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Testimony Delivered Before the Joint Legislative Budget Hearing on Health

NYSABA urges the Legislature to reject the Executive Budget's second Medicaid cut to the vulnerable children seeking behavioral health care

and

NYSABA urges the Legislature to proceed with caution when considering the Governor's proposal to create a *Centers of Excellence* designation for providers

The New York State Association for Behavior Analysis (NYSABA) represents the profession of behavior analysis in New York State. NYSABA advocates for the science, practice, and growth of our field, supports professional development, and promotes the use of culturally responsive, evidence-based practices to protect the diverse populations we serve. Behavior Analysis is the study and science of learning, and Applied Behavior Analysis (ABA) uses that science to improve socially significant behaviors in humans. In New York, we have a license and a certification for professionals to practice ABA, to deliver services to individuals with a mental health diagnosis and a prescription for treatment. ABA is a well-developed and distinct discipline with a strong scientific foundation. Its delivery involves analyzing individual needs and environmental conditions to enhance that individual's well-being, including decreasing dangerous behaviors (e.g., aggression, self-injury, etc.), teaching adaptive behaviors (e.g., communication, social skills, coping strategies, etc.), and increasing independence. ABA has been recognized as an effective treatment option for people with behavioral health diagnoses, and it is most commonly known for its use with autistic individuals.

I must begin with a heartfelt thank you. NYSABA and the providers the organization represents are incredibly grateful for the Legislature's support in 2025. We would like to recognize your incredible efforts to significantly reduce the ABA Medicaid cut by \$16.7 million, which the Governor proposed at this time last year. Even with the Legislature's strong pushback, the ABA Medicaid benefit was still scheduled to be cut by 25%, implemented in two stages. The first Medicaid cut of 12.5% was implemented on October 1, 2025, and the second Medicaid cut of 12.5% is scheduled to take effect on April 1, 2026. Essentially, Medicaid ABA providers are anticipating a new Medicaid rate to go into effect on April 1st that is 25% lower than what they were paid at the beginning of 2025. Most NYSABA members who serve children enrolled in Medicaid have been able to weather the first October 1, 12.5% cut. NYSABA is aware,

however, of some Medicaid providers who had to suspend services altogether. Those providers who decided to remain in the Medicaid network are bracing themselves for April 1, 2026. According to a joint survey that NYSABA conducted with the Council of Autism Services Providers (CASP), 74% of providers have indicated that they will leave the Medicaid program if New York implements the second cut.

We urge you to reject it. This cut harms our most vulnerable New Yorkers: children and adults with neurodevelopmental differences and mental health diagnoses, including children in foster care and juvenile justice programs. These populations have waited years for the implementation of the ABA Medicaid benefit, and we should not introduce new roadblocks.

If these cuts are implemented, many children will lose access to medically necessary services and there is a risk that they will demonstrate increases in dangerous behaviors and continued delays in learning skills to function as independently as possible. As a result, they may be hospitalized, institutionalized, or may require much more care as they become older. This cycle of delaying and denying care for children with behavioral needs often results in increased spending on more restrictive settings and interventions in their teenage and adult lives. Instead, we need to fund this benefit to ensure that children receive the care they need at the earliest possible point of intervention.

DOH announced in October a set of policy changes for ABA related to the supervision of unlicensed personnel. NYSABA supported these changes, which align New York with the Behavior Analysis Certification Board (BACB) guidelines and best practices. In truth, we have advocated for more alignment with BACB and CASP's guidelines for best practices. NYSABA came to the administration in October with a robust proposal that included guardrails for New York Medicaid to ensure program integrity and to promote access to qualified providers and effective, thoughtful quality ABA services. In response, the Governor issued a briefing book with a one-paragraph proposal and a second Medicaid rate reduction, which the briefing book describes as an adjustment to "reimbursement methodologies so that ABA providers are compensated equitably with their experience."

NYSABA supports any proposal that provides meaningful reforms for a sustainable benefit. We understand that if something isn't done to manage the benefit, children on Medicaid could face service disruptions or lose access to care altogether. The Executive Budget has offered a Centers of Excellence designation to "ensure that ABA treatments are clear and appropriate." NYSABA has numerous questions and serious concerns with the proposal.

From diagnosis to treatment, NYSABA supports the inclusion of knowledgeable, qualified providers involved in every stage of the care delivery model. To that end, NYSABA has the following questions: Which providers would qualify for a *Center of Excellence* designation? At what point in the process will someone with an ABA *Center of Excellence* designation make determinations about a patient's care? How long does the Department expect the implementation of this new designation to take?

