

## HOUSE AMENDMENTS TO HOUSE BILL 2086

By COMMITTEE ON BEHAVIORAL HEALTH

April 19

1 On page 1 of the printed bill, line 3, delete “458.380 and 458.385” and insert “430.335; repealing  
2 ORS 430.717”.

3 Delete lines 20 through 30 and delete pages 2 through 5.

4 On page 6, delete lines 1 through 22 and insert:

5 **“SECTION 1. In addition to and not in lieu of any other appropriation, there is appro-  
6 priated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the  
7 General Fund, the amount of \$\_\_\_\_\_, which may be expended for:**

8 **“(1) Programs that are directly responsive to and driven by people of color, tribal com-  
9 munities and people of lived experience, that are peer and community driven and that provide  
10 culturally specific services, and for medical assistance reimbursement of tribal-based prac-  
11 tices.**

12 **“(2) Increasing funding to reintegrate into the community criminal defendants who have  
13 been found unfit to proceed in a criminal proceeding due to a mental incapacity under ORS  
14 161.370, including by:**

15 **“(a) Establishing a reimbursement rate for case consultation and community reinte-  
16 gration services for at least 400 individuals; and**

17 **“(b) Constructing and operating a secure residential treatment facility to serve up to 39  
18 individuals per year.**

19 **“SECTION 2. (1) The Oregon Health Authority shall reimburse the cost of co-occurring  
20 mental health and substance use disorder treatment services paid for on a fee-for-service  
21 basis at an enhanced rate based on:**

22 **“(a) Existing reimbursement codes used for co-occurring disorder treatments;**

23 **“(b) Clinical complexity; and**

24 **“(c) The education level of the provider.**

25 **“(2) The authority shall provide one-time start-up funding for behavioral health treat-  
26 ment programs that provide integrated co-occurring disorder treatment.**

27 **“(3) The authority shall conduct a study of reimbursement rates for co-occurring disor-  
28 der treatments, including treatment of a co-occurring intellectual and developmental disa-  
29 bility and problem gambling disorder. No later than December 1, 2022, the authority shall  
30 report, in the manner provided in ORS 192.245, the findings from the study and recommen-  
31 dations for future rate development to the interim committees of the Legislative Assembly  
32 related to mental or behavioral health.**

33 **“SECTION 3. In addition to and not in lieu of any other appropriation, there is appro-  
34 priated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the  
35 General Fund, the amount of \$10,200,000, which may be expended for carrying out section 2**

1 of this 2021 Act.

2  
3 **“WORKFORCE**

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5 **“SECTION 4.** The Oregon Health Authority shall continually evaluate and revise admin-  
6 istrative rules governing behavioral health programs and services to reduce the administra-  
7 tive burden of documentation, particularly around assessment and treatment planning, the  
8 measures and outcomes tracking system or successor systems and other reporting required  
9 for providers seeking certificates of approval and to ensure that the rules are consistent with  
10 the medical assistance program administrative rules that apply to behavioral health care  
11 staff operating in primary care and other settings.

12 **“SECTION 5.** No later than February 1, 2022, the Oregon Health Authority shall report  
13 to the interim committees of the Legislative Assembly related to behavioral and mental  
14 health, in the manner provided in ORS 192.245, recommendations on achieving a living wage  
15 for behavioral health care workers, including peers and family support specialists. The report  
16 must also consider pay inequities between physical health care workers and behavioral health  
17 care workers and how to provide more equitable wages.

18 **“SECTION 6.** (1) The Oregon Health Authority, with the advice of stakeholders and the  
19 Alcohol and Drug Policy Commission, may establish minimum rates of reimbursement paid  
20 by the authority or coordinated care organizations to addiction treatment providers to en-  
21 sure medical assistance recipients’ access, without delay, to all modalities of addiction  
22 treatment within each geographic region of this state.

23 **“(2)** The authority shall consider increasing the amount of the global payment to coor-  
24 dinated care organizations for addiction services.

