On page 1 of the printed bill, line 3, delete “458.380 and 458.385” and insert “430.335; repealing ORS 430.717”.

Delete lines 20 through 30 and delete pages 2 through 5.

On page 6, delete lines 1 through 22 and insert:

“SECTION 1. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $_______, which may be expended for:

“(1) Programs that are directly responsive to and driven by people of color, tribal communities and people of lived experience, that are peer and community driven and that provide culturally specific services, and for medical assistance reimbursement of tribal-based practices.

“(2) Increasing funding to reintegrate into the community criminal defendants who have been found unfit to proceed in a criminal proceeding due to a mental incapacity under ORS 161.370, including by:

“(a) Establishing a reimbursement rate for case consultation and community reintegration services for at least 400 individuals; and

“(b) Constructing and operating a secure residential treatment facility to serve up to 39 individuals per year.

“SECTION 2. (1) The Oregon Health Authority shall reimburse the cost of co-occurring mental health and substance use disorder treatment services paid for on a fee-for-service basis at an enhanced rate based on:

“(a) Existing reimbursement codes used for co-occurring disorder treatments;

“(b) Clinical complexity; and

“(c) The education level of the provider.

“(2) The authority shall provide one-time start-up funding for behavioral health treatment programs that provide integrated co-occurring disorder treatment.

“(3) The authority shall conduct a study of reimbursement rates for co-occurring disorder treatments, including treatment of a co-occurring intellectual and developmental disability and problem gambling disorder. No later than December 1, 2022, the authority shall report, in the manner provided in ORS 192.245, the findings from the study and recommendations for future rate development to the interim committees of the Legislative Assembly related to mental or behavioral health.

“SECTION 3. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $10,200,000, which may be expended for carrying out section 2
of this 2021 Act.

"WORKFORCE

"SECTION 4. The Oregon Health Authority shall continually evaluate and revise admin-
istrative rules governing behavioral health programs and services to reduce the administra-
tive burden of documentation, particularly around assessment and treatment planning, the
measures and outcomes tracking system or successor systems and other reporting required
for providers seeking certificates of approval and to ensure that the rules are consistent with
the medical assistance program administrative rules that apply to behavioral health care
staff operating in primary care and other settings.

"SECTION 5. No later than February 1, 2022, the Oregon Health Authority shall report
to the interim committees of the Legislative Assembly related to behavioral and mental
health, in the manner provided in ORS 192.245, recommendations on achieving a living wage
for behavioral health care workers, including peers and family support specialists. The report
must also consider pay inequities between physical health care workers and behavioral health
care workers and how to provide more equitable wages.

"SECTION 6. (1) The Oregon Health Authority, with the advice of stakeholders and the
Alcohol and Drug Policy Commission, may establish minimum rates of reimbursement paid
by the authority or coordinated care organizations to addiction treatment providers to en-
sure medical assistance recipients' access, without delay, to all modalities of addiction
treatment within each geographic region of this state.

(2) The Authority shall consider increasing the amount of the global payment to coor-
dinated care organizations for addiction services.

(3)(a) The Authority shall increase the aggregate fee-for-service reimbursement rates
for addiction treatment providers by 25 percent above the rates paid on the effective date
of this 2021 Act. The Authority shall withhold 10 percent of the increase to pay providers
annually, as performance pay, for achieving diversity, vacancy reduction, retention and
achieving goals identified by the authority.

(b) The Authority may require providers to quarterly report data or other information
regarding the use of the increased payments under paragraph (a) of this subsection.

(4) A claim for reimbursement of the cost of addiction treatment provided to a medical
assistance recipient must be paid by the authority or by a coordinated care organization no
later than 90 days after receipt of the claim.

(5) The Authority shall ensure that the reimbursement paid to addiction treatment
providers is equivalent to the reimbursement paid to mental health treatment providers that
have equivalent levels of education and training. The Authority shall adjust rates as needed
to achieve parity or to provide incentives to increase workforce capacity to provide addiction
treatment.

(6) The Authority and the commission shall monitor the impact of increased rates under
subsections (2) and (3) of this section on improving low-barrier access to addiction treatment
in this state and on improving the ability of addiction treatment providers to expand staff
and improve staff expertise.

"SECTION 7. (1) The Oregon Health Authority shall seek any form of approval from the
Centers for Medicare and Medicaid Services necessary to carry out section 6 of this 2021 Act.
“(2) The authority shall notify the Legislative Counsel upon receipt or denial of any approval necessary to carry out section 6 of this 2021 Act.

*SECTION 8.* The Oregon Health Authority shall contract with a third-party vendor to survey medical assistance recipients about their experiences with behavioral health care and services using a standardized survey tool.

*SECTION 9.* The Oregon Health Authority shall create workforce training and establish endorsements or certifications for behavioral health providers of co-occurring disorder treatment.