The Medicaid Applied Behavior Analysis benefit is not just a benefit for children diagnosed with autism. Under New York State law, Applied Behavior Analysis is authorized for all Medicaid enrollees of any age with a diagnosis listed within the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. The Executive Budget Briefing book states that "a *Center of Excellence* designation for providers will ensure that all evaluations and referrals for ABA

treatments are clear and appropriate.” NYSABA would urge the Legislature to ensure that there is a diverse selection of providers who could meet the varying needs of potential ABA patients, including but not limited to autism.

Without being familiar with the ABA benefit, it might seem reasonable to add another layer of oversight to “ensure that ABA treatments are clear and appropriate,” but we fear this will force this population to jump through yet another administrative hoop that a child on commercial insurance would not have to face. NYSABA is very concerned about the care delays that might be created by this new proposed process and has the following questions:

- Will new referrals for ABA services be placed on hold until the *Center for Excellence* designation is in effect?
- What will happen to children enrolled in Medicaid who are currently receiving ABA therapy? Will New York have to review and evaluate their care? Will New York suspend current services until care plans are re-evaluated under this new mechanism? The Legislature must not allow for the inappropriate suspension or disruption of services for children who are currently receiving services.
- What criteria will the state use to determine what is “clear and appropriate” care?
- What safeguards will DOH impose to ensure fair distribution of ABA referrals?

NYSABA urges the Legislature to impose safeguards to prevent the state from awarding only a limited number of providers with the *Center of Excellence* designation. We fear that a strategy to limit spending for services would be to limit the number of providers with a *Center of Excellence* designation, meaning that children have to wait longer to start ABA therapy.

NYSABA represents not only Licensed Behavior Analysts, but also unlicensed individuals, who are referred to as Behavior Technicians in our field. NYSABA would like to take a moment to set the record straight about the use of these unlicensed individuals in ABA treatment. NY law has designated these individuals as “unlicensed personnel”. This administration has criticized the use of unlicensed personnel in the ABA model. This is not a new practice. Our health care system relies heavily on an unlicensed workforce and often refers to those individuals as paraprofessionals or aides. The use of unlicensed personnel in ABA was written into the statute when the Legislature worked with the State Education Department to establish the license for the profession. It is an industry standard in ABA therapy to use a tiered- service delivery model, which includes a Licensed Behavior Analyst who is clinically responsible for the patient’s care, and a lower level technician (unlicensed personnel) to help deliver the treatment under the supervision of the Licensed Behavior Analyst. This practice occurs across every other state that covers ABA through their Medicaid and Commercial benefit. It is absolutely heart breaking that

the Governor has tried to make villains of these individuals when they are an essential part of the ABA care delivery team.

What is most heartbreaking about this situation is that the pending Medicaid cut will primarily impact children and families who never knew that this level of care existed, because it has been systematically withheld from them. For the past decade, I have provided services to child-welfare involved families, many of whom are on Medicaid. Because Medicaid has not covered ABA until recently, my work has had to be supplemented by grants with no guarantee that the work could continue once the grant ends. We should not be depending on grants to provide medically necessary care to our most vulnerable children. I have consulted on countless cases in which a child engages in behavior that puts themselves or others in danger, something that a behavior analyst is acutely trained to assess and treat, but the family cannot access one. Left with no other options, these families call 911 on their own children in an attempt to de-escalate them. But with no one helping to understand and prevent those behaviors, the cycle repeats and results in costly trips in the ambulance, then to the ER, only to be released a few hours later, with no plan for the next occurrence.

I have seen how ABA has changed the lives of children who have struggled to communicate and to interact with their peers. I have seen the joy on parents' faces when their child says their first words, or uses their device to communicate. I have helped families successfully navigate situations they once avoided, like taking their teenage son to the dentist without an aggressive episode. I regularly train foster parents so that children in foster care with complex behaviors can have a loving, stable place to call home- something every single child deserves. I am so incredibly disappointed that this administration allowed families a glimpse into a brighter future, then so quickly wants to take it away.

ABA has been available to children with commercial insurance coverage since 2013, while Medicaid funded ABA became available in 2023. If we allow the Governor to implement the second rate cut, she will effectively cut off families and children from the treatment they have already waited years for. She will be telling these children and their families, who have essentially been left behind for a decade, to continue to wait for medically necessary care merely because they live below the poverty line.

In addition to the planned Medicaid rate cut, NYSABA remains concerned about the implementation of the *Centers of Excellence* designation, and we ask the legislature to secure the assurances outlined in this testimony, before allowing the state to move forward. We ask that you ensure this new barrier will not create significant delays in the delivery of necessary care and that only the providers with the appropriate and relevant training and experience receive this new designation.

Thank you.

Maureen O'Grady, BCBA, LBA

Chair of Public Policy Committee

New York State Association for Behavior Analysis (NYSABA)

