

## SENATE AMENDMENTS TO SENATE BILL 365

By COMMITTEE ON HEALTH CARE AND HUMAN SERVICES

April 24

- 1 On page 1 of the printed bill, line 2, after “ORS” insert “414.710,”.
- 2 In line 3, delete “and 743A.190” and insert “, 743A.190 and 750.055”.
- 3 Delete lines 6 through 28 and delete pages 2 through 4.
- 4 On page 5, delete lines 1 through 15 and insert:
- 5 **“SECTION 2. (1) As used in this section and sections 3 and 3a of this 2013 Act:**
- 6 **“(a)(A) ‘Applied behavior analysis’ means the design, implementation and evaluation of**
- 7 **environmental modifications, using behavioral stimuli and consequences, to produce signif-**
- 8 **icant improvement in human social behavior, including the use of direct observation, meas-**
- 9 **urement and functional analysis of the relationship between environment and behavior and**
- 10 **that is provided by:**
- 11 **“(i) A licensed health care professional registered under section 3 of this 2013 Act;**
- 12 **“(ii) A behavior analyst or an assistant behavior analyst licensed under section 3 of this**
- 13 **2013 Act; or**
- 14 **“(iii) A behavior analysis interventionist registered under section 3 of this 2013 Act.**
- 15 **“(B) ‘Applied behavior analysis’ excludes psychological testing, neuropsychology,**
- 16 **psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy and long-term**
- 17 **counseling as treatment modalities.**
- 18 **“(b) ‘Autism spectrum disorder’ has the meaning given that term in the fifth edition of**
- 19 **the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the Ameri-**
- 20 **can Psychiatric Association.**
- 21 **“(c) ‘Diagnosis’ means medically necessary assessment, evaluation or testing.**
- 22 **“(d) ‘Health benefit plan’ has the meaning given that term in ORS 743.730.**
- 23 **“(e) ‘Medically necessary’ means in accordance with the definition of medical necessity**
- 24 **that is specified in the policy or certificate for the health benefit plan and that applies to all**
- 25 **covered services under the plan.**
- 26 **“(f) ‘Treatment for autism spectrum disorder’ includes applied behavior analysis for up**
- 27 **to 25 hours per week and any other mental health or medical services identified in the indi-**
- 28 **vidualized treatment plan, as described in subsection (6) of this section.**
- 29 **“(2) A health benefit plan shall provide coverage of:**
- 30 **“(a) The screening for and diagnosis of autism spectrum disorder by a licensed**
- 31 **neurologist, pediatric neurologist, developmental pediatrician, psychiatrist or psychologist,**
- 32 **who has experience or training in the diagnosis of autism spectrum disorder; and**
- 33 **“(b) Medically necessary treatment for autism spectrum disorder and the management**
- 34 **of care, for an individual who begins treatment before nine years of age, subject to the re-**
- 35 **quirements of this section.**

