifying one credentialing agency was not based on research and was inappropriate and unnecessarily restrictive.

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 34% of persons with ASD), anxiety (40% comorbidity), externalizing disorders (30% 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.

SB2496 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 paraprofessionals, 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.

Thank you for this opportunity to submit testimony.

Mahalo,

Tanya Evslin Gamby, Ph.D.

Clinical Psychologist

President Hawaii Psychological Association

SB-2496

Submitted on: 1/29/2018 10:33:01 PM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Burdt		Oppose	No

Comments:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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,

Julie Y. Takishima-Lacasa, PhD
Licensed Clinical Psychologist

SB-2496

Submitted on: 1/30/2018 8:09:26 AM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles M. Lepkowsky, Ph.D.	Hawai'i Psychological Association	Support	No

Comments:

I am writing in support of SB2496.

Protecting access to care is a high priority.

SB2496 ensures availability of services from licensed professionals whose scope of practice includes supervision of others who provide behavioral interventions.

Thank you for accepting this testimony.

Charles M. Lepkowsky, Ph.D.

Hawai'i Licensed Psychologist PSY 1529

From: afortbes@palloaltou.edu
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 9:47:55 AM

Aisling Forbes
75-6081 Alii Drive
Kailua-Kona, HI 96740-2374

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

Language in the previous legislation applying to treatment services for Autism and the licensing of Board Certified Behavior Analysts (BCBAs) unintentionally restricted psychologists from providing services to children with autism and unintentionally provided a monopoly for one certifying agency.

I, therefore, support Senate Bill 2496 with the amendment recommended by the Hawaii Psychological Association (HPA). As a psychologist, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Aisling Forbes

From: drmarieterry@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:32:56 AM

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

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Marie Terry-Bivens, Psy.D.
8083327190

From: kkuikahi@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:28:00 AM

Kahanaaloha Kuikahi-Duncan
3144 Elua St. #2
Lihue, HI 96766-1211

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment recommended by the Hawaii Psychological Association (HPA). As a post-doctoral psychologist soon to be licensed, I am aware that my scope of practice, as defined in Hawaii state statute, includes the practice of "Behavior Analysis" and the supervision of assistants such as students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Kahanaaloha Kuikahi-Duncan
8084300377

From: smacieland@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:12:57 AM

Simone Maciejewski
1212 Punahou St #2907
Honolulu, HI 96826-1025

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Simone Maciejewski
8086364789

From: kadooka.chu@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:08:00 AM

Adrienne Kadooka
98-1236 KUAWA ST
AIEA, HI 96701-3427

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Respectfully,

Adrienne Kadooka
8085512433

From: tammy@3.1416.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:02:54 AM

Tammy R Bopp Psy.D.
1134 Kinau St. #701
Honolulu, HI 96814-1110

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
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I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Tammy R Bopp, Psy.D.
808 531-2287

From: iirie@waimanalohealth.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:58:00 AM

Ivan Irie
41-1347 Kalaniana'ole Hwy
Waimanalo, HI 96795-1247

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Ivan Irie
808-259-7948

From: drlyleherman@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:17:55 AM

Lyle Herman
720 B 8th Ave.
Honolulu, HI 96816-7100

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Respectfully,

Lyle Herman
8085454585

From: drjeffstern@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:13:01 AM

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

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

Warm greetings Senators Baker, Tokuda, Green, Chang, and members of the Committee on Commerce, Consumer Protection and Health and the Committee on Human Services.

I strongly support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of behavioral programs.

The proposed amendment 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 share my mana'o.

Sincerely,

Jeffrey D. Stern, Ph.D.
8083873703

From: chavezdr@me.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:12:59 AM

Deborah Chavez
75-5744 Alii Drive
Kailua Kona, HI 96740-1784

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
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415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Deborah Chavez PhD, MFT
8086405933

From: anniecutter@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 6:47:57 AM

Annie Nguyen
610 Auwai St #A
Kailua, HI 96734-2432

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Annie Nguyen
8083811838

From: mlcourter@hotmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 6:42:53 AM

Marcie Courter
177 Alea place
Makawao, HI 96768-8723

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
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415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Marcie Courter, Psy.D.
808-866-4245

From: drharnick@westmauicounseling.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 6:17:54 AM

Kelly Harnick
727 Wainee St
Lahaina, HI 96761-1589

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
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SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
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I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Dr Kelly Harnick
8082804192

From: drmkyers@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 4:52:56 AM

Mary Myers Ph.D.
1188 Bishop St. Ste #3206
Honolulu, HI 96813-3313

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
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I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Mary Myers, Ph.D.

