

**B-Engrossed**  
**Senate Bill 1553**

Ordered by the Senate March 3  
Including Senate Amendments dated February 12 and March 3

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Mental Health)

**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 Oregon Health Authority 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**

Relating to behavioral health care; and declaring an emergency.

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

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

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

**(a) "Behavioral health treatment" or "treatment" means inpatient, outpatient or residential services, management of the symptoms of withdrawal from drugs or alcohol or any other services and supports necessary to treat substance use disorders, problem gambling or other mental health issues.**

**(b) "Co-occurring disorders" means a diagnosis of a mental health disorder along with a diagnosis of substance use disorder, problem gambling or an intellectual or developmental disability.**

**(2) The Oregon Health Authority, in collaboration with individuals representing appropriate state agencies and licensing boards, behavioral health treatment providers, institutions of higher education, coordinated care organizations, community mental health programs and consumers of mental health treatment, shall identify, assess and prepare a report on the regulatory and policy barriers that limit access to effective and timely treatment of co-occurring disorders. The report must include but is not limited to:**

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

**(b) Recommended strategies and cost estimates for increasing the reimbursement paid for behavioral health treatment of individuals with co-occurring disorders in recognition of**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 the increased complexity of such treatment;

2 (c) The paperwork requirements and other administrative barriers identified by the au-  
3 thority and stakeholders that limit access to appropriate behavioral health treatment for  
4 individuals with co-occurring disorders; and

5 (d) Recommendations for improving the registration of and access to peer support spe-  
6 cialists and peer wellness specialists, as defined in ORS 414.025.

7 (3) No later than September 15, 2020, the authority shall submit to the interim commit-  
8 tees and subcommittees of the Legislative Assembly related to health and mental health:

9 (a) The report described in subsection (2) of this section;

10 (b) A description of the steps the authority has taken to reduce barriers to access that  
11 are identified in the report; and

12 (c) Recommendations for comprehensive legislation, for the 2021 regular session of the  
13 Legislative Assembly, necessary to ensure that individuals with co-occurring disorders have  
14 access to timely and effective treatment.

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

16 **SECTION 3.** Notwithstanding any other provision of law, in addition to the amounts ap-  
17 propriated by section 1, chapter 695, Oregon Laws 2019, for the biennium ending June 30,  
18 2021, as modified by legislative or Emergency Board action, the amount specified for Health  
19 Systems, Health Policy and Analytics, and Public Health, under section 1 (1), chapter 695,  
20 Oregon Laws 2019, is increased by \$319,196, for the purpose of carrying out section 1 of this  
21 2020 Act.

22 **SECTION 4.** Notwithstanding any other law limiting expenditures, the limitation on  
23 expenditures established by section 4 (1), chapter 695, Oregon Laws 2019, for the biennium  
24 ending June 30, 2021, as the maximum limit for payment of expenses from federal funds,  
25 excluding federal funds described in section 2, chapter 695, Oregon Laws 2019, collected or  
26 received by the Oregon Health Authority for Health Systems, Health Policy and Analytics,  
27 and Public Health, is increased by \$334,246, for the purpose of carrying out section 1 of this  
28 2020 Act.

29 **SECTION 5.** This 2020 Act being necessary for the immediate preservation of the public  
30 peace, health and safety, an emergency is declared to exist, and this 2020 Act takes effect  
31 on its passage.

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