Michigan Association of Administrators of Special Education (MAASE)
Written Testimony on House Bill 5044
November 5, 2025

Michigan educators and administrators are deeply committed to supporting students with behavioral and developmental needs through effective, evidence-based, and educationally sound practices. It is precisely because of that commitment that it is difficult to come before you in opposition to HB 5044, as we view ourselves first and foremost as advocates for students.

However, our advocacy also requires us to speak up when proposed legislation threatens to undermine the very systems designed to protect students and ensure equitable access to education. The bill, as written, introduces serious concerns related to methodology, funding, accountability, and compliance with federal law, namely the Individuals with Disabilities Act (commonly referred to as IDEA) and Section 504 of the Rehabilitation Act. In its current form, it creates a direct conflict between state and federal requirements, placing schools in an untenable and legally indefensible position. For that reason, we must oppose this bill.

Problem Statement: What *We* Collectively Are Trying to Solve

- Ensuring safe and supportive responses to student behavior remain a top priority, as schools continue to reduce the use of emergency seclusion and restraint practices.
- Building educator capacity to address behavioral/therapeutic needs.
- The transition from one-on-one ABA therapy (whether provided outside or within the school) to the general education classroom is often challenging. Difficulties arise both in logistics, such as coordination and handoff between providers and schools, and in the generalization of skills, as students move from a highly structured 1:1 environment to a dynamic classroom setting.

Why HB 5044 does not solve these problems:

1. A Better Solution Is Already Underway: Building Educator Capacity
Increasing the knowledge and skills of school staff is the most viable and sustainable solution, and it's already happening across Michigan. Supporting students in crisis is our top priority, and below are some recent examples of collaborative work we are doing to strengthen educator practices and improve student outcomes, work that is already

demonstrating results:

- **MDE/MDHHS Guidelines for the Provision of ABA in Public Schools** (Released May 2025)
- **MDE's internal and external workgroups** focused on reducing emergency seclusion and restraint
- **MAISA and SEILN's Creating Safe Learning Environments** statewide "train-the-trainer" series focused on prevention, regulation, and trauma-informed supports
- **MAASE's Paraeducator Bootcamp** (over 3,000 trained this year) and Registered Behavior Technician (RBT) training, both building capacity in evidence-based behavioral practices
- **The BCBA Community of Practice** is a place where school-employed ABA providers work collaboratively across districts statewide

2. The "Balanced and Collaborative" Claim Is Misleading

While the intent of HB 5044 is to promote collaboration between schools and clinical providers, the bill blurs essential boundaries between education and therapy. This creates confusion in roles, responsibilities, and accountability, ultimately undermining the very collaboration it seeks to foster.

Key concerns include:

- **Blurs roles and intent:** The bill confuses instructional supports with clinical treatment, mixing educational and medical purposes.
- **Conflicts with IDEA:** When insurance-funded ABA therapy occurs during classroom instruction, teachers and staff become de facto implementers of a medical model, directly conflicting with IDEA's educational framework.
- **Misunderstands teacher needs:** Teachers do not seek to deliver therapy; they need tools for transition, generalization, behavioral frameworks, and classroom collaboration, not new medical obligations.
- **Lacks clarity and accountability:** The absence of clear definitions for roles, supervision, and responsibility will cause implementation to break down in practice.
- **Proven failures elsewhere:** Other states that have attempted similar legislation have already experienced these same implementation problems and litigation, reinforcing the risks of replicating this model.

3. Risk in Not Supporting the Transition from Clinical Therapy to Learning at School

While the goal of supporting students' transition from one-on-one therapy to full

participation in school is shared, HB 5044 introduces several challenges that could ultimately move students further from that goal.

Key concerns include:

- **Conflicts with the Least Restrictive Environment (LRE):** Embedding additional 1:1 clinical therapy during the school day risks isolating students from their peers and limiting their participation in the general education environment, contradicting IDEA's requirement for the IEP team to educate students in the least restrictive environment.

