

HB 4092 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Action Date: 02/19/24

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

Vote: 8-3-0-0

Yeas: 8 - Bowman, Conrad, Dexter, Javadi, Nelson, Nosse, Pham H, Tran

Nays: 3 - Diehl, Goodwin, Yunker

Fiscal: Fiscal impact issued

Revenue: No revenue impact

Prepared By: Brian Nieubuurt, LPRO Analyst

Meeting Dates: 2/6, 2/19

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) and to convene a group of behavioral health partners to evaluate laws, rules, and contracts affecting behavioral health providers.

Detailed Summary:

Community Mental Health Program 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 functions 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 the report publicly available
- Requires a report on community restoration, civil commitment, and crisis stabilization responsibilities of CMHPs to be completed by January 1, 2025, and every five years thereafter
- Requires a report on substance use disorder treatment responsibilities of CMHPs to be completed by January 1, 2026, and every five years thereafter

Administrative Burden Work Group

- Requires OHA to contract with Oregon Council for Behavioral Health (OCBH) to convene a group of behavioral health partners to conduct a study evaluating laws, rules, and contracts affecting behavioral health providers.
- Requires study 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 - Identify redundancies, contradictions, and outdated language in the provisions in ORS chapters 414 and 430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 and creates portability for the workforce
 - Address differences in regulatory structures for publicly funded and commercially funded behavioral health systems
- Specifies work group membership and requires meaningful opportunities to participate for consumers of behavioral health services
- Requires OCBH to hire a consultant by June 30, 2024
- Requires the work group to report preliminary findings by December 15, 2024, and final recommendations by December 15, 2025
- Sunsets the work group on January 2, 2025

HB 4092 A STAFF MEASURE SUMMARY

Declares emergency, effective on passage.

ISSUES DISCUSSED:

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

EFFECT OF AMENDMENT:

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 a consultant to assist the work group. Appropriates funds to OHA for hiring the consultant. Requires the work group to report preliminary recommendations by December 15, 2024, and final recommendations by December 15, 2025.

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, developmental 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).