

February 21, 2022

HOUSE BILL 627

Maryland Medical Assistance Program – Registered Behavior Technicians – Reimbursement
Health and Government Operations Committee

POSITION: SUPPORT

Dear Chair Pendergrass and Members of the Committee:

I write to you today on behalf of The Council of Autism Service Providers (CASP) in support of House Bill 627. CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance the quality of care.

Of particular interest to our members is the coverage of evidence-based care in both private health insurance plans as well as through Medicaid. As you may recall:

- Maryland finalized regulations in March 2014 that required state-regulated health insurance plans to cover medically necessary care for ASD, including applied behavior analysis (ABA).
- Later, in July 2014, the Centers for Medicare, and Medicaid Services (CMS) issued a bulletin¹ clarifying the inclusion of coverage of medically necessary care for children diagnosed with autism spectrum disorder (ASD) as part of its Early Periodic Screening, Diagnostic and Treatment (EPSDT) requirement. The CMS bulletin² indicates that states are required to cover treatment

that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions. The EPSDT benefit is more robust than the Medicaid benefit package required for adults and is designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services, so that health problems are averted or diagnosed and treated as early as possible.

- Subsequently, in January 2017, the Maryland Department of Health implemented coverage of ABA for Medical Assistance Program-enrolled children diagnosed with ASD

¹ <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

² Ibid.

as required under EPSDT. Additional legislation was passed during the 2021 legislation session to ensure access.

These developments have been life-changing for many in the autism community. That said, there are implementation issues within the Medical Assistance Program that have emerged that require attention. According to generally accepted standards of care³ specific to the provision of ABA

- Tiered service-delivery models that rely on the use of Assistant Behavior Analysts and Behavior Technicians have been the primary mechanism for achieving many of the significant improvements in cognitive, language, social, behavioral, and adaptive domains that have been documented in the peer-reviewed literature.
- The use of carefully trained and well-supervised Assistant Behavior Analysts and Behavior Technicians is common in ABA treatment.
- **Their use produces more cost-effective levels of service** for the duration of treatment.
- The use of a tiered service-delivery model **enables healthcare funders and managers to ensure adequate provider networks and deliver medically necessary treatment.**
- Additionally, it permits **sufficient expertise to be delivered to each client at the level needed to reach treatment goals.** This is critical as the level of supervision required may shift rapidly in response to client progress or need.
- **Tiered service-delivery models can also help with treatment delivery to families in rural and underserved areas and clients and families who have complex needs.**

Current requirements in Maryland's Medical Assistance Program preclude the reimbursement of the services of the Behavior Technician until they are recognized as a Registered Behavior Technician by the Behavior Analyst Certification Board. This requirement exacerbates the staggering shortage of autism service providers⁴ and prevents many from participating as Medical Assistance providers in Maryland.

With 1 in 44 children diagnosed with ASD according to the Centers for Disease Control⁵ and an estimated incremental lifetime cost of \$3.2 million according to the Harvard School of Public Health⁶, it is fiscally prudent that children access evidence-based care, including ABA.

House Bill 627 remedies this disparity by simply allowing for a 90-day grace period so the services of the behavior technician can be reimbursed while working towards the Registered

³ <https://casproviders.org/asd-guidelines/>

⁴ <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201900058?journalCode=ps>

⁵ <https://www.cdc.gov/ncbddd/autism/data.html>

⁶ <https://jamanetwork.com/journals/jamapediatrics/fullarticle/570087>

Behavior Technician credential under the supervision of a Licensed Behavior Analyst. **We strongly support its passage and ask that you move quickly to ensure it.** Thank you for your consideration. Should you need additional information, please do not hesitate to contact me at jursitti@casproviders.org or (682) 225-7146.

Sincerely,



Judith Ursitti
Vice President of Government Affairs