From: sfarnham@rehabhospital.org
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Monday, January 29, 2018 11:22:52 PM

Sara Farnham
226 N Kuakini St
Honolulu, HI 96817-2488

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
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SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
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I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Dr. Sara Farnham

From: drhamada810@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 11:18:01 AM

Roger Hamada Ph.D.
98-211 Pali Momi St., Suite 810
Aiea, HI 96701-4377

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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", a concept and technique which was originally developed by psychologists and incorporated into our graduate training. My scope of practice also includes the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment would clarify psychologists' scope of practice as including the supervision of behavioral interventions and would prevent an unnecessary narrowing of the behavioral health workforce.

Sincerely,

Roger Hamada, Ph.D.
8084887001

From: jadairleland@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 11:07:57 AM

Jean Adair-Leland
1487 Hiikala., 13
Honolulu, HI 96816-5633

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Jean Adair-Leland, Ph.D.
8083845172

From: jimspira@outlook.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 10:53:11 AM

James Spira
PO Box 247
Kailua, HI 96734-0247

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

James Spira PhD
808-225-2193

From: mariabriones@hawaiiantel.net
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 10:32:59 AM

Maria Briones PhD
3176 Poipu Rd. #5
Kolo, HI 96756-9521

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I am a licensed clinical psychologist in private practice in Koloa on the island of Kauai and have been providing mental health services (including consultation/supervision of behavioral interventions in the school and in the home) to the community for over 20 years. I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Maria Briones, PhD
8086359074

COMMITTEE ON HUMAN SERVICES

Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE,
CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Wednesday, January 31, 2018 | 2:55PM
Conference Room 16 | State Capitol - 415 South Beretania Street

IN OPPOSITION OF SB2496

Chair, Vice Chair and Committee Members:

My name is Dr. Amanda Kelly and I am here to submit testimony in **OPPOSITION OF SB2496**, which seeks to carve out the DOH-DD Division from Chapter 465-D, the Behavior Analyst Licensure law. Two years ago, members of the community supported a delay in implementation to allow the DOH-DDD 1915(C) waiver services time to establish an adequate workforce (Act 107). Now, there is a request for a full exemption.

This is concerning, as we have several individuals currently receiving “behavioral support”, with 3:1 staffing, delivered 24 hours a day, 7 days a week. Currently, these individuals do not have Licensed Behavior Analysts (LBAs) as members of their treatment teams. While that may be the case now, having LBAs as team members should be our goal.

Why the request for an exemption? Some barriers that have been shared with me include:

- Low reimbursement rates, 20% lower than Medicaid
- Resistance of LBAs from one agency to supervise RBTs from another agency
- Lack of agencies able or willing to take contracts

Some questions I have:

- Who comprises the Behavioral Review Committee?
- Were the members of this committee approached about the current bill?
- Are members of the DOH internal medical team in agreement with this carve out?
- What was Dr. Okomoto’s position on the language in the proposed bill?
- Who will be taking the place of Dr. Okomoto, the former Medical Director?
- Knowing rates were low, were rate increases proposed at other times over the past two years?

In response:

- Support increase reimbursement rates, which are being proposed February 2018
- In support of contracting agencies that employ supervisors and direct support workers

I respect that there may be barriers in implementation of statewide policy change. As always, I am available to brainstorm and am willing to identify solutions. Removing access to consumer protections for our most vulnerable population simply isn’t the answer.



Amanda N. Kelly, PhD, BCBA-D, LBA
Amanda.n.kelly@hotmail.com

From: lalikipaulo@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 10:22:56 AM

Lesley A. Slavin Ph.D.
317C Olomana Street
Kailua, HI 96734-5509

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
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SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
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I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program.

As a behaviorally trained clinical psychologist who is NOT an expert in autism, I would not supervise or provide ABA treatment of youth with autism, since at this time I do not consider myself competent to do so. However, I am skilled at developing behavior plans for youth with other types of behavior disorders, and I am concerned that the current statute would prohibit me from supervising paraprofessionals, parents or other therapists in this practice. The proposed amendment 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.

Sincerely,

Lesley A. Slavin, Ph.D.
808 393-9110

From: stephenchoy@hotmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 11:52:55 AM

Stephen Choy
1314 S king
Honolulu, HI 96814-1956

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
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SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
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415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Stephen Choy PhD

From: kchun@argosy.edu
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 2:17:57 PM

Kathryn M. Chun Ph.D.
1001 Bishop St., Suite 400
Honolulu, HI 96813-3403

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR JILL N. TOKUDA, VICE CHAIR

SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment 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 the supervision of assistants such as postdoctoral fellows, students and unlicensed master's level clinicians who I may use to supervise paraprofessionals, direct support workers, and family members in the implementation of a behavioral program. The proposed amendment 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.

