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SI: PUBLIC POLICY ADVOCACY BY BEHAVIOR ANALYSTS

Why Public Policy Matters: A Call to Action for the Everyday Behavior Analyst

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Abstract
Public policy advocacy is a foreign topic to many behavior analysts. However, each professional within the field has a voice and skills helpful in ensuring that the field's growth aligns with best practices. This article outlines pertinent areas of public policy advocacy and calls to action for the everyday behavior analyst. Topics covered include storytelling and dissemination, the field's standards of care, the concept of medical necessity, understanding provider agreements, types of behavior analysts, licensure and legislation, pigeonholing, and documentation. Each section briefly introduces the topic and the pertinent concerns and offers a call to action for providers within the field. The topics covered are not comprehensive of all public policy needs associated with behavior analysis. Instead, they are pragmatic and achievable first steps pertinent to the health of the field. This article will leave readers with tangible action steps to get involved in public policy and advocacy efforts in their daily work, organizations, and communities.

Keywords Public policy · Advocacy · Standards of care · Medical necessity · Access to care

The field of behavior analysis is growing rapidly, and the ability to engage in public policy must reflect and respond to that growth. The U.S. employment demand for board certified behavior analyst (BCBA) positions increased by 5,852% over the past 12 years (Behavior Analyst Certification Board [BACB], 2022a). The International Behavior Analyst Organization ([IBAO] 2023) outlined increased international growth in the field since 2020 and emphasized the importance of advocacy at public policy levels across many countries. Association of Behavior Analysts International (2023) has more than 40 affiliated chapters outside the United States, and behavior analysts can be found in more than 70 countries (Carr & Nosik, 2017).

Over 70% of BCBAs reported a primary area of professional emphasis in autism spectrum disorders. Other specialty areas included education (6.92%), clinical behavior analysis (4.46%), intellectual and developmental disabilities (2.76%), and behavioral pediatrics (1.07%; BACB, 2022b). These figures demonstrate that most behavior analysts work within realms controlled by public policy. For example, the United Arab Emirates has provided government support for services. As a result, they report that nearly 50% of all children with autism receive treatments overseen by BCBAs and BCBA-Ds (Kelly et al., 2016). This demonstrates the complex reciprocal relationship between policymaking and market demand.

In the United States, the Center for Medicare and Medicaid Services (CMS) regulates and guides requirements for covered services for individuals diagnosed with autism (Department of Health & Human Services, 2014). National, federal, and state laws across countries exist to protect consumers of health services, including recipients of ABA medical services (World Health Organization, 2023; IBAO, 2023), which emphasizes the importance of promoting

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public policy across the globe with continuity of ethically minded care, social validity, and contextual fit in mind.

Behavior analysis has a rich history of shaping public policy, with scholars employing behavioral principles in both experimental and applied research to assess the effects of local, state, and federal policies across many realms of socially significant issues (Anderson-Carpenter et al., 2023; Gelino et al., 2023; Knapp, 1997). As behavior analysis and policymaking continue intertwining, providers may just amass the solution that Skinner (1980) called for: to "Save the World." Since Skinner posited that aim, others have offered views on solving societal issues at a larger scale and within public policy (Dixon et al., 2018; Hursh & Roma, 2013; Rumph et al., 2005). Skinner (1980) touched on the complexity of policymaking when he presented it through a behavior analytic lens:

> Policy is said to be made with respect to a current "situation"—a variable having the status of a stimulus, although its effects depend upon many other things. . . . If all this is said to be important because it determines how the situation "looks" to the policy maker, an unfortunate policy can be traced to "misperception." Yet it is the behavior of the policy maker that counts and the variables just mentioned have a direct bearing on that behavior. (p. 352)

Skinner highlighted the behavior of the policymaker as an essential variable. Providers must recognize that the *policymaker* may be a specific individual or group of individuals within modern public policy. In this realm, the policymaker has to acknowledge an issue that requires intervention, identify a path to take, and enact the intervention. The response effort on behalf of the policymaker is substantial and often leads to policy inaction (McConnell & Hart, 2019). Unfortunately, the policymaker's inaction contributes to many of the deficits in policy that providers experience across the field.

