

**PROPOSED AMENDMENTS TO
SENATE BILL 365**

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**
6 **2013 Act:**

7 **“(a)(A) ‘Applied behavior analysis’ means the design, implementa-**
8 **tion and evaluation of environmental modifications, using behavioral**
9 **stimuli and consequences, to produce significant improvement in hu-**
10 **man social behavior, including the use of direct observation, meas-**
11 **urement and functional analysis of the relationship between**
12 **environment and behavior and that is provided by:**

13 **“(i) A licensed health care professional registered under section 3**
14 **of this 2013 Act;**

15 **“(ii) A behavior analyst or an assistant behavior analyst licensed**
16 **under section 3 of this 2013 Act; or**

17 **“(iii) A behavior analysis interventionist registered under section 3**
18 **of this 2013 Act.**

19 **“(B) ‘Applied behavior analysis’ excludes psychological testing,**
20 **neuropsychology, psychotherapy, cognitive therapy, sex therapy, psy-**
21 **choanalysis, hypnotherapy and long-term counseling as treatment**
22 **modalities.**

1 “(b) ‘Autism spectrum disorder’ has the meaning given that term
2 in the fifth edition of the Diagnostic and Statistical Manual of Mental
3 Disorders (DSM-5) published by the American Psychiatric Association.

4 “(c) ‘Diagnosis’ means medically necessary assessment, evaluation
5 or testing.

6 “(d) ‘Health benefit plan’ has the meaning given that term in ORS
7 743.730.

8 “(e) ‘Medically necessary’ means in accordance with the definition
9 of medical necessity that is specified in the policy or certificate for the
10 health benefit plan and that applies to all covered services under the
11 plan.

12 “(f) ‘Treatment for autism spectrum disorder’ includes applied be-
13 havior analysis for up to 25 hours per week and any other mental
14 health or medical services identified in the individualized treatment
15 plan, as described in subsection (6) of this section.

16 “(2) A health benefit plan shall provide coverage of:

17 “(a) The screening for and diagnosis of autism spectrum disorder
18 by a licensed neurologist, pediatric neurologist, developmental pedia-
19 trician, psychiatrist or psychologist, who has experience or training in
20 the diagnosis of autism spectrum disorder; and

21 “(b) Medically necessary treatment for autism spectrum disorder
22 and the management of care, for an individual who begins treatment
23 before nine years of age, subject to the requirements of this section.

24 “(3) This section does not require coverage for:

25 “(a) Services provided by a family or household member;

26 “(b) Services that are custodial in nature or that constitute marital,
27 family, educational or training services;

28 “(c) Custodial or respite care, equine assisted therapy, creative arts
29 therapy, wilderness or adventure camps, social counseling, telemedi-
30 cine, music therapy, neurofeedback, chelation or hyperbaric chambers;

1 “(d) Services provided under an individual education plan in ac-
2 cordance with the Individuals with Disabilities Education Act, 20
3 U.S.C. 1400 et seq.;

4 “(e) Services provided through community or social programs; or

5 “(f) Services provided by the Department of Human Services or the
6 Oregon Health Authority, other than employee benefit plans offered
7 by the department and the authority.

8 “(4) An insurer may not terminate coverage or refuse to issue or
9 renew coverage for an individual solely because the individual has re-
10 ceived a diagnosis of autism spectrum disorder or has received treat-
11 ment for autism spectrum disorder.

12 “(5) Coverage under this section may be subject to utilization con-
13 trols that are reasonable in the context of individual determinations
14 of medical necessity. An insurer may require:

15 “(a) An autism spectrum disorder diagnosis by a professional de-
16 scribed in subsection (2)(a) of this section if the original diagnosis was
17 not made by a professional described in subsection (2)(a) of this sec-
18 tion.

19 “(b) Prior authorization for coverage of a maximum of 25 hours per
20 week of applied behavior analysis recommended in an individualized
21 treatment plan approved by a professional described in subsection
22 (2)(a) of this section for an individual with autism spectrum disorder,
23 as long as the insurer makes a prior authorization determination no
24 later than 30 calendar days after receiving the request for prior au-
25 thorization.