1       **“(3) This section does not require coverage for:**  
2       **“(a) Services provided by a family or household member;**  
3       **“(b) Services that are custodial in nature or that constitute marital, family, educational**  
4 **or training services;**  
5       **“(c) Custodial or respite care, equine assisted therapy, creative arts therapy, wilderness**  
6 **or adventure camps, social counseling, telemedicine, music therapy, neurofeedback, chelation**  
7 **or hyperbaric chambers;**  
8       **“(d) Services provided under an individual education plan in accordance with the Indi-**  
9 **viduals with Disabilities Education Act, 20 U.S.C. 1400 et seq.;**  
10       **“(e) Services provided through community or social programs; or**  
11       **“(f) Services provided by the Department of Human Services or the Oregon Health Au-**  
12 **thority, other than employee benefit plans offered by the department and the authority.**  
13       **“(4) An insurer may not terminate coverage or refuse to issue or renew coverage for an**  
14 **individual solely because the individual has received a diagnosis of autism spectrum disorder**  
15 **or has received treatment for autism spectrum disorder.**  
16       **“(5) Coverage under this section may be subject to utilization controls that are reason-**  
17 **able in the context of individual determinations of medical necessity. An insurer may require:**  
18       **“(a) An autism spectrum disorder diagnosis by a professional described in subsection**  
19 **(2)(a) of this section if the original diagnosis was not made by a professional described in**  
20 **subsection (2)(a) of this section.**  
21       **“(b) Prior authorization for coverage of a maximum of 25 hours per week of applied be-**  
22 **havior analysis recommended in an individualized treatment plan approved by a professional**  
23 **described in subsection (2)(a) of this section for an individual with autism spectrum disorder,**  
24 **as long as the insurer makes a prior authorization determination no later than 30 calendar**  
25 **days after receiving the request for prior authorization.**  
26       **“(6) If an individual is receiving applied behavior analysis, an insurer may require sub-**  
27 **mission of an individualized treatment plan, which shall include all elements necessary for**  
28 **the insurer to appropriately determine coverage under the health benefit plan. The individ-**  
29 **ualized treatment plan must be based on evidence-based screening criteria. An insurer may**  
30 **require an updated individualized treatment plan, not more than once every six months, that**  
31 **includes observed progress as of the date the updated plan was prepared, for the purpose of**  
32 **performing utilization review and medical management. The insurer may require the indi-**  
33 **vidualized treatment plan to be approved by a professional described in subsection (2)(a) of**  
34 **this section, and to include the:**  
35       **“(a) Diagnosis;**  
36       **“(b) Proposed treatment by type;**  
37       **“(c) Frequency and anticipated duration of treatment;**  
38       **“(d) Anticipated outcomes stated as goals, including specific cognitive, social,**  
39 **communicative, self-care and behavioral goals that are clearly stated, directly observed and**  
40 **continually measured and that address the characteristics of the autism spectrum disorder;**  
41 **and**  
42       **“(e) Signature of the treating provider.**  
43       **“(7)(a) Once coverage for applied behavior analysis has been approved, the coverage**  
44 **continues as long as:**  
45       **“(A) The individual continues to make progress toward the majority of the goals of the**

1 individualized treatment plan; and

2 “(B) Applied behavior analysis is medically necessary.

3 “(b) An insurer may require periodic review of an individualized treatment plan, as de-  
4 scribed in subsection (6) of this section, and modification of the individualized treatment plan  
5 if the review shows that the individual receiving the treatment is not making substantial  
6 clinical progress toward the goals of the individualized treatment plan.

7 “(8) Coverage under this section may be subject to requirements and limitations no more  
8 restrictive than those imposed on coverage or reimbursement of expenses arising from the  
9 treatment of other medical conditions under the policy or certificate, including but not lim-  
10 ited to:

11 “(a) Requirements and limitations regarding in-network providers; and

12 “(b) Provisions relating to deductibles, copayments and coinsurance.

13 “(9) This section applies to coverage for up to 25 hours per week of applied behavior  
14 analysis for an individual if the coverage is first requested when the individual is under nine  
15 years of age. This section does not limit coverage for any services that are otherwise avail-  
16 able to an individual under ORS 743A.168 or 743A.190, including but not limited to:

17 “(a) Treatment for autism spectrum disorder other than applied behavior analysis or the  
18 services described in subsection (3) of this section.

19 “(b) Applied behavior analysis for more than 25 hours per week; or

20 “(c) Applied behavior analysis for an individual if the coverage is first requested when the  
21 individual is nine years of age or older.

22 “(10) Coverage under this section includes treatment for autism spectrum disorder pro-  
23 vided in the individual’s home or a licensed health care facility or, for treatment provided  
24 by a licensed health care professional registered with the Behavior Analysis Regulatory  
25 Board or a behavior analyst or assistant behavior analyst licensed under section 3 of this  
26 2013 Act, in a setting approved by the health care professional, behavior analyst or assistant  
27 behavior analyst.

