



## Oregon Association for Behavior Analysis

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### Oregon Association for Behavior Analysis

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

### **RE: SB358- Support with Amendments**

Dear Madam Chair and Members of the Committee,

The Oregon Association of Behavior Analysis' (ORABA) board would like to express our support of SB 358 with amendments. SB 358 aims to improve consumers' protections by aligning the regulation of behavior analysts with similar healthcare professionals.

Additionally, SB358 clarifies the role of the Oregon Health Authority and ensures communication with the Behavior Analysis Regulatory Board in regard to enforcement issues. This rule clarification is essential to ensure a consistent approach in the enforcement of these rules as they directly apply to disciplinary action towards Licensed Behavior Analysts. The consistent enforcement of these rules will ensure consumers' protections in the field of Applied Behavior Analysis.

Prior to this amendment, SB358 called for a shift in the title language for behavior interventionists (the paraprofessionals who implement ABA techniques under the supervision of Licensed Behavior Analysts). The call was for a shift from Registered Behavior Analysis Interventionists (RBAI) to Licensed Behavior Analysis Interventionists.

***This portion of SB 358 is NOT supported by the Oregon Association for Behavior Analysis.***

The licensing of behavior interventionists is not recommended for three reasons:

1. This language is misleading to consumers:
  - a. A licensed provider is someone with education and experience in their field who has met regulatory board criteria. LBAs have a masters degree, over 1500 hours of supervised experience , and have passed a national certification exam. As paraprofessionals in the field, RBAs are required to have a 40 hour training prior to gaining registration in the state and working with clients. By labeling RBAs as licensed individuals, this constitutes a misleading representation of their credentials and education/experience levels and their need for close oversight by a LBA.
2. For licensed practitioners (LBAs) working with private insurance, credentialing is required. Making RBAs licensed could potentially also require credentialing for this paraprofessional level of staff. Credentialing this level of direct staff would greatly decrease the timeline of access for consumers and further delay their access to these critical healthcare services.
3. Finally, it is unprecedented to license behavior interventionists. Licensing of interventionists does not occur in any other states due to the two main concerns expressed above.

**With an amended version of SB 358 that removes the licensure of behavior interventionists, the Oregon Association for Behavior Analysis Board supports this bill.**

SB 358 ensures that Licensed Behavior Analysts are held accountable to the same expectations as their professional peers and ensures consumers' protections.

Thank you for your consideration.

Respectfully,



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