26 “(6) If an individual is receiving applied behavior analysis, an
27 insurer may require submission of an individualized treatment plan,
28 which shall include all elements necessary for the insurer to appro-
29 priately determine coverage under the health benefit plan. The indi-
30 vidualized treatment plan must be based on evidence-based screening

1 **criteria. An insurer may require an updated individualized treatment**
2 **plan, not more than once every six months, that includes observed**
3 **progress as of the date the updated plan was prepared, for the purpose**
4 **of performing utilization review and medical management. The insurer**
5 **may require the individualized treatment plan to be approved by a**
6 **professional described in subsection (2)(a) of this section, and to in-**
7 **clude the:**

8 **“(a) Diagnosis;**

9 **“(b) Proposed treatment by type;**

10 **“(c) Frequency and anticipated duration of treatment;**

11 **“(d) Anticipated outcomes stated as goals, including specific cogni-**
12 **tive, social, communicative, self-care and behavioral goals that are**
13 **clearly stated, directly observed and continually measured and that**
14 **address the characteristics of the autism spectrum disorder; and**

15 **“(e) Signature of the treating provider.**

16 **“(7)(a) Once coverage for applied behavior analysis has been ap-**
17 **proved, the coverage continues as long as:**

18 **“(A) The individual continues to make progress toward the majority**
19 **of the goals of the individualized treatment plan; and**

20 **“(B) Applied behavior analysis is medically necessary.**

21 **“(b) An insurer may require periodic review of an individualized**
22 **treatment plan, as described in subsection (6) of this section, and**
23 **modification of the individualized treatment plan if the review shows**
24 **that the individual receiving the treatment is not making substantial**
25 **clinical progress toward the goals of the individualized treatment plan.**

26 **“(8) Coverage under this section may be subject to requirements**
27 **and limitations no more restrictive than those imposed on coverage**
28 **or reimbursement of expenses arising from the treatment of other**
29 **medical conditions under the policy or certificate, including but not**
30 **limited to:**

1 **“(a) Requirements and limitations regarding in-network providers;**
2 **and**

3 **“(b) Provisions relating to deductibles, copayments and**
4 **coinsurance.**

5 **“(9) This section applies to coverage for up to 25 hours per week of**
6 **applied behavior analysis for an individual if the coverage is first re-**
7 **quested when the individual is under nine years of age. This section**
8 **does not limit coverage for any services that are otherwise available**
9 **to an individual under ORS 743A.168 or 743A.190, including but not**
10 **limited to:**

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

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

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

17 **“(10) Coverage under this section includes treatment for autism**
18 **spectrum disorder provided in the individual’s home or a licensed**
19 **health care facility or, for treatment provided by a licensed health care**
20 **professional registered with the Behavior Analysis Regulatory Board**
21 **or a behavior analyst or assistant behavior analyst licensed under**
22 **section 3 of this 2013 Act, in a setting approved by the health care**
23 **professional, behavior analyst or assistant behavior analyst.**

24 **“(11) This section applies to health benefit plans, to self-insured**
25 **health plans offered by the Public Employees’ Benefit Board and the**
26 **Oregon Educators Benefit Board and to coordinated care organiza-**
27 **tions, as defined in ORS 414.025.**

28 **“(12) An insurer that provides coverage of applied behavior analysis**
29 **in accordance with a decision of an independent review organization**
30 **that was made prior to January 1, 2015, shall continue to provide cov-**

1 erage, subject to modifications made in accordance with subsection (7)
2 of this section.