The everyday behavior analyst is a catalyst for change. This article addresses key issues affecting the everyday behavior analyst that require immediate attention from policymakers. In addition, Skinner (1980) identified "misperception" as a causal variable in unfortunate policy making. To change the contingencies related to misperception, we present areas in which professionals in the field should be fluent. The field has diverse needs, such as an increased number of certified providers to meet the rising demand, recognition of bachelor-level providers, credentialing specialists in other areas, and expansion into adult services. We cannot cover all aspects requiring advocacy efforts. However, we provide a stepping stone of actions that providers of behavior analytic-related services, regardless of their professional or personal experience in the advocacy arena, can take to engage in widespread advocacy efforts. For each issue, we include a synopsis of the problem followed by a call to action with specific recommended steps.

Definition of Terms

Bundled Rates The rate that covers direct and indirect time spent engaging in necessary tasks to perform the service outlined in each code's definition.

Educational Access Ways that an educational institution and policies ensure, or strive to ensure, a basic minimum education, including access to challenging academic learning objectives, an emphasis on literacy, provision of educational materials of sufficient quantity and quality, and an adequate teacher workforce (Nagro et al., 2022).

Everyday Behavior Analyst A behavior analyst who actively provides behavior analytic services within their scope of competence.

Generally Accepted Standards of Care (GASC) Guidelines based on credible scientific evidence published in peer-reviewed medical literature that are generally recognized by the relevant medical community.

Insurance Exclusions Services that are not covered by an insurance plan.

Medical Necessity Definitions The criteria by which it is determined whether services or supplies are necessary to diagnose or treat a health care condition. Such definitions are typically found in the context of third-party funding determinations. They may be general or tied to a specific diagnosis targeting assessment and treatment of the symptoms and the effects of the symptoms of that medical diagnosis.

Patient The recipient of ABA services in a medical model. The term in this article refers to the actual child or adult at the center of the services provided.

Provider Board Certified Behavior Analyst® (BCBA, BCBA-D), Board Certified assistant Behavior Analyst (BCaBA), QASP® (Qualified Autism Service Practitioner), QASP-S® (Qualified Autism Service Practitioner - Supervisor), International Behavior Analyst® (IBA), or other identified qualified healthcare provider (QHP) in the field of ABA.

Providers Need to Engage in Effective Storytelling to Increase Dissemination and Build Relationships

Historically linked with behavior modification, behavior analysis has a controversial reputation globally, with perceptions varying from ineffective to abusive (Keenan et al.,

2010; Morris & Peterson, 2022). The field's jargon assists in creating a negative public perception of the field, even in languages other than English (Boydston & Hirst, 2020; Critchfield & Doepke, 2018). Quality services rely on the effective provision of evidence-based, ethical services. In order to maximize the effectiveness of services, providers not only have to ensure the provision of evidence-based, ethical services, but they must also coordinate care with other service providers. The field's story is at the beginning. Behavior analysis has roots dating back to Aristotle and ancient Greece (Morris, 2022); however, its application as a therapeutic application is relatively new. ABA began in the early 20th century following the studies and publications of Watson and Skinner in experimental analysis (Morris, 2022). These publications began to have practical applications, and thus ABA was born.

Providers need to be better disseminators and tap into the art of storytelling (Critchfield, 2018). If providers cannot disseminate our science effectively, they contribute to the "misperception" Skinner (1980) identified, making it more difficult to reach patients. Misperception by funders and policymakers leads to the development of unfortunate regulations, guidelines, reimbursement procedures, and laws that may not align with the GASC. This misalignment creates challenges for providers and barriers to service delivery (Kornack et al., 2017). Stories keep the listener or reader engaged, thus increasing their understanding (Hineline, 2022). Hineline (2022) indicated that through storytelling, providers might even develop a better understanding of the field of behavior analysis themselves.

Providers need to understand how language affects the audience. Storytelling is a valuable tool, using the same verbal operants providers rely on in the foundations of verbal behavior (Critchfield, 2018). When providers approach policymakers, funding sources in a peer review, or other outside stakeholders, they must effectively tell the story of our science and relay the incredible impact the services provide (Council for Autism Service Providers [CASP], 2022).