**HOUSING**

*SECTION 10.* The Oregon Health Authority shall adopt by rule requirements for coordinated care organizations to provide housing navigation services and address the social determinants of health through care coordination.

*SECTION 11.* ORS 430.335 is amended to read:

> 430.335. In accordance with the policies, priorities and standards established by the Alcohol and Drug Policy Commission under ORS 430.223, and subject to the availability of funds therefor, the Oregon Health Authority may:

> (1) Provide directly through publicly operated treatment facilities, which shall not be considered to be state institutions, or by contract with publicly or privately operated profit or nonprofit treatment facilities, for the care of [alcoholics or drug-dependent persons] individuals with substance use disorders.

> (2) Sponsor and encourage research of [alcoholism and drug dependence] substance use disorders.

> (3) Seek to coordinate public and private programs relating to [alcoholism and drug dependence] substance use disorders.

> (4) Apply for federally granted funds available for study or prevention and treatment of [alcoholism and drug dependence] substance use disorders.

> (5) Directly or by contract with public or private entities, administer financial assistance, loan and other programs to assist the development of [drug and alcohol free] housing for individuals with substance use disorders.

**DATA ON INTENSIVE BEHAVIORAL HEALTH TREATMENT CAPACITY FOR CHILDREN AND ADOLESCENTS**

*SECTION 12.* (1) As used in this section and section 13 of this 2021 Act:

> (a) ‘Children and adolescents’ means individuals 20 years old and younger.

> (b) ‘Intensive behavioral health treatment provider’ means any provider licensed in this state to provide intensive psychiatric treatment, acute inpatient treatment or residential substance use disorder treatment of children and adolescents.

> (2) Intensive behavioral health treatment providers shall collect and provide data to the Oregon Health Authority, in the manner prescribed by the authority, on the demand for and capacity to provide treatment of children and adolescents presenting with high acuity behavioral health needs. Intensive behavioral health treatment providers shall submit to a centralized, real-time provider directory, bed registry and access portal established by the
authority:
“(a) Data on bed capacity;
“(b) Referrals received, by provider; and
“(c) Other information prescribed by the authority.
“(3) The authority shall use the data described in subsection (2) of this section to:
“(a) Monitor and track the capacity of intensive behavioral health treatment providers
to provide treatment of children and adolescents presenting with high acuity behavioral
health needs;
“(b) Identify gaps in data that prevent the tracking of intensive behavioral health service
capacity and develop a plan for addressing the gaps that includes providing assistance to
providers and modifying required data elements that must be reported;
“(c) Develop benchmarks and performance measures for intensive behavioral health
treatment capacity; and
“(d) Conduct research and evaluation of the children’s and adolescents' continuum of
care.
“(4) The authority shall share data and coordinate processes with the Department of
Human Services to populate the Children’s System Data Dashboard described in ORS 418.981.
“(5) The authority shall adopt rules to carry out the provisions of this section, including
rules establishing:
“(a) Parameters and specifications for data collection;
“(b) Processes for intensive behavioral health treatment providers to submit data for the
establishment of a centralized, real-time provider directory, bed registry and access portal;
“(c) Requirements for the frequency of data submissions;
“(d) Requirements for coordinated care organizations and insurers to collect and report,
for members and insureds treated by intensive behavioral health treatment providers, data
not submitted by providers under this section;
“(e) A process for monitoring and documenting the need for high acuity behavioral health
services for children and adolescents;
“(f) The authority's responsibilities for reporting data back to providers; and
“(g) Measures to ensure compliance with data collection standards established under
section 40, chapter 12, Oregon Laws 2020 (first special session).
SECTION 13. (1) No later than December 1, 2022, the Oregon Health Authority shall
report to the interim committees of the Legislative Assembly related to health, in the man-
ner provided in ORS 192.245, and to the Governor recommendations to address:
“(a) The demand and the capacity for intensive behavioral health treatment for children
and adolescents.
“(b) Barriers to data collection and provider compliance with section 12 of this 2021 Act.
“(2) The report shall include:
“(a) Recommendations for overcoming barriers to data collection; and
“(b) A plan for expanding the referral data collection requirements to providers in the
broader children's continuum of care, including community behavioral health services for
children and adolescents with lower-acuity needs, and to adult intensive behavioral health
treatment providers.
SECTION 14. In addition to and not in lieu of any other appropriation, there is appro-
priated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the
General Fund, the amount of $400,000, which may be expended for carrying out the provisions of section 12 of this 2021 Act.

“OPERATIVE DATE

“SECTION 15. Section 6 of this 2021 Act becomes operative on the earlier of January 1, 2022, or the date on which the Centers for Medicare and Medicaid Services provides approval, if necessary, to carry out section 6 of this 2021 Act.”.

In line 26, delete “11” and insert “16”.
Delete line 32 and insert:

“SECTION 17. ORS 430.717 is repealed.”.

In line 36, delete “13” and insert “18”.

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