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

4 **“SECTION 3. (1) There is created, within the Oregon Health Li-**
5 **ensing Agency, the Behavior Analysis Regulatory Board consisting**
6 **of seven members appointed by the Governor, including:**

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

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

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

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

15 **“(e) One member of the general public who does not have a finan-**
16 **cial interest in the provision of applied behavior analysis and does not**
17 **have a ward or family member who has been diagnosed with autism**
18 **spectrum disorder.**

19 **“(2) Not more than one member of the Behavior Analysis Regula-**
20 **tory Board may be an employee of an insurer.**

21 **“(3) The term of office of each member is four years, but a member**
22 **serves at the pleasure of the Governor. Before the expiration of the**
23 **term of a member, the Governor shall appoint a successor whose term**
24 **begins on November 1 next following. A member is eligible for reap-**
25 **pointment. If there is a vacancy for any cause, the Governor shall**
26 **make an appointment to become immediately effective for the unex-**
27 **pired term.**

28 **“(4) A member of the Behavior Analysis Regulatory Board is enti-**
29 **tled to compensation and expenses as provided in ORS 292.495.**

30 **“(5) The Behavior Analysis Regulatory Board shall select one of its**

1 members as chairperson and another as vice chairperson, for such
2 terms and with duties and powers necessary for the performance of the
3 functions of such offices as the board determines.

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

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

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

13 “(a) Licensing of:

14 “(A) Behavior analysts; and

15 “(B) Assistant behavior analysts; and

16 “(b) Registration of:

17 “(A) Licensed health care professionals; and

18 “(B) Behavior analysis interventionists.

19 “(9) The criteria for the licensing of a behavior analyst must in-
20 clude, but are not limited to, the requirement that the applicant:

21 “(a) Be certified by the Behavior Analyst Certification Board, In-
22 corporated, as a Board Certified Behavior Analyst; and

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

24 “(10) The criteria for the licensing of an assistant behavior analyst
25 must include, but are not limited to, the requirement that the appli-
26 cant:

27 “(a) Be certified by the Behavior Analyst Certification Board, In-
28 corporated, as a Board Certified Assistant Behavior Analyst;

29 “(b) Be supervised by a behavior analyst who is licensed by the
30 Behavior Analysis Regulatory Board; and

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

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

5 **“(a) Have completed coursework and training prescribed by the**
6 **Behavior Analysis Regulatory Board by rule;**

7 **“(b) Receive ongoing oversight by a licensed behavior analyst or a**
8 **licensed assistant behavior analyst, or by another licensed health care**
9 **professional approved by the board; and**

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

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

13 **“(a) Establishing standards and procedures for the licensing of be-**
14 **havior analysts and assistant behavior analysts and for the registra-**
15 **tion of licensed health care professionals and behavior analysis**
16 **interventionists in accordance with this section;**

17 **“(b) Establishing guidelines for the professional methods and pro-**
18 **cedures to be used by individuals licensed and registered under this**
19 **section;**

20 **“(c) Governing the examination of applicants for licenses and reg-**
21 **istrations under this section and the renewal, suspension and revoca-**
22 **tion of the licenses and registrations; and**

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

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

27 **“(a) Files an application in the form prescribed by the board;**
28 **“(b) Pays fees established by the board; and**

29 **“(c) Demonstrates to the satisfaction of the board that the appli-**
30 **cant meets the criteria adopted under this section.**

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

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

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

15 **“SECTION 3a. (1) Notwithstanding the composition of the Behavior**
16 **Analysis Regulatory Board specified in section 3 of this 2013 Act, for**
17 **the period beginning on the operative date of section 3 of this 2013 Act**
18 **and ending on October 31, 2015, the board shall consist of seven mem-**
19 **bers appointed by the Governor, including:**

20 **“(a) Three members who are certified by the Behavior Analyst**
21 **Certification Board, Incorporated, as Board Certified Behavior Ana-**
22 **lysts;**

23 **“(b) One member who is a licensed psychiatrist or developmental**
24 **pediatrician and who has experience or training in applied behavior**
25 **analysis;**

26 **“(c) One member who is a licensed psychologist and who has expe-**
27 **rience in the diagnosis or treatment of autism spectrum disorders;**

