

A-Engrossed House Bill 4092

Ordered by the House February 22
Including House Amendments dated February 22

Sponsored by Representatives NOSSE, ANDERSEN, CONRAD; Representatives BOWMAN, DEXTER, DIEHL, PHAM H, TRAN (Pre-session 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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act requires the OHA to study how much money local mental health programs need to comply with state laws.

The Act requires the OHA to contract with a certain council to work with a group of people who provide mental health and substance use treatment. The Act requires the group to study the impact of state laws on the providers' ability to do their jobs. The Act requires the council to report to the legislature, by certain dates, the group's findings and any ideas for changes to state laws.

The Act goes into effect when the Governor signs it. (Flesch Readability Score: 67.2).

[Digest: The Act requires the OHA to study how much money local mental health programs need to comply with state laws.]

[The Act requires the director of LPRO to appoint a task force to study the burdens that state laws cause to people who provide care for mental health problems or substance use. The Act requires the director to report the findings of the task force to the legislature by November 1, 2024. This part of the Act is repealed on January 2, 2025.]

[The Act goes into effect when the Governor signs it. (Flesch Readability Score: 63.3).]

Requires the Oregon Health Authority to conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in specified age groups. Requires the authority to compile a report of the findings from the study by January 1, 2025, and every five years thereafter.

Requires the *[Legislative Policy and Research Director to convene a task force]* **authority to contract with the Oregon Council for Behavioral Health to work with a group of mental health and substance use treatment providers** to study the statutory and regulatory framework for behavioral health systems and make recommendations *[to reduce the administrative burdens on behavioral health care providers and increase system efficiencies]* **for changes to the laws to address redundancies, contradictions and outdated language, to define and clarify the roles and responsibilities of behavioral health system partners and to ensure a regulatory framework that is better for providers and consumers of behavioral health services.** Specifies the membership and duties of the *[task force]* **group.** Requires the *[director]* **group** to submit reports *[of the work of the task force]* to the Legislative Assembly no later than *[November 1, 2024]* **December 15, 2024, and December 15, 2025.** Sunsets January 2, *[2025]* **2026.**

Declares an emergency, effective on passage.

A BILL FOR AN ACT

Relating to behavioral health; and declaring an emergency.

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

SECTION 1. (1) **The Oregon Health Authority, in consultation with counties and community mental health programs, shall conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in the following age groups:**

(a) **Newborns through youth 17 years of age;**

(b) **Ages 18 through 25; and**

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.

1 (c) Ages 26 and older.

2 (2) The study must include, but is not limited to, the costs of providing the services and
3 performing the functions described in:

4 (a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and 161.505 to 161.585.

5 (b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.

6 (c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397 to 430.401, 430.405 to
7 430.565 and 430.610 to 430.880 except ORS 430.630.

8 (d) ORS 430.627, 430.628, 430.629 and 430.630.

9 (3) The authority shall compile a report of the authority's findings about the costs of
10 providing the services and performing the functions described in the sections listed in:

11 (a) Subsection (2)(a), (b) and (d) of this section and make the report available on the
12 authority's website no later than January 1, 2025, and every five years thereafter; and

13 (b) Subsection (2)(c) of this section and make the report available on the authority's
14 website no later than January 1, 2026, and every five years thereafter.

15 **SECTION 2.** (1) The Oregon Health Authority shall contract with the Oregon Council for
16 Behavioral Health to convene a group of behavioral health partners to conduct a study to:

17 (a) Evaluate the provisions in ORS chapters 414 and 430, administrative rules and state
18 contracts affecting behavioral health care providers, coordinated care organizations, private
19 behavioral health care providers and community mental health programs; and

20 (b) Make recommendations for revisions to the statutes, administrative rules and con-
21 tracts.

22 (2) The study shall:

23 (a) Identify redundancies, contradictions and outdated language in the provisions in ORS
24 chapters 414 and 430 and recommend solutions that address or resolve those redundancies,
25 contradictions or outdated language to increase efficiencies in the publicly funded behavioral
26 health system to better serve Oregonians;

27 (b) Define and clarify the roles and responsibilities under ORS chapters 414 and 430 and
28 related contract expectations and deliverables of all major behavioral health system partners
29 that constitute the public behavioral health system, including but not limited to coordinated
30 care organizations, community mental health programs, behavioral health organizations,
31 county governments and the Oregon Health Authority; and

32 (c) Develop recommendations to ensure a regulatory framework that is better for the
33 population of behavioral health care consumers and the publicly funded providers needed to
34 serve the population, including by:

35 (A) Maximizing access to behavioral health services;

36 (B) Creating portability and accountability for the behavioral health workforce;

37 (C) Promoting behavioral and physical health integration; and

38 (D) Addressing the differences between the regulatory structures for privately funded
39 and publicly funded health systems in this state.