28 “(11) This section applies to health benefit plans, to self-insured health plans offered by  
29 the Public Employees’ Benefit Board and the Oregon Educators Benefit Board and to coor-  
30 dinated care organizations, as defined in ORS 414.025.

31 “(12) An insurer that provides coverage of applied behavior analysis in accordance with  
32 a decision of an independent review organization that was made prior to January 1, 2015,  
33 shall continue to provide coverage, subject to modifications made in accordance with sub-  
34 section (7) of this section.

35 “(13) ORS 743A.001 does not apply to this section.

36 “SECTION 3. (1) There is created, within the Oregon Health Licensing Agency, the Be-  
37 havior Analysis Regulatory Board consisting of seven members appointed by the Governor,  
38 including:

39 “(a) Three members who are licensed by the board;

40 “(b) One member who is a licensed psychiatrist or developmental pediatrician, with ex-  
41 perience or training in treating autism spectrum disorder;

42 “(c) One member who is a licensed psychologist registered with the board;

43 “(d) One member who is a licensed speech-language pathologist registered with the board;

44 and

45 “(e) One member of the general public who does not have a financial interest in the

1 provision of applied behavior analysis and does not have a ward or family member who has  
2 been diagnosed with autism spectrum disorder.

3 “(2) Not more than one member of the Behavior Analysis Regulatory Board may be an  
4 employee of an insurer.

5 “(3) The term of office of each member is four years, but a member serves at the pleas-  
6 ure of the Governor. Before the expiration of the term of a member, the Governor shall ap-  
7 point a successor whose term begins on November 1 next following. A member is eligible for  
8 reappointment. If there is a vacancy for any cause, the Governor shall make an appointment  
9 to become immediately effective for the unexpired term.

10 “(4) A member of the Behavior Analysis Regulatory Board is entitled to compensation  
11 and expenses as provided in ORS 292.495.

12 “(5) The Behavior Analysis Regulatory Board shall select one of its members as chair-  
13 person and another as vice chairperson, for such terms and with duties and powers neces-  
14 sary for the performance of the functions of such offices as the board determines.

15 “(6) A majority of the members of the Behavior Analysis Regulatory Board constitutes  
16 a quorum for the transaction of business.

17 “(7) The Behavior Analysis Regulatory Board shall meet at least once every three months  
18 at a place, day and hour determined by the board. The board may also meet at other times  
19 and places specified by the call of the chairperson or of a majority of the members of the  
20 board.

21 “(8) In accordance with ORS chapter 183, the Behavior Analysis Regulatory Board shall  
22 establish by rule criteria for the:

23 “(a) Licensing of:

24 “(A) Behavior analysts; and

25 “(B) Assistant behavior analysts; and

26 “(b) Registration of:

27 “(A) Licensed health care professionals; and

28 “(B) Behavior analysis interventionists.

29 “(9) The criteria for the licensing of a behavior analyst must include, but are not limited  
30 to, the requirement that the applicant:

31 “(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board  
32 Certified Behavior Analyst; and

33 “(b) Have successfully completed a criminal records check.

34 “(10) The criteria for the licensing of an assistant behavior analyst must include, but are  
35 not limited to, the requirement that the applicant:

36 “(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board  
37 Certified Assistant Behavior Analyst;

38 “(b) Be supervised by a behavior analyst who is licensed by the Behavior Analysis Regu-  
39 latory Board; and

40 “(c) Have successfully completed a criminal records check.

41 “(11) The criteria for the registration of a behavior analysis interventionist must include,  
42 but are not limited to, the requirement that the applicant:

43 “(a) Have completed coursework and training prescribed by the Behavior Analysis Regu-  
44 latory Board by rule;

45 “(b) Receive ongoing oversight by a licensed behavior analyst or a licensed assistant be-

1 havior analyst, or by another licensed health care professional approved by the board; and

2 “(c) Have successfully completed a criminal records check.