Sincerely,

Kathryn M. Chun, Ph.D.
8082569490

From: val@jesusanswers.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 3:48:00 PM

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

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
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Sincerely,

Dr. Valerie Willman
8086450742

From: seanscanlanphd@yahoo.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 3:58:00 PM

Sean Scanlan
1019 University Ave. #6A
Honolulu, HI 96826-1509

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
RELATING TO BEHAVIOR ANALYSIS
And recommending amendments

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
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SENATE COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

Wednesday, January 31, 2018 2:55PM
Conference Room 016
State Capitol
415 South Beretania Street

I support Senate Bill 2496 with the amendment recommended by the Hawaii Psychological Association (HPA).

I have a Ph.D. with a specialty in Autism and have been working with these kids and families for 20 years. I believe the amendment so that I may continue doing what I'm doing.

Mahalo,

Sean W. Scanlan, Ph.D.
808-277-7577

From: nozanintherapy@aol.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 8:07:58 AM

Nozanin Yusufbekova
92-1309 Kuamu Street
Kapolei, HI 96707-1555

January 30, 2018

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

Dear Senator Baker:

Testimony SUPPORTING SB2496
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Sincerely,

Dr. Nozanin Yusufbekova
8084252625



1-31-2018

COMMITTEE ON HUMAN SERVICES

Senator Josh Green, Chair

Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Jill N. Tokuda, Vice Chair

Conference Room 16
Hawaii State Capitol
415 South Beretania Street

Honorable Senator Green, Senator Baker, and Committee Members,

My name is Anne Lau and I am the Clinical Director of the Autism Behavior Consulting Group clinic. I am writing to express my **OPPOSITION** for **SB 2496**.

I have been practicing Applied Behavior Analysis in Hawai'i for almost 15 years. I have seen terrible abuse and wasting of potential because of the lack of regulation of behavior analytic services. I look forward to maintaining the consumer protections that have been provided to all people consuming the science of behavior analysis.

As written, this bill has several problems:

- Page 5, Section 3 indicates that a behavioral review committee will provide quality assurance and oversight to exempt practitioners. There is no indication that a Licensed Behavior Analyst or other licensed professional with expertise in Applied Behavior Analysis would be working on the behavioral review committee.
- Page 6, Section 5 would allow "caregivers" to implement Applied Behavior Analysis under supervision. This designation is overly broad and without further definition has the potential to unintentionally remove consumer protections.

Thank you for your time and hearing my points in **OPPOSITION** to **SB 2496**.

Respectfully,
Anne Lau, M.Ed., BCBA, LBA
Clinical Director



Autism Behavior Consulting Group, Inc. / ABC Group

PO Box 1162, Waiialua, Hawaii 96791-1162

Phone: 808-277-7736 Fax 808-748-0202

E-mail: info@autismbehaviorconsulting.com

www.AutismBehaviorConsulting.com

© Autism Behavior Consulting Group, Inc.

vs: 10/2012

SB-2496

Submitted on: 1/31/2018 12:52:41 AM

Testimony for CPH on 1/31/2018 2:55:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Ninci		Oppose	No

Comments:

Individuals who qualify for I/DD Medicaid home and community-based waiver services have the right to effective behavioral treatment across natural environments (home, school, community). That is why I support a minimum and standardized credential for entry-level paraprofessional staff (Registered Behavior Technicians; RBT). RBTs have a minimum level and quality of training and oversight. Through my first experiences working with individuals with developmental and intellectual disabilities, I was an entry-level paraprofessional staff member in a residential facility that aimed to treat individuals with behavior disorders, developmental disabilities, and intellectual disabilities. When I reflect on that experience, I wish all of our staff had clearer ongoing support and oversight by a behavior analyst. We were expected to provide general behavior supports, but as I was working with many young adults and kids with severe challenging behaviors, I found those supports needed to be much more individualized, preventative, explicit, and systematic. I also needed training and ongoing feedback. Had I been an RBT consulting under a behavior analyst, I believe I may have stuck with that job longer. The RBT credential ensures paraprofessionals are overseen by someone on an ongoing basis who explicitly has ABA in their scope of practice and is specifically trained (ongoing) in supervision practices in the field of behavior analysis. I **oppose** SB 2496 and I hope more collaboration and communication could take place in this area to resolve challenges.

Jennifer Ninci, PhD, BCBA-D, LBA

Honolulu, Hawaii

From: logande@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:17:58 PM

Diane Logan
PO Box 5488
Kailua Kona, HI 96745-5488

January 31, 2018

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

Dear Senator Baker:

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Sincerely,

Diane Logan
8087855443

From: logande@gmail.com
To: [CPH Testimony](#)
Subject: Testimony in SUPPORT of SB2496 with amendments
Date: Tuesday, January 30, 2018 7:17:58 PM

Diane Logan
PO Box 5488
Kailua Kona, HI 96745-5488

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