



Testimony in support of HB 3091-1
Care Coordination for people experiencing behavioral health crises

April 3, 2017

Dear Chair Greenlick and Members of House Health Care Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP), I would like to testify in support of HB 3091-1, requiring coordinated care organizations and commercial insurance carriers to pay for services, including behavioral health assessments, care coordination and case management, that are medically necessary to transition members experiencing behavioral health crises to lower levels of care. Community Mental Health Programs usually are the lead entities that provide these services, most often delivered by qualified mental health professionals who are supervised by licensed clinicians.

We appreciate the spirit and vision of this bill and the commitment of Representative Keny-Guyer and the advocates, who have been working on the next steps from the 2015 legislation for the last two years with a group of diverse health system stakeholders. Given the differences in criteria for qualified behavioral health clinicians between coordinated care organization and commercial insurance carrier coverage, we would be interested to see a progress update similar to the requirement in HB 3090-1, showing changes in the licensure status of the clinicians conducting assessments, and in the number of assessments, care coordination and case management services provided and reimbursed from the baseline.

We look forward to working with our health system partners to continue improving access to behavioral health services for all Oregonians who need them, regardless of their insurance status, and most importantly, we hope this bill will reduce the number of suicides in Oregon and improve the quality of life for those who experience behavioral health crises.

Thank you for the opportunity to provide testimony in support of HB 3091-1.

Sincerely,

Cheryl L. Ramirez

Cheryl L. Ramirez
Director, AOCMHP