HB 2086 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health

Action Date:	04/12/21
Action:	Do pass with amendments and be referred to Ways and Means by prior reference.
	(Printed A-Eng.)
Vote:	9-0-0
Yeas:	9 - Lively, Moore-Green, Morgan, Nosse, Reynolds, Salinas, Sanchez, Sollman, Wright
Fiscal:	Fiscal impact issued
Revenue:	Revenue impact issued
Prepared By:	Zoe Larmer, LPRO Analyst
Meeting Dates:	3/17, 4/12

WHAT THE MEASURE DOES:

Appropriates General Fund money to the Oregon Health Authority (OHA) for programs responsive to and driven by people of color, tribal communities, and people with lived experience; and increasing funding to reintegrate criminal defendants into community who have been found unfit to proceed in a criminal proceeding due to mental incapacity. Directs OHA to reimburse the cost of co-occurring disorder treatment at an enhanced rate and to conduct study of reimbursement rate for co-occurring disorder treatment. Directs OHA to report recommendations for future rate development to the Legislative Assembly by December 1, 2022. Appropriates \$10.2 million in General Fund money for this purpose. Directs OHA to continually evaluate and revise administrative rules governing behavioral health programs and services to reduce the administrative burden of documentation for providers seeking certificates of approval. Requires OHA to report recommendations of achieving a living wage for behavioral health workers to the Legislative Assembly by February 1, 2022. Allows OHA to establish minimum rates of reimbursement paid by OHA or coordinated care organizations (CCOs) to addiction treatment providers. Directs OHA to consider increasing amount of global payment to CCOs for addiction services. Directs OHA to increase aggregate fee-for-service reimbursement rates for addiction treatment providers by 25 percent above rates on effective date. Allows OHA to require providers report data or other information regarding the use of increased payments quarterly. Directs OHA to ensure reimbursement paid to addiction treatment provider is equivalent to reimbursement paid to mental health treatment providers. Requires OHA to monitor impact of increased rates on lowering barriers to access addiction treatment and improving ability of addiction treatment providers to expand staff and improve staff experience. Requires OHA to seek approval from the Centers for Medicare and Medicaid Services and notify Legislative Counsel upon receipt of approval or denial. Directs OHA to contract with a third party vendor to survey medical assistance recipients about their experiences with behavioral health care and services using a standardized survey tool. Directs OHA to create workforce training and establish endorsements and certifications for behavioral health providers of co-occurring disorder treatment. Directs OHA to adopt rules for coordinated care organizations to provide housing navigation services and address the social determinants of health. Replaces terms. Directs intensive behavioral health treatment providers to collect data on the demand for and capacity to provide treatment of children and adolescents presenting with high acuity behavioral health needs. Requires data be provided to the Oregon Health Authority. Appropriates \$400,000 of General Fund money for this purpose. Requires OHA to report findings to Legislative Assembly by December 1, 2022. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Need for increased behavioral health services in Oregon
- History of the Governor's Behavioral Health Advisory Council
- Possible amendments
- Overlap with other legislation considered in the 2021 Session

This summary has not been adopted or officially endorsed by action of the committee.

EFFECT OF AMENDMENT:

Replaces the measure.

BACKGROUND:

The Governor's Behavioral Health Advisory Council (Council) was established by Executive Order in October 2019 for the purpose of developing recommendations aimed at improving access to effective behavioral health services and supports for all Oregon adults and transitional-aged youth with serious mental illness or co-occurring mental illness and substance use disorders. The Council met 12 times between October 2019 and September 2020 and submitted a report outlining their recommendations to the Oregon State Legislative Assembly In October 2020. House Bill 2086 A codifies the recommendations of the Council.