

# House Bill 2206

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)

## 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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells OHA to create a work group related to CCO members who need residential mental health services. (Flesch Readability Score: 62.8).

Requires the Oregon Health Authority to convene a work group to study the feasibility of and develop a plan for transferring responsibility from the authority to coordinated care organizations to administer adult residential mental health service benefits and assume the financial risk of administering those benefits. Specifies the duties and membership of the work group. Requires the authority to report final recommendations of the work group to the Legislative Assembly no later than December 15, 2028.

Sunset January 2, 2029.

Declares an emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to adult residential mental health services; and declaring an emergency.

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

4 **SECTION 1. (1) As used in this section:**

5 (a) **“Coordinated care organization” and “medical assistance” have the meanings given**  
6 **those terms in ORS 414.025.**

7 (b) **“Residential treatment facility” and “residential treatment home” have the meanings**  
8 **given those terms in ORS 443.400.**

9 (c) **“Secure residential treatment facility” means a facility described in ORS 443.465.**

10 (2) **The Oregon Health Authority shall convene, or contract with a third party to con-**  
11 **vene, a work group to study the feasibility of and develop a plan for transferring responsi-**  
12 **bility from the authority to coordinated care organizations to administer adult residential**  
13 **health service benefits in the medical assistance program and assume the financial risk of**  
14 **administering the benefits. In conducting the study, the work group shall:**

15 (a) **Develop objectives for the transfer of responsibility described in this section;**

16 (b) **Assess the viability of including long term care services and supports in the transfer**  
17 **of responsibility described in this section;**

18 (c) **Develop phased implementation timelines for each facility type, including secure res-**  
19 **idential treatment facilities, residential treatment facilities and residential treatment homes;**

20 (d) **Develop recommendations about capacity building, funding and other resources**  
21 **needed for the implementation and sustainability of the transfer of responsibility described**  
22 **in this section; and**

23 (e) **Develop recommendations about statutory, regulatory and contractual changes**  
24 **needed for the implementation and sustainability of the transfer of responsibility described**  
25 **in this section.**

**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       **(3) The work group must include:**
- 2       **(a) Representatives of:**
- 3       **(A) Coordinated care organizations who have expertise in behavioral health;**
- 4       **(B) Coordinated care organizations who have expertise in care coordination;**
- 5       **(C) Community mental health programs;**
- 6       **(D) Entities that provide coordination of care services to individuals with serious and**
- 7 **persistent mental illness;**
- 8       **(E) Secure residential treatment facilities;**
- 9       **(F) Residential treatment facilities;**
- 10       **(G) Residential treatment homes;**
- 11       **(H) Adult foster homes as defined in ORS 443.705;**
- 12       **(I) Long term care facilities as defined in ORS 442.015;**
- 13       **(J) Labor organizations that represent the behavioral health workforce;**
- 14       **(K) Behavioral health advocacy organizations;**
- 15       **(L) The nine federally recognized Indian tribes in Oregon;**
- 16       **(M) The Medicaid, Behavioral Health and Quality and Compliance units of the Health**
- 17 **Systems Division of the authority; and**
- 18       **(N) The Program Integrity Audit Unit of the authority; and**
- 19       **(b) Medical assistance recipients with lived experience.**
- 20       **(4) No later than August 15, 2025, the authority, in partnership with two to four members**
- 21 **of the work group required under this section, shall hire a consultant to assist the work**
- 22 **group in conducting the study and developing the recommendations described in this section.**
- 23       **(5) The work group shall first meet no later than October 1, 2025.**
- 24       **(6) No later than December 15, 2027, the authority shall report to the Legislative As-**
- 25 **sembly, in the manner provided in ORS 192.245, the preliminary findings and recommen-**
- 26 **dations of the work group, including recommendations about needed statutory changes and**
- 27 **funding.**
- 28       **(7) No later than December 15, 2028, the authority shall report to the Legislative As-**
- 29 **sembly, in the manner provided in ORS 192.245, the final recommendations of the work**
- 30 **group, including recommendations for proposed legislative changes.**
- 31       **SECTION 2.** **Section 1 of this 2025 Act is repealed on January 2, 2029.**
- 32       **SECTION 3.** **This 2025 Act being necessary for the immediate preservation of the public**
- 33 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
- 34 **on its passage.**
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