As much as providers advocate through public policy and legislation, they advocate daily in their interactions with others. Suppose providers have alienated, overstepped, or otherwise not worked well with those meant to partner with them. In that case, when it comes time to pursue legislation, others will potentially be providing testimony against the field, not in support of the field. Providers should encourage providers in other fields to share their expertise and advocate for interdisciplinary approaches when appropriate. This collaboration does not mean going against the science or accepting pseudoscience; it means knowing the provider's boundaries of competence and supporting (even cheerleading) the other experts they get the privilege to partner with on patient care. Not only does this increase positive outcomes for the patients, but it also heightens the field's reputation.

Call to Action

1. Everyday behavior analysts must research and understand related industries and collaborate with interdisciplinary committees to know when to seek support elsewhere. They need to build relationships through storytelling.
2. Everyday behavior analysts need to build relationships and understand behavior analysis in other countries and for international organizations to share information worldwide. Disseminating stories and history helps us shape behavior analysis beyond the field's borders.
3. Everyday behavior analysts need to become better storytellers. It is imperative to the field that they venture outside of jargon to disseminate—jargon often is a barrier to telling the whole story. Everyday behavior analysts need to paint bigger pictures and collaborate with others to increase the ultimate outcomes for the patient.
4. Providers Need to Continue to Support the Development, Articulation, and Dissemination of Standards of Care

Most medical industries have accepted and published documents that describe the GASC for their field's services. These standards include "type, frequency, extent, site, and duration" (Health Coverage: Mental Health or Substance Use Disorders, 2020). Examples include treatment dosage standards, practice guidelines for evaluation procedures, and treatment intervention procedures. ABA is no different, and it is these documents that behavior analysts and other advocates should be consistently referencing when advocating for services. Our GASC includes multiple documents; we suggest five prominent examples:

1. *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* (2nd ed.; CASP, 2020)
2. *Ethics Code for Behavior Analysts* (BACB, 2022c)
3. *Identifying Applied Behavior Analysis Interventions* (Association of Professional Behavior Analysts, 2017)
4. *Guidelines for Severe Behavioral Disorders* (Japanese Association for Behavior Analysts [J-ABA], 2023)
5. *Ontario Autism Program: Guidelines for Core Clinical Services and Supports* (Ministry of Children, Community & Social Services, 2023)

Although these documents provide valuable information to funders and any provider rendering ABA services, it would benefit the field for professional organizations to create summaries of standards in specific areas. When

advocates approach policymakers to advocate changes or funding sources to increase access to care, the GASC is relevant, and additional published works pertinent to public policy areas are invaluable. For example, providers need to disseminate the vast body of documentation demonstrating the efficacy of services in areas that do not yet have licensure or legislation (Araiba & Čolić, 2022). Providers also need to highlight the research that supports the medically necessary impact of ABA for other diagnoses, including Down syndrome (Neil et al., 2021), attention deficit hyperactivity disorder (Pfiffner & Haack, 2014), and traumatic brain injury (Cattelani et al., 2010). The field's services are effective via telehealth (Araiba & Čolić, 2022; CASP, 2022). However, increased dissemination is necessary to ensure that the efficacy translates into the permanent use of telehealth modifiers and reimbursement. The potential items to research and disseminate could go on and on.

The provider must be familiar with the GASC and hold the work they do to that standard daily. The everyday behavior analyst can take responsibility to ensure they engage in daily work interactions supporting future advocacy efforts. Whether the behavior analyst is testifying in a court case or creating a treatment plan, they are responsible for engaging in ethical behaviors that set public policy expectations. Providers should understand the standards that guide service rendering and ensure that treatment plans, session notes, service delivery, and other daily tasks tie back to those standards.

Call to Action

1. Everyday behavior analysts are responsible for implementing the GASC in every aspect of applied practice. When engaging in advocacy, it is important to ensure policymakers consistently tie ABA policy back to accepted and evidenced-based standards of care.
2. Throughout organizations, organizational leadership must consistently provide training on the areas discussed in these guidelines, white papers, and published literature. Organizational leadership should develop internal standards of care aligned with the GASC and individualized to the organization's patient population and staff dynamics.

