

Testimony

HB1530

03/14/2023

Chairwoman Senator Lee and Members of the Senate Human Services Committee.

My name is Vicki Peterson and I am a Family Consultant for Family Voices of ND. Family Voices of ND is the Family-to-Family Health Information Network in ND, a non-profit that works with families, professionals and self-advocates of children and youth with disabilities, special healthcare needs and chronic health condition

I am providing my testimony today in favor of HB1530 that would enable several services to be covered under ND Medicaid; family adaptive behavior treatment and guidance, dental screenings and assessments, dental case management for specific populations, Tele-dentistry. I am also requesting you to consider including Applied Behavior Analysis for all individuals whom qualify not specific to one disability, which was removed in the House.

- The aim of family adaptive behavior treatment guidance is to teach parents and/or caregivers to properly use treatment procedures designed to teach new skills and reduce challenging behaviors. The undeniable rise in mental and behavior health is not just limited to school time or work time. Parents and caregivers need to be able to have the strategies and tools in the home to address the maladaptive behaviors. These could include activities of face to face instruction and developing a plan to reduce the behavior or skill deficit. In my work as a Family Consultant, many times I listen to parents and caregivers that the need for support and strategies in the home is number one priority. The need for wrap-around-services and family tools and supports is key to keeping families together, healthy and whole. If a child/youth is receiving services in school, which many are not, most often those strategies are not be carried over in the home as the environment may

be completed different. This would give parents and caregivers the strategies to work in their specific environment and unique needs.

- Dental screenings and assessments and teledentistry are not in my scope of any expertise, but as a member of the the ND Oral Health Coalition I have learned and listened to many about the need for these to be covered under ND Medicaid. Dental care can be something that is often neglected until there is pain or another issue that someone is experiencing, so teledentistry makes casual visits more accessible. Dental care isn't always as available in rural areas, and for some, a dentist visit can be very expensive and not at all within the budget. With teledentistry, dentists are able to improve access to oral health care and dental care. Overall, this could lower costs and lower the amount of time that a patient needs to be seen.
- ***Medicaid beneficiaries have lower rates of dental visits and higher rates of dental disease compared with the rest of the population.(Journal of American Dental Association, 2022).*** Dental case management could recruit dentists to participate in the Medicaid program, arrange training in billing procedures, resolve payment problems, educates clients about the use of dental services and keeping appointments, links clients to dental offices, identifies potential barriers to care and helps clients obtain transportation to appointments. These are to name just a few things I hear from families who have children with special health care needs that dental cases management could eliminate some of those barriers including just connecting families to financial resources.
- Lastly to speak to Applied Behavior Analysis to be open to a variety of diagnosis and not limited to autism spectrum disorders. This was removed in the House and I am requesting you to considering adding this back in to this important bill. Many families and professionals I work with daily are in search of treatment for behavior challenges, this reaches for beyond the autism spectrum. Benefits of Applied Behavior Analysis are designed to promote healthy, positive behaviors that

otherwise may be disruptive to the mental and social health of individuals. ABA has been found helpful for those with Down Syndrome, ADHD, posttraumatic stress disorder, traumatic brain disorders, even in substance abuse disorders, or a result from a significant injury. We should look at those that would benefit and not just at a diagnosis. I have listed a few peer review efficacy publications:

Applied Behavior Analysis for children with Neurogenetic Disorders such as Down Syndrome; Will and Hepburn; 2015; Foundational Treatment for Children with Attention Deficit Hyperactivity Disorder with Applied Behavior Analysis, Leonardi and Rubono 2020;

I have also attached a fact sheet on Applied Behavior Analysis and Traumatic Brain Injury. In fact, it is one of the most perpetuated myths of Applied Behavior Analysis is that this scientifically-backed therapy is only used to treat Autism Spectrum Disorders. While it's true that Applied Behavioral Analysis therapy is a scientifically-recognized method for treating Autism Spectrum Disorders, children with other conditions can see improvement with Applied Behavior Analysis. Widely used strategies that qualified ABA therapists are trained in can promote positive behavior even as a classroom management technique for neurotypical students with no diagnosed behavioral or cognitive disorders at all.

I thank you for your time and consideration and urge a do pass on all areas to be added and covered by ND Medicaid.

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OVERVIEW

Brain injuries can result in lifelong physical, cognitive, and behavioral changes, which can slow progress toward rehabilitation goals and independent living. Behavior analysts add value to interdisciplinary teams for patients with a brain injury by developing both skill-acquisition and behavior-reduction programs throughout the continuum of care (i.e., acute, post-acute, long term). Common goals for skill-acquisition programs include improved social interactions and the ability to return to work. Common goals for behavior-reduction programs include decreased aggression and inappropriate vocalizations.

Symptoms following brain injury are highly idiosyncratic, which makes behavior analysts' use of single-subject designs particularly useful for evaluating rehabilitative outcomes (e.g., monitoring behavior following medication changes). Given rising healthcare costs and the reduced availability of rehabilitation services, behavior analysts' focus on measurement, accountability, and evidence-based treatment makes them integral to a patient's success.

LEARN MORE

Initial Publication

Boyle, M. E., & Greer, R. D. (1983). Operant procedures and the comatose patient. *Journal of Applied Behavior Analysis*, 16, 3-12.

Recommended Reading

Heinicke, M. R., & Carr, J. E. (2014). Applied behavior analysis in acquired brain injury rehabilitation: A meta-analysis of single-case design intervention research. *Behavioral Interventions*, 29, 77-105.

Jacobs, H. E. (2000). Behavioral contributions to brain-injury rehabilitation. In J. Austin & J. E. Carr (Eds.), *Handbook of applied behavior analysis* (pp. 211-230). Oakland, CA: New Harbinger Publications.

Kolakowsky-Hayner, S. A., Reyst, H., & Abashian, M. C. (Eds.). (2016). *The essential brain injury guide* (5th ed.). Vienna, VA: Brain Injury Association of America.

Additional Resources

- ▶ [ABA Rehab Special Interest Group](#)
- ▶ [Brain Injury Association of America](#)
- ▶ [Cambridge Center for Behavioral Studies](#)
- ▶ [North American Brain Injury Society](#)
- ▶ [Brainline: All About Brain Injury and PTSD](#)