

CHAPTER 674

AN ACT

SB 696

Relating to autism spectrum disorders; creating new provisions; amending ORS 676.160, 676.583, 676.610, 676.613, 676.622, 676.800, 676.805 and 676.992 and sections 2, 4 and 24, chapter 771, Oregon Laws 2013; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in this section and sections 3 to 5 of this 2015 Act and ORS 676.800:

(1)(a) **“Applied behavior analysis” means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.**

(b) **“Applied behavior analysis” does not mean psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy or long-term counseling as treatment modalities.**

(2) **“Licensed health care professional” means an individual whose scope of practice includes applied behavior analysis and who is licensed by:**

(a) **The Occupational Therapy Licensing Board;**

(b) **The Oregon Board of Licensed Professional Counselors and Therapists;**

(c) **The Oregon Medical Board;**

(d) **The Oregon State Board of Nursing;**

(e) **The Physical Therapist Licensing Board;**

(f) **The State Board of Examiners for Speech-Language Pathology and Audiology;**

(g) **The State Board of Licensed Social Workers; or**

(h) **The State Board of Psychologist Examiners.**

SECTION 2. ORS 676.800, as amended by section 19, chapter 771, Oregon Laws 2013, is amended to read:

676.800. (1) There is created, within the Health Licensing Office, the Behavior Analysis Regulatory Board consisting of [seven] **nine** members appointed by the Governor, including:

(a) [Three] **Four** members who are licensed by the board **under section 3 of this 2015 Act;**

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

(c) One member who is a licensed psychologist [registered with the board], **with experience or training in treating autism spectrum disorder;**

[d] *One member who is a licensed speech-language pathologist registered with the board; and*

(d) One member who is a licensed developmental pediatrician, with experience or training in treating autism spectrum disorder;

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

(f) One member who is a parent, guardian or family member of an individual who has been diagnosed with autism spectrum disorder and has received some form of applied behavior analysis therapy.

(2) Not more than one member of the [Behavior Analysis Regulatory] board may be an employee of an insurer.

(3) The appointments of the members of the board are subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.

[(3)] (4) The term of office of each member is four years, but a member serves at the pleasure of the Governor. Before the expiration of the term of a member, the Governor shall appoint a successor whose term begins on November 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.

[(4)] (5) A member of the [Behavior Analysis Regulatory] board is entitled to compensation and expenses as provided in ORS 292.495.

[(5)] (6) The [Behavior Analysis Regulatory] board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

[(6)] (7) A majority of the members of the [Behavior Analysis Regulatory] board constitutes a quorum for the transaction of business.

[(7)] (8) The [Behavior Analysis Regulatory] board shall meet at least once every [three months at a place, day and hour] **year** as determined by the [board] **office**. The board may also meet at other times and places specified by the call of the chairperson or of a majority of the members of the board.

[(8)] *In accordance with ORS chapter 183, the Behavior Analysis Regulatory Board shall establish by rule criteria for the:*

[(a) Licensing of:]

[(A) Behavior analysts; and]

[(B) Assistant behavior analysts; and]

[(b) Registration of:]

[(A) Licensed health care professionals; and]

[(B) Behavior analysis interventionists.]

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

[(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Behavior Analyst; and]

[(b) Have successfully completed a criminal records check.]

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

[(a) Be certified by the Behavior Analyst Certification Board, Incorporated, as a Board Certified Assistant Behavior Analyst;]

[(b) Be supervised by a behavior analyst who is licensed by the Behavior Analysis Regulatory Board; and]

[(c) Have successfully completed a criminal records check.]

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

[(a) Have completed coursework and training prescribed by the Behavior Analysis Regulatory Board by rule;]

[(b) Receive ongoing oversight by a licensed behavior analyst or a licensed assistant behavior analyst, or by another licensed health care professional approved by the board; and]

[(c) Have successfully completed a criminal records check.]

