

**INTENT/Proposal:**

Questions are based off of the sections from the proposal are in order:

1. In the first sheet, what is the purpose of justifying the “peer reviewed” work done regarding ABA? Is there a question of validity?
2. Of the listed organizations: are they locally owned and operated?
  - a. How many are out of state owned/operated.
  - b. How many out of state ABA organizations are serving NE?
  - c. It says 107 here, but later I think the number is higher ( do these people ONLY DO ABA)?
  - d.
3. This is UNCLEAR—there is no description of the request or a change in scope or a new requirement.
  - a. What is the intent?
  - b. What is the issue?
  - c. Is there an issue with the scope that needs changing
  - d. Is it the SCOPE of other professionals that is the issue? (They are NOT ABA certified?)
  - e. Are you requiring/requesting that NON-ABA people practicing ABA be certified/credentialed with the ABA Associations listed?
  - f. Can you define the problem that compels you to request licensure.
  - g. Are you requiring only ABA to be licensed to do ABA?
4. This goes with 3. What is do you seek?
  - a. Define the intent—
  - b. Are you looking to advance your profession due to others less qualified?
  - c. Are you looking to get those educated and able to do this, certified and licensed?
  - d. Does lic. Solve the problem or issue ( that has yet to be identified)
  - e. Is lic. A means to standardize the ABA group and then those practicing ABA.
  - f. Do you want to stop those NOT ABA
  - g. SCOPE OF practice last sentence: Who then does all that—that the ABA person does not/can not do?  
Who decides ABA is the right approach or therapy?

**EXEMPTIONS SECTION:**

Very confusing. Are these people exempt from the lic. Requirement you seek? They can practice ABA but not get the lic?

SO who exactly are you targeting? This is a very larger EXEMPTION  
In-State people?  
Out of state companies and organizations.

5. SCOPE OF practice last sentence: Who then does all that—that the ABA person does not/can not do?  
Who decides ABA is the right approach or therapy?

I am not at all certain this section 5 was answered.

Some out of place things here:

- a. Very last paragraph—can you explain what that means and how is that a restriction placed?
- b. You explain some procedural issues here—
- c. What limits in your actions have you encountered by the current process ( are you restricted in any way?)
- d. What are those restrictions?
- e. Are those restrictions of SCOPE?

Since you discussed the assessment process in 5 ( I have questions about that then)

Diagnosis and Assessment:

Help me here-- WHO administers the assessment?

Is the assessment a GENERAL ASSESSMENT or is it an ABA specific assessment?

When is this assessment done ( after diagnosis, during)

Is it is an ABA specific assessment, then are other NON-ABA assessment used?

If I am only using and ABA assessment, how impartial is this assessment?

assessment?

Does the assessment allow for second opinion?

Who else see this assessment?

IS this assessment validated? Scientific?

Who created this assessment?

If I work for a larger organization—do all of the members of that organization use the same tool?

If I am NON-ABA but have training and years of expertise, can I have access to this assessment?

Do I make my own assessment?

6. Can all of those people use the assessment? Do they treat? Or do they get direction from the professional?

7. Thanks for those unique qualifiers—are they that different from other behavioral professions (others trained in the behavioral sciences)

A. The inclusion of the “peer reviewed” comment and data.

a. Why include that? If your methods are proven, then how is this important?

b. In reviewing this discipline, I found a large amount of conversation and papers and other material pointing out that Peer Reviewed does not meet scientifically validated—this is a common topic about ABA.

i. So here is my question—HOWEVER note that since there is no ISSUE or PROBLEM identified, I assume you are claiming that those people doing ABA are not qualified. They should not be doing ABA.

1. If there is question about the scientific validity of ABA method, why does it matter if a NON-Certified ABA person is performs ABA?

2. Should there be more scientific analysis done?

- B. With all of this peer reviewed data, can one find data on NON-ABA certified people administering and or successfully using ABA techniques?
  - a. Would NON-ABA professional publish their results?
  - b. In states with licensure, is data available comparing?
  - c. If NON-ABA certified people are having equal success, is this an issue?
  
- 8. You point out an issue with who supervises—yes I can see why no one has been trained to supervise—this is a narrow area here. Claiming they have the authority, but can't due to lack of training—how is that fixed? ( we have to come back to 8).
  
- 9. This is concerning no matter who is administering.
  
- 10. OK—so we have 138 BCBA's—
  - How many NON-BCBA perform this?
  
  - Have there been any know issues?
  
- 11. Are you requesting changes in academics?
  
- 12. OK/
  
- 13. Ok
  
- 14. Ok—so this is confusing. Where is the primary focus? What ages and what conditions ( it seems your world is about 95% Autism) I am not certain about 14.

SKIPPING to 19 ( there are some additional questions here. We can wait. )

19.3a Is wide open for discussion. --