

Opposition Testimony for House Bill 2023

Dear Chair Nosse, Vice Chair Javadi, Vice Chair Nelson, and Members of the Committee,

I am writing to express my strong opposition to HB 2023, which seeks to expand health insurance coverage for Applied Behavior Analysis (ABA) therapy to individuals with intellectual and developmental disabilities (ID/DD), including Down Syndrome, Cerebral Palsy, and Epilepsy. While increasing access to treatment is essential, ABA is a coercive and harmful approach that has caused significant distress for many individuals, including my daughter, Hannah.

ABA is often touted as the “gold standard” for autism intervention, but there are serious ethical and practical concerns about its use. The Alliance Against Seclusion and Restraint (AASR), a nonprofit advocacy organization dedicated to eliminating punitive and exclusionary discipline in schools, has extensively documented the harmful effects of ABA. Research has shown that ABA therapy can lead to post-traumatic stress symptoms, increased anxiety, and long-term psychological harm.

My daughter, Hannah, was subjected to ABA-based strategies in her school without my permission, resulting in a loss of trust and severe emotional distress. The forced compliance-driven methods used in ABA created a hostile learning environment, making it difficult for her to feel safe and supported at school. The absence of a trusting relationship in the classroom is disastrous for learning and development, particularly for students with disabilities.

Expanding ABA coverage to children with Down Syndrome, Cerebral Palsy, and Epilepsy is not only unnecessary but potentially harmful. These conditions require individualized, respectful, and neurodiversity-affirming approaches—not compliance-based behavior modification techniques that ignore their unique needs.

Key Concerns About ABA Therapy:

1. Trauma and Mental Health Risks

- A 2018 study found that 46% of individuals exposed to ABA therapy met the diagnostic threshold for PTSD, with 47% experiencing extreme distress (AASR).

2. Emphasis on Compliance Over Autonomy

- Despite clear evidence that this can be distressing and unnecessary, ABA forces individuals to suppress natural behaviors, such as avoiding eye contact. This method is psychologically abusive and disregards an individual's ability to self-regulate.

3. Masking Leads to Mental Health Struggles

- The Autistic Self-Advocacy Network (ASAN) has linked ABA-driven masking to increased suicidality and mental health crises in autistic adults.

4. Lack of Proven Effectiveness

- A 2020 Department of Defense report found that 76% of children receiving ABA therapy showed no meaningful improvement after one year, and 9% actually worsened.

5. Ethical Concerns and the Problematic History of ABA

- ABA's origins are tied to Dr. Ivar Lovaas, who was involved in conversion therapy and openly described autistic children as "not yet human." These roots raise serious ethical concerns about ABA's continued use.

ABA and Neurodiversity-Affirming Therapy: A Fundamental Contradiction

ABA proponents have recently attempted to rebrand the practice as "neurodiversity-affirming," but this contradicts the core principles of ABA. A 2024 paper published in *Behavior Analysis in Practice* attempted to frame ABA as neurodiversity-affirming while citing prominent autistic self-advocates and disability rights organizations. However, a closer examination of the authorship and content of the article reveals fundamental flaws:

- The authors—Sneha Kohli Mathur, Ellie Renz, and Jonathan Tarbox—are not all autistic, and their representation of neurodivergent voices is misleading.
- The paper acknowledges many of the longstanding criticisms of ABA but fails to reconcile these issues with the core principles of the therapy.
- The authors propose "assessing and honoring client assent," which contradicts traditional ABA practices that rely on escape extinction and forced compliance.
- If ABA were to respect autonomy, self-advocacy, and neurodivergent identity truly, it would cease to be ABA as it is currently practiced.

This paper inadvertently confirms what autistic advocates have been saying for years: ABA and neurodiversity-affirming practices are fundamentally incompatible. A therapy that respects autonomy and self-determination cannot rely on compliance-driven behavior modification.

The Need for Alternative Therapeutic Options

Many parents who oppose ABA still need support, particularly when addressing challenging behaviors, aggression, and self-injury. However, ABA is not the solution. Ethical, effective, and non-coercive alternatives exist and should be included in future legislation to ensure families have a genuine choice in therapy options.

- Understanding the root cause of aggression is critical. Instead of training compliance through behaviorism, interventions should focus on identifying and addressing environmental, sensory, and medical factors contributing to distress.
- Accommodations over compliance: Families should be supported in adapting environments and daily routines to minimize stress and promote self-regulation instead of forcing children to endure distressing situations.
- Relational and trauma-informed supports, including occupational therapy, sensory integration therapy, and self-determined learning models, provide safer, more effective interventions.

Future legislation should prioritize funding and insurance coverage for these ethical, evidence-based interventions rather than continuing to funnel resources into an outdated and harmful model.

Conclusion: Vote NO on HB 2023

HB 2023, while well-intentioned, would expand access to a deeply flawed and harmful therapy at the expense of more ethical, individualized approaches. I urge the committee to reject this bill and instead support neurodiversity-affirming, trauma-informed, and evidence-based interventions that truly prioritize the well-being of individuals with disabilities.

Sincerely,

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