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

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

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

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

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

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

[(a) Files an application in the form prescribed by the board;]

[(b) Pays fees established by the board; and]

[(c) Demonstrates to the satisfaction of the board that the applicant meets the criteria adopted under this section.]

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

[(15) All moneys received by the Behavior Analysis Regulatory Board under subsection (13) of this section shall be paid into the General Fund of the State Treasury and credited to the Health Licensing Office Account.]

SECTION 3. (1) The Behavior Analysis Regulatory Board shall establish by rule criteria and procedures for the licensing of:

(a) Behavior analysts; and
(b) Assistant behavior analysts.

(2) The criteria for the licensing of a behavior analyst:

(a) Must include the requirement that the applicant have successfully completed a state and nationwide criminal records check that requires fingerprinting; and

(b) May include, but are not limited to, the requirement that the applicant:

(A) Be certified by the Behavior Analyst Certification Board, Incorporated, or its successor agency, or another agency approved by the Behavior Analysis Regulatory Board, as a board certified behavior analyst or equivalent; or

(B) Meet other requirements of the board that include the submission of a declaration to the Health Licensing Office that satisfies the requirements of section 4, chapter 771, Oregon Laws 2013.

(3) The criteria for the licensing of an assistant behavior analyst:

(a) Must include the requirement that the applicant have successfully completed a state and nationwide criminal records check that requires fingerprinting; and

(b) May include, but are not limited to, the requirement that the applicant:

(A) Be certified by the Behavior Analyst Certification Board, Incorporated, or its successor agency, or another agency approved by the Behavior Analysis Regulatory Board, as a board certified assistant behavior analyst or equivalent; and

(B) Be supervised by a behavior analyst who is licensed by the board.

(4) The Behavior Analysis Regulatory Board shall adopt rules to establish guidelines for the professional methods and procedures to be used by individuals licensed under this section.

SECTION 4. The Health Licensing Office shall establish by rule criteria for the registration of behavior analysis interventionists. The criteria must include, but are not limited to, the requirement that the applicant:

(1) Have a high school diploma or a General Educational Development (GED) certificate;

(2) Be at least 18 years of age;

(3) Have successfully completed a state and nationwide criminal records check that requires fingerprinting;

(4) Have completed at least 40 hours of professional training in applied behavior analysis approved by the office by rule; and

(5) Receive ongoing training and supervision by a licensed behavior analyst, by a licensed assistant behavior analyst or by another licensed health care professional.

SECTION 5. (1) An individual licensed under section 3 of this 2015 Act or registered under section 4 of this 2015 Act may practice applied behavior analysis.

(2) Only an individual who is licensed under section 3 of this 2015 Act or registered under section 4 of this 2015 Act may use the title “licensed behavior analyst,” “licensed assistant behavior analyst” or “registered behavior analysis interventionist.”

SECTION 6. Section 24, chapter 771, Oregon Laws 2013, is amended to read:

Sec. 24. The amendments to [section 3 of this 2013 Act by section 19 of this 2013 Act and the amendments to] ORS 743A.190 and 750.055 by sections 20 and 21, chapter 771, Oregon Laws 2013, [of this 2013 Act] become operative January 2, 2022.

SECTION 7. ORS 676.160 is amended to read: 676.160. As used in ORS 676.165 to 676.180, “health professional regulatory board” means the:

- (1) State Board of Examiners for Speech-Language Pathology and Audiology;
- (2) State Board of Chiropractic Examiners;
- (3) State Board of Licensed Social Workers;
- (4) Oregon Board of Licensed Professional Counselors and Therapists;
- (5) Oregon Board of Dentistry;
- (6) Board of Licensed Dietitians;
- (7) State Board of Massage Therapists;
- (8) State Mortuary and Cemetery Board;
- (9) Oregon Board of Naturopathic Medicine;
- (10) Oregon State Board of Nursing;
- (11) Nursing Home Administrators Board;
- (12) Oregon Board of Optometry;
- (13) State Board of Pharmacy;
- (14) Oregon Medical Board;
- (15) Occupational Therapy Licensing Board;
- (16) Physical Therapist Licensing Board;
- (17) State Board of Psychologist Examiners;
- (18) Board of Medical Imaging;
- (19) Oregon State Veterinary Medical Examining Board; [and]

(20) Oregon Health Authority, to the extent that the authority licenses emergency medical services providers[.]; and

(21) Behavior Analysis Regulatory Board.