Providers Need to Understand and Demonstrate Medical Necessity Aligned with Generally Accepted Standards of Care

Providers are required to demonstrate *medical necessity* through documentation. To do this accurately and effectively, they must first educate themselves and understand relevant definitions of medical necessity. A variety of well-respected organizations have provided definitions of medical necessity. The U.S. Center for Medicare and Medicaid Services (2006) defined medical necessity as:

> Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

The American Medical Association (2016) used the following definition:

> Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.

Misalignment exists between the GASC and many funding source guidelines. For example, Alaska Medicaid requires an autism diagnosis in order for the individual to access funding for ABA services (Autism Services Regulations, 2022). This issue affects service provision when there is a lack of consistency in the definition of medical necessity across locations and funding sources around the globe. Providers should discuss with funders and policymakers regarding misalignment with GASC to ensure the highest quality of services. The Ontario Association of Behavior Analysis (ONTABA) has established correcting misalignment as an imperative objective for expanding services (ONTABA, 2022).

When a provider or their organization engages in an agreement with funding sources, and in some cases prior to, that provider has the onus of understanding the pertinent medical necessity definition. Providers have an ethical obligation to become familiar with the funder's definitions and ensure that treatment plans align with the funder's definition of medical necessity. At the same time, providers also must follow the GASC to deliver a quality treatment plan using evidence-based interventions. The individual provider is responsible for investing in their training by seeking out webinars and consultations with knowledgeable professionals to achieve this. Often these disparities create a misalignment of clinical needs and funder requirements.

Another possible disparity that heavily affects providers' ability to follow the GASC is that each funding source chooses how they define behavior analytic services. The Current Procedural Terminology (CPT) codes in the United States partly define behavior analytic services. Funders can adopt the complete set of codes or adopt a limited set of codes which may restrict service delivery. In the European Nations, governments adopted one subset of the discipline, such as Positive Behavior Supports (PBS), rather than adhering to the standard of the full discipline (Keenan et al., 2022). The European Behavior Analyst (EuroBA) project and the Professional Advisory Group (PAG) have advocated to amend these restrictions.

Call to Action

1. Everyday behavior analysts must advocate for alignment of standards to ensure that training requirements comply and that documentation requirements align with professional standards. In order for this to happen, they should partner with policymakers and funders in developing medical necessity definitions for ABA.
2. Until the field adopts a standard definition of medical necessity, everyday behavior analysts need to review and understand each funder's definition of medical necessity in order to create legally defensible treatment plans. When misalignment occurs, providers should work with professional organizations and partner with the decision makers at the funding source to resolve the misalignment. This can be a long and arduous process.
3. Everyday behavior analysts must work together uniformly and with professional associations to most effectively advocate for medical necessity policies unique to ABA within provider agreements. Until this exists, they need to seek clarification from funders on how current policies allow ABA providers to align with GASC.

Providers Need to Develop Clear Distinctions between Medical and Educational ABA Service Provision

Many countries have identified an increasing trend in maladaptive behaviors in educational settings and identified differences in services based on location (J-ABA, 2023; Swedish Association for Behavior Analysis, 2023). When calling for the formation of regulations in the Gulf Cooperative Council, Kelly et al. (2016) identified the importance of including professionals from both the medical and educational fields. The World Health Organization (2023) pointed out that many individuals receiving ABA services have complex medical needs which require collaboration between the medical and educational treatment settings. The State of Colorado recently enacted a bill recognizing the importance of treatment across settings by mandating that schools create a policy to enable medical providers to provide treatment within the school setting (Access to Medically Necessary Services for Students, 2022). With this increased awareness of the benefits of cross-field collaboration, it is important that providers become aware of possible limitations related to not only the variables across settings but also existing policies. For example, a provider's agreement may explicitly exclude duplication of services, which means the medical ABA provider is responsible for ensuring that goal duplication is not occurring between the individualized education plan (IEP) and the medical treatment plan. As such, providers must also know the difference between *educational access* and *medical necessity* definitions.

