



HB 1530
House Human Services Committee
Tuesday, January 31, 2023

Chair Weisz and members of the Human Services Committee, my name is Rebecca Parisien. I am a Board Certified Behavior Analyst (BCBA) at Anne Carlsen in Bismarck. Anne Carlsen provides a variety of services in eight communities in North Dakota, and Bismarck is one of five of Anne Carlsen's eight communities where Applied Behavior Analysis (ABA) therapy is provided. I am providing this testimony in support of HB 1530 which advocates for Medicaid reimbursement of the Family Adaptive Behavior Treatment Guidance code or CPT code 97156. Currently, ND Medicaid (EPSDT) programs require regular parent training meetings with the Board Certified Behavior Analyst (BCBA) present, however, ND Medicaid does not provide reimbursement for the service.

Applied Behavior Analysis is a research based scientific approach to understanding behavior. ABA is based on a set of principles that focus on how behaviors change, or are affected by the environment, as well as how learning takes place. ABA therapy provided by Behavior Analysts like me occurs primarily in an outpatient clinic setting. When a child is referred for Applied Behavior Analysis therapy, an evaluation is completed by the Behavior Analyst and goals are identified that include the parent or guardians input in addition to the evaluation results. The individuals we serve then work with Registered Behavior Technicians, who are supervised by Behavior Analysts.

The purpose of ABA therapy is not for the child to perform the behavior in isolation in a clinic, but rather for him/her to be able to perform the behaviors/social skills naturally in the environments they engage in daily. The intended outcome is for the child to be successful in their home, daycare, school, and other environment. Skills or behaviors may need to be taught in isolation in clinical settings, but the long-term goal is performance of the behavior in natural settings. ABA techniques need to be performed and reinforced by natural supports in natural environments. For this to occur, the people in the natural environment (i.e., parents) must be trained to carry out ABA programming. This requires including others who are important in the individual's life, like parents, grandparents, or even siblings.

I would like to provide you with some real-life examples of Family Adaptive Behavior Treatment Guidance, or better known as parent training. Think about needing a gallon of milk on your way home and you cannot stop at the store because your child with autism cannot tolerate walking into the store without trying to run away. In a situation like this, parent training included accompanying the parent to the store and modeling the use of visuals and verbal cues to help the child walk beside and hold onto a cart. This scenario had a wonderful outcome as the parent is now able to go to the store with her child for short errands and he will stay beside the cart. The parent carried out the visual and verbal cuing as taught by the BCBA. She also uses the same strategies for other community outings and has experienced success. This has been a life changer for the whole family.

Another example of parent training is coaching a parent to model language and motor actions to increase their child's vocal language during natural times of the day such as play, meals, and bath time. In this scenario, the parents learned so much and had so much success that they

wanted to be sure to continue the parent training sessions while on vacation over the Christmas holiday.

During parent training, Behavior Analysts model for the families and are there to help them while they practice and refine their skills. This is important as individuals grow and mature over time as there will always be new concerns and challenges that arise. A child who was seen in outpatient therapy at the age of 8 may have much different needs when they reach the age of 13. The ABA therapy activities and goals are constantly being modified by the Behavior Analyst to meet the needs of the individual served. The child's progress, new goals and therapy programming are discussed during parent meetings and parent training sessions. If proper parent or caregiver training is completed, parents are better equipped to apply those strategies taught when new issues arise.

Parent training is vital in reducing the amount and magnitude of clinical ABA sessions required over time. Transitioning individuals out of intensive ABA occurs more smoothly and rapidly if parents and teachers can continue the program after clinic-based ABA is no longer required. Supporting parents and others to continue programming will also reduce the need to resume intensive ABA therapy in the future. Parent training is vital to continued success after discharge from outpatient ABA therapy by providing parents with ideas, strategies, and suggestions to help them to continue to support their loved one as he or she becomes more independent.

The definition of CPT code 97156 also includes support to parents with troubleshooting difficult situations or problems after clinic-based therapy has ended. In fact, it would be beneficial and recommended that the last care plan for an individual contain an increase for authorized parent training units to allow the BCBA to start the transition and provide the parents with higher levels of supports as they take over as the primary implementers of programming. Parent training

through Applied Behavior Analysis is an evidence-based strategy that is not only covered, but required, by Commercial Insurances. The reason for that is simple. It is because it is extremely effective and can reduce the length and overall cost of treatment needed due to the carryover of skills at home and in the community.

Providing funding for parent training also would add an option available to people in our rural areas who are currently unable to travel to the clinic for their child to receive services. There is a need in most areas of North Dakota for clinic-based ABA therapy for individuals. The lack of both BCBAs and RBTs inhibits the ability for clinics to accept more clients, resulting in long wait lists for services. This has resulted in some families in North Dakota traveling great distances to receive services. Parent training via telehealth would also allow current ABA providers the ability to extend services to a larger geographic region.

In summation, I am in full support of HB1530 and the ability to include parent training as a service for recipients of Medicaid in North Dakota. Additionally, I support the recommendations for increased and expanded coverage for Applied Behavior Analysis therapy in the State of North Dakota.

Thank you for your consideration of my testimony, and I would be happy to address any questions you might have.

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