



# HB 5044: ABA Therapy in Michigan Schools

## Myth vs. Fact

Applied Behavior Analysis (ABA) therapy is a medically necessary, evidence-based treatment for students with autism and related disabilities, prescribed by licensed or qualified healthcare professionals and delivered by trained, credentialed, licensed behavior analysts and supervised staff. The following information, developed by the Michigan Behavior Analysis Providers Association (MiBAP), addresses common misconceptions about ABA application in Michigan schools.

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### **MYTH: ABA therapy in schools requires students leave the classroom.**

**FACT:** Leaving the classroom is not required and is contrary to the intent of ABA. The goal is full inclusion and the least restrictive environment for students. ABA treatment is prescribed by qualified healthcare professionals based on medical necessity and the individual needs of each child.

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### **MYTH: ABA therapy interferes with FAPE.**

**FACT:** ABA therapy directly supports the provision of a Free Appropriate Public Education (FAPE). When a student cannot safely or meaningfully access instruction or participate in the school's social environment, FAPE is not being met. Medically trained providers—Board Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBTs)—play a critical role in reducing barriers to learning, increasing student engagement, and supporting measurable educational progress in the least restrictive environment (LRE).

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### **MYTH: ABA therapy is separate from FAPE and not protected under educational rights.**

**FACT:** ABA therapy is a medically necessary treatment—not an educational service—that complements legally required supports such as IEPs and 504 plans. Under the Americans with Disabilities Act (ADA), students with disabilities are entitled to medically necessary services across settings, including schools, when needed to access the educational environment—just as other health-related supports are routinely provided during the school day.

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### **MYTH: BCBAs and RBTs interrupt classroom instruction.**

**FACT:** ABA therapy providers reduce—not create—disruptions. They collaborate with teachers to prevent challenging behaviors, support classroom routines, and increase student engagement. Like speech or occupational therapy, ABA enhances instruction and inclusion rather than interfering with it.

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### **MYTH: ABA therapy will cost schools money.**

**FACT:** ABA therapy can reduce overall costs by increasing student attendance, decreasing behavioral crises, limiting costly out-of-district placements, and improving long-term outcomes. Importantly, ABA services are medically funded, not drawn from special education budgets.

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**MYTH: All Michigan schools already provide ABA therapy.**

**FACT:** There is no standardized access to ABA across Michigan schools. Districts vary widely in whether they employ or permit external BCBA's or ABA teams, resulting in inconsistent access for students. A child's ability to receive medically necessary ABA should not depend on their ZIP code or school district.

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**MYTH: School employed BCBA's provide the same services.**

**FACT:** The role of a school employed BCBA is distinctly different:

- **Educational BCBA's** focus on school-based supports and instructional access
- **Medical BCBA's** provide medically necessary treatment to address symptoms associated with a medical diagnosis such as autism

When implemented concurrently, these distinct but complementary roles ensure coordinated and comprehensive support for students.

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**MYTH: Multi-Tier System of Support (MTSS) and Positive Behavior Support Plans (PBIS) replace the need for ABA therapy in schools.**

**FACT:** MTSS and PBIS are informed by principles of Applied Behavior Analysis but are not medical treatments. Only licensed Board Certified Behavior Analysts (BCBA's) and Registered Behavior Technicians (RBT's) may ethically deliver ABA therapy under Behavior Analysis Certification Board (BACB) standards. MTSS and PBIS support educational access, while ABA provides individualized, medically necessary treatment.

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**MYTH: Teachers and school staff can manage ABA-type supports alone.**

**FACT:** Teachers already carry extensive responsibilities. BCBA's and RBT's reduce the burden on educators, allowing them to focus on instruction while clinical professionals address behavior and related skill development.

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**MYTH: Parents can already simply request ABA therapy in the IEP.**

**FACT:** In practice, access is inconsistent across Michigan. Families and providers report resistance to discussing medical ABA during IEP, 504, or REED meetings, often requiring mediation or litigation. Clear guidance and policy alignment are needed to ensure equitable access to medically necessary services.

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**MYTH: Bringing ABA therapy providers into the classroom means teachers lose control or authority over instruction.**

**FACT:** ABA therapy services in schools are designed to support, not replace, teachers as the instructional leaders of their classrooms. Effective school-based ABA relies on clearly defined roles, boundaries, and communication protocols. ABA providers work within established classroom structures, follow school policies, and adjust supports to fit the teacher’s routines and instructional responsibility.

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**MYTH: Allowing ABA therapy providers in schools increases security risks and the likelihood of FERPA violations.**

**FACT:** ABA therapy providers are trained healthcare professionals who operate under strict confidentiality and privacy standards. When services are provided in schools, they comply with FERPA, HIPAA, and district security requirements, including background checks and access protocols. With appropriate agreements and procedures in place, ABA services are delivered safely without compromising student privacy or school security.

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### Key Takeaways

- ABA therapy can be provided by licensed, certified, and educated medical professionals legally and ethically in school settings.
  - Collaboration between medical providers and educational teams leads to cohesive, evidence-based support.
  - Federal law—including FAPE, the Americans with Disabilities Act (ADA), ADAAA, and the Individuals with Disabilities Education Act (IDEA)—explicitly protects a student’s right to access medically necessary interventions such as ABA, alongside required educational services.
  - ABA therapy in schools does not replace teachers or usurp the authority of schools over educational content — it enhances student inclusion, safety, and access to learning opportunities.
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*This handout is intended to support informed decision-making and collaborative problem-solving around student access, inclusion, and medically necessary care in Michigan schools as recommended by the Michigan Behavior Analysis Providers Association (MiBAP). MiBAP can be reached at [membership@mibap.org](mailto:membership@mibap.org), 269.460.0517, or 208 N. Capitol Ave, Fl 3, Lansing, MI 48933.*