3 “(12) In accordance with applicable provisions of ORS chapter 183, the Behavior Analysis  
4 Regulatory Board shall adopt rules:

5 “(a) Establishing standards and procedures for the licensing of behavior analysts and  
6 assistant behavior analysts and for the registration of licensed health care professionals and  
7 behavior analysis interventionists in accordance with this section;

8 “(b) Establishing guidelines for the professional methods and procedures to be used by  
9 individuals licensed and registered under this section;

10 “(c) Governing the examination of applicants for licenses and registrations under this  
11 section and the renewal, suspension and revocation of the licenses and registrations; and

12 “(d) Establishing fees sufficient to cover the costs of administering the licensing and  
13 registration procedures under this section.

14 “(13) The Behavior Analysis Regulatory Board shall issue a license to an applicant who:

15 “(a) Files an application in the form prescribed by the board;

16 “(b) Pays fees established by the board; and

17 “(c) Demonstrates to the satisfaction of the board that the applicant meets the criteria  
18 adopted under this section.

19 “(14) The Behavior Analysis Regulatory Board shall establish the procedures for the  
20 registration of licensed health care professionals and behavior analysis interventionists.

21 “(15) All moneys received by the Behavior Analysis Regulatory Board under subsection  
22 (13) of this section shall be paid into the General Fund of the State Treasury and credited  
23 to the Oregon Health Licensing Agency Account.

24 “(16) An individual who has not been licensed or registered by the Behavior Analysis  
25 Regulatory Board in accordance with criteria and standards adopted under this section may  
26 not claim reimbursement for services described in section 2 of this 2013 Act under a health  
27 benefit plan, under a self-insured health plan offered by the Public Employees’ Benefit Board  
28 or the Oregon Educators Benefit Board or under the state medical assistance program.

29 “SECTION 3a. (1) Notwithstanding the composition of the Behavior Analysis Regulatory  
30 Board specified in section 3 of this 2013 Act, for the period beginning on the operative date  
31 of section 3 of this 2013 Act and ending on October 31, 2015, the board shall consist of seven  
32 members appointed by the Governor, including:

33 “(a) Three members who are certified by the Behavior Analyst Certification Board, In-  
34 corporated, as Board Certified Behavior Analysts;

35 “(b) One member who is a licensed psychiatrist or developmental pediatrician and who  
36 has experience or training in applied behavior analysis;

37 “(c) One member who is a licensed psychologist and who has experience in the diagnosis  
38 or treatment of autism spectrum disorders;

39 “(d) One member who is a licensed speech-language pathologist and who has experience  
40 or training in applied behavior analysis; and

41 “(e) One member of the general public who does not have a financial interest in the  
42 provision of applied behavior analysis and does not have a ward or family member who has  
43 been diagnosed with autism spectrum disorder.

44 “(2) Notwithstanding the term of office specified by section 3 of this 2013 Act, if members  
45 first appointed to the Behavior Analysis Regulatory Board under this section continue to

1 **serve after October 31, 2015, the board shall adopt a method for establishing the terms of**  
2 **office of board members so that the terms of office do not all expire on the same date.”.**

3 In line 16, delete “(8)” and insert “(16)”.

4 In line 18, delete “or” and insert a comma.

5 In line 19, after “Board” insert “or the state medical assistance program”.

6 In line 20, delete “make” and insert “may” and delete “January” and insert “November”.

7 In line 21, delete “2014” and insert “2013” and delete “section 3” and insert “sections 3 and  
8 3a”.

9 In line 22, delete “January 1, 2014” and insert “November 1, 2013”.

10 Delete lines 23 through 45 and insert:

11 **“SECTION 6.** ORS 414.710 is amended to read:

12 “414.710. The following **health** services are not subject to ORS 414.690:

13 “(1) Nursing facilities, institutional and home- and community-based waived services funded  
14 through the Department of Human Services; *[and]*