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

30 **“(e) One member of the general public who does not have a finan-**

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

4 **“(2) Notwithstanding the term of office specified by section 3 of this**
5 **2013 Act, if members first appointed to the Behavior Analysis Regula-**
6 **tory Board under this section continue to serve after October 31, 2015,**
7 **the board shall adopt a method for establishing the terms of office of**
8 **board members so that the terms of office do not all expire on the**
9 **same date.”.**

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

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

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

14 In line 20, delete “make” and insert “may” and delete “January” and in-
15 sert “November”.

16 In line 21, delete “2014” and insert “2013” and delete “section 3” and in-
17 sert “sections 3 and 3a”.

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

19 Delete lines 23 through 45 and insert:

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

21 “414.710. The following **health** services are not subject to ORS 414.690:

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

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

27 **“(3) Treatment for autism spectrum disorder, subject to the re-**
28 **quirements and limitations described in section 2 of this 2013 Act.**

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

30 “743A.190. (1) A health benefit plan, as defined in ORS 743.730, must cover

1 for a child enrolled in the plan who is under 18 years of age and who has
2 been diagnosed with a pervasive developmental disorder all medical services,
3 including rehabilitation services, that are medically necessary and are oth-
4 erwise covered under the plan.

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

8 “(a) Deductibles, copayments or coinsurance;

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

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

12 “(3) As used in this section:

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

17 “(b) ‘Pervasive developmental disorder’ means a neurological condition
18 that includes [*Asperger’s syndrome*,] autism **spectrum disorder**, develop-
19 mental delay, developmental disability or mental retardation.

20 “(c) ‘Rehabilitation services’ means physical therapy, occupational ther-
21 apy or speech therapy services to restore or improve function.

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

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

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

28 “750.055. (1) The following provisions of the Insurance Code apply to
29 health care service contractors to the extent not inconsistent with the ex-
30 press provisions of ORS 750.005 to 750.095:

1 “(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362,
2 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454,
3 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620,
4 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750,
5 731.752, 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
7 732.517 to 732.592, not including ORS 732.582.

8 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to
9 733.680 and 733.695 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,
12 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100
13 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.499, 743.522, 743.523,
14 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600
15 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to
16 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859,
17 743.861, 743.862, 743.863, 743.864, 743.894, 743.911, 743.912, 743.913, 743.917,
18 743A.010, 743A.012, 743A.020, 743A.034, 743A.036, 743A.048, 743A.058,
19 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080,
20 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110,
21 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168,
22 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and 743A.192 and
23 section 2, chapter 21, Oregon Laws 2012, **and section 2 of this 2013 Act.**

24 “(f) The provisions of ORS chapter 744 relating to the regulation of in-
25 surance producers.

26 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
27 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
28 746.668, 746.670, 746.675, 746.680 and 746.690.

29 “(h) ORS 743A.024, except in the case of group practice health mainte-
30 nance organizations that are federally qualified pursuant to Title XIII of the

1 Public Health Service Act unless the patient is referred by a physician as-
2 sociated with a group practice health maintenance organization.

3 “(i) ORS 735.600 to 735.650.

4 “(j) ORS 743.680 to 743.689.

5 “(k) ORS 744.700 to 744.740.

6 “(L) ORS 743.730 to 743.773.

7 “(m) ORS 731.485, except in the case of a group practice health mainte-
8 nance organization that is federally qualified pursuant to Title XIII of the
9 Public Health Service Act and that wholly owns and operates an in-house
10 drug outlet.

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

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

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

20 On page 6, line 1, delete “7” and insert “9” and delete “8” and insert
21 “10”.

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

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

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

25 In line 16, delete “10” and insert “12”.

26 In line 35, delete “9” and insert “11”.

27 In line 40, delete “11” and insert “13”.

28 In line 43, delete “9” and insert “11”.

29 On page 8, line 25, delete “12” and insert “14”.

30 In line 37, delete “13” and insert “15”.

1 On page 9, line 1, delete “14” and insert “16”.

2 In line 28, delete “15” and insert “17”.

3 On page 10, line 21, delete “16” and insert “18”.

4 In line 22, delete “10 to 15” and insert “12 to 17”.

5 Delete lines 24 through 27 and insert:

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

7 **“Sec. 3.** (1) There is created, within the Oregon Health Licensing Agency,
8 the Behavior Analysis Regulatory Board consisting of seven members ap-
9 pointed by the Governor, including:

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

11 “(b) One member who is a licensed psychiatrist or developmental pedia-
12 trician, with experience or training in treating autism spectrum disorder;

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

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

16 “(e) One member of the general public who does not have a financial in-
17 terest in the provision of applied behavior analysis and does not have a ward
18 or family member who has been diagnosed with autism spectrum disorder.

