A-Engrossed Senate Bill 860

Ordered by the Senate April 25 Including Senate Amendments dated April 25

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Oregon Independent Mental Health Professionals)

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.

Requires Department of Consumer and Business Services to [conduct certain investigations into] examine 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] 2019, results of department's [investigations] examination and actions taken by department in response to [investigations] examination.

Sunsets January 2, [2019] **2021**.

Declares emergency, effective on passage.

1 A BILL FOR AN ACT 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; (B) A clinical social worker licensed under ORS 675.530; and 7 (C) A professional counselor or marriage and family therapist licensed under ORS 675.715. 8 9 (b) "Medical provider" means a physician licensed under ORS chapter 677. 10 (c) "Mental health provider with prescribing privileges" includes: 11 (A) A psychiatrist; and 12(B) A certified nurse practitioner with a specialty in psychiatric mental health. 13 (d) "Plan" means a policy, certificate or contract of health insurance that provides reimbursement for medical and mental health services. 14 15 (2) The Department of Consumer and Business Services shall examine all of the following: 16 (a) The historical trends of each plan's maximum allowable reimbursement rates for 17 time-based outpatient office visit procedural codes and whether each plan's in-network behavioral mental health providers have been paid reimbursement that is equivalent to the 18 19 reimbursement for the plan's in-network medical providers and mental health providers with prescribing privileges. 20 21(b) Whether each plan imposes utilization management procedures for behavioral mental 22health providers that are more restrictive than the utilization management procedures for 23medical providers as indicated by the time-based outpatient office visit procedural codes ap-

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1 plied to providers in each category, including a review of whether a plan restricts the use

2 of longer office visits for behavioral mental health providers more than for medical provid-3 ers.

4 (c) Whether each plan pays equivalent reimbursement for time-based procedural codes 5 for both in-network behavioral mental health providers and in-network medical providers, 6 including the reimbursement of incremental increases in the length of an office visit.

7 (d) Whether the methodologies used by each plan to determine the plan's reimbursement 8 rate schedule are equivalent for in-network behavioral health providers and in-network 9 medical providers.

(3) The department shall adopt rules or take other steps to ensure that the requirements
of ORS 743A.168 and 743B.505 are met by plans offered to residents in this state based upon
the results of the department's examination under subsection (2) of this section.

13 <u>SECTION 2.</u> The Department of Consumer and Business Services shall report to the in-14 terim committees of the Legislative Assembly related to health, no later than September 1, 15 2019, the status of the department's examination in accordance with section 1 of this 2017 16 Act and rules adopted or other actions taken by the department in response to the exam-17 ination.

18 <u>SECTION 3.</u> Section 1 of this 2017 Act is repealed on January 2, 2021.

<u>SECTION 4.</u> This 2017 Act being necessary for the immediate preservation of the public
peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect
on its passage.

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