



STATE OF OREGON
LEGISLATIVE COUNSEL COMMITTEE

April 8, 2019

Senator Laurie Monnes Anderson
900 Court Street NE S211
Salem OR 97301

Re: Senate Bill 133-4 amendments and Qualified Mental Health Professionals

Dear Senator Monnes Anderson:

You asked whether the -4 amendments to Senate Bill 133 (SB 133-4) expand the scope of practice for qualified mental health professionals (QMHP). The answer is no, SB 133-4 does not expand the QMHP scope of practice. Instead, SB 133-4 requires medical assistance, coordinated care organizations (CCO) and insurance companies to provide coverage for crisis stabilization and emergency services provided to recipients, members or enrollees, respectively.

A QMHP is defined by the Oregon Health Authority (OHA) by rule as an "LMP [licensed medical practitioner] or any other person meeting the minimum qualifications as authorized by the LMHA [local mental health authority], or designee, and specified in [OAR] 309-019-0125 [(10)]."¹ OAR 309-019-0125 (10) provides the requirements that a person practicing as a QMHP must meet in order to be employed by or provide services through a community mental health program. The requirements include, "the ability to conduct an assessment including . . . health and safety risks to self or others [and] . . . developing a safety plan[.]"² Although the rule does not specifically address scope of practice, it is inferred from the requirements that a QMHP may provide the services for which a QMHP is required to demonstrate competency.

The -4 amendments to SB 133 entirely replace the language of the introduced measure. Section 2 of SB 133-4 provides,

The types and extent of health care and services to be provided in medical assistance, as determined by the Oregon Health Authority under ORS 414.065, must include crisis stabilization services, as described in ORS 430.630 (3)(b), and emergency services, as described in ORS 430.630 (2)(a), provided by community mental health programs.³

¹ OAR 309-039-0510 (10). There is no statutory definition of a QMHP.

² OAR 309-019-0125 (10).

³ Section 2 of SB 133-4.

This section requires that medical assistance provide coverage for crisis stabilization services⁴ and emergency services⁵ when those services are provided by community mental health programs. It does not, however, authorize or require a QMHP to provide those services, and it does not address or expand the scope of practice of a QMHP.

ORS 414.065, as amended by section 3 of SB 133-4, requires that the “health care and services to be provided in medical assistance . . . and the fees, charges, daily rates and global payments” be consistent with relevant statutes, including section 2 of SB 133-4, that require “the authority or a coordinated care organization to reimburse the cost of a specific type of care for medical assistance recipients.”⁶ Thus, the amendments to ORS 414.065 require that medical assistance reimburse the cost of crisis stabilization and emergency services provided by community mental health programs to recipients of medical assistance in a manner consistent with laws that require the OHA or a CCO to reimburse the cost for care for a medical assistance recipient. The amendments to ORS 414.065, however, do not address or expand the scope of practice of any provider, including that of a QMHP.

ORS 414.153, as amended by section 4 of SB 133-4, requires the state to,

Recognize the responsibility of counties under ORS 430.620 to operate community mental health programs by requiring a written agreement between each coordinated care organization and the local mental health authority in the area served by the coordinated care organization The written agreements: Must describe the authorization and payments necessary to maintain the mental health safety net system and to maintain the efficient and effective management of the following responsibilities of local mental health authorities, with respect to the service needs of members of the coordinated care organization: Management of the mental health crisis system, **including the provision of crisis stabilization services, as described in ORS 430.630 (3)(b), and emergency services, as described in ORS 430.630 (2)(a).**⁷

This section of the -4 amendments requires that a written agreement between a CCO and a local mental health authority describe the authorization and payment structure for a particular system of care, and “the provision of crisis stabilization services . . . and emergency services[.]”⁸ This section does not address or expand the scope of practice of any provider. Instead, it requires an agreement between a local mental health authority and a CCO to ensure the maintenance of a mental health crisis system, and includes in that system the provision of the specified services.

Finally, section 5 of SB 133-4 amends ORS 743A.168 to require that a certain “group health insurance policy” provide coverage for “[c]risis stabilization services[.]”⁹ including those

⁴ ORS 430.630 (3)(b) provides, “Crisis stabilization to meet the needs of persons with acute mental or emotional disturbances, including the costs of investigations and prehearing detention in community hospitals or other facilities approved by the authority for persons involved in involuntary commitment procedures[.]”

⁵ ORS 430.630 (2)(a) provides, “Emergency services on a 24-hour basis, such as telephone consultation, crisis intervention and prehospital screening examination[.]”

⁶ ORS 414.065 (1)(c), as amended by section 3 of SB 133-4.

⁷ ORS 414.153 (4)(c)(C), as amended by section 4 of SB 133-4.

⁸ *Id.*

⁹ ORS 743A.168 (2)(c)(A), as amended by section 5 of SB 133-4.

provided by a community mental health program.¹⁰ This section of law discusses the services that a health insurance provider that covers hospital and medical expenses must provide to its patients. It does not, however, address or expand the scope of practice of any provider.

The -4 amendments to SB 133 require medical assistance, coordinated care organizations and specified health insurance providers to cover the costs of crisis stabilization services and emergency services for recipients, members or enrollees when those services are provided by community mental health programs. The amendments, however, do not address or expand the scope of practice for any provider, including that of a QMHP.

Please let us know if we can be of further assistance with this issue.

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Very truly yours,

DEXTER A. JOHNSON
Legislative Counsel



By
Suzanne C. Trujillo
Deputy Legislative Counsel

¹⁰ ORS 743A.168 (1)(h)(G), as amended by section 5 of SB 133-4.