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

21 “(3) The term of office of each member is four years, but a member serves
22 at the pleasure of the Governor. Before the expiration of the term of a
23 member, the Governor shall appoint a successor whose term begins on No-
24 vember 1 next following. A member is eligible for reappointment. If there is
25 a vacancy for any cause, the Governor shall make an appointment to become
26 immediately effective for the unexpired term.

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

29 “(5) The Behavior Analysis Regulatory Board shall select one of its
30 members as chairperson and another as vice chairperson, for such terms and

1 with duties and powers necessary for the performance of the functions of
2 such offices as the board determines.

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

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

9 “(8) In accordance with ORS chapter 183, the Behavior Analysis Regula-
10 tory Board shall establish by rule criteria for the:

11 “(a) Licensing of:

12 “(A) Behavior analysts; and

13 “(B) Assistant behavior analysts; and

14 “(b) Registration of:

15 “(A) Licensed health care professionals; and

16 “(B) Behavior analysis interventionists.

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

19 “(a) Be certified by the Behavior Analyst Certification Board, Incorpo-
20 rated, as a Board Certified Behavior Analyst; and

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

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

24 “(a) Be certified by the Behavior Analyst Certification Board, Incorpo-
25 rated, as a Board Certified Assistant Behavior Analyst;

26 “(b) Be supervised by a behavior analyst who is licensed by the Behavior
27 Analysis Regulatory Board; and

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

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

1 applicant:

2 “(a) Have completed coursework and training prescribed by the Behavior
3 Analysis Regulatory Board by rule;

4 “(b) Receive ongoing oversight by a licensed behavior analyst or a li-
5 censed assistant behavior analyst, or by another licensed health care pro-
6 fessional approved by the board; and

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

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

10 “(a) Establishing standards and procedures for the licensing of behavior
11 analysts and assistant behavior analysts and for the registration of licensed
12 health care professionals and behavior analysis interventionists in accord-
13 ance with this section;

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

16 “(c) Governing the examination of applicants for licenses and registra-
17 tions under this section and the renewal, suspension and revocation of the
18 licenses and registrations; and

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

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

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

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

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

27 “(14) The Behavior Analysis Regulatory Board shall establish the proce-
28 dures for the registration of licensed health care professionals and behavior
29 analysis interventionists.

30 “(15) All moneys received by the Behavior Analysis Regulatory Board

1 under subsection (13) of this section shall be paid into the General Fund of
2 the State Treasury and credited to the Oregon Health Licensing Agency
3 Account.

4 “[(16) *An individual who has not been licensed or registered by the Be-*
5 *havior Analysis Regulatory Board in accordance with criteria and standards*
6 *adopted under this section may not claim reimbursement for services described*
7 *in section 2 of this 2013 Act under a health benefit plan, under a self-insured*
8 *health plan offered by the Public Employees’ Benefit Board or the Oregon*
9 *Educators Benefit Board or under the state medical assistance program.]*

10 **“SECTION 20.** ORS 414.710, as amended by section 6 of this 2013 Act, is
11 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
14 waived services funded through the Department of Human Services; **and**

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

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

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

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

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

30 “(a) Deductibles, copayments or coinsurance;

1 “(b) Prior authorization or utilization review requirements; or
2 “(c) Treatment limitations regarding the number of visits or the duration
3 of treatment.