SECTION 8. ORS 676.583 is amended to read: 676.583. Pursuant to ORS 676.586, the Health Licensing Office shall provide administrative and regulatory oversight and centralized service for the following boards and councils:

- (1) Board of Athletic Trainers, as provided in ORS 688.701 to 688.734;
- (2) Board of Cosmetology, as provided in ORS 690.005 to 690.225;
- (3) State Board of Denture Technology, as provided in ORS 680.500 to 680.565;
- (4) State Board of Direct Entry Midwifery, as provided in ORS 687.405 to 687.495;

(5) Respiratory Therapist and Polysomnographic Technologist Licensing Board, as provided in ORS 688.800 to 688.840;

(6) Environmental Health Registration Board, as provided in ORS chapter 700;

(7) Board of Body Art Practitioners, as provided in ORS 690.350 to 690.410;

(8) Advisory Council on Hearing Aids, as provided in ORS 694.015 to 694.170;

(9) Sex Offender Treatment Board, as provided in ORS 675.360 to 675.410;

(10) Nursing Home Administrators Board, as provided in ORS 678.710 to 678.820; [and]

(11) Board of Licensed Dietitians, as provided in ORS 691.405 to 691.485[.]; and

(12) Behavior Analysis Regulatory Board, as provided in ORS 676.800.

SECTION 9. Section 2, chapter 771, Oregon Laws 2013, is amended to read:

Sec. 2. (1) As used in this section and [sections 3 and 3a of this 2013 Act] **section 3a, chapter 771, Oregon Laws 2013:**

(a)(A) “Applied behavior analysis” means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human social behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior, **that is provided by:**

(i) A licensed health care professional as defined in section 1 of this 2015 Act;

(ii) A behavior analyst or assistant behavior analyst licensed under section 3 of this 2015 Act; or

(iii) A behavior analysis interventionist registered under section 4 of this 2015 Act who receives ongoing training and supervision by a licensed behavior analyst, by a licensed assistant behavior analyst or by a licensed health care professional. [and that is provided by:]

[(i) A licensed health care professional registered under section 3 of this 2013 Act;]

[(ii) A behavior analyst or an assistant behavior analyst licensed under section 3 of this 2013 Act; or]

[(iii) A behavior analysis interventionist registered under section 3 of this 2013 Act.]

(B) “Applied behavior analysis” [excludes] **does not mean** psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy and long-term counseling as treatment modalities.

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

(c) “Diagnosis” means medically necessary assessment, evaluation or testing.

(d) “Health benefit plan” has the meaning given that term in ORS 743.730.

(e) “Medically necessary” means in accordance with the definition of medical necessity that is spec-

ified in the policy or certificate for the health benefit plan and that applies to all covered services under the plan.

(f) "Treatment for autism spectrum disorder" includes applied behavior analysis for up to 25 hours per week and any other mental health or medical services identified in the individualized treatment plan, as described in subsection (6) of this section.

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

(a) The screening for and diagnosis of autism spectrum disorder by a licensed neurologist, pediatric neurologist, developmental pediatrician, psychiatrist or psychologist, who has experience or training in the diagnosis of autism spectrum disorder; and

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

(3) This section does not require coverage for:

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

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

(c) Custodial or respite care, equine assisted therapy, creative arts therapy, wilderness or adventure camps, social counseling, telemedicine, music therapy, neurofeedback, chelation or hyperbaric chambers;

(d) Services provided under an individual education plan in accordance with the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq.;

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

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

(4) An insurer may not terminate coverage or refuse to issue or renew coverage for an individual solely because the individual has received a diagnosis of autism spectrum disorder or has received treatment for autism spectrum disorder.