25 **“(3)(a)** The authority shall increase the aggregate fee-for-service reimbursement rates  
26 for addiction treatment providers by 25 percent above the rates paid on the effective date  
27 of this 2021 Act. The authority shall withhold 10 percent of the increase to pay providers  
28 annually, as performance pay, for achieving diversity, vacancy reduction, retention and  
29 achieving goals identified by the authority.

30 **“(b)** The authority may require providers to quarterly report data or other information  
31 regarding the use of the increased payments under paragraph (a) of this subsection.

32 **“(4)** A claim for reimbursement of the cost of addiction treatment provided to a medical  
33 assistance recipient must be paid by the authority or by a coordinated care organization no  
34 later than 90 days after receipt of the claim.

35 **“(5)** The authority shall ensure that the reimbursement paid to addiction treatment  
36 providers is equivalent to the reimbursement paid to mental health treatment providers that  
37 have equivalent levels of education and training. The authority shall adjust rates as needed  
38 to achieve parity or to provide incentives to increase workforce capacity to provide addiction  
39 treatment.

40 **“(6)** The authority and the commission shall monitor the impact of increased rates under  
41 subsections (2) and (3) of this section on improving low-barrier access to addiction treatment  
42 in this state and on improving the ability of addiction treatment providers to expand staff  
43 and improve staff expertise.

44 **“SECTION 7.** (1) The Oregon Health Authority shall seek any form of approval from the  
45 Centers for Medicare and Medicaid Services necessary to carry out section 6 of this 2021 Act.

1 “(2) The authority shall notify the Legislative Counsel upon receipt or denial of any ap-  
2 proval necessary to carry out section 6 of this 2021 Act.

3 “**SECTION 8.** The Oregon Health Authority shall contract with a third-party vendor to  
4 survey medical assistance recipients about their experiences with behavioral health care and  
5 services using a standardized survey tool.

6 “**SECTION 9.** The Oregon Health Authority shall create workforce training and establish  
7 endorsements or certifications for behavioral health providers of co-occurring disorder  
8 treatment.

9  
10 “HOUSING

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12 “**SECTION 10.** The Oregon Health Authority shall adopt by rule requirements for coor-  
13 dinated care organizations to provide housing navigation services and address the social de-  
14 terminants of health through care coordination.

15 “**SECTION 11.** ORS 430.335 is amended to read:

16 “430.335. In accordance with the policies, priorities and standards established by the Alcohol  
17 and Drug Policy Commission under ORS 430.223, and subject to the availability of funds therefor,  
18 the Oregon Health Authority may:

19 “(1) Provide directly through publicly operated treatment facilities, which shall not be consid-  
20 ered to be state institutions, or by contract with publicly or privately operated profit or nonprofit  
21 treatment facilities, for the care of [*alcoholics or drug-dependent persons*] **individuals with sub-**  
22 **stance use disorders.**

23 “(2) Sponsor and encourage research of [*alcoholism and drug dependence*] **substance use dis-**  
24 **orders.**

25 “(3) Seek to coordinate public and private programs relating to [*alcoholism and drug*  
26 *dependence*] **substance use disorders.**

27 “(4) Apply for federally granted funds available for study or prevention and treatment of  
28 [*alcoholism and drug dependence*] **substance use disorders.**

29 “(5) Directly or by contract with public or private entities, administer financial assistance, loan  
30 and other programs to assist the development of [*drug and alcohol free*] housing **for individuals**  
31 **with substance use disorders.**

32  
33 “DATA ON INTENSIVE BEHAVIORAL HEALTH TREATMENT  
34 CAPACITY FOR CHILDREN AND ADOLESCENTS

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36 “**SECTION 12.** (1) As used in this section and section 13 of this 2021 Act:

37 “(a) ‘Children and adolescents’ means individuals 20 years old and younger.

38 “(b) ‘Intensive behavioral health treatment provider’ means any provider licensed in this  
39 state to provide intensive psychiatric treatment, acute inpatient treatment or residential  
40 substance use disorder treatment of children and adolescents.

