

**[Your Name], [Credentials]**

[Your Organization]

[City, State] | [Email]

March 2026

Executive Council

**Association for Behavior Analysis International (ABAI)**

Dear Members of the ABAI Executive Council,

I write as an independent ABA provider and BCBA to raise a concern directly relevant to ABAI's mission: the systematic appropriation of the scientific authority of behavior analysis by the Council of Autism Service Providers (CASP), a 501(c)(6) trade association whose governance structure and financial incentives are incompatible with the independence that scientific authority requires.

ABAI's silence on this appropriation is not neutral. When the field's preeminent scientific organization does not clarify that CASP's standards and accreditation programs do not carry its scientific endorsement, payers, regulators, and federal agencies reasonably interpret that silence as implicit validation. The lobbying at CMS, TRICARE, the Department of Labor, and the Department of Defense is happening now. Standards, once codified in federal policy, are significantly harder to reverse.

### **The Scientific Authority Problem**

The ABA Practice Guidelines' clinical credibility derives from decades of peer-reviewed behavior analytic research and the BACB's credentialing rigor — not from CASP's stewardship. When CASP invokes those guidelines to lobby federal agencies, it is trading on the scientific credibility of the field's research community to advance the commercial interests of its member organizations — a board composed entirely of executives of large, multi-state provider companies whose organizations directly benefit from the standards those executives set.

The clearest illustration of borrowed scientific authority being deployed in the service of member financial interests is CASP's white paper, *Evidence About ABA Treatment for Young Children with Autism: The Impact of Treatment Intensity on Outcomes* — cited in CASP's March 2026 response to federal agencies following Wall Street Journal coverage of ABA billing

concerns. The paper argues the case for high-intensity service delivery — specifically 30 or more hours per week — and presents itself as objective clinical guidance. What it does not disclose is that the organizations whose executives govern CASP are disproportionately large, clinic-based, high-volume providers whose revenue scales directly with treatment hours authorized per client. This is not a question of whether intensive early intervention has an evidence base — it does. It is a question of whether a trade association governed by high-volume providers should be curating and lobbying on the basis of that evidence to payers and federal agencies without disclosing that interest. ABAI is the scientific body best positioned to distinguish between the peer-reviewed evidence base for intensive ABA and CASP’s selective deployment of it. That distinction is not currently being made by anyone with ABAI’s scientific standing.

CASP’s documented opposition to the BACB’s own frontline credentialing standard reinforces the pattern. Its advocacy page identifies mandatory RBT enrollment requirements as a named policy barrier it has deployed lobbyists to defeat. At the federal level it advocates for staffing classifications broad enough to bill for direct services delivered by uncredentialed staff. Dr. Jon Bailey, the BACB’s founding director, has described this dynamic as “an erosion of the foundation” of applied behavior analysis. It is not a position derived from the science of behavior analysis. It is a financial one.

### **What I Am Asking ABAI to Consider**

- Whether ABAI would publicly clarify that CASP’s accreditation programs and self-developed standards do not carry ABAI’s scientific endorsement, and that payers and federal agencies should not interpret CASP’s advocacy positions as reflecting the scientific consensus of the field.
- Whether ABAI would affirm that the ABA Practice Guidelines, in their original form as developed under BACB stewardship, reflect the field’s scientific consensus — and that CASP’s documented lobbying against mandatory RBT enforcement is inconsistent with that consensus and does not represent the scientific community’s position.
- Whether ABAI would articulate publicly what governance standards should apply to any organization seeking to translate the science of behavior analysis into clinical practice standards or payer policy — particularly regarding independence from the financial beneficiaries of those standards.
- Whether ABAI would issue a scientific statement affirming that the BACB’s RBT credential represents the field’s scientific and ethical standard for frontline ABA practitioners, independent of CASP’s documented opposition to mandatory enforcement.

- Whether ABAI would engage with the growing legislative movement toward CPOM-equivalent protections for ABA, providing scientific guidance on the clinical consequences of non-credentialed ownership and investor control of ABA service delivery.

The science of behavior analysis has earned its authority through rigor and transparency. That authority should not be borrowed by entities whose governance structures are incompatible with the independence scientific credibility requires. The moment to say so publicly is before the regulatory decisions currently in motion become settled.

I have prepared a detailed position statement documenting these concerns in full and would welcome the opportunity to share it with ABAI's leadership.

Respectfully submitted,

**[Your Name]**

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[Organization]

[Contact Information]