

February 11, 2025

House Committee on Behavioral Health and Health Care
RE: HB2023

Dear Representative Nosse and Members of the Committee,

I am writing to express my strong opposition to House Bill 2023, which seeks to expand health insurance coverage for applied behavior analysis (ABA) therapy to additional intellectual and developmental disability diagnoses, genetic conditions (i.e., Down syndrome), and neurological conditions (i.e., epilepsy). While the intention to provide necessary therapies for autistic people and those with intellectual and developmental disabilities is commendable, I have significant concerns about the controversial nature of ABA and the potential unintended consequences of this legislation.

First, ABA therapy has been increasingly scrutinized due to its coercive nature and the emphasis on compliance-based strategies. Evidence suggests that such approaches can be distressing and harmful to children, parents, and providers¹. Moreover, research on ABA interventions often involves individuals or organizations with vested interests, such as developers of ABA programs or practitioners who profit from its implementation². A significant proportion of studies (up to 70%) are co-authored by researchers with conflicts of interest linked to the intervention's success. Many of these conflicts are not disclosed, raising questions about the objectivity of the findings. This issue is particularly relevant when expanding ABA's application to conditions beyond autism, where robust, independent evidence is lacking.

Second, expanding access to a single therapy through insurance coverage inadvertently denies families the choice and access to a variety of evidence-based and emerging therapies. Families should have the freedom to choose from a range of therapeutic options that best meet the unique needs of their children. These options include, but are not limited to, occupational therapy, speech and language therapy, sensory integration therapy, art therapy, music therapy, and complementary and alternative medical therapies. Each of these offers a different approach to supporting individuals with intellectual and developmental disabilities, and their availability is essential for comprehensive and personalized care. Legislating insurance coverage for a single therapy effectively contributes to the disproportion and inequity which Oregon has boldly committed to eliminating by 2030.

I urge you to reconsider the provisions of HB2023 and explore alternative solutions that prioritize choice, diversity, and evidence-based practices in therapeutic interventions. By supporting a range of therapeutic options, Oregon can better serve the diverse needs of individuals with intellectual and developmental disabilities and their families.

Thank you for your consideration.

Respectfully,

Carol Dickey, MBA, MS
Advocate for the Family Voice

¹ <https://therapistndc.org/wp-content/uploads/2020/08/Annual-Report-on-Autism-Care-Demonstration-Program-for-FY-2020.pdf>

² https://www.researchgate.net/publication/351347083_Pervasive_Undisclosed_Conflicts_of_Interest_in_Applied_Behavior_Analysis_Autism_Literature

