



Michigan Occupational Therapy Association

The Voice of Occupational Therapy in Michigan

124 W. Allegan St., Suite 1900, Lansing, MI 48933 * www.miota.org

September 1, 2016

RE: Public comment for SB 1015 and SB 1016 – Licensure for Applied Behavior Analysis

To: Senator Rebekah Warren / Jessica Randall, Chief of Staff for Senator Warren
Senator Margaret O'Brien / Stephanie Bogema, Chief of Staff for Senator O'Brien

From: Michigan Occupational Therapy Association

The Michigan Occupational Therapy Association (MiOTA) appreciates the opportunity to provide public comment re: SB 1015 and SB 1016. As Occupational Therapy practitioners, we are in support of licensure and regulation of professions who work with individuals with autism spectrum disorders as these individuals and their families are often vulnerable individuals. Licensure ensures minimum standards of care for the vulnerable populations of which provider's work with, provide a framework and guidance for scope of practice and professional behaviors, and provides a means of addressing behaviors which are not appropriate professional behaviors of said professionals.

MiOTA is in support of licensure of ABA therapists. We feel this is a positive move forward for ABA therapists and the clients they serve. We would like to provide comments and suggestions regarding the language of the bill.

Our comments and suggestions include the following:

1. General Comments:

- a. MiOTA would like to support the expansion of autism services to a wider age range of individuals afflicted with autism. Autism spectrum disorders are life-long conditions that may require treatment throughout the lifespan.
- b. MiOTA appreciates the previous clarification and removal of the BA credentials for ABA techs. The abbreviation "BA" already is widely recognized as the credential for individuals with a Bachelor of Arts Degree. We feel use of this term for ABA techs would be misleading and confusing to the public.

2. 2016.SB-216

- a. It is recommended that professional board members be properly certified/licensed to ensure these individuals abide by state requirements
- b. We would like consideration be given to the physician board member demonstrating experience or knowledge of the needs of individuals with autism spectrum disorders and pediatric experience. Clients with brain injury have very different needs and behaviors than individuals with autism and pediatric clients have significantly different needs and challenges than adult clients.
- c. It is suggested that the board terms be staggered to avoid an entire new board every 4 years. From our experience, staggered terms allow for mentoring and

support of new board members and allow for projects being addressed by the board to be more efficiently handled.

- i. In addition, we would like consideration be given to specifying which board positions will be staggered in order to ensure a balance between the ABA therapists and non ABA providers on the board at any given time.

3. 2016.SB-2016

- a. Please note the use of the term “BA” appears on page 2. We would like this language removed and replaced with the proposed language so that “BA” will not be utilized to describe a behavior analyst.
- b. MiOTA would like to ensure any and all individuals delivering services directly or indirectly to the individual with autism maintains the same set of standards which include background check. Because of the vulnerability of the populations served, we would like to suggest that technicians also be subject to licensure.
- c. MiOTA suggests that background checks be applied to any level of care provider be mandated to obtain a background check. Please clarify if behavior analysts and or technicians are required to complete the “listed offense.”
- d. It is important to differentiate the roles of each service provider and qualifications for each level of service to ensure standard of care. Clarify the differences between behavior analyst, behavior technician, and assistant behavior analysts.
- e. As ABA providers provide services to vulnerable individuals with medical and/or psychological diagnoses, we would suggest they adhere to the same licensure standards of practice under the Michigan Public Health Code, including mandatory continuing education requirements such as human trafficking and pain. Given that many of these providers are directly entering the home this training would enhance the safety of this vulnerable population.
- f. In the interest of consumer protection and appropriate delegation and supervision of services being provided to clientele, we would like to recommend standards for levels of supervision being provided for technicians and analysts be clarified. Such clarification of levels of supervision and standards of supervision is a common clarification with other allied health professions.

Thank you again for the opportunity to provide comment regarding the ABA licensure bill. MiOTA supports the viewpoints of the MPTA and the MSHA. We appreciate your work towards this valuable endeavor to ensure the creation of a licensure bill that is supportive of the profession of ABA, supportive of ensuring best practices, protects and delineates scope of practice while supporting and protecting this vulnerable clientele.

Please feel free to contact us should you have any additional questions or concerns.

Sincerely,

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