A-Engrossed
House Bill 2235

Ordered by the House April 7
Including House Amendments dated April 7

Sponsored by Representative SANCHEZ (at the request of Oregon AFSCME Council 75) (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Oregon Health Authority to **convene work group to** study [*access to behavioral health treatment in rural and medically underserved areas of this state. Directs authority to submit findings to interim committees of Legislative Assembly related to health not later than September 15, 2024.*] **major barriers to workforce recruitment and retention in publicly financed behavioral health system in this state and to develop recommendations on specified topics. Specifies membership.**

Requires authority to report work group's initial recommendations, no later than January 15, 2025, to interim subcommittee of Joint Committee on Ways and Means related to human services and report final recommendations, by December 15, 2025, to subcommittee and to interim committees of Legislative Assembly related to health care.

Sunsets January 2, [*2025*] **2026**.

Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to behavioral health; and declaring an emergency.

Whereas Oregon remains near the very bottom in the United States for access to behavioral and mental health services and one contributing factor to that rating is the high turnover of certified and licensed professionals in the state's community behavioral health services system; and

Whereas low pay, administrative burden and the volume and high acuity needs of clients are major factors in providers leaving the field; and

Whereas many providers who leave community-based behavioral health practices go into private practice where the providers serve clients with lower acuity needs and, for clients with commercial insurance, receive higher pay and can better control their caseloads; and

Whereas increasing pay, reducing administrative burden and reducing the workloads for the behavioral health workforce will increase retention; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The Oregon Health Authority shall convene a work group to study the major barriers to workforce recruitment and retention in the publicly financed behavioral health system in this state. The work group must include:

(a) One nonmanagement peer mentor who is in active practice;

(b) One nonmanagement clinical social worker licensed under ORS 675.530 who is in active practice;

(c) One nonmanagement certified alcohol and drug counselor who is in active practice;

(d) One nonmanagement qualified mental health associate who is in active practice;

(e) One nonmanagement qualified mental health professional who is in active practice;

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

(f) Two members who carry caseloads and supervise other employees who are working to achieve hours for certification or licensure as a behavioral health providers;

(g) Directors or the directors' designees from:

(A) Four community mental health programs; and

(B) Four behavioral health providers that are not community mental health programs;

(h) One representative of an association of behavioral health provider employees;

(i) One representative of an association of behavioral health provider organizations;

(j) At least one representative or designee of a mental health consumer organization;

(k) At least one representative or designee of a substance use disorder consumer organization; and

(L) Two representatives of coordinated care organizations.

(2) The membership of the work group convened under subsection (1) of this section must include representatives of at least four providers of culturally specific services and, to the extent practicable, represent the geographic, racial, ethnic and gender diversity of this state.

(3) The work group shall develop recommendations to:

(a) Improve the recruitment of the behavioral health workforce;

(b) Improve the retention of the behavioral health workforce;

(c) Reduce administrative burdens on the behavioral health workforce;

(d) Increase the reimbursement paid to behavioral health providers and increase the pay for the behavioral health workforce;

(e) Reduce the workload of the behavioral health workforce, including caseload guidelines or ratios, and consider national and local studies of existing program staffing;

(f) Reduce burnout within the behavioral health workforce; and

(g) Diversify the behavioral health workforce.

(4) In developing the recommendations under subsection (3) of this section, the work group shall consider:

(a) The number and types of workers needed to meet the community's demand for behavioral health treatment and services;

(b) The impact of the recommendations on:

(A) Consumers' access to behavioral health services;

(B) Providers' administrative burdens;

(C) The delivery of team-based care; and

(D) The ability to transition to value-based payment methodologies; and

(c) The resources needed to implement the recommendations.

(5) No later than January 15, 2025, the authority shall report to the interim subcommittee of the Joint Committee on Ways and Means related to human services, in the manner provided in ORS 192.245, the work group's initial recommendations for addressing behavioral health workforce challenges to inform the subcommittee on the authority's budget for the biennium beginning July 1, 2025.

(6) No later than December 15, 2025, the authority shall submit a final report, in the manner provided in ORS 192.245, containing the work group's final recommendations, including recommendations for legislative actions, if needed, to the interim committees of the Legislative Assembly related to health care and to the interim subcommittee of the Joint Committee on Ways and Means related to human services.

SECTION 2. Section 1 of this 2023 Act is repealed on January 2, 2026.

SECTION 3. This 2023 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect on its passage.