(5) Coverage under this section may be subject to utilization controls that are reasonable in the context of individual determinations of medical necessity. An insurer may require:

(a) An autism spectrum disorder diagnosis by a professional described in subsection (2)(a) of this section if the original diagnosis was not made by a professional described in subsection (2)(a) of this section.

(b) Prior authorization for coverage of a maximum of 25 hours per week of applied behavior analysis recommended in an individualized treatment plan approved by a professional described in subsection (2)(a) of this section for an individual with autism spectrum disorder, as long as the insurer makes a prior authorization determination no later

than 30 calendar days after receiving the request for prior authorization.

(6) If an individual is receiving applied behavior analysis, an insurer may require submission of an individualized treatment plan, which shall include all elements necessary for the insurer to appropriately determine coverage under the health benefit plan. The individualized treatment plan must be based on evidence-based screening criteria. An insurer may require an updated individualized treatment plan, not more than once every six months, that includes observed progress as of the date the updated plan was prepared, for the purpose of performing utilization review and medical management. The insurer may require the individualized treatment plan to be approved by a professional described in subsection (2)(a) of this section, and to include the:

(a) Diagnosis;

(b) Proposed treatment by type;

(c) Frequency and anticipated duration of treatment;

(d) Anticipated outcomes stated as goals, including specific cognitive, social, communicative, self-care and behavioral goals that are clearly stated, directly observed and continually measured and that address the characteristics of the autism spectrum disorder; and

(e) Signature of the treating provider.

(7)(a) Once coverage for applied behavior analysis has been approved, the coverage continues as long as:

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

(B) Applied behavior analysis is medically necessary.

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

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

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

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

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

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

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

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

(10) Coverage under this section includes treatment for autism spectrum disorder provided in the individual's home or a licensed health care facility or, for treatment provided by a licensed health care professional [*registered with the Behavior Analysis Regulatory Board*] **as defined in section 1 of this 2015 Act** or a behavior analyst or assistant behavior analyst licensed under [*section 3 of this 2013 Act*] **section 3 of this 2015 Act**, in a setting approved by the health care professional, behavior analyst or assistant behavior analyst.

(11) An insurer that provides coverage of applied behavior analysis in accordance with a decision of an independent review organization that was made prior to January 1, 2016, shall continue to provide coverage, subject to modifications made in accordance with subsection (7) of this section.

(12) ORS 743A.001 does not apply to this section.

SECTION 10. (1) **Notwithstanding the term of office specified in ORS 676.800 or any provision of section 3a, chapter 771, Oregon Laws 2013, of the board members added to the Behavior Analysis Regulatory Board by the amendments to ORS 676.800 by section 2 of this 2015 Act:**

(a) **One shall serve for a term ending October 31, 2018.**

(b) **One shall serve for a term ending October 31, 2019.**

(2) **The terms of office specified in subsection (1) of this section commence on November 1, 2015.**

(3) **A person who is a member of the board as of the effective date of this 2015 Act is subject to confirmation by the Senate in the manner prescribed in ORS 171.562 and 171.565.**

SECTION 11. Section 4, chapter 771, Oregon Laws 2013, is amended to read:

Sec. 4. (1) [*Notwithstanding section 3 (16) of this 2013 Act,*] An individual actively practicing applied behavior analysis **as defined in section 1 of this 2015 Act** on [*the effective date of this 2013 Act*] **August 14, 2013**, may continue to claim reimbursement from a health benefit plan, the Public Employees' Benefit Board or the Oregon Educators Board for services provided without a license before [*January 1, 2016*] **July 1, 2018.**

(2) **An individual may claim reimbursement under subsection (1) of this section only if the individual submits a satisfactory declaration and other required documentation to the Health Licensing Office not later than April 30, 2016.**

SECTION 12. ORS 676.610 is amended to read:

676.610. (1)(a) The Health Licensing Office is under the supervision and control of a director, who is responsible for the performance of the duties, functions and powers and for the organization of the office.

