

SUBCOMMITTEE RECOMMENDATION

HB 3046

Relating to behavioral health benefits

To:	Ways and Means Full Committee
From:	Human Services Subcommittee
Carrier:	Representative Nosse

HB 3046 requires behavioral health benefit carriers to conduct an annual analysis of nonquantitative treatment limitations for behavioral health benefits. Carriers must report to the Department of Consumer and Business Services each year on nonquantitative treatment limitations for mental health and substance use disorder and applicable medical or surgical benefits.

The measure also requires Coordinated Care Organizations to report to the Oregon Health Authority each year on their compliance with mental health parity requirements. CCOs must demonstrate that the factors used to apply nonquantitative treatment limitations to mental health or substance use disorder treatment are comparable with factors used to apply nonquantitative treatment limitations to medical or surgical treatments in the same classification.

This measure also defines required behavioral health treatment requirements for CCOs and group health insurance policies or individual health benefit plans. For CCOs, OHA is to adopt by rule a list of behavioral health services that may not be subject to prior authorization.

The fiscal impact of this measure for the 2021-23 biennium is \$708,708 Other Funds with 3 positions and 3.00 FTE. Other Funds are derived from the annual insurer premium assessment.

The recommended amendment provides further guidance on patient scoring and assessment criteria citing Federal and State regulations. It also adds \$708,708 Other Funds limitation to the DCBS budget for the 2021-23 biennium.

The Human Services Subcommittee recommends HB 3046 be amended by the -A7 amendment and be reported out do pass, as amended.