April 8 2015

Re: SB696

Dear Senator Mones Anderson and Members of the Senate Health Care Committee,

As an occupational therapist who has specialized in the treatment of autism for over 15 of my 30 years of practice, I am writing to express my appreciation for the dedication and hard work of Senator Bates and members of the Oregon legislature who have worked diligently over the past three years on legislation designed to ensure that individuals with autism and their families have insurance coverage for evidence-based, medically necessary treatment. As the legislation continues to be refined and regulations supporting the legislation continue to evolve it is critical that the details guiding implementation of the law allow Oregon families access a wide range of services from highly qualified providers.

Over the past year I have been participating in ongoing discussions with Board Certified Behavior Analysts, Psychologists, Speech Language Therapists, Occupational therapists, educators, professional organizations and consumers to identify critical components to consider in implementation of the law. On April 4th 2015 in a representative meeting of these groups, we were able to achieve the following consensus:

1. Applied Behavioral Analysis falls within the training and scope of practice of a number of fields including Behavior Analysts, Psychologists, Occupational Therapists, Speech Language Therapists and other mental health providers. Consumers benefit from having a range of choice of providers. It is essential that insurance coverage apply to providers within each of these disciplines as intended by the law.

2. It is in the best interests of Board Certified Behavior Analysts and consumers of their services to have a licensing board within Oregon, similar to Boards already in existence for other licensed health care providers. Composition of their board should be approached in the same manner as it is implemented for other health care licensing boards.

3. It is an unnecessary conflict of interest for professional boards to regulate and govern the activities of professionals within other disciplines. Therefore the regulatory board for Behavior Analysts should regulate the practice of behavior analysts. Psychologists, occupational therapists, speech therapists and other mental health providers have state and national boards that already govern their practice. As behavioral intervention falls within the scope of practice of these professions, oversight and consumer protection for their services already exists.

4. Should the state move forward with licensing and regulation of paraprofessional interventionists it would be best served by the Health Licensing Office with specific criteria to be established by statute. This ensures that all qualified providers- whether they are licensed by the BARB or another board – can supervise them without creating conflicts amongst existing boards while providing the intended consumer protections.

I respectfully urge you to consider these factors as you move forward in the development and implementation of SB696.

Respectfully Submitted

Deborah Ferguson MHS OTR/L