



October 21, 2019

Nevada Board of Applied Behavior Analysis  
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Email: [ABABoard@adsd.nv.gov](mailto:ABABoard@adsd.nv.gov)

Re: Submitted public comments from Oct 16<sup>th</sup> Nevada Board of Applied Behavior Analysis

My name is Janelle Lawrence, Executive Director of the Behavioral Intervention Certification Council (BICC). I had the opportunity to listen in on the ABA Board Meeting on October 16<sup>th</sup> and provided public comments. This letter serves as formal submission of my comments and additional information about BICC. Founded in 2013, BICC's mission is to enhance public protection by developing and administering a certification program consistent with the needs of behavior analysts to recognize individuals who are qualified to treat the deficits and behaviors associated with autism spectrum disorder using the principles and procedures of ABA.

BICC commends the efforts of the Nevada Board of Applied Behavior Analysis to ensure that there are quality controls for behavior analysts and technicians providing ABA treatment. BICC noted the language of existing codified state law that any credential must match the stringency of the Registered Behavior Technician (RBT) credential, as prescribed by this board. [SB 258](#) further provided for an absolute and perpetual monopoly to the Behavior Analyst Certification Board (BACB) and its successors by limiting all qualifying credentials to this one sole certifying entity. RBT is not the universal term for all behavior technicians, and BACB is not the lone credentialing body for ABA treatment professionals. BICC respectfully urges this board to amend the definitions for behavior analysts and technicians to better facilitate access to autism treatment and continue the focus on safety and treatment quality.

#### **Additional Background on the BCAT**

**Autism-Specific Certification:** The *only* behavior analytic autism-specific credential accredited by the NCCA for the entry-level technician role is the Board Certified Autism Technician (BCAT), administered by BICC. The NCCA is the same agency whose rigorous accreditation process gives so much weight to the RBT credential. The BCAT was NCCA accredited before the RBT. An individual can become an RBT with no training in autism and having never worked with children affected by autism since the RBT credential is not autism specific. With BICC's focus on safety, individuals obtaining the BCAT must agree to mandatory *ongoing* background checks to maintain their certifications.

**Other Funding Sources Recognize the BCAT:** Providers are already relying on the BCAT certification, as certification is required by TRICARE (the health benefit for active duty and retired military families) in their [operations manual](#). BCAT is also recognized and accepted by Magellan and Anthem BlueCross BlueShield in Kentucky. It is clear there is an increase in autism diagnosis and a shortage of trained professionals and paraprofessionals, with individuals waiting many months or a year or more for ABA services. BICC therefore urges this board not to exacerbate the wait for ABA services by restricting access to only behavior technicians certified by one sole certifying entity.

**Access to Testing:** Behavior technicians taking the RBT exam are required to test at a Pearson Test Center and there are only two in the state of Nevada: one in Reno and one in Las Vegas. This means families will encounter significant delays in securing access to medically necessary treatment as providers endeavor to get their behavior technicians certified since technicians may have to drive an hour roundtrip or more to test. With the BCAT, provider organizations can register, free of charge, for on-site testing with PSI Proctors or have their own staff BICC proctor trained. Having the exam proctored on-site at provider offices, rather than relying exclusively on sending candidates to a Pearson location, will help reduce inconvenient travel or delay in scheduling services.

**Direct experience focus:** Germane to points the board discussed on the 16th, BICC requires BCATs to obtain 12 hours of continuing education credits (at least 3 credits must be ethics-related topics). BICC also requires BCAT candidates to have autism-specific experience while the BACB has no experience requirement for RBT candidates, just the competency assessment.

**Recommendation:** To the extent that the board sought to create an appropriate quality control for behavior technicians, BICC feels it meets and, in many cases, exceeds the stringent requirements set forth and would ask for reconsideration of the promulgated regulations. Overly burdensome and/or generic credentialing requirements can hinder and discourage provider growth at a time when more providers must be attracted to the field of evidence-based autism treatment. By including the BCAT as an option for the behavior technician certification, this board would eliminate the inherent BACB monopoly in the current codified rules and create the market competition that ensures consumers and providers alike of an efficient and effective certification process. As such, BICC respectfully requests this board to consider adding the BCAT option in addition to RBT since BCATs are required to complete and maintain a background check, and the BCAT is the only autism-specific, NCCA accredited certification.

Thank you for investing your time in considering these comments. Should you require additional information, please do not hesitate to contact me at [JLawrence@behavioralcertification.org](mailto:JLawrence@behavioralcertification.org) or 618-946-1547.

Respectfully submitted,

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