

D R A F T

SUMMARY

Requires Department of Consumer and Business Services to conduct certain investigations into parity of reimbursement paid by insurers to mental health providers and physicians. Requires department to adopt rules necessary to ensure compliance with mental health parity and network adequacy requirements based on results of department's investigations. Requires department to report to interim committees related to health, by September 1, 2018, results of department's investigations and actions taken by department in response to investigations.

Sunsets January 2, 2019.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to mental health treatment providers; 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) "Behavioral mental health provider" includes:**

6 **(A) A psychologist licensed under ORS 675.010 to 675.150;**

7 **(B) A clinical social worker licensed under ORS 675.530; and**

8 **(C) A professional counselor or marriage and family therapist li-**
9 **censed under ORS 675.715.**

10 **(b) "Medical provider" means a physician licensed under ORS**
11 **chapter 677.**

12 **(c) "Mental health provider with prescribing privileges" includes:**

13 **(A) A psychiatrist; and**

14 **(B) A certified nurse practitioner with a specialty in psychiatric**
15 **mental health.**

1 (d) "Plan" means a policy, certificate or contract of health insur-
2 ance that provides reimbursement for medical and mental health ser-
3 vices.

4 (2) The Department of Consumer and Business Services shall con-
5 duct investigations into all of the following:

6 (a) The historical trends of each plan's maximum allowable re-
7 imbursement rates for time-based outpatient office visit procedural
8 codes and whether each plan's in-network behavioral mental health
9 providers have been paid reimbursement that is equivalent to the re-
10 imbursement for the plan's in-network medical providers and mental
11 health providers with prescribing privileges.

12 (b) Whether each plan imposes utilization management procedures
13 for behavioral mental health providers that are more restrictive than
14 the utilization management procedures for medical providers as indi-
15 cated by the time-based outpatient office visit procedural codes applied
16 to providers in each category, including a review of whether a plan
17 restricts the use of longer office visits for behavioral mental health
18 providers more than for medical providers.

19 (c) Whether each plan pays equivalent reimbursement for time-
20 based procedural codes for both in-network behavioral mental health
21 providers and in-network medical providers, including the reimburse-
22 ment of incremental increases in the length of an office visit.

23 (d) Whether the methodologies used by each plan to determine the
24 plan's reimbursement rate schedule are equivalent for in-network be-
25 havioral health providers and in-network medical providers.

26 (3) The department shall adopt rules to ensure that the require-
27 ments of ORS 743A.168 and 743B.505 are met by plans offered to resi-
28 dents in this state. The rules must be adopted based upon the results
29 of the department's investigations under subsection (2) of this section.

30 SECTION 2. The Department of Consumer and Business Services
31 shall report to the interim committees of the Legislative Assembly

1 related to health, no later than September 1, 2018, the results of the
2 department's investigations conducted in accordance with section 1 of
3 this 2017 Act and rules adopted or other actions taken by the depart-
4 ment in response to the investigations.

5 SECTION 3. Section 1 of this 2017 Act is repealed on January 2, 2019.

6 SECTION 4. This 2017 Act being necessary for the immediate pres-
7 ervation of the public peace, health and safety, an emergency is de-
8 clared to exist, and this 2017 Act takes effect on its passage.

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