

Requested by Representative MORGAN

**PROPOSED AMENDMENTS TO
HOUSE BILL 2463**

1 On page 1 of the printed bill, line 2, after the semicolon insert “creating
2 new provisions; amending ORS 430.050 and 430.631;”.

3 Delete lines 20 through 27 and delete page 2.

4 On page 3, delete lines 1 through 14 and insert:

5 **“SECTION 1. Section 2 of this 2023 Act is added to and made a part
6 of ORS chapter 413.**

7 **“SECTION 2. (1) As used in this section, ‘behavioral health care
8 providers’ means individuals and organizations, including coordinated
9 care organizations, that provide behavioral health care or services that
10 are funded, in whole or in part, with state or federal funds.**

11 **“(2) The Oregon Health Authority shall take all steps necessary to
12 reduce administrative burdens imposed on behavioral health care pro-
13 viders by administrative rules, reporting requirements and required
14 procedures that are duplicative or unnecessary, that do not contribute
15 to improving the quality of or access to behavioral health care in this
16 state and that divert the time and resources of behavioral health care
17 providers away from meeting the needs of the communities they serve,
18 including but not limited to:**

19 **“(a) Establishing a process for developing and adopting rules, re-
20 porting requirements and procedures governing behavioral health care
21 providers that is open to and accessible by the public.**

1 **“(b) Offering regularly scheduled opportunities for behavioral**
2 **health care providers to explore changes to administrative rules, re-**
3 **porting requirements, contracts and contract requirements, to reduce**
4 **administrative burdens on behavioral health care providers.**

5 **“(c) On an annual basis, in consultation with behavioral health care**
6 **providers, reviewing all duties imposed on behavioral health care pro-**
7 **viders by administrative rules, reporting requirements or procedures**
8 **to determine whether the duties are burdensome on behavioral health**
9 **care providers and whether the duties result in meaningful improve-**
10 **ment in the quality of or access to behavioral health care.**

11 **“(d) Not requiring signatures on documents submitted to the au-**
12 **thority unless the signatures are required by federal law.**

13 **“(e) Publishing rule interpretation guides for administrative rules**
14 **regarding audits or other reviews and providing annual training for**
15 **the staff that conduct reviews and audits to ensure consistent inter-**
16 **pretations are being applied.**

17 **“(f) If a behavioral health care provider is licensed or certified by**
18 **an entity other than the authority, assuming that any requirement**
19 **that the authority imposes on the provider that is similar to a re-**
20 **quirement that is imposed by the other entity has been met, including**
21 **but not limited to requirements related to:**

22 **“(A) Prescribed scope of practice;**

23 **“(B) Training requirements; and**

24 **“(C) Audit requirements.**

25 **“(g) If a coordinated care organization demonstrates that the coor-**
26 **ordinated care organization is working with community partners to**
27 **identify the needs for behavioral health services in the community**
28 **served by the coordinated care organization, including the needs of**
29 **minority populations, and the coordinated care organization is work-**
30 **ing with community partners to meet the needs, not requiring the**

1 coordinated care organization to undergo a separate comprehensive
2 behavioral health plan meeting specific criteria prescribed by the au-
3 thority and the production of a detailed report.

4 **“SECTION 3. (1) The Behavioral Health Advisory Board established**
5 **in ORS 430.050 shall:**

6 **“(a) Evaluate and make recommendations for revisions to the**
7 **statutes in ORS chapter 430 to reflect the current structure of the**
8 **publicly funded behavioral health system in this state and the roles**
9 **of counties, coordinated care organizations, private behavioral health**
10 **care providers and community mental health programs. The board**
11 **shall, at a minimum:**

12 **“(A) Identify redundancies, contradictions and outdated language**
13 **in the provisions in ORS chapter 430 and recommend changes to the**
14 **provisions or new provisions to achieve greater clarity for behavioral**
15 **health care providers and to better meet the needs of the individuals**
16 **who receive behavioral health services; and**

17 **“(B) Define and clarify the roles and responsibilities of all major**
18 **behavioral health system partners that constitute the public behav-**
19 **ioral health system, including coordinated care organizations, com-**
20 **munity mental health programs, behavioral health organizations,**
21 **county governments, the Oregon Health Authority, the Department**
22 **of Human Services and the Judicial Department.**

23 **“(b) Evaluate and make recommendations for revisions to the cur-**
24 **rent regulatory structure of the publicly funded behavioral health**
25 **system in this state, including statutes, administrative rules, the state**
26 **Medicaid plan, state contracts with behavioral health care providers**
27 **and workflows, to identify efficiencies, reduce administrative burdens,**
28 **eliminate duplication and increase transparency. The recommen-**
29 **dations should ensure a regulatory framework that:**

30 **“(A) Maximizes access to behavioral health services;**

1 “(B) Creates portability and accountability for the behavioral health
2 workforce;

3 “(C) Promotes behavioral and physical health integration; and

4 “(D) Closes the gap between the regulatory structures for commer-
5 cially funded and publicly funded health systems in this state.

6 “(c) Include the board’s recommendations under this subsection in
7 the board’s annual report to the Legislative Assembly under ORS
8 430.050 (7).

