

HB 4092 -2 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 2/6, 2/14

WHAT THE MEASURE DOES:

The measure requires the Oregon Health Authority (OHA) to conduct a study to determine the funding required by community mental health programs (CMHPs) to provide behavioral health services to specified populations. It requires the Legislative and Policy Research Office (LPRO) Director to convene a task force to make recommendations for revisions to statutes, administrative rules, and contracts affecting behavioral health care providers, coordinated care organizations, private behavioral health care providers and community mental health programs.

Detailed Summary:

CMHP Funding Study

- Requires Oregon Health Authority (OHA), in consultation with counties and community mental health programs (CMHPs), to conduct a study to determine funding required for CMHPs to perform function required by law related to individuals with behavioral health disorders in specified age groups
- Specifies services and functions to be studied
- Requires OHA to make report publicly available
- Requires report to be completed by January 1, 2025 and every five years thereafter

Administrative Burden Task Force

- Requires Legislative Policy and Research Office (LPRO) Director to convene a task force to evaluate and make recommendations for revisions to statutes, administrative rules, and contracts affecting behavioral health care providers, coordinated care organizations, private behavioral health care providers and community mental health programs
- Requires task force to:
 - Identify redundancies contradictions and outdated language in the provisions in ORS chapters 414 and 430
 - Define and clarify the roles and responsibilities of all major behavioral health system partners that constitute the public behavioral health system
 - Develop recommendations for a regulatory framework that maximizes access to services, creates portability and accountability for the workforce
 - Address differences in regulatory structures for publicly funded and commercially funded behavioral health systems
- Specifies task force membership and requires meaningful opportunity to participate by consumers of behavioral health services
- Requires task force to be convened by April 15, 2024
- Requires task force to report preliminary findings by June 17, 2024 and final recommendations by November 1, 2024
- Sunsets task force on January 2, 2025

Declares emergency effective on passage.

ISSUES DISCUSSED:

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- Counties' role in providing behavioral health services
- Impact of administrative burden on ability to provide services
- Overlap in requirements on counties and CCOs
- Impact of mental health parity laws on county funding for providing behavioral health services

EFFECT OF AMENDMENT:

-2 Clarifies due dates of reports required by OHA in studying funding required by CMHPs. Replaces task force with work group convened by Oregon Council for Behavioral Health in contract with OHA. Requires OCBH to hire consultant to assist work group. Requires work group to report preliminary recommendations by December 15, 2024 and final recommendations by December 15, 2025. Appropriates unspecified amounts to OHA for hiring of required consultant.

BACKGROUND:

The Community Mental Health Act of 1963, passed as part of President John F. Kennedy's New Frontier, ushered in a movement away from institutionalizing individuals with mental illness in state-run hospitals by establishing a system of community-based care. The Oregon Legislative Assembly has echoed this preference for community-based care finding, “[t]o the greatest extent possible, mental health and developmental disabilities services shall be delivered in the community where the person lives in order to achieve maximum coordination of services and minimum disruption in the life of the person[.]” ORS 430.610(3). The State should further, “encourage, aid, and financially assist” county governments to develop programs that treat mental illness, development disabilities, and substance use disorder (SUD). ORS 430.610(4). In implementing this preference for community-based mental health programs, the Legislative Assembly has also required local mental health authorities to develop “a comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services[.]” ORS 430.630(9)(b). The local plan is required to identify the way in which the local mental health authority will coordinate and provide specified services. ORS 430.630(9)(c).

While the state and federal governments have established a preference for the delivery of mental health services by county governments, the Legislative Assembly has also established the Oregon Integrated and Coordinated Care Delivery System in which it charges coordinated care organizations (CCOs) to coordinate the delivery of physical, behavioral, and oral health services for enrollees of the state’s medical assistance program. ORS 414.571(1)(e).