

D R A F T

SUMMARY

Requires Oregon Health Authority, under direction of Oregon Health Policy Board and in collaboration with specified stakeholder groups, to identify, assess and prepare report on regulatory and policy barriers to effective and timely behavioral health treatment for individuals with co-occurring disorders. Requires authority to submit report and recommendations for legislation to address barriers to interim committees and subcommittees of Legislative Assembly related to health and mental health.

Sunset on January 2, 2022.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to behavioral health care; and declaring an emergency.

3 Whereas regulatory, policy and administrative barriers currently exist
4 that do not allow for effective utilization of Oregon's behavioral health
5 workforce to treat individuals with mental health disorders and, in partic-
6 ular, individuals with co-occurring mental health disorders; now, therefore,

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

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

9 **(a) "Behavioral health treatment" means:**

10 **(A) Outpatient behavioral health services and supports for children**
11 **and adults;**

12 **(B) Intensive treatment services for children;**

13 **(C) Outpatient and residential substance use disorder treatment**
14 **services;**

15 **(D) Detoxification services;**

1 (E) Outpatient and residential problem gambling treatment ser-
2 vices; or

3 (F) Other services or supports necessary to treat substance use
4 disorder, problem gambling or other mental health issues.

5 (b) “Co-occurring disorders” means a diagnosis of a mental health
6 disorder along with a diagnosis of substance use disorder or problem
7 gambling.

8 (2) The Oregon Health Authority, under the direction of the Oregon
9 Health Policy Board, and in collaboration with individuals represent-
10 ing appropriate state agencies and licensing boards, behavioral health
11 treatment providers, institutions of higher education, coordinated care
12 organizations, community mental health programs and consumers of
13 mental health treatment, shall identify, assess and prepare a report
14 on the regulatory and policy barriers that limit access to effective and
15 timely treatment of co-occurring disorders. The report must include
16 but is not limited to:

17 (a) Recommendations for the development of individual and facility
18 licensing and credentialing to treat co-occurring disorders;

19 (b) The estimated costs for implementing an enhanced Medicaid
20 billing code that takes into account the increased complexity in pro-
21 viding services to individuals with co-occurring disorders;

22 (c) The paperwork requirements and other administrative barriers
23 identified by the authority and stakeholders that limit access to ap-
24 propriate behavioral health treatment for individuals with co-
25 occurring disorders; and

26 (d) Recommendations for improving the registration of and access
27 to peer support specialists and peer wellness specialists, as defined in
28 ORS 414.025.

29 (3) No later than September 15, 2020, the authority shall submit to
30 the interim committees and subcommittees of the Legislative Assem-
31 bly related to health and mental health:

- 1 **(a) The report described in subsection (2) of this section;**
2 **(b) A description of the steps the authority has taken to reduce**
3 **barriers to access that are identified in the report; and**
4 **(c) Recommendations for comprehensive legislation, for the 2021**
5 **regular session of the Legislative Assembly, necessary to ensure that**
6 **individuals with co-occurring disorders have access to timely and ef-**
7 **fective treatment.**

8 **SECTION 2.** Section 1 of this 2020 Act is repealed on January 2, 2022.

9 **SECTION 3.** This 2020 Act being necessary for the immediate pres-
10 **ervation of the public peace, health and safety, an emergency is de-**
11 **clared to exist, and this 2020 Act takes effect on its passage.**

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