

HB 3126 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Action Date: 03/29/23

Action: Do pass with amendments and be referred to Ways and Means by prior reference.
(Printed A-Eng.)

Vote: 10-0-1-0

Yeas: 10 - Bowman, Conrad, Diehl, Goodwin, Javadi, Morgan, Nelson, Nosse, Pham H, Tran

Exc: 1 - Dexter

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 3/14, 3/29

WHAT THE MEASURE DOES:

Establishes Emergency Behavioral Health Services for Children program in Oregon Health Authority (OHA) to promote the timely delivery of behavioral health services to children who present to hospital emergency departments in behavioral health crises. Requires OHA to establish criteria for designating hospitals within a geographic region as Regional Child Psychiatric Center. Specifies services to be provided by Regional Child Psychiatric Center. Requires other hospitals within Regional Child Psychiatric Center region to have memorandum of understanding with Regional Child Psychiatric Center. Requires regional trauma area in Regional Child Psychiatric Center to coordinate with coordinated care organizations (CCOs), local county behavioral health authorities, hospitals, and other community partners to conduct needs assessments and develop response plans. Directs OHA to implement Emergency Behavioral Health Services for Children program as pilot program for up to three Regional Child Psychiatric Centers in hospitals in three separate regional trauma areas. Requires OHA to provide funding for Child Psychiatric Emergency unit that Regional Child Psychiatric Center elects to operate. Requires System of Care Advisory Council to oversee planning process for pilot regions. Requires OHA to report to Legislative Assembly on evaluation and assessment of program by September 15, 2025. Prohibits insurance policies or certificates that reimburse costs of medical care from requiring prior authorization of treatment provided to individual presenting to Regional Child Psychiatric Center with behavioral health crisis or from denying coverage because health professional providing treatment is not credentialed with insurer offering policy or certificate.

ISSUES DISCUSSED:

- Adolescent behavioral health access challenges, particularly in rural areas
- Coordination that occurs in Oregon's state trauma system for physical health
- Potential lessons to be applied to services for older consumers

EFFECT OF AMENDMENT:

Clarifies responsibility of the Oregon Health Authority in administering Emergency Behavioral Health Services for Children program. Deletes requirement that criteria for designating hospital as Regional Child Psychiatric Center be established by rule. Requires System of Care Advisory Council to oversee planning process for pilot regions. Removes updates to State Trauma Advisory Board membership. Sunsets pilot program on January 2, 2030.

BACKGROUND:

According to Mental Health America, Oregon ranks last among states in youth mental health. This means that youth in Oregon have a higher prevalence of mental illness and lower rates of access to care.

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The Oregon Trauma and Tertiary Care Program (Trauma Program), administered by the Oregon Health Authority, helps establish trauma system standards for the state's physical health system, including designating trauma hospitals to care for injured patients. The Trauma Program helps ensure that resources are available to people who are traumatically injured by integrating and coordinating system resources.

House Bill 3126 A pilots bringing system-level coordination similar to the state's Trauma Program by establishing the Emergency Behavioral Health Services for Children program in the Oregon Health Authority. The pilot will promote the timely delivery of behavioral health services to children who present to hospital emergency departments in behavioral health crises.