41 “(2) Intensive behavioral health treatment providers shall collect and provide data to the  
42 Oregon Health Authority, in the manner prescribed by the authority, on the demand for and  
43 capacity to provide treatment of children and adolescents presenting with high acuity be-  
44 havioral health needs. Intensive behavioral health treatment providers shall submit to a  
45 centralized, real-time provider directory, bed registry and access portal established by the

1 **authority:**

2 **“(a) Data on bed capacity;**

3 **“(b) Referrals received, by provider; and**

4 **“(c) Other information prescribed by the authority.**

5 **“(3) The authority shall use the data described in subsection (2) of this section to:**

6 **“(a) Monitor and track the capacity of intensive behavioral health treatment providers**  
7 **to provide treatment of children and adolescents presenting with high acuity behavioral**  
8 **health needs;**

9 **“(b) Identify gaps in data that prevent the tracking of intensive behavioral health service**  
10 **capacity and develop a plan for addressing the gaps that includes providing assistance to**  
11 **providers and modifying required data elements that must be reported;**

12 **“(c) Develop benchmarks and performance measures for intensive behavioral health**  
13 **treatment capacity; and**

14 **“(d) Conduct research and evaluation of the children’s and adolescents’ continuum of**  
15 **care.**

16 **“(4) The authority shall share data and coordinate processes with the Department of**  
17 **Human Services to populate the Children’s System Data Dashboard described in ORS 418.981.**

18 **“(5) The authority shall adopt rules to carry out the provisions of this section, including**  
19 **rules establishing:**

20 **“(a) Parameters and specifications for data collection;**

21 **“(b) Processes for intensive behavioral health treatment providers to submit data for the**  
22 **establishment of a centralized, real-time provider directory, bed registry and access portal;**

23 **“(c) Requirements for the frequency of data submissions;**

24 **“(d) Requirements for coordinated care organizations and insurers to collect and report,**  
25 **for members and insureds treated by intensive behavioral health treatment providers, data**  
26 **not submitted by providers under this section;**

27 **“(e) A process for monitoring and documenting the need for high acuity behavioral health**  
28 **services for children and adolescents;**

29 **“(f) The authority’s responsibilities for reporting data back to providers; and**

30 **“(g) Measures to ensure compliance with data collection standards established under**  
31 **section 40, chapter 12, Oregon Laws 2020 (first special session).**

32 **“SECTION 13. (1) No later than December 1, 2022, the Oregon Health Authority shall**  
33 **report to the interim committees of the Legislative Assembly related to health, in the man-**  
34 **ner provided in ORS 192.245, and to the Governor recommendations to address:**

35 **“(a) The demand and the capacity for intensive behavioral health treatment for children**  
36 **and adolescents.**

37 **“(b) Barriers to data collection and provider compliance with section 12 of this 2021 Act.**

38 **“(2) The report shall include:**

39 **“(a) Recommendations for overcoming barriers to data collection; and**

40 **“(b) A plan for expanding the referral data collection requirements to providers in the**  
41 **broader children’s continuum of care, including community behavioral health services for**  
42 **children and adolescents with lower-acuity needs, and to adult intensive behavioral health**  
43 **treatment providers.**

44 **“SECTION 14. In addition to and not in lieu of any other appropriation, there is appro-**  
45 **priated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the**

1 **General Fund, the amount of \$400,000, which may be expended for carrying out the provisions**  
2 **of section 12 of this 2021 Act.**

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4

**“OPERATIVE DATE**

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6 **“SECTION 15. Section 6 of this 2021 Act becomes operative on the earlier of January 1,**  
7 **2022, or the date on which the Centers for Medicare and Medicaid Services provides approval,**  
8 **if necessary, to carry out section 6 of this 2021 Act.”.**

9

In line 26, delete “11” and insert “16”.

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Delete line 32 and insert:

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**“SECTION 17. ORS 430.717 is repealed.”.**

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In line 36, delete “13” and insert “18”.

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