15 “(2) Services to children who are wards of the Department of Human Services by order of the  
16 juvenile court and services to children and families for health care or mental health care through  
17 the department[.]; **and**

18 **“(3) Treatment for autism spectrum disorder, subject to the requirements and limitations**  
19 **described in section 2 of this 2013 Act.**

20 **“SECTION 7.** ORS 743A.190 is amended to read:

21 “743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled  
22 in the plan who is under 18 years of age and who has been diagnosed with a pervasive develop-  
23 mental disorder all medical services, including rehabilitation services, that are medically necessary  
24 and are otherwise covered under the plan.

25 “(2) The coverage required under subsection (1) of this section, including rehabilitation services,  
26 may be made subject to other provisions of the health benefit plan that apply to covered services,  
27 including but not limited to:

28 “(a) Deductibles, copayments or coinsurance;

29 “(b) Prior authorization or utilization review requirements; or

30 “(c) Treatment limitations regarding the number of visits or the duration of treatment.

31 “(3) As used in this section:

32 “(a) ‘Medically necessary’ means in accordance with the definition of medical necessity that is  
33 specified in the policy, certificate or contract for the health benefit plan and that applies uniformly  
34 to all covered services under the health benefit plan.

35 “(b) ‘Pervasive developmental disorder’ means a neurological condition that includes [*Asperger’s*  
36 *syndrome,*] autism **spectrum disorder**, developmental delay, developmental disability or mental re-  
37 tardation.

38 “(c) ‘Rehabilitation services’ means physical therapy, occupational therapy or speech therapy  
39 services to restore or improve function.

40 “(4) The provisions of ORS 743A.001 do not apply to this section.

41 “(5) The definition of ‘pervasive developmental disorder’ is not intended to apply to coverage  
42 required under ORS 743A.168 **or section 2 of this 2013 Act.**

43 **“SECTION 8.** ORS 750.055, as amended by section 3, chapter 21, Oregon Laws 2012, is amended  
44 to read:

45 “750.055. (1) The following provisions of the Insurance Code apply to health care service con-

1 tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

2 “(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,  
3 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509,  
4 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731,  
5 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992, 731.870 and 743.061.

6 “(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not  
7 including ORS 732.582.

8 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
9 to 733.780.

10 “(d) ORS chapter 734.

11 “(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to  
12 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492,  
13 743.495, 743.498, 743.499, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to  
14 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to  
15 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863,  
16 743.864, 743.894, 743.911, 743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.034, 743A.036,  
17 743A.048, 743A.058, 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084,  
18 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148,  
19 743A.160, 743A.164, 743A.168, 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and  
20 743A.192 and section 2, chapter 21, Oregon Laws 2012, **and section 2 of this 2013 Act.**

21 “(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.

22 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,  
23 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and  
24 746.690.

25 “(h) ORS 743A.024, except in the case of group practice health maintenance organizations that  
26 are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is  
27 referred by a physician associated with a group practice health maintenance organization.

28 “(i) ORS 735.600 to 735.650.

29 “(j) ORS 743.680 to 743.689.

30 “(k) ORS 744.700 to 744.740.

31 “(L) ORS 743.730 to 743.773.

32 “(m) ORS 731.485, except in the case of a group practice health maintenance organization that  
33 is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns  
34 and operates an in-house drug outlet.

35 “(2) For the purposes of this section, health care service contractors shall be deemed insurers.

36 “(3) Any for-profit health care service contractor organized under the laws of any other state  
37 that is not governed by the insurance laws of the other state is subject to all requirements of ORS  
38 chapter 732.

39 “(4) The Director of the Department of Consumer and Business Services may, after notice and  
40 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
41 and 750.045 that are deemed necessary for the proper administration of these provisions.”.