(b) The Director of the Oregon Health Authority shall establish the qualifications for and appoint the Director of the Health Licensing Office, who holds office at the pleasure of the Director of the Oregon Health Authority.

(c) The Director of the Health Licensing Office shall receive a salary as provided by law or, if not so provided, as prescribed by the Director of the Oregon Health Authority.

(d) The Director of the Health Licensing Office is in the unclassified service.

(2) The Director of the Health Licensing Office shall provide the boards and councils administered by the office with such services and employees as the office requires to carry out the office's duties. Subject to any applicable provisions of the State Personnel Relations Law, the Director of the Health Licensing Office shall appoint all subordinate officers and employees of the office, prescribe their duties and fix their compensation.

(3) The Director of the Health Licensing Office is responsible for carrying out the duties, functions and powers under ORS 675.360 to 675.410, 676.575 to 676.625, [676.800,] 676.805, 676.992, 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 687.895, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700 **and sections 3 and 4 of this 2015 Act.**

(4) The enumeration of duties, functions and powers in subsection (3) of this section is not intended to be exclusive or to limit the duties, functions and powers imposed on or vested in the office by other statutes.

SECTION 13. ORS 676.613 is amended to read:

676.613. (1) In addition to all other remedies, when it appears to the Health Licensing Office that a person is engaged in, has engaged in or is about to engage in any act, practice or transaction that violates any provision of ORS 675.360 to 675.410, [676.800,] 678.710 to 678.820, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 or 694.015 to 694.170 or ORS chapter 700 **or section 3 or 4 of this 2015 Act**, the office may, through the Attorney General or the district attorney of the county in which the act, practice or transaction occurs or will occur, apply to the court for an injunction restraining the person from the act, practice or transaction.

(2) A court may issue an injunction under this section without proof of actual damages. An injunction issued under this section does not relieve a person from any other prosecution or enforcement action taken for violation of statutes listed in subsection (1) of this section.

SECTION 14. ORS 676.622 is amended to read:

676.622. (1) A transaction conducted through a state or local system or network that provides electronic access to the Health Licensing Office information and services is exempt from any requirement under ORS 675.360 to 675.410, 676.575 to 676.625, [676.800,] 676.992, 680.500 to 680.565, 687.405 to 687.495, 688.701 to 688.734, 688.800 to 688.840, 690.005 to 690.225, 690.350 to 690.410, 691.405 to 691.485 and 694.015 to 694.170 and ORS chapter 700 **and sections 3 and 4 of this 2015 Act**, and rules adopted thereunder, requiring an original signature or the submission of handwritten materials.

(2) Electronic signatures subject to ORS 84.001 to 84.061 and facsimile signatures are acceptable and have the same force as original signatures.

SECTION 15. ORS 676.805 is amended to read:

676.805. In the manner prescribed in ORS chapter 183 for contested cases, the Health Licensing Office may impose a form of discipline listed in ORS 676.612 against any person licensed or registered under [ORS 676.800] **section 3 or 4 of this 2015 Act** for any of the prohibited acts listed in ORS 676.612 and for any violation of a rule adopted under [ORS 676.800] **section 3 or 4 of this 2015 Act**.

