

ABA ACCOUNTABILITY PROJECT

Media Brief

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Independent Behavior Analysts Release Governance Challenge to National ABA Trade Association

Position statement documents how CASP — a trade association governed entirely by large provider executives — built authority over clinical standards, accreditation, and federal policy that the field never authorized it to hold

A newly released position statement by independent behavior analysts is challenging the Council of Autism Service Providers (CASP) to answer a question it has never been formally asked: who authorized it to represent the applied behavior analysis field?

The statement — issued by the ABA Accountability Project and signed by credentialed behavior analysts from independent practices across the country — documents how CASP, a 501(c)(6) trade association governed entirely by executives of large provider organizations, built an institutional footprint spanning clinical guidelines, two accreditation programs, a national patient data registry, and active federal lobbying operations, without any democratic process, field-wide vote, or authorization from the credentialing and scientific bodies that constitute the field's legitimate governance infrastructure.

The Context: A Field Under Scrutiny

The release comes as applied behavior analysis faces increasing federal attention. Following Wall Street Journal coverage of ABA billing practices in early 2026, CASP submitted a formal response to federal agencies — positioning itself, as it routinely does, as the authoritative voice of the field. The position statement argues that payers and regulators receiving that response deserve to understand what kind of organization is making it.

Between 2017 and 2022, private equity firms completed approximately 85 percent of all mergers and acquisitions in the autism services sector — a rate of investment concentration not found in any other healthcare segment, according to research published by Cornell University and the Center for Economic and Policy Research. The organizations that have most benefited from CASP's accreditation frameworks, lobbying activities, and standards development are the large-scale, multi-state providers whose growth has been fueled by this investment wave. CASP's board is composed entirely of their executives.

The Structural Argument

The position statement's core argument is structural, not personal. CASP's governance model — a trade association whose board consists exclusively of the financial beneficiaries of its own standards decisions — is constitutionally incapable of providing the independent governance the field requires, regardless of the intentions of the individuals within it.

The documented record supports this argument across multiple domains:

The accreditation conflict. CASP created the Autism Commission on Quality (ACQ) as a wholly-owned subsidiary in 2022, then successfully lobbied more than a dozen payer entities to require ACQ accreditation as a network participation condition. In December 2025, CASP acquired the Behavioral Health Center of Excellence (BHCOE) and the National Autism Data Registry, consolidating both major ABA accreditation programs under one trade association roof. CASP's own CEO has publicly acknowledged that ACQ "wouldn't have been able to make ends meet" without CASP's financial support — a direct contradiction of CASP's repeated characterization of ACQ as an independent body.

The credentialing contradiction. CASP promotes the BACB's ABA Practice Guidelines as the clinical foundation of its authority to federal agencies including CMS, TRICARE, and the Department of Defense. Yet CASP's own public advocacy page identifies mandatory Registered Behavior Technician (RBT) enrollment requirements as a named policy barrier it deployed lobbyists to defeat in Indiana Medicaid. The RBT credential — created by the BACB to establish minimum training and supervision requirements for frontline ABA practitioners — is the BACB's foundational consumer protection standard. CASP invokes the BACB's authority when it confers regulatory leverage. It opposes the BACB's credentialing requirements when they create cost friction for its members.

The CEU toll-booth. CASP holds a BACB-Authorized Continuing Education (ACE) provider designation and sells over 75 events worth more than 100 BACB CEUs — including training it has positioned as required to use the ABA Practice Guidelines it controls. The organization that stewards the field's clinical guidelines also charges the credentialed practitioners who must understand those guidelines for the continuing education required to maintain their own credentials.

The professional body entanglement. At APBA's 2026 annual convention, the Association of Professional Behavior Analysts gave its Jerry Shook Award — named after BACB founder Jerry Shook — to CASP's Vice President of Government Affairs —

who joined CASP directly from BlueSprig Pediatrics, a KKR-backed private equity platform that is among the largest ABA provider companies in the country. APBA has also co-published professional guidelines with CASP. The position statement argues that CASP's authority is continuously reinforced through institutional proximity to the field's legitimate scientific and credentialing bodies — creating the appearance of endorsement those bodies have not formally granted.

The Impact on Independent Providers

The position statement argues that the compliance ecosystem CASP is constructing systematically disadvantages the independent and community-based providers who constitute the majority of the field. The ABA market is highly fragmented — even the nine largest providers account for less than 30 percent of industry revenue. The remainder is distributed across a large number of independent, clinician-owned, and small-to-mid-size practices.

ACQ's per-location reapplication requirement — every two years, per clinic — represents a manageable administrative cycle for a national chain with a dedicated compliance team. For an independent BCBA running a single-site practice, it is a recurring existential cost. The statement's authors argue this is not a design flaw. It is the predictable consequence of standards written by large-provider executives for large-provider operational realities, with no independent voice from the practitioners who will bear the burden of compliance.

What the Statement Asks

The position statement calls on payers to require independent governance verification before renewing or expanding any network requirement referencing ACQ or BHCOE accreditation. It asks state insurance commissioners to scrutinize CASP's lobbying for mandated accreditation given the conflicts documented in the statement. It asks the BACB to formally review whether CASP's use of the ABA Practice Guidelines is consistent with the consumer protection purpose for which those guidelines were developed — and whether CASP's ACE designation is being used in a manner consistent with the BACB's credentialing mission. And it asks ABAI to clarify publicly that CASP's standards and accreditation programs do not carry its scientific endorsement.

The statement also asks APBA's board to examine honestly whether the organization's deepening institutional entanglement with CASP is consistent with APBA's founding purpose: giving credentialed individual practitioners a voice independent of the corporate organizations that employ them.

About the ABA Accountability Project

The ABA Accountability Project is a coalition of independent behavior analysts and ABA providers committed to transparent, democratically accountable governance of clinical standards in applied behavior analysis. All factual claims in the position statement are drawn from CASP's own public materials, its leadership's own public statements, and peer-reviewed research.

The full position statement, supporting documentation, and signatory information are available at **abaaccountabilityproject.org**. Media inquiries:
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