42 On page 6, line 1, delete “7” and insert “9” and delete “8” and insert “10”.

43 In line 2, delete “8” and insert “10” and delete “3” and insert “2”.

44 In line 12, delete “9” and insert “11”.

45 In line 14, after “licensed” insert “or registered”.

1 In line 16, delete “10” and insert “12”.  
2 In line 35, delete “9” and insert “11”.  
3 In line 40, delete “11” and insert “13”.  
4 In line 43, delete “9” and insert “11”.  
5 On page 8, line 25, delete “12” and insert “14”.  
6 In line 37, delete “13” and insert “15”.  
7 On page 9, line 1, delete “14” and insert “16”.  
8 In line 28, delete “15” and insert “17”.  
9 On page 10, line 21, delete “16” and insert “18”.  
10 In line 22, delete “10 to 15” and insert “12 to 17”.  
11 Delete lines 24 through 27 and insert:

12 “**SECTION 19.** Section 3 of this 2013 Act is amended to read:

13 “**Sec. 3.** (1) There is created, within the Oregon Health Licensing Agency, the Behavior Analysis  
14 Regulatory Board consisting of seven members appointed by the Governor, including:

15 “(a) Three members who are licensed by the board;

16 “(b) One member who is a licensed psychiatrist or developmental pediatrician, with experience  
17 or training in treating autism spectrum disorder;

18 “(c) One member who is a licensed psychologist registered with the board;

19 “(d) One member who is a licensed speech-language pathologist registered with the board; and

20 “(e) One member of the general public who does not have a financial interest in the provision  
21 of applied behavior analysis and does not have a ward or family member who has been diagnosed  
22 with autism spectrum disorder.

23 “(2) Not more than one member of the Behavior Analysis Regulatory Board may be an employee  
24 of an insurer.

25 “(3) The term of office of each member is four years, but a member serves at the pleasure of the  
26 Governor. Before the expiration of the term of a member, the Governor shall appoint a successor  
27 whose term begins on November 1 next following. A member is eligible for reappointment. If there  
28 is a vacancy for any cause, the Governor shall make an appointment to become immediately effec-  
29 tive for the unexpired term.

30 “(4) A member of the Behavior Analysis Regulatory Board is entitled to compensation and ex-  
31 penses as provided in ORS 292.495.

32 “(5) The Behavior Analysis Regulatory Board shall select one of its members as chairperson and  
33 another as vice chairperson, for such terms and with duties and powers necessary for the perform-  
34 ance of the functions of such offices as the board determines.

35 “(6) A majority of the members of the Behavior Analysis Regulatory Board constitutes a quorum  
36 for the transaction of business.

37 “(7) The Behavior Analysis Regulatory Board shall meet at least once every three months at a  
38 place, day and hour determined by the board. The board may also meet at other times and places  
39 specified by the call of the chairperson or of a majority of the members of the board.

40 “(8) In accordance with ORS chapter 183, the Behavior Analysis Regulatory Board shall estab-  
41 lish by rule criteria for the:

42 “(a) Licensing of:

43 “(A) Behavior analysts; and

44 “(B) Assistant behavior analysts; and

45 “(b) Registration of:



