

## **HB 4070 -4, -5, -6, -9 STAFF MEASURE SUMMARY**

### **House Committee On Behavioral Health**

---

**Prepared By:** Brian Niebuurt, LPRO Analyst

**Meeting Dates:** 2/5, 2/12

---

#### **WHAT THE MEASURE DOES:**

The measure clarifies the fiscal responsibility of community mental health programs for emergency psychiatric care, takes specified actions to help reduce the administrative burden of behavioral health providers in the state, and modernizes terminology related to mental health, substance use disorder, and intellectual or developmental disabilities.

#### **Detailed Summary:**

Specifies that community mental health programs (CMHPs) are not responsible for the cost of emergency psychiatric care, custody, and treatment when state funds provided to the CMHP have been exhausted. Requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to ensure that access to mental health and substance use treatment and services is no more burdensome to access than medical or surgical services and requires OHA to prescribe form and manner for how CCOs can demonstrate compliance. Prohibits OHA or contracted external quality review organization from penalizing a CCO based on the CCO's use of templates created by OHA. Modernizes terminology related to mental health, substance use disorder, and intellectual or developmental disabilities. Specifies limitations regarding the Oregon Department of Human Services' (ODHS) use of investigators to look into allegations of abuse of a person with a developmental disability. Removes requirement that CMHPs collaborate with BHRNs on programs and activities to help individuals with substance use disorder (SUD). Specifies OHA's obligations to assist a federally recognized tribe in establishing a CMHP. Repeals statutory provisions regarding drug and alcohol dependence as illnesses; SUD prevention grants; and CMHP program evaluation.

#### **ISSUES DISCUSSED:**

#### **EFFECT OF AMENDMENT:**

-4 Modifies provisions regarding the requirements needed to be eligible for reimbursement by insurers or the state medical assistance program for behavioral health services delivered using telemedicine. Declares emergency, effective on passage.

-5 Delays the updated nurse-to-patient ratio required in hospital medical-surgical units scheduled to be implemented on July 1, 2026 by House Bill 2697 (2023) by one year.

-6 Requires the Oregon Health Authority, in consultation with the Oregon Criminal Justice Commission, the Department of Corrections, and the Association of Oregon Counties to conduct a statewide evaluation on the impact of the sufficiency of the state's behavioral health system on local correctional facilities and adults in custody by December 1, 2027. Specifies components of evaluation. Declares emergency, effective on passage.

-9 **Replaces the measure.** Removes language clarifying CMHPs financial responsibility of emergency psychiatric care. Removes provisions dealing with ODHS investigations into abuse of individuals with developmental disabilities. Specifies that crisis stabilization centers have the capacity to screen the physical health needs of individuals. Further specifies OHA's obligations to assist a federally recognized tribe in establishing a CMHP. Modernizes additional terminology related to mental health, substance use disorder, and intellectual or developmental disabilities, including adding definitions for "alcohol use disorder" and "substance use disorder."

Specifies duty of a tribal community health program to have a mental health advisory committee.

Fiscal impact: *Minimal fiscal impact*

Revenue impact: *No revenue impact*

**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).

House Bill 4092 (2024) directed the Oregon Health Authority (OHA) to conduct a study with the Oregon Council for Behavioral Health in order to evaluate existing statutes, administrative rules, and contracts related to local behavioral health programs; identify contradictions and/or redundancies in the statutes; and make recommendations to support reducing the administrative burden on local behavioral health programs. A report on preliminary findings was submitted to the Legislative Assembly in December of 2024 that included the recommendation that terms related to funding-dependent treatment services should be streamlined and applied consistently throughout ORS chapters 414 and 430.

House Bill 4070 takes specified actions to help reduce the administrative burden of behavioral health providers in the state and modernizes terminology related to mental health, substance use disorder, and intellectual or developmental disabilities.