

**Testimony**  
**House Bill 1530 – Relating to covered services for medical assistance**  
**Senate Human Services Committee**  
**Senator Judy Lee, Chairwoman**

March 14, 2023

Chairwoman Lee and Members of the Senate Human Services Committee:

I am Holly Johnson, Licensed Board Certified Behavior Analyst in Minot, a founding member and Past President of the North Dakota Association for Behavior Analysis (NDABA). NDABA's mission is supporting and growing the field of behavior analysis in North Dakota and is known for being the top applied behavior analysis (ABA) resource for ND. I am here testifying on the behalf of NDABA and its membership relating to the applied behavior analysis portion of HB 1530.

This bill would give Medicaid beneficiaries access to CPT® codes 97156 & 97157, called 'family adaptive behavioral treatment and guidance' or better known as parent/caregiver training. These medically necessary billing codes **are not** currently covered as a reimbursable service, yet skills training for caregivers is **required** in current ND Medicaid Autism ABA Service policy and has been since July 2017. Additionally, HIPAA rules require any health plan that allows electronic submission of claims to recognize and utilize all available Category I CPT® codes. These same codes **are** a reimbursable service under the private insurance sector; yet we've denied this service to family/caregivers or forced providers to eat the cost of covering this service, which, as behavior analysts, we are ethically bound to provide. NDABA and its membership is in favor of this component of HB 1530.

The ND Medicaid Medical Advisory Council (MMAC) recommended and identified a fifth component in the original version of this bill: expansion of ABA services across the lifespan and with a variety of psychological and medical expenses. Currently in ND, ABA is only covered for private clinicians serving children who hold an autism spectrum disorder (ASD) diagnosis. In April 2022, NDABA and 48 of its individual practitioners petitioned to include having ABA services in ND covered across the lifespan and across a variety of diagnoses.

NDABA and its membership is asking that this Committee amend HB 1530 back to include, as in the original version:

‘Applied behavioral analysis to provide coverage to both assess and treat common behavioral problems across the lifespan of individuals with a variety of psychological and medical diagnoses.’

While the original fiscal note had a seemingly hefty price tag for this fifth component of the bill, realistically it would not be as costly as predicted:

- Paying for ABA services now will make more severe and intense behavioral problems less burdensome in the future, by giving thousands of North Dakotans access to an additional source of evidence-based clinical practices to habilitate, rehabilitate, and improve their quality of life.
- This expansion would not be identifying any new populations of individuals needing behavioral health services. Rather, those needs are already identified, and there are lengthy waitlists of citizens seeking counseling services, psychological services, and the like. ABA would be an additional group of professionals who can provide behavioral health services; and thus, could alleviate the overload felt by other groups of

professionals, while giving struggling citizens access to treatment while they wait for waitlists to open up.

- ND Health Tracks (EPSDT) specifically allows medically necessary treatment or care, that includes preventative measures, to reduce or ameliorate mental, developmental, or behavioral effects of an illness, condition, injury, or disability, whether or not such services are covered under the state Medicaid plan. ABA fits all of the EPSDT criteria, yet limiting our practice contributes to higher costs long-term.
- Not all behavior analysts are trained specific to ASD. At a national level, approximately 72% of Board Certified Behavior Analysts practice primarily in the autism service sector ([www.bacb.com](http://www.bacb.com)). In ND, that equates to approximately 68 of our 94 licensed behavior analysts practicing in the autism service sector, leaving 26 of us practicing in other sectors. We can apply the same scientific behavior principles to a myriad of areas such as: behavioral gerontology, brain injury rehabilitation, education, sustainability, public health, or the treatment of substance abuse disorders, to name a few (see more here: <https://www.bacb.com/about-behavior-analysis/#ABAFactSheets>).

I have worked collaboratively with individuals, their caregivers, and their teams of professionals for clients with acute and chronic mental illness (e.g., mood, anxiety, personality, and psychotic disorders) as well as acute and chronic medical illness (e.g., severe seizure disorders, rare chromosomal abnormalities, feeding disorders and post-surgical rehabilitation), all of which occur comorbidly with developmental and/or intellectual disability. I am fortunate to be able to serve people of any age with those diagnoses, but I'm only able to do this if the person holds an Intellectual Disability diagnosis and/or an ASD diagnosis. I can't even begin to tell you the number of times over my professional career that I've been asked to consult for people with

dementia in nursing homes, for a child diagnosed only with ADHD who is disrupting the entire classroom, or an adult with anxiety which prevents them from going grocery shopping. In all of those instances, I must decline to provide services because ABA in ND isn't currently covered across the lifespan for a variety of diagnoses. And that's not fair to our citizens, and it's not fair to limit and silo a professional discipline who ultimately wants to help people.

In summary, NDABA and its membership is:

- 1) in favor of including family adaptive behavioral treatment (parent/caregiver training) as a reimbursable service under ND Medicaid; and,
- 2) asks that you please consider re-amending HB 1530 back to include expansion of ABA services across the lifespan for a variety of diagnoses.

All opinion expressed here is my own and is on behalf of NDABA. These opinions in no way represent the Department of Health & Human Services or the Life Skills and Transition Center, all of which I am actively involved with, adding to my unique perspective contained in this testimony. This testimony has been provided on my personal time.

Thank you for your time and consideration of this testimony. Please contact me at [holly.johnson.bcba@outlook.com](mailto:holly.johnson.bcba@outlook.com), if I can be of assistance. This concludes my testimony. I'd be happy to answer any questions.

Sincerely,  
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