SECTION 16. ORS 676.992 is amended to read:

676.992. (1) Except as provided in subsection (3) of this section, and in addition to any other penalty or remedy provided by law, the Health Licensing Office may impose a civil penalty not to exceed \$5,000 for each violation of the following statutes and any rule adopted thereunder:

- (a) ORS 688.701 to 688.734 (athletic training);
- (b) ORS 690.005 to 690.225 (cosmetology);
- (c) ORS 680.500 to 680.565 (denture technology);
- (d) Subject to ORS 676.616 and 687.445, ORS 687.405 to 687.495 (direct entry midwifery);
- (e) ORS 690.350 to 690.410 (tattooing, electrolysis, body piercing, earlobe piercing, dermal implanting and scarification);
- (f) ORS 694.015 to 694.170 (dealing in hearing aids);
- (g) ORS 688.800 to 688.840 (respiratory therapy and polysomnography);
- (h) ORS chapter 700 (environmental sanitation);
- (i) ORS 675.360 to 675.410 (sex offender treatment);
- (j) ORS 678.710 to 678.820 (nursing home administrators);
- (k) ORS 691.405 to 691.485 (dietitians);
- (L) ORS 676.612 (prohibited acts); and
- (m) [ORS 676.800] **Sections 3 and 4 of this 2015 Act** (applied behavior analysis).

(2) The office may take any other disciplinary action that it finds proper, including but not limited to assessment of costs of disciplinary proceedings, not to exceed \$5,000, for violation of any statute listed in subsection (1) of this section or any rule adopted under any statute listed in subsection (1) of this section.

(3) Subsection (1) of this section does not limit the amount of the civil penalty resulting from a violation of ORS 694.042.

(4) In imposing a civil penalty pursuant to this section, the office shall consider the following factors:

(a) The immediacy and extent to which the violation threatens the public health or safety;

(b) Any prior violations of statutes, rules or orders;

(c) The history of the person incurring a penalty in taking all feasible steps to correct any violation; and

(d) Any other aggravating or mitigating factors.

(5) Civil penalties under this section shall be imposed as provided in ORS 183.745.

(6) The moneys received by the office from civil penalties under this section shall be deposited in the Health Licensing Office Account and are continuously appropriated to the office for the administration and enforcement of the laws the office is charged with administering and enforcing that govern the person against whom the penalty was imposed.

SECTION 17. A health benefit plan as defined in ORS 743.730 may establish credentialing requirements for the provision of applied behavior analysis as defined in section 1 of this 2015 Act by licensed health care professionals as defined in section 1 of this 2015 Act, by behavior analysts or assistant behavior analysts licensed by the Behavior Analysis Regulatory Board or by behavior analysis interventionists registered by the Health Licensing Office.

SECTION 18. Sections 1 and 3 to 5 of this 2015 Act and the amendments to ORS 676.160, 676.583, 676.610, 676.613, 676.622, 676.800, 676.805 and 676.992 and sections 2, 4 and 24, chapter 771, Oregon Laws 2013, by sections 2, 6 to 9 and 11 to 16 of this 2015 Act apply to an individual licensed as a behavior analyst or assistant behavior analyst by the Behavior Analysis Regulatory Board or registered as a behavior analysis interventionist by the Health Licensing Office on or after the operative date specified in section 19 of this 2015 Act.

SECTION 19. (1) Sections 1, 3 to 5, 10 and 18 of this 2015 Act and the amendments to ORS 676.160, 676.583, 676.610, 676.613, 676.622, 676.800, 676.805 and 676.992 and sections 2, 4 and 24, chapter 771, Oregon Laws 2013, by sections 2, 6 to 9 and 11 to 16 of this 2015 Act become operative on November 1, 2015.

(2) The Behavior Analysis Regulatory Board, the Governor and the Health Licensing Office may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the board, the Governor or the office to exercise, on or after the operative date specified in subsection (1) of this section,

all of the duties, functions and powers conferred on the board, the Governor and the office by sections 1, 3 to 5, 10 and 18 of this 2015 Act and the amendments to ORS 676.160, 676.583, 676.610, 676.613, 676.622, 676.800, 676.805 and 676.992 and sections 2, 4 and 24, chapter 771, Oregon Laws 2013, by sections 2, 6 to 9 and 11 to 16 of this 2015 Act.

SECTION 20. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Approved by the Governor July 6, 2015
Filed in the office of Secretary of State July 7, 2015
Effective date July 6, 2015
