## A-Engrossed Senate Bill 1553

Ordered by the Senate February 12 Including Senate Amendments dated February 12

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Mental Health)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Oregon Health Authority[, under direction of Oregon Health Policy Board and] in collaboration with specified stakeholder groups, to identify, assess and prepare report on regulatory and policy barriers to effective and timely behavioral health treatment for individuals with cooccurring disorders. Requires authority to submit report and recommendations for legislation to address barriers to interim committees and subcommittees of Legislative Assembly related to health and mental health.

Sunsets on January 2, 2022. Declares emergency, effective on passage.

## A BILL FOR AN ACT

2 Relating to behavioral health care; and declaring an emergency.

Whereas regulatory, policy and administrative barriers currently exist that do not allow for ef-

4 fective utilization of Oregon's behavioral health workforce to treat individuals with mental health

5 disorders and, in particular, individuals with co-occurring mental health disorders; now, therefore,

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

7 <u>SECTION 1.</u> (1) As used in this section:

8 (a) "Behavioral health treatment" or "treatment" means inpatient, outpatient or resi-

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9 dential services, management of the symptoms of withdrawal from drugs or alcohol or any
10 other services and supports necessary to treat substance use disorders, problem gambling
11 or other mental health issues.

(b) "Co-occurring disorders" means a diagnosis of a mental health disorder along with a
 diagnosis of substance use disorder, problem gambling or an intellectual or developmental
 disability.

15 (2) The Oregon Health Authority, in collaboration with individuals representing appro-16 priate state agencies and licensing boards, behavioral health treatment providers, insti-17 tutions of higher education, coordinated care organizations, community mental health 18 programs and consumers of mental health treatment, shall identify, assess and prepare a 19 report on the regulatory and policy barriers that limit access to effective and timely treat-20 ment of co-occurring disorders. The report must include but is not limited to:

(a) Recommendations for the development of individual and facility licensing and cre dentialing to treat co-occurring disorders;

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(b) Recommended strategies and cost estimates for increasing the reimbursement paid

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for behavioral health treatment of individuals with co-occurring disorders in recognition of 1 2 the increased complexity of such treatment; (c) The paperwork requirements and other administrative barriers identified by the au-3 thority and stakeholders that limit access to appropriate behavioral health treatment for 4 individuals with co-occurring disorders; and  $\mathbf{5}$ (d) Recommendations for improving the registration of and access to peer support spe-6 cialists and peer wellness specialists, as defined in ORS 414.025. 7 (3) No later than September 15, 2020, the authority shall submit to the interim commit-8 9 tees and subcommittees of the Legislative Assembly related to health and mental health: (a) The report described in subsection (2) of this section; 10 (b) A description of the steps the authority has taken to reduce barriers to access that 11 12are identified in the report; and (c) Recommendations for comprehensive legislation, for the 2021 regular session of the 13Legislative Assembly, necessary to ensure that individuals with co-occurring disorders have 14 15access to timely and effective treatment. 16SECTION 2. Section 1 of this 2020 Act is repealed on January 2, 2022. SECTION 3. This 2020 Act being necessary for the immediate preservation of the public 17peace, health and safety, an emergency is declared to exist, and this 2020 Act takes effect 18 19 on its passage. 20