4 “(3) As used in this section:

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

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

12 “(c) ‘Rehabilitation services’ means physical therapy, occupational ther-
13 apy or speech therapy services to restore or improve function.

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

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

18 “**SECTION 21.** ORS 750.055, as amended by section 3, chapter 21, Oregon
19 Laws 2012, and section 8 of this 2013 Act, is amended to read:

20 “750.055. (1) The following provisions of the Insurance Code apply to
21 health care service contractors to the extent not inconsistent with the ex-
22 press provisions of ORS 750.005 to 750.095:

23 “(a) ORS 705.137, 705.139, 731.004 to 731.150, 731.162, 731.216 to 731.362,
24 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454,
25 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620,
26 731.592, 731.594, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750,
27 731.752, 731.804, 731.844 to 731.992, 731.870 and 743.061.

28 “(b) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and
29 732.517 to 732.592, not including ORS 732.582.

30 “(c) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to

1 733.680 and 733.695 to 733.780.

2 “(d) ORS chapter 734.

3 “(e) ORS 742.001 to 742.009, 742.013, 742.061, 742.065, 742.150 to 742.162,
4 742.400, 742.520 to 742.540, 743.010, 743.013, 743.018 to 743.030, 743.050, 743.100
5 to 743.109, 743.402, 743.472, 743.492, 743.495, 743.498, 743.499, 743.522, 743.523,
6 743.524, 743.526, 743.527, 743.528, 743.529, 743.549 to 743.552, 743.560, 743.600
7 to 743.610, 743.650 to 743.656, 743.764, 743.804, 743.807, 743.808, 743.814 to
8 743.839, 743.842, 743.845, 743.847, 743.854, 743.856, 743.857, 743.858, 743.859,
9 743.861, 743.862, 743.863, 743.864, 743.894, 743.911, 743.912, 743.913, 743.917,
10 743A.010, 743A.012, 743A.020, 743A.034, 743A.036, 743A.048, 743A.058,
11 743A.062, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080,
12 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.110,
13 743A.140, 743A.141, 743A.144, 743A.148, 743A.160, 743A.164, 743A.168,
14 743A.170, 743A.175, 743A.184, 743A.185, 743A.188, 743A.190 and 743A.192 and
15 section 2, chapter 21, Oregon Laws 2012[, *and section 2 of this 2013 Act*].

16 “(f) The provisions of ORS chapter 744 relating to the regulation of in-
17 surance producers.

18 “(g) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605,
19 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660,
20 746.668, 746.670, 746.675, 746.680 and 746.690.

21 “(h) ORS 743A.024, except in the case of group practice health mainte-
22 nance organizations that are federally qualified pursuant to Title XIII of the
23 Public Health Service Act unless the patient is referred by a physician as-
24 sociated with a group practice health maintenance organization.

25 “(i) ORS 735.600 to 735.650.

26 “(j) ORS 743.680 to 743.689.

27 “(k) ORS 744.700 to 744.740.

28 “(L) ORS 743.730 to 743.773.

29 “(m) ORS 731.485, except in the case of a group practice health mainte-
30 nance organization that is federally qualified pursuant to Title XIII of the

1 Public Health Service Act and that wholly owns and operates an in-house
2 drug outlet.

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

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

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

12 **“SECTION 22. Section 2 of this 2013 Act is repealed January 2, 2022.**

13 **“SECTION 23. (1) Sections 2 and 10 of this 2013 Act and the**
14 **amendments to ORS 414.710, 743A.190 and 750.055 by sections 6, 7 and**
15 **8 of this 2013 Act become operative January 1, 2015.**

16 **“(2) The amendments to section 3 of this 2013 Act by section 19 of**
17 **this 2013 Act and the amendments to ORS 414.710, 743A.190 and 750.055**
18 **by sections 20, 20a and 21 of this 2013 Act become operative January**
19 **2, 2022.**

20 **“SECTION 24. Section 2 of this 2013 Act applies to insurance policies**
21 **or certificates issued or renewed on or after January 1, 2015, and be-**
22 **fore January 1, 2022.”.**

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

24