The BACB describes the role of the BCBA to have different objectives and focus of practice dependent upon the setting; for example, credentialed providers within a school setting focus their skill set on improved learning (BACB, 2022d). Grindel et al. (2012) concluded that school-based services are often less intensive due to the availability of service hours, areas of focus (i.e., education), parent involvement, and other confounding variables. In contrast, the medical BCBA often practices across a much wider scope, focusing on treating the behavioral symptoms of a diagnosis. A small sampling of these behaviors includes those related to anxiety, brain injury, disruptive behavior, inattention, symptoms of autism, and improved functioning among those diagnosed with developmental delays (BACB, 2022d).

It would be most beneficial to have both the school and medical ABA teams working together; consistency and collaboration across disciplines historically increase outcomes for the patient (Kirby et al., 2022). When writing goals for medical necessity treatment, providers must focus on remediating the symptoms and effects of the diagnosis. Educational goals focus on ensuring access to free and appropriate public education (FAPE) and educational benefits to support post-school outcomes (Gregory et al., 2020).

The distinction between medical necessity and educational access can be challenging to identify without clearly understanding the service delivery systems' different scope, purpose, standards, and legal and ethical obligations. Educational ABA services usually use some ABA techniques, most notably PBIS, by various school personnel to assist students in accessing their education (Putnam & Kincaid, 2015). With new legislation being passed in some states for medically focused ABA to be allowed to be delivered at a school location and within the school day, providers must clearly define what each party's roles and responsibilities are to the student/patient as well as develop a clear distinction between educational access services and medically necessary treatment.

Call to Action

1. At present, the BACB has provided definitions for "Behavior Analysis in Education" and "Clinical-Behavior Analyst," as well as others (BACB, 2022d). Everyday behavior analysts must develop more clearly defined terminology with examples explaining the difference between educational and medical ABA.
2. Everyday behavior analysts need to work together as groups and with professional organizations to delineate the scope of practice for credentialed providers in various settings.
3. Professional organizations need to ensure funders, schools, and other policymakers align policies and practices with the legal and ethical differences in mind.

Providers Need to Work to Extend Licensure and Credentialing of Behavior Analysts to Around the World.

Many industries have processes that allow consumers to identify base-level competence in providers. Certification is one process that demonstrates that an individual has a certain level of knowledge and is voluntary. A nongovernmental organization regulates and monitors certification, focusing mainly on professional competency (U.S. Department of Education, International Affairs Office, 2023). The field's main certifying body in the United States and Canada is the BACB, which offers the certification of BCBA, BCBA-D, BCaBA, and RBT to individuals who have met specific education and experience requirements and passed an exam. Approximately 94% of individuals certified by the BACB live in the United States (International Board of Credentialing and Continuing Education Standards, 2022). Effective January 2023, the BACB changed its policy on credentialing in other countries. Only residents of Australia, Canada, the United Kingdom, and the United States may apply due to differences in legislative and credentialing standards in other countries (BACB, 2023a). Brazil established regulations through the Brazilian Association of Behavioral Science (2022). The European Behavior Analyst (EuroBA) project and the Professional Advisory Group (PAG) responded to the BACB decision and are working to establish guidelines and policies for the regulation of ABA in European countries (Keenan et al., 2022). Alotaibi et al. (2021) mentioned that ABA is not government regulated in Saudi Arabia; as a result, the lack of regulation negatively affects access to services, with only 1% of children diagnosed with autism receiving any behavior analytic support. The IBAO (2023) was established in 2020 to certify behavior analysts globally.

On the other hand, licensure is a legal requirement regulated by a government authority to regulate practice as required by law (U.S. Department of Education, 2023). Kelly et al. (2016) called for a government body to create licensure and policy standards in the Gulf Collaborative Council. Licensing establishes legal requirements and regulations for practicing behavior analysts. Licensure requirements vary by government. Advocates must educate decisionmakers on pertinent criteria that align with the GASC, such as provider qualifications and service delivery quality (Silbaugh & El Fattal, 2021). It is important to note that some governments may require certification and licensure to practice as a behavior analyst, and some may only require one or the other.