- **Creates role and accountability gaps:** The bill allows services to be provided by private therapists who are not school employees or members of the IEP team, reducing collaboration, consistency, and accountability for educational outcomes. This separation pulls the student between two systems operating under different standards and goals.

- **Misaligns methodologies:** Clinical ABA is designed for treatment in controlled 1:1 settings, while schools focus on instruction, social interaction, and generalization of skills across environments. Without intentional alignment, these differing methodologies can confuse students, fragment support, and hinder progress toward classroom independence.

4. The Business Model of Insurance-Funded ABA During School Hours Is Problematic

HB 5044 effectively endorses an insurance-funded service model within the public school day, one that creates structural and operational tensions between educational and medical systems. Without clear parameters or accountability, this model risks disrupting instruction, confusing roles, and undermining educational priorities.

Key concerns include:

- **Instructional disruption:** Schools must carve out time and space for therapy, reducing access to general education instruction.
- **Competing priorities:** Insurance providers focus on clinical treatment metrics, not educational progress, inclusion, or curriculum alignment.
- **Role confusion and burden:** Teachers may become sidelined or overextended, managing coordination between therapy and classroom instruction.
- **Lack of structural clarity:** The bill provides no framework for aligning therapy with instruction, defining supervision, or ensuring seamless transition planning.

- **Risk of therapy dominating the school day:** Without explicit boundaries, the educational mission of schools may be overshadowed by clinical treatment models.

5. Implementation, Oversight, and Accountability
While HB 5044 broadly requires schools to "allow students to receive medical treatment," it provides no meaningful structure for implementation, coordination, or accountability. Without clear systems and safeguards, the result will be fragmented services and increased compliance risk for districts.

Key concerns include:

- **Lack of coordination framework:** The bill does not define how therapy services will align with IEP or 504 plans, or how schools and providers will coordinate delivery.
- **No measures of effectiveness:** There are no requirements for tracking progress, monitoring outcomes, or ensuring therapy aligns with educational goals.
- **Unclear funding and training expectations:** The legislation omits how teacher training, supervision, or administrative oversight will be supported or funded.
- **Missing quality controls:** No mechanism ensures services are evidence-based or contextually appropriate for school settings, rather than isolated clinical sessions.
- **Risk of poor integration:** Without accountability, "therapy in schools" risks becoming a disconnected add-on instead of a collaborative, student-centered strategy.

Conclusion
As the professionals charged with upholding the intent and integrity of the Individuals with Disabilities Education Act (IDEA), Michigan educators and administrators respectfully urge lawmakers to reconsider House Bill 5044. While the bill's intent, to ensure students can access medically necessary services without sacrificing education, is one we fully support, the current language creates conflicts that duplicate services, undermine IDEA compliance, and risk compromising students' educational outcomes.

House Bill 5044 directly conflicts with federal law by allowing private healthcare providers and parents to mandate related services within schools, authority that IDEA reserves for the IEP team, which includes parents but is led by the school district. Case law consistently reinforces that distinction, confirming that the determination of educational necessity rests with the IEP team, supported by due process and procedural safeguards.

If a student requires ABA to receive a Free Appropriate Public Education (FAPE), the IEP team already has both the authority and obligation to provide it, whether through school-employed BCBAs or contracted specialists. That system is working across Michigan and is being strengthened through new statewide initiatives, including the joint MDE/MDHHS guidance and training efforts designed to expand educator knowledge, consistency, and capacity.

We share the Legislature's goal of ensuring that no student must choose between clinical therapy and education. However, HB 5044, as written, risks blurring the boundary between clinical treatment and public education and introducing compliance and fiscal risks for schools. The better path forward is to continue investing in educator training, interagency collaboration, and coordinated implementation of the existing MDE/MDHHS framework, ensuring safe, consistent, and legally sound supports for every student.

Submitted on behalf of the MAASE Board of Directors by:
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