1       “(A) Licensed health care professionals; and  
2       “(B) Behavior analysis interventionists.  
3       “(9) The criteria for the licensing of a behavior analyst must include, but are not limited to, the  
4 requirement that the applicant:  
5       “(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified  
6 Behavior Analyst; and  
7       “(b) Have successfully completed a criminal records check.  
8       “(10) The criteria for the licensing of an assistant behavior analyst must include, but are not  
9 limited to, the requirement that the applicant:  
10       “(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified  
11 Assistant Behavior Analyst;  
12       “(b) Be supervised by a behavior analyst who is licensed by the Behavior Analysis Regulatory  
13 Board; and  
14       “(c) Have successfully completed a criminal records check.  
15       “(11) The criteria for the registration of a behavior analysis interventionist must include, but  
16 are not limited to, the requirement that the applicant:  
17       “(a) Have completed coursework and training prescribed by the Behavior Analysis Regulatory  
18 Board by rule;  
19       “(b) Receive ongoing oversight by a licensed behavior analyst or a licensed assistant behavior  
20 analyst, or by another licensed health care professional approved by the board; and  
21       “(c) Have successfully completed a criminal records check.  
22       “(12) In accordance with applicable provisions of ORS chapter 183, the Behavior Analysis Reg-  
23 ulatory Board shall adopt rules:  
24       “(a) Establishing standards and procedures for the licensing of behavior analysts and assistant  
25 behavior analysts and for the registration of licensed health care professionals and behavior analysis  
26 interventionists in accordance with this section;  
27       “(b) Establishing guidelines for the professional methods and procedures to be used by individ-  
28 uals licensed and registered under this section;  
29       “(c) Governing the examination of applicants for licenses and registrations under this section  
30 and the renewal, suspension and revocation of the licenses and registrations; and  
31       “(d) Establishing fees sufficient to cover the costs of administering the licensing and registration  
32 procedures under this section.  
33       “(13) The Behavior Analysis Regulatory Board shall issue a license to an applicant who:  
34       “(a) Files an application in the form prescribed by the board;  
35       “(b) Pays fees established by the board; and  
36       “(c) Demonstrates to the satisfaction of the board that the applicant meets the criteria adopted  
37 under this section.  
38       “(14) The Behavior Analysis Regulatory Board shall establish the procedures for the registration  
39 of licensed health care professionals and behavior analysis interventionists.  
40       “(15) All moneys received by the Behavior Analysis Regulatory Board under subsection (13) of  
41 this section shall be paid into the General Fund of the State Treasury and credited to the Oregon  
42 Health Licensing Agency Account.  
43       “[(16) An individual who has not been licensed or registered by the Behavior Analysis Regulatory  
44 Board in accordance with criteria and standards adopted under this section may not claim reimburse-  
45 ment for services described in section 2 of this 2013 Act under a health benefit plan, under a self-

1 *insured health plan offered by the Public Employees' Benefit Board or the Oregon Educators Benefit*  
2 *Board or under the state medical assistance program.]*

3 “**SECTION 20.** ORS 414.710, as amended by section 6 of this 2013 Act, is amended to read:

4 “414.710. The following health services are not subject to ORS 414.690:

5 “(1) Nursing facilities, institutional and home- and community-based waived services funded  
6 through the Department of Human Services; **and**

7 “(2) Services to children who are wards of the Department of Human Services by order of the  
8 juvenile court and services to children and families for health care or mental health care through  
9 the department[; *and*].

10 “[*(3) Treatment for autism spectrum disorder, subject to the requirements and limitations described*  
11 *in section 2 of this 2013 Act.*]

12 “**SECTION 20a.** ORS 743A.190, as amended by section 7 of this 2013 Act, is amended to read:

13 “743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover for a child enrolled  
14 in the plan who is under 18 years of age and who has been diagnosed with a pervasive develop-  
15 mental disorder all medical services, including rehabilitation services, that are medically necessary  
16 and are otherwise covered under the plan.

17 “(2) The coverage required under subsection (1) of this section, including rehabilitation services,  
18 may be made subject to other provisions of the health benefit plan that apply to covered services,  
19 including but not limited to:

20 “(a) Deductibles, copayments or coinsurance;

21 “(b) Prior authorization or utilization review requirements; or

22 “(c) Treatment limitations regarding the number of visits or the duration of treatment.

23 “(3) As used in this section:

24 “(a) ‘Medically necessary’ means in accordance with the definition of medical necessity that is  
25 specified in the policy, certificate or contract for the health benefit plan and that applies uniformly  
26 to all covered services under the health benefit plan.

27 “(b) ‘Pervasive developmental disorder’ means a neurological condition that includes autism  
28 spectrum disorder, developmental delay, developmental disability or mental retardation.

29 “(c) ‘Rehabilitation services’ means physical therapy, occupational therapy or speech therapy  
30 services to restore or improve function.