Licensure protects both the consumer and the provider of a specific service. Licensure provides additional guidelines that dictate the scope of practice, defined as the activities a practitioner can perform (Brodhead et al., 2018). Regulatory control ensures that providers practice within their scope of competence, which aligns with the activities that practitioners can perform at a certain level of mastery (Brodhead et al., 2018). Licensure ensures that those who do not meet the criteria needed for licensure do not misrepresent themselves and provide services protected by licensure. As an example, the United States has mandated autism services in all 50 states, but only 36 of states currently have some form of licensure for the practice of behavior analysis (BACB, 2023b). Licensure provides a way for the government to take disciplinary action against providers who violate the rules and regulations of their profession, including revoking or suspending a license. This provides an additional layer of protection for consumers by ensuring that providers who engage in unprofessional conduct can be held accountable for their actions.

Licensure and credentialing are vital to the ethical growth of the field. Without these, no one has disciplinary authority over noncertified or licensed providers. Carr and Nosik (2017) point out that certification boards often have a code of conduct, but certification is voluntary. Only through legislative action (i.e., licensure) is the scope of practice legally defined and enforced. Some countries have chosen to tie these two concepts together through their legislative works; other countries need to have the data available for governments and professionals to identify needed regulations (International Board of Credentialing & Continuing Education Standards, 2022).

Call to Action

1. Appropriate licensure or equivalent (e.g. credentialing, regulation, professional registration) is needed in all countries where behavior analysts practice. This will

require the everyday behavior analyst to work with one another and with licensing boards or equivalent to educate them on the necessity and benefits of licensure. If you are in a region that has licensure, work with the licensing boards and if you are not, work with your credentialing body or other government agency as applicable to provide similar levels of regulation.
2. If laws inaccurately align with licensure or the equivalent (e.g., with the GASC) or unreasonable limitations exist due to licensure or equivalent (e.g., limiting patient access to care), work with policymakers and oversight boards to correct those errors.
3. Everyday behavior analysts can work with related professional associations to advocate for credentialing and licensure standards or equivalent that align with the requirements of their country.

Providers Need to Prevent Pigeonholing of ABA and Expand Access to Underserved Populations

The field is probably best known for changing the behaviors associated with autism. This has led to many policies focusing on providing and regulating services utilizing ABA, specifically in the autism specialty. There are many more diagnoses and behaviors for which there is strong evidence for services. The *Model Coverage Policy for Adaptive Behavior Services* identifies more than 20 diagnostic codes for which ABA is medically necessary (ABA Billing Codes Commission, n.d.; ABA Coding Coalition, 2022). The *Supporting Guidelines of Severe Behavioral Disorders* (J-ABA, 2023) recognizes that severe intellectual disabilities also benefit from ABA services. There is evidence that services benefit patients with diagnoses not included in the *DSM-5* (ABA Coding Coalition, 2022), such as Down's syndrome and Angelman's syndrome. Schwartz and Kelly (2021) point out that ABA is about improving the quality of life outcomes for those receiving services, which should be the determining variable when prescribing treatment. As such, providers must consider other areas where ABA could be effective. Maragakis et al. (2021) explored many evidence-based treatment areas in which behavior analysts practice. There is sufficient evidence of treatment effectiveness for those symptoms attributed to various neurological disorders outside autism (Neidert et al., 2010). Expanding covered service areas is vital to the outcomes of those receiving treatment and the continued growth in our field. Providers must continue to advocate for funding and research outside of the diagnosis of autism.

Although government regulations and funding source policies allowed an expansion of ABA, many regulating policies limit the scope of coverage to specific diagnoses. As a result, some patients with nonautism diagnoses would benefit from services who must go without and end up in lesser desired locations (e.g., in a facility rather than at home). The BACB has four founding principles; one of these principles is to ensure behavior analysts work to benefit others (BACB, 2022c). Providers must work together to ensure services are available to those who will benefit from them, regardless of diagnosis or funding limitations. When individuals who do not work within the field create unfortunate policies, this may alter the behavior of everyday behavior analysts to conform to these policies. These altered behaviors limit the ability to maintain the integrity of behavioral science. With each concession, providers lose a little more of what could be provided and create harm by not being available to serve those who need services most.

