

HB 2206 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: 3/4

WHAT THE MEASURE DOES:

The measure requires the Oregon Health Authority (OHA) to convene a work group to study the feasibility of transferring the responsibility and financial risk for administering the adult mental health residential service benefit from OHA to coordinated care organizations (CCOs).

Detailed Summary

- Requires OHA to convene a work group to study the feasibility of and develop a plan for transferring the responsibility and financial risk for administering adult residential mental health service benefits from OHA to CCOs for CCO members.
- Specifies care settings included in adult mental health services benefit. Specifies work group membership.
- Requires work group to develop a plan for the transfer of responsibility, including identifying objectives, assessing viability, and creating phased implementation timelines by facility type. Requires work group to develop recommendations related to capacity and resources needed, in addition to any statutory, regulatory, and contractual changes necessary for implementation and sustainability of transfer.
- Requires OHA to report initial recommendations of the work group to the Legislative Assembly by December 15, 2027, and final recommendations by December 15, 2028.
- Declares emergency, effective on passage.

Fiscal impact: May have fiscal impact, but no statement yet issued

Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The Oregon Health Plan (OHP), Oregon's state Medicaid program, has undergone significant changes since its initial implementation in 1994. The coordinated care organization (CCO) model was established in 2012 through the passage of House Bill 3650 ([2011](#)) and Senate Bill 1580 ([2012](#)). CCOs provide a range of health services to their members, including physical, oral, and behavioral health care, either directly or through partnerships. OHP members are assigned to a CCO based primarily on their geographic location. CCOs receive a five-year contract from the state and a fixed-growth budget from which to coordinate services for their members. Currently, there are sixteen CCOs operating regionally across Oregon, serving more 92% of Oregon's nearly 1.5 million OHP members.

While CCOs are responsible for the provision of behavioral health services, the benefit for adult mental health residential and long-term care is funded and overseen by the Oregon Health Authority (OHA) where CCOs coordinate for referrals only. The separate administration of this benefit can contribute to administrative duplication and limit opportunities for improvement within the system.

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