

HB 2235 -3 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates: 3/8, 4/3

WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) to study access to behavioral health treatment in rural and medically underserved area of the state and submit report to Legislative Assembly by September 15, 2024.

ISSUES DISCUSSED:

- Behavioral health workforce shortages
- Current caseloads confronting behavioral health providers
- Consideration of impacts of caseload standards on consumer access
- Applicability of caseload standards in behavioral health system that is increasingly team-based

EFFECT OF AMENDMENT:

-3 **Replaces the measure.** Requires OHA to convene a work group to study major barriers to workforce recruitment and retention in state's publicly-financed behavioral health system. Specifies work group membership. Requires work group to develop recommendations related to behavioral health workforce recruitment, retention, administrative burdens, reimbursement, caseloads, and burnout. Specifies needs and impacts work group should consider in developing recommendations. Requires OHA to report to Legislative Assembly on work group's initial recommendations by January 15, 2025 and final recommendations by December 15, 2025. Declares emergency, effective on passage.

FISCAL: Has minimal fiscal impact

REVENUE: No revenue impact

BACKGROUND:

According to Mental Health America, Oregon ranks among the worst states in prevalence of mental illness and access to care. According to the Kaiser Family Foundation, the COVID-19 pandemic and resulting economic recession has increased the prevalence of mental illness and substance use disorder, including increasing the number of adults reporting symptoms of anxiety and depressive disorder from one in ten in 2019 to four in ten in 2021.

In 2021, the Oregon legislature invested \$1.35 billion in the state's behavioral health system to improve the state's behavioral health crisis system, support the implementation of Measure 110 (2020), increase access to residential treatment, and support behavioral health workforce recruitment and retention. As the need for behavioral health services increases, so too can the caseloads of behavioral health practitioners.

House Bill 2235 would require the Oregon Health Authority to study access to behavioral health treatment in rural and medically underserved area of the state and submit report to Legislative Assembly by September 15, 2024.