9 “(2) The authority shall:

10 “(a) Install systems in place to track the implementation of, and
11 the outcomes resulting from, recommendations of the board;

12 “(b) Explore changes to the existing Oregon Administrative Rules
13 to reduce administrative burdens on the behavioral health workforce;

14 “(c) Work with coordinated care organizations to clarify the obli-
15 gations and responsibilities of coordinated care organizations under
16 ORS 430.637; and

17 “(d) Evaluate licensing, certification and audit procedures to iden-
18 tify and eliminate undue administrative burdens on behavioral health
19 care provider organizations and to ensure that the existing Oregon
20 Administrative Rules are interpreted consistently across all of the
21 authority’s divisions.

22 “**SECTION 4.** ORS 430.050 is amended to read:

23 “430.050. (1) The [*Director of the Oregon Health Authority, with the ap-*
24 *proval of*] **Behavioral Health Advisory Board** is established in the
25 **Oregon Health Authority**. The Governor[,] shall appoint at least 15 but not
26 more than 20 members [*of a Mental*] **to the Behavioral Health Advisory**
27 **Board**[, *composed of both lay and professionally trained individuals, qualified*
28 *by training or experience to study the problems of mental health and*] **to** make
29 recommendations for the development of policies and procedures with respect
30 to [*the state mental*] **publicly funded behavioral** health programs. The

1 membership shall provide balanced representation of program areas [*and*
2 *shall include persons who represent the interests of children*] **involved in**
3 **behavioral health for adults and children in this state, including but**
4 **not limited to counties, community mental health programs, private**
5 **behavioral health organizations, coordinated care organizations, ad-**
6 **vocates or advocacy organizations, acute care hospitals and state**
7 **agencies that intersect with the publicly funded behavioral health**
8 **system in this state.** At least four members of the board shall be persons
9 with [*disabilities who shall serve as the Disability Issues*] **lived behavioral**
10 **health experience who shall serve as the Peer** Advisory Committee,
11 which is hereby established. The members of the board shall serve for terms
12 of four years and are entitled to compensation and expenses as provided in
13 ORS 292.495. **A member may be reappointed.** The [*director*] **Governor** may
14 remove any member of the board for misconduct, incapacity or neglect of
15 duty.

16 “(2) The Oregon Health Authority shall adopt rules specifying the duties
17 of the board. In addition to those duties assigned by rule, the board shall
18 assist the authority in planning, [*and preparation*] **preparing, implement-**
19 **ing, reviewing and revising** [*of*] administrative rules [*for the assumption*
20 *of responsibility for*] **developed by the authority to regulate publicly**
21 **funded behavioral health systems, including but not limited to** psychi-
22 atric care in state and community hospitals, [*by community mental health*
23 *programs, in accordance with ORS 430.630 (3)(e)*] **outpatient behavioral**
24 **health services, residential treatment services and crisis services.**

25 “(3) The board shall meet at least once each quarter.

26 “(4) The [*director*] **authority** may make provision for technical and cler-
27 ical assistance to the [*Mental*] **Behavioral** Health Advisory Board and for
28 the expenses of such assistance.

29 “(5) The [*Disability Issues*] **Peer** Advisory Committee shall meet at least
30 once annually to make recommendations to the [*Mental*] **Behavioral** Health

1 Advisory Board.

2 “[*(6) As used in this section, ‘person with a disability’ means any person*
3 *who:*]

4 “[*(a) Has a physical or mental impairment which substantially limits one*
5 *or more major life activities;*]

6 “[*(b) Has a record of such an impairment; or*]

7 “[*(c) Is regarded as having such an impairment.*]

8 **“(6) As used in this section, ‘peer’ means an individual or the family**
9 **member of an individual who has had a life experience similar to the**
10 **life experience of a current or former recipient of mental health or**
11 **substance use treatment services or similar to the life experience of**
12 **a family member of a recipient of mental health or substance use**
13 **treatment services.**

14 **“(7) No later than September 15 of each year, the board shall submit**
15 **a report to the interim committees of the Legislative Assembly related**
16 **to health on:**

17 **“(a) Key recommendations made by the board to the authority;**

18 **“(b) A summary of the recommendations that were implemented**
19 **by the authority;**

20 **“(c) Administrative barriers identified by the board that impact**
21 **access to behavioral health care; and**

22 **“(d) Recommended changes, if any, to the authority’s regulatory**
23 **processes.**

24 **“SECTION 5.** ORS 430.631 is amended to read:

25 **“430.631. (1) If any local mental health program has an advisory commit-**
26 **tee, persons with disabilities, as defined in ORS [430.050 (6)] 174.107, and**
27 **older adults shall be appointed to serve on the advisory committee.**

28 **“(2) The persons with disabilities described in subsection (1) of this sec-**
29 **tion shall meet separately as a disability issues advisory committee.**

30 **“SECTION 6. Members appointed and serving on the Mental Health**

1 **Advisory Board on the effective date of this 2023 Act may continue to**
2 **serve through the end of their terms and may be reappointed.**

3 **“SECTION 7. Section 6 of this 2023 Act is repealed on January 2,**
4 **2027.”.**

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