

PUBLIC COMMENTS

HB 4058

HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: May 4, 2021 8:00 AM

Cecily Johnson

Self/Photographer

Austin, TX

ABA is practically child abuse. Autistic kids do not deserve to have someone attempt to “fix” their “flaws.” I have a young daughter who has Down syndrome who went through a bit of ABA therapy which did not help her at all. Please don’t pass this bill.

Susan Murphree, Sr. Policy Specialist

Disability Rights Texas

Austin, TX

House Human Services

HB 4058

Comments by Susan Murphree

On Behalf of Disability Rights Texas

May 4, 2021

Thank you for the opportunity to provide comments on behalf of Disability Rights Texas (DRTx) on HB 4058 by Representative Meza relating to a study on the provision of applied behavior analysis services to children with autism under Medicaid and other public benefits programs. DRTx is Texas’ designated Protection and Advocacy (P&A) agency. We work to ensure that the rights of Texans with disabilities are upheld and individuals are not discriminated against on the basis of a disability.

Section 2 of the bill requires a cost-benefit analysis on provision of applied behavior analysis (ABA) services under Medicaid and other programs. ABA is already a proven, evidence based service for children and youth with Autism. The cost of delaying or denying the service to those with a justifiable need is not consistent with the Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements for Medicaid beneficiaries. Right now, beneficiaries who need the service are awaiting Texas' pending implementation of the benefit. DRTx urges implementation no later than September 1, 2021 to begin to provide the service to those entitled, based on medical necessity, to receive the service as required by federal law. When there is an unmet need for a service and the service becomes available, there may be a ramp up period of implementation during which legitimate utilization will increase overall. This is not fraudulent and should not be compared to fraudulent practices.

DRTx urges Texas to spend time and effort on implementing the benefit, which outweighs the perceived need for a study. The expenditures, current and future, can well be tracked and provided by the Legislative Budget Board, Health and Human Services Commission (HHSC), and Texas Education Agency to this Committee and other Committees and made available in the interim before next session. In no way should this or any other study about this benefit be allowed to slow implementation of the Autism benefit. If a study is authorized by the legislature, it must happen concurrently to the implementation of the benefit. Texas is already very active regarding utilization review of Medicaid benefits and access to ABA will be no different.

In conclusion, a study may not be necessary, but if authorized must do no harm to implementing the Medicaid Autism benefit, preferably no later than Sept. 1, 2021.

Thank you for the opportunity to comment on HB 4058. For more information, please contact Susan Murphree at

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smurphree@disabilityrightstx.org or 512 913 4501 (cell).

Berenice de la Cruz

Texas A&M San Antonio

San Antonio, TX

I am writing to provide my thoughts on HB 4058. I have been a BCBA in Texas since 2006 and have worked with children, adolescents, and adults with developmental disabilities since 2001 in school, home, clinic, and community settings as a teacher, therapist, supervisor, director, and professor. Currently, I reside in San Antonio with my husband and two children. I am an Assistant Professor and inaugural Program Coordinator for the Applied Behavior Analysis Program at Texas A&M University-San Antonio; the Treasurer of TxABA PPG; and an Executive Council Member for TxABA. My research and practice focus primarily on evaluating the application of ABA when used by parents, teachers, and other professionals to support individuals with developmental disabilities in the home, school, and community.

ABA treatment has the strongest scientific evidence with five decades of research and hundreds of peer-reviewed studies demonstrating ABA as an effective treatment for ASD and is endorsed by many medical authorities (e.g., the US Surgeon General, the CDC, the American Academy of Pediatrics). Through my work, I have seen individuals with autism become independent instead of requiring institutionalization, which improves quality of life for Texans and saves the state thousands of dollars. The first child I provided ABA services to has now graduated high school and holds a job. My goal is to have this success for every child with autism in Texas, regardless of their socioeconomic status. Given the plethora of research in ABA, I urge you to focus on efforts on getting life-changing therapy to children with autism in Texas. And, if a study funded by Texas is done, I urge you to ensure the is carried out and designed by qualified researchers to ensure reliable and valid measures are used that will allow for conclusions to be drawn about ABA services in Texas.

Anna Sciarillo, Secretary

Texas Association for Behavior Analysis Public Policy Group

San Antonio, TX

Chair Frank and members of the Human Services Committee,

My name is Anna Sciarillo. I am representing the Texas Association for Behavior Analysis Public Policy Group, of which I currently serve as Secretary. I will be speaking on HB 4058. I am a Board-Certified Behavior Analyst (BCBA) and Licensed Behavior Analyst (LBA). I have dedicated my career to empowering and serving individuals diagnosed with autism spectrum disorder (ASD) over the last 11 years through high-quality Applied Behavior Analysis (ABA) services.

