

April 15, 2013

To: Senate Committee On Health Care and Human Services
From: Jenny Fischer, President - Oregon Association for Behavior Analysis (ORABA)

Re: SB365

Dear Chair Monnes Anderson and members of the committee,

SB365 is vitally important to Oregon families affected by autism. If SB365 passes, it will clarify laws existing laws that require insurers to cover medically necessary, evidence-based autism treatments. In addition, it will establish licensure for behavior analysts, ensuring that treatment is delivered by qualified providers.

During the hearing on April 4, 2013, a set of “-3” amendments were introduced that may impede access to treatment for individuals with autism. In particular, the following concerns about these amendments have been raised:

1. The amendments remove Applied Behavior Analysis (ABA) from Oregon’s Mental Health Parity Act, denying individuals with autism the protections afforded by that law. In addition, this clause may obstruct access to ABA treatment for individuals with other diagnoses.
2. The amendments nullify the right of patients with autism to appeal benefit denials, a clause that is in conflict with the Affordable Care Act.
3. The wording of an amendment intended to clarify the responsibilities of schools, the Department of Human Services, and the Oregon Health Authority has the effect of absolving insurers of their obligation to provide treatment if it is also provided by one of the above providers.
4. The amendments postpone implementation until mid 2014 or 2015, a delay which our state’s children with autism cannot afford.
5. Finally, the amendments specify that treatment must take place in the patient’s home or a health care office/facility, removing community settings from potential treatment locations. This contradicts best practices in ABA. For many treatment goals, meaningful outcomes require that treatment gains be generalized to settings outside of the home or clinic.

Despite the above concerns, it is vital that SB365 continue moving forward. Please consider one of the following options:

1. Move the original, un-amended version of SB365 to Ways and Means, where further amendments can be pursued.
2. Draft new amendments that address the above concerns.
3. Proceed with a version of SB365 that includes only a licensing board. If this option is chosen, there are several ways in which the current licensing

bill should be revised. In the absence of an insurance mandate, a much simpler version of the Behavior Analysis Regulatory Board may be put forward. It should include the following changes:

- a. Removal of the “approved licensed health care professional” designation to focus solely on licensure for behavior analysts/assistant behavior analysts and registration for behavior analysis interventionists.
- b. Given the change recommended in “a” above, the board composition may be revised to include 5 licensed behavior analysts, one member of a related profession, and one member of the public.

Thank you very much for your time and attention to this important piece of legislation. Please contact me if there are questions about the above testimony.

Sincerely,

Jenny Fischer, MS, BCBA
President, Oregon Association for Behavior Analysis
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