

FAQs about AB 1715 – The Behavior Analyst Licensure Bill

 Why should behavior analysts be licensed? Isn't applied behavior analysis (ABA) just a methodology or a therapy for autism?

Behavior analysis is a scientific discipline with many applications, and the practice of ABA is a profession with well-defined characteristics that encompasses a large array of concepts and procedures. Competencies for practicing ABA professionally and the education, experiential training, and professional examinations required to obtain and demonstrate competence have been identified through several extensive job analysis studies conducted by the Behavior Analyst Certification Board over the past 15 years. Those requirements parallel requirements for licensure in many professions.

Will AB 1715 limit access to behavioral health services?

No. AB 1715 is specific to the professional practice of applied behavior analysis (ABA), which is just one category of behavioral health services. Practitioners and consumers of other behavioral health treatments would not be affected. Examples include Floortime, Early Start Denver Model, and other therapies for children with autism, some of which may incorporate some ABA techniques but do not have the defining features of ABA. Other examples are behavioral health services

provided by appropriately credentialed practitioners of other professions (see below).

 Will other licensed professionals be "locked out" of providing ABA services as a result of AB 1715?

No. The bill exempts most licensees, assistants, and interns in professions like clinical psychology, marriage and family therapy, social work, counseling, speech-language pathology, and the like from behavior analyst licensure. That is, if ABA 1715 is adopted, those individuals will be able to continue practicing within their professions' defined scopes of practice and the boundaries of their own training and competence as specified in the laws and regulations governing their professions.

• Will AB 1715 affect other non-ABA services to people with autism and other developmental disabilities?

No. If adopted the bill will not affect adult day programs, most residential facilities, transportation services, respite programs, or other services that are not behavior analytic. Nor will it affect reimbursement for non-ABA services under the autism insurance law, SB 496, or Medi-Cal. The bill proposes to license professional practitioners of ABA, not providers of other services to people with autism and related disorders.

 Why is AB 1715 needed? Aren't Board Certified Behavior Analysts (BCBAs) and Board Certified Assistant Behavior Analysts (BCaBAs) already authorized to practice under SB 496 and Department of Developmental Services (DDS) regulations?

SB 496 is a funding law, not a law to regulate professional practitioners. It merely recognizes BCBAs as qualified to receive reimbursement from

the specific health plans that are governed by SB 496. Similarly, DDS regulations merely list BCBAs and BCaBAs among those who are eligible to be vendorized by Regional Centers. Currently no state laws protect consumers from the unauthorized and unqualified practice of behavior analysis and from unprofessional, unethical, or harmful conduct by practitioners. AB 1715 would add significant protections for California's most vulnerable residents.

• Will BCBAs and BCaBAs have to meet additional requirements in order to be licensed by the state?

Only a couple. If AB 1715 is adopted as currently written, BCBAs and BCaBAs who are in good standing with the Behavior Analyst Certification Board (BACB) should be eligible for licensure if they successfully complete a criminal background check and an exam on California law and ethics — common requirements for obtaining many professional licenses. Some sections of the current version of the bill (2999.32 -2999.35) may appear to impose other requirements, but in fact those sections just reiterate the current requirements for BACB certification (see www.bacb.com).