

Chairman Romanchuk, Vice Chair Huffman, Ranking Member Liston and members of the Senate Medicaid Committee, thank you for allowing me the opportunity to speak today. My name is Jen Gonda and I am here today to ask you to support three state budget amendments regarding the provision of Applied Behavior Analysis (ABA) for children with autism.

If you are a parent, you may know the feeling that comes with receiving a diagnosis and recommendations for treatment. I distinctly remember the feeling of learning I needed to find a therapist for my young child. How will therapy fit with my work schedule? Will it be covered by my insurance? If not, can I afford it? How long will we need to do therapy? How will this affect her schooling? How will this affect her life? The questions and anxieties did not dissipate until we started receiving care. With 1 in 31 children diagnosed with autism, Ohio has thousands of families asking these questions. Yet, Ohio continues to lag behind other States in providing a clear and robust Medicaid benefit that covers the gold standard for autism treatment: ABA.

ABA is widely recognized as the gold standard treatment for autism, including endorsements from the Surgeon General and the American Academy of Pediatrics. Investment in ABA during early intervention can lead to a \$1 to \$3 million dollar savings in private and public support across the lifespan. Even more importantly, ABA therapy for young children with autism can improve cognitive functioning and crucial developmental skills. However, in Ohio only 8% of Medicaid-eligible children with Autism are getting access to ABA. This is because the current provider network is strained and inadequate, with long wait lists and long delays in claims processing and reimbursement, Ohio's ABA coverage for Medicaid is unstable and it has been for some time. A survey of ABA providers indicates that over 50% of all ABA authorizations are forced to have a peer-to-peer medical review before they are approved or denied. There are inconsistent medical necessity criteria between the seven managed care plans and patient protection violations according to the federal Mental Health Parity Addiction Equity Action (MHPAEA) and Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate. And it is crucial to note that the provider network is also strained because ABA providers have not seen an increase in Medicaid reimbursement rates as other community behavioral health centers have had.

As a service provider for ABA, I can attest that these challenges are making it untenable to expand services Ohio's Medicaid recipients. This only perpetuates the problems that Ohio Medicaid has. Having limited access to the gold standard of care for children with autism increases future Medicaid expenditures by not providing effective early and preventative intervention.

We know the Department of Medicaid is working to release finalized rules for ABA, but this has been pushed over and over these past two years. When providers finally got a timeline, we were told April of this year, then July, now it is September. If the Department of Medicaid

needs more time for the coverage it is only fair to support these amendments now to stabilize the ABA network.

The first amendment puts Medicaid's New Fee-for-Service reimbursement for ABA to begin July 1, 2025. This reimbursement has already been established by an actuarial firm and released by the Department of Medicaid, but the implementation keeps being pushed back.

The second amendment puts a moratorium on reduction of ABA reimbursement rates by managed care plans. This is something that has occurred with mental health services in the past and we are asking for the same consideration.

The third amendment allows competent behavior technicians to deliver services while completing their national board certification. A Behavior Technician is a direct care professional who has completed the required 40-hour training and successfully passed the our national board competency assessment supervised by a certified behavior analyst. This training process takes about 4 to 6 weeks and with this amendment should be able to deliver and receive reimbursement for ABA. If full certification is not achieved by the 121st day of active employment, the behavior technician can no longer deliver services until the certification is achieved. This amendment is in line with other States ABA policies and it provides the opportunity to develop the ABA workforce. The certification only requires a high school diploma, so it is an excellent pathway for entry level behavioral health professionals.

These amendments contribute to Ohio's cost savings by creating more jobs for entry level behavior health professionals, providing early and preventative care that saves Ohio in the long term, and provides the opportunity for parents of children with autism to have sustainable plans for their children's care and allow them to be more likely to be in the workforce.

Members of the Ohio Senate Medicaid Committee, thank you for the consideration of my requests. When it comes to Ohio Medicaid policies and budgets, it is important to think about future sustainability and quality care. ABA services contribute to both of these ends for children with autism. Consider Ohio's children with autism, and their families, and support these amendments.