Requested by Representative SANCHEZ

PROPOSED AMENDMENTS TO HOUSE BILL 2086

1	On page 1 of the printed bill, line 3, delete "458.380 and 458.385" and in-
2	sert "430.335; repealing ORS 430.717".
3	Delete lines 20 through 30 and delete pages 2 through 5.
4	On page 6, delete lines 1 through 22 and insert:
5	"SECTION 1. In addition to and not in lieu of any other appropri-
6	ation, there is appropriated to the Oregon Health Authority, for the
7	biennium beginning July 1, 2021, out of the General Fund, the amount
8	of \$, which may be expended for:
9	"(1) Programs that are directly responsive to and driven by people
10	of color, tribal communities and people of lived experience, that are
11	peer and community driven and that provide culturally specific ser-
12	vices, and for medical assistance reimbursement of tribal-based prac-
13	tices.
14	"(2) Increasing funding to reintegrate into the community criminal
15	defendants who have been found unfit to proceed in a criminal pro-
16	ceeding due to a mental incapacity under ORS 161.370, including by:
17	"(a) Establishing a reimbursement rate for case consultation and
18	community reintegration services for at least 400 individuals; and
19	"(b) Constructing and operating a secure residential treatment fa-
20	cility to serve up to 39 individuals per year.

"SECTION 2. (1) As used in this section:

- "(a) 'Behavioral health treatment' or 'treatment' means outpatient 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.
- 5 "(b) 'Co-occurring disorders' means a diagnosis of a mental health 6 disorder along with a diagnosis of a substance use disorder, problem 7 gambling or an intellectual or developmental disability.
- "(2) The Oregon Health Authority and the Higher Education Coordinating Commission, in collaboration with all applicable state licensing boards, shall convene a task force to develop educational curriculum, training and workforce development programming for providers of co-occurring disorder treatment.
- "(3) At least 20 percent of the members of the task force must be individuals who have experienced co-occurring disorders and must in-
- "(a) Representatives of at least three institutions of higher education, including one that offers a graduate level program leading to certification as an alcohol and drug counselor;
- 19 "(b) A representative of the Mental Health and Addiction Certi-20 fication Board of Oregon;
- "(c) A representative of Oregon Board of Licensed Professional Counselors and Therapists;
- 23 "(d) A representative of the State Board of Licensed Social Work-24 ers;
 - "(e) Representatives of at least at least three trade associations;
- 26 "(f) Representatives from the peer recovery community;
- 27 "(g) A provider of behavioral health treatment for co-occurring 28 disorders;
- 29 "(h) A provider of services to individuals with intellectual or de-30 velopmental disabilities;

- "(i) The director of the division within the Department of Human Services responsible for providing developmental disabilities services or the director's designee;
- 4 "(j) A representative of community mental health programs;
- 5 "(k) A representative of coordinated care organizations;
- 6 "(L) A representative from the Health Care Workforce Committee 7 of the Oregon Health Policy Board; and
- 8 "(m) A representative of the Department of Human Services.
- "(4) The task force shall provide recommendations to the Oregon Health Authority, Higher Education Coordinating Commission, Health Care Workforce Committee of the Oregon Health Policy Board and applicable state licensing boards to:
- 13 "(a) Increase the number of professionals with training and educa-14 tion in co-occurring disorder treatment in this state; and
- "(b) Create pathways for existing licensed behavioral health professionals to achieve specialized endorsements in co-occurring disorder treatment.
- "SECTION 3. In collaboration with the task force described in section 2 of this 2021 Act and consistent with the recommendations of the task force, the Oregon Health Authority shall:
- "(1) Establish requirements for providers of co-occurring disorder treatment and for programs that contract with the authority to provide co-occurring disorder treatment, including requirements regarding:
- 25 "(a) Access to services;
- 26 "(b) Screening, identification and assessment;
- 27 "(c) Service plans;
- "(d) The use of evidence-based modalities and activities;
- 29 "(e) Training; and
- 30 "(f) Program capacity.

- "(2) Adopt or modify rules regarding service delivery standards for services and supports provided by outpatient behavioral health treatment providers to reduce intake and paperwork redundancies for entry into behavioral health treatment programs, including by evaluating and amending requirements for entry.
- 6 "(3) Develop recommendations for identification and screening pro-7 cesses, including brief screening tools, referrals and training.
- 8 "(4) Develop integrated assessment tools for conducting screening 9 for mental health disorders, substance use disorders and problem 10 gambling.
- 11 "(5) Develop tools for creating positive behavior support plans for 12 clients with intellectual or developmental disabilities.
 - "(6) Adopt a practice facilitation model for all behavioral health programs that provide co-occurring disorder treatment to ensure the use of evidence-based treatment modalities and activities.
 - "SECTION 4. (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

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- 23 "(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 cooccurring disorder treatment.
- "(3) The authority shall conduct a study of reimbursement rates for co-occurring disorder treatments, including treatment of a cooccurring 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 in-2 terim committees of the Legislative Assembly related to mental or 3 behavioral health.

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"SECTION 5. The Oregon Health Authority shall continually evaluate and revise administrative rules governing behavioral health proand services to reduce the administrative 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 6. 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 7. In collaboration with the task force described in section 2 of this 2021 Act and consistent with the recommendations of the task force, the Oregon Health Authority shall create workforce training and establish endorsements or certifications for behavioral health providers of co-occurring disorder treatment.

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"SECTION 8. 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 9. 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.
- 19 "(3) Seek to coordinate public and private programs relating to 20 [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."
- In line 26, delete "11" and insert "10".
- Delete line 32 and insert:
- 30 "SECTION 11. ORS 430.717 is repealed.

- "SECTION 12. Section 2 of this 2021 Act is repealed on December 31, 2024.
- "SECTION 13. In addition to and not in lieu of any other appropri-
- 4 ation, there is appropriated to the Oregon Health Authority, for the
- 5 biennium beginning July 1, 2021, out of the General Fund, the amount
- of \$10,200,000, which may be expended for carrying out section 4 of this
- 7 **2021 Act.**".
- 8 In line 36, delete "13" and insert "14".