40 (3) The group conducting the study must include representatives of:

41 (a) Consumers of behavioral health services;

42 (b) Coordinated care organizations;

43 (c) Community mental health programs;

44 (d) Culturally-specific behavioral health organizations;

45 (e) Behavioral health advocacy organizations;

1 (f) County governments;

2 (g) The Mental Health Regulatory Agency;

3 (h) Behavioral health care providers that contract with the state or with local govern-
4 ments;

5 (i) Labor organizations that represent the behavioral health workforce;

6 (j) Hospitals;

7 (k) The Mental Health and Addiction Certification Board of Oregon;

8 (L) The units of the Oregon Health Authority responsible for Medicaid, behavioral health
9 services, quality, compliance and program integrity;

10 (m) The nine federally recognized tribes in Oregon; and

11 (n) The Judicial Department.

12 (4) Consumers of behavioral health services who serve on the group conducting the study
13 must be ensured a meaningful opportunity to participate in developing the group's recom-
14 mendations.

15 (5) Members of the group conducting the study who are not employed by a state agency,
16 county government or city government are entitled to a stipend and reimbursement of travel
17 or other expenses as provided in ORS 292.495. Stipends shall be paid in a manner that allows
18 the stipends to be excluded from income in determining eligibility for medical assistance, to
19 the extent practicable under federal law.

20 (6) All agencies of state government, as defined in ORS 174.111, are directed to assist the
21 group in conducting the study and, to the extent permitted by laws relating to
22 confidentiality, to furnish information and advice the members of the group consider neces-
23 sary to conduct the study and develop recommendations.

24 (7) The council shall work in partnership with two to four members of the group to
25 conduct a procurement, no later than June 30, 2024, to hire a consultant to assist the group
26 in conducting the study.

27 (8) No later than December 15, 2024, to the greatest extent practicable, the group shall
28 report the group's preliminary recommendations for legislative changes related to subsection
29 (2)(a) of this section to the interim committees of the Legislative Assembly related to be-
30 havioral health. The report need not comply with ORS 192.245.

31 (9) No later than December 15, 2025, the group shall submit a final report of the group's
32 findings and recommendations developed under subsections (1) and (2) of this section, in the
33 manner provided in ORS 192.245, to the interim committees of the Legislative Assembly re-
34 lated to behavioral health. The recommendations may include proposed legislation.

35 **SECTION 3.** Section 1 of this 2024 Act is amended to read:

36 **Sec. 1.** (1) The Oregon Health Authority, in consultation with counties and community mental
37 health programs, shall conduct a study to determine the funding required for each community mental
38 health program to provide the services and perform the functions required by law related to indi-
39 viduals with behavioral health disorders in the following age groups:

40 (a) Newborns through youth 17 years of age;

41 (b) Ages 18 through 25; and

42 (c) Ages 26 and older.

43 (2) The study must include, but is not limited to, the costs of providing the services and per-
44 forming the functions described in:

45 (a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and 161.505 to 161.585.

1 (b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.

2 (c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397 to 430.401, 430.405 to
3 430.565 and 430.610 to 430.880 except ORS 430.630.

4 (d) ORS 430.627, 430.628, 430.629 and 430.630.

5 (3) The authority shall compile [*a report*] **reports** of the authority's findings about the costs of
6 providing the services and performing the functions described in [*the sections listed in:*]

7 [*(a) Subsection (2)(a), (b) and (d) of this section and make the report available on the authority's*
8 *website no later than January 1, 2025, and every five years thereafter; and*]

9 [*(b) Subsection (2)(c) of this section and make the report available on the authority's website no*
10 *later than January 1, 2026, and every five years thereafter*] **subsection (2) of this section every five**
11 **years and make the reports available on the authority's website.**

12 **SECTION 4. The amendments to section 1 of this 2024 Act by section 3 of this 2024 Act**
13 **become operative on January 2, 2026.**

14 **SECTION 5. Section 2 of this 2024 Act is repealed on January 2, 2026.**

15 **SECTION 6. In addition to and not in lieu of any other appropriation, there is appropri-**
16 **ated to the Oregon Health Authority, for the biennium ending June 30, 2025, out of the**
17 **General Fund, the amount of \$_____ , which shall be paid to the Oregon Council for Be-**
18 **havioral Health for the hiring of the consultant under section 2 (7) of this 2024 Act and for**
19 **the stipends and reimbursement of travel or other expenses under section 2 (5) of this 2024**
20 **Act.**

21 **SECTION 7. This 2024 Act being necessary for the immediate preservation of the public**
22 **peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect**
23 **on its passage.**