31 “(4) The provisions of ORS 743A.001 do not apply to this section.

32 “(5) The definition of ‘pervasive developmental disorder’ is not intended to apply to coverage  
33 required under ORS 743A.168 [*or section 2 of this 2013 Act*].

34 “**SECTION 21.** ORS 750.055, as amended by section 3, chapter 21, Oregon Laws 2012, and sec-  
35 tion 8 of this 2013 Act, is amended to read:

36 “750.055. (1) The following provisions of the Insurance Code apply to health care service con-  
37 tractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

38 “(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385,  
39 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.488, 731.504, 731.508, 731.509,  
40 731.510, 731.511, 731.512, 731.574 to 731.620, 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731,  
41 731.735, 731.737, 731.750, 731.752, 731.804, 731.844 to 731.992, 731.870 and 743.061.

42 “(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.592, not  
43 including ORS 732.582.

44 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695  
45 to 733.780.

1 “(d) ORS chapter 734.  
2 “(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162, 742.400, 742.520 to  
3 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100 to 743.109, 743.402, 743.472, 743.492,  
4 743.495, 743.498, 743.499, 743.522, 743.523, 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to  
5 743.552, 743.560, 743.600 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to  
6 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859, 743.861, 743.862, 743.863,  
7 743.864, 743.894, 743.911, 743.912, 743.913, 743.917, 743A.010, 743A.012, 743A.020, 743A.034, 743A.036,  
8 743A.048, 743A.058, 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.084,  
9 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110, 743A.140, 743A.141, 743A.144, 743A.148,  
10 743A.160, 743A.164, 743A.168, 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and  
11 743A.192 and section 2, chapter 21, Oregon Laws 2012[, and section 2 of this 2013 Act].  
12 “(f) The provisions of ORS chapter 744 relating to the regulation of insurance producers.  
13 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608,  
14 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and  
15 746.690.  
16 “(h) ORS 743A.024, except in the case of group practice health maintenance organizations that  
17 are federally qualified pursuant to Title XIII of the Public Health Service Act unless the patient is  
18 referred by a physician associated with a group practice health maintenance organization.  
19 “(i) ORS 735.600 to 735.650.  
20 “(j) ORS 743.680 to 743.689.  
21 “(k) ORS 744.700 to 744.740.  
22 “(L) ORS 743.730 to 743.773.  
23 “(m) ORS 731.485, except in the case of a group practice health maintenance organization that  
24 is federally qualified pursuant to Title XIII of the Public Health Service Act and that wholly owns  
25 and operates an in-house drug outlet.  
26 “(2) For the purposes of this section, health care service contractors shall be deemed insurers.  
27 “(3) Any for-profit health care service contractor organized under the laws of any other state  
28 that is not governed by the insurance laws of the other state is subject to all requirements of ORS  
29 chapter 732.  
30 “(4) The Director of the Department of Consumer and Business Services may, after notice and  
31 hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025  
32 and 750.045 that are deemed necessary for the proper administration of these provisions.  
33 “**SECTION 22. Section 2 of this 2013 Act is repealed January 2, 2022.**  
34 “**SECTION 23. (1) Sections 2 and 10 of this 2013 Act and the amendments to ORS 414.710,**  
35 **743A.190 and 750.055 by sections 6, 7 and 8 of this 2013 Act become operative January 1, 2015.**  
36 “**(2) The amendments to section 3 of this 2013 Act by section 19 of this 2013 Act and the**  
37 **amendments to ORS 414.710, 743A.190 and 750.055 by sections 20, 20a and 21 of this 2013 Act**  
38 **become operative January 2, 2022.**  
39 “**SECTION 24. Section 2 of this 2013 Act applies to insurance policies or certificates is-**  
40 **sued or renewed on or after January 1, 2015, and before January 1, 2022.”.**

41 In line 28, delete “18” and insert “25”.  
42