Call to Action

1. Everyday behavior analysts need to advocate for change in the regulations at the government level. Policymakers' misunderstanding has created barriers that limit the versatility of ABA services. Although the field knows it can be effective, everyday behavior analysts need to adjust public policy to ensure access to effective services for all who wish to access them. Collaborating with other everyday behavior analysts to create a uniform, group voice is one way to strengthen the power of advocacy efforts.
2. Everyday behavior analysts must ensure that their training and experiences are not limited to autism. Specialization creates the field's subject matter experts—those providers that others turn to for mentorship. It would best serve the patients seeking services to diversify fieldwork experiences while maintaining access to those who have specialized for expert consultation.

Providers Need to Understand and Accurately Document Services Rendered

Documentation of the services provided directly affects the ability of policymakers to change policies when engaging in advocacy. This involves documenting the activities themselves and their effect on the overall treatment path of the patient. Unfortunate documentation results in permanent products that may confirm or disconfirm pertinent points in policies that exist. This can lead to novel or continued misperceptions affecting policy development and directly support or increase difficulty with policy advocacy efforts.

As stated earlier, it is the provider's responsibility to become fluent in the GASC, including standards for documentation; this fluency should directly affect the provider's behavior. All documentation must demonstrate that the

individual received a medically necessary service aligned with the overall treatment outcomes (CASP, 2022). This means that providers must follow the guidelines for the specific activity they are billing and demonstrate the effect on that specific patient's approved and identified service goal(s). The provider also needs to document the rendered services. That documentation directly affects the advocacy work by providers, families, and policymakers worldwide. Documentation is the real-time proof to funding sources, policymakers, and our stakeholders that what transpires during an authorized service is not only aligned with the GASC but also demonstrates the quality of life differences in the lives of the patients and families on the receiving end of services.

Call to Action

1. Everyday behavior analysts need to document their services accurately, adequately, and in a high-quality manner to advocate for the services for those patients charged to their care.
2. Everyday behavior analysts need to demonstrate why all the activities they engage in that lead to quality outcomes are essential to the overall treatment path of the patient by completing documentation for all services conducted. This documentation backs up the requests to align with GASC and individualized service requests.
3. Organizations and groups of everyday behavior analysts should ensure the dissemination of adequate documentation, particularly in the supervisor and supervisee relationships.

Conclusion

The growth of the field worldwide has been a direct result of the power of the science of behavior analysis affecting the lives of patients and their families. That growth is inevitable as the need expands and evidence mounts. Quality care provided to those most in need will only continue through intelligent, focused, and thoughtful advocacy efforts targeted at urgent areas of need. We highlighted a few urgent areas of action for the everyday behavior analyst. However, we also understand that many of the presented items will take time to install into current day-to-day practice. We would like to conclude this article with a final list of broad items to inspire passion for the growth of this field in the everyday behavior analyst.

1. Governments have varying levels of policy idiosyncrasies and process guidelines. Each region should have a public policy advocacy committee within its ABA organization. If your organization still needs to get one, begin working with them to start one.
2. Get to know the policymakers in your area or those working with the funding sources for your services. Relationships are a key part of advocacy—our research and data may have written the most effective story to make the changes we need to make, but we also need the appropriate audience.
3. Within your organization, find team members passionate about public policy. Organizations that provide ABA services are keenly aware of the barriers and pain points that require advocacy work. Often this begins with a small group of like-minded, passionate individuals that collaborate with professional associations to harness data on these barriers and partner with policymakers to effect change. This too will require a long and arduous process.
4. Monitor legislation at your government level; regularly scan bills related to *autism* or *behavior analysis* or *BCBA*. CASP has a designated page on their website that includes current federal and state legislation in the United States that affects the field. When able, sign up for public comment on bills or to provide testimony supporting bills that are up for debate. This ensures that everyday behavior analysts participate in the decisions that dictate the rendering of our field's services.

The everyday behavior analyst ensures the dissemination is done ethically and accurately by participating in public policy and advocacy efforts. They need to ensure, as experts in their field, that they are guiding the public policy that affects the service delivery of the field. Public policy affects the field of ABA. Public policy by few has been at the heart of this expansion. Public policy by many will be essential.

It does not take being an expert in public policy to engage in advocacy; there are things the everyday behavior analyst can do now in their day-to-day practice to support advocacy efforts. If the field continues to grow, more patients can access medical services that could change their lives. Now is the time to get involved.

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