The state has supported a focused program for ABA for years, first at DARS and now at HHSC. Private insurances cover ABA services, and as you are probably aware, during the last session, the legislature approved a Medicaid benefit so children with ASD can receive ABA treatment. Those funds are in SB 1 and hopefully soon those Texas children with Medicaid can finally access this medically necessary treatment. Parents seeking services for their children with ASD regularly contact providers hoping to start ABA therapy.

There are 11 universities in the state of Texas that offer programs in behavior analysis at the master's and PhD levels, including Texas A&M University, The University of Texas at Austin, and The University of Houston, to name a few. In order to become a BCBA, one must complete a master's degree that includes 270 classroom hours of graduate-level instruction; 1,500 hours of supervised clinical experience; and pass the rigorous national certification exam. Additionally, as of September 1, 2018, behavior analysts became licensed providers in the state under the Texas Department for Licensing & Regulation.

The up-front costs of intensive ABA can seem high due to the 1:1, individualized treatment provided for up to 40 hours per week, which includes close supervision by LBAs. Without this medically necessary treatment, however, many of these children will require costly daily care and/or residential placement across their lifetime. I have seen countless individuals receive and transition out of intensive ABA services, acquiring skills that facilitate independence and inclusion in the general education classroom setting, and subsequently reducing costs for the state to support their needs. The average cost of intensive ABA for 2 years is roughly \$130,000, while the average cost of institutional care for 30 years is roughly \$5,640,000 (Ganz, 2007).

Many researchers, including members of the TxABA PPG, have conducted studies related to the field of ABA and its costs and effectiveness in treating individuals with ASD. In considering HB 4058, I ask the following questions: Who will conduct the study? How will it be implemented? How will effectiveness of services be defined and measured? Will the study further delay access to care for Medicaid families?

Printed on: May 13, 2021 9:13 AM

My hope is the legislature will take the time to ask these questions. Thank you for your time and dedication to those receiving ABA services in the state of Texas.

Mariel Fernandez, M.S., BCBA, LBA

Blue Sprig Pediatrics/ TxABA PPG

Dallas, TX

Chair Frank and members of the Human Services Committee,

My name is Mariel Fernandez, I am representing Blue Sprig Pediatrics as Vice President of Operations for North Texas and Oklahoma as well as President of the Blue Sprig Advocacy Committee. I am also the communications chair for the Texas Association for Behavior Analysis Public Policy Group. I have had the distinct honor and privilege to work with children diagnosed with autism for 20 years, and have been a Board-Certified Behavior Analyst, in Texas, since 2004.

In 2007, Texas was one of the first states in the country to pass a meaningful autism insurance mandate. And, because of this mandate, tens-of-thousands of children across the state have made meaningful, life changing gains as a result of access to medically necessary care. To date, forty-seven states have passed, developed, and fully implemented ABA therapy through their state Medicaid programs. While Texas led the way in ensuring access to medically necessary care through commercial plans, Texas has lagged behind when it comes to ensuring that the Medicaid population also has access to ABA therapy. If Texas fails to act, soon, we will be the only state in the nation without this benefit available to a very vulnerable population.

A number of these questions have been asked and answered by others, including:

Without effective treatment, a person with autism will likely incur a lifetime cost of 3.2 million according to Ganz, 2007.

The short-term cost of ABA therapy can result in an average lifetime savings of 2.8 million per person across a 55-year span; this according to Jacobson, Mulick & Green, 1998.

In 2007, Chasson, Harris & Neely compiled data from Texas Public schools showing that with access to ABA therapy, Texas would save 208,500 per child across 18 years of education due to reduced costs associated with special education services.

If a study were to be conducted, the following questions will need to be answered: Who will conduct the new study and how will it be designed? Will it include a literature review or meta-analysis of already available data? Will conducting this analysis further delay access to medically necessary care for our Medicaid families who have already waited long enough to access ABA therapy?

I ask that the committee consider these questions, and, while determining the answers, not further delay access to medically necessary care for the estimated 80,000 children waiting to access ABA therapy through Texas Medicaid.

Thank you for your time and for your commitment to getting this right and ensuring available funding for the long-term.