



February 8, 2021

Submitted via Email: Sen.DebPatterson@oregonlegislature.gov

Senator Deb Patterson, Chair
900 Court Street NE
Salem, OR 97301

Re: **SB 358 – OPPOSE** Unless Amended

Dear Chair Patterson:

I am writing on behalf of the Center for Autism and Related Disorders (CARD), the world's largest organization treating autism spectrum disorder (ASD) and the nation's third largest non-governmental organization contributing to autism research. CARD provides services to thousands of individuals of all ages at more than 200 locations in 26 states, including 14 locations in Oregon.

CARD commends your recognition of the need to ensure top-quality health care and consumer safety. Unfortunately, CARD must **oppose SB 358** unless it is amended to remove the language that changes the *Registered* Behavior Analysis Interventionist (RBAI) to a *Licensed* Behavior Analysis Interventionist.

Although CARD would like to support portions of this bill, the proposal to license RBAIs is the proverbial poison pill that leaves us no choice but to vigorously oppose SB 358. We strongly disagree with the rationale for wanting to create a license for RBAIs and believe the change of the RBAI to a license has the potential to be **enormously destructive to the field of behavior analysis** in Oregon and nationally.

Currently, [only three states](#) – including Oregon – require any form of certification or registration of the behavior technician. **No state requires the behavior technician/RBAI to be licensed.** Although the administrative process for RBAIs may not change substantively, the fact is that ***creating a licensure for behavior technicians is, itself, a drastic change with potentially dire consequences.***

In [written testimony](#) to the Behavior Analysis Regulatory Board (BARB), dated January 21, 2021, Paul Terdal provides reasons for the changes he proposes to implement through SB 358 that deserve to be addressed in order to substantiate CARD's opposition. CARD opposes SB 358 as it is currently written because:

- **Consumers are already protected by Oregon's registration requirement;**
- **SB 358 opens the door to licensing behavior technicians**, an additional, unpredictable layer of bureaucracy that does *not* increase consumer safety or treatment quality;
- **Additional delays create barriers to applied behavior analysis (ABA) and are detrimental for families who already struggle to get access to ABA.** We know that *registration* of RBAIs in Oregon takes 2-3 weeks and that *licensure* of behavior analysts takes 2-3 months. The additional delay of 2-3 weeks already creates hardships for families and financial challenges and turnover issues for providers. Potentially *quadrupling* the wait time before RBAIs can start working would exacerbate existing challenges to accessing ABA and could have the effect of driving providers from the state;
- **Schools that want to bill Medicaid for RBAIs are able to do so without creating a license for RBAIs.** Medicaid will reimburse Oregon for RBAIs because **Medicaid does not require a license**, the state already views them as licensed, and because they are under the supervision of licensed behavior analysts;

- **Patients are protected *right now* by Oregon’s mental health parity law (ORS 743A.168)** because Oregon’s Department of Insurance issued a [bulletin](#) in 2014 that explicitly states that “providers who have been **registered with or licensed** by the BARB are considered to be ‘**approved**’ by the Oregon Health Authority for the purposes of ORS 743A.168(5)(a) [mental health parity] and thus eligible for reimbursement under Oregon MHP.” (Emphasis added.) Therefore, the **proposed change does not increase the applicability of mental health parity laws** that already protect patients and providers;
- **No legislator can promise or control what happens to a licensure requirement after Oregon enacts it.** Although the intent may be to minimize the administrative delays and burden associated with licensure, no single person can make such a commitment. We cannot know the state resources or administrative decisions that might impact the timeframe to license RBAs, but we do know that **licensure currently takes significantly longer than registration**; and
- **The use of the title *registered or certified* is not confusing** in the least. In fact, the proposed *licensure* of RBAs is likely to create confusion because **no other state requires licensure**, and providers are accustomed to the RBA.

The bottom line is that changing the registered BAI to a licensed BAI has no positive implications and many negative implications. CARD respectfully urges the Chair and the distinguished members of the Senate Health Committee to amend SB 358 to eliminate language that would change the registered BAI to a licensed BAI.

Should you have any questions or require additional information, please consider me a highly accessible resource for your staff and you. I can be reached via email at J.Kornack@centerforautism.com or directly at (818) 345-2345, extension 1070.

Sincerely,



Julie Kornack
Vice President, Government Relations

Cc: Senator Tim Knopp, Vice Chair
Senator Lee Beyer
Senator Dallas Heard
Senator James Manning