Requested by Representative SANCHEZ

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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

community reintegration services for at least 400 individuals; and

cility to serve up to 39 individuals per year.

"(b) Constructing and operating a secure residential treatment fa-

"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 cooccurring 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.

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"SECTION 4. The Oregon Health Authority shall continually evaluate and revise administrative rules governing behavioral health programs and services to reduce the administrative burden of documentation, particularly around assessment and treatment plan-

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

"HOUSING

"SECTION 7. 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 8. 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 dis-
- 3 orders.
- "(2) Sponsor and encourage research of [alcoholism and drug dependence]

 substance use disorders.
- 6 "(3) Seek to coordinate public and private programs relating to 7 [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.

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

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- "SECTION 9. (1) As used in this section and section 10 of this 2021

 20 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 be-

- 1 havioral health needs. Intensive behavioral health treatment providers
- 2 shall submit to a centralized, real-time provider directory, bed registry
- and access portal established by the authority:
- 4 "(a) Data on bed capacity;

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- 5 "(b) Referrals received, by provider; and
- 6 "(c) Other information prescribed by the authority.
- 7 "(3) The authority shall use the data described in subsection (2) of 8 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;
- 16 "(c) Develop benchmarks and performance measures for intensive 17 behavioral health treatment capacity; and
- 18 "(d) Conduct research and evaluation of the children's and 19 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 and the establishment of a centralized, real-time provider directory, bed registry and access portal;
 - "(c) Requirements for the frequency of data submissions;
- 30 "(d) Requirements for coordinated care organizations and insurers

- 1 to collect and report for members and insureds treated by intensive
- 2 behavioral health treatment providers data not submitted by providers
- 3 under this section;
- "(e) A process for monitoring and documenting the need for high acuity behavioral health services for children and adolescents;
- 6 "(f) The authority's responsibilities for reporting data back to pro-
- 7 viders; and
- 8 "(g) Measures to ensure compliance with data collection standards
- 9 established under section 40, chapter 12, Oregon Laws 2020 (first spe-
- 10 cial session).
- "SECTION 10. (1) No later than December 1, 2022, the Oregon
- 12 Health Authority shall report to the interim committees of the Legis-
- 13 lative Assembly related to health, in the manner provided in ORS
- 14 192.245, and to the Governor recommendations to address:
- 15 "(a) The demand and the capacity for intensive behavioral health
- 16 treatment for children and adolescents.
- 17 "(b) Barriers to data collection and provider compliance with sec-
- 18 tion 9 of this 2021 Act.
- 19 "(2) The report shall include:
- 20 "(a) Recommendations for overcoming barriers to data collection;
- 21 **and**
- 22 "(b) A plan for expanding the referral data collection requirements
- 23 to providers in the broader children's continuum of care, including
- 24 community behavioral health services for children and adolescents
- 25 with lower-acuity needs, and to adult intensive behavioral health
- 26 treatment providers.
- 27 "SECTION 11. In addition to and not in lieu of any other appropri-
- 28 ation, there is appropriated to the Oregon Health Authority, for the
- 29 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 9 of this 2021 Act.".

- In line 26, delete "11" and insert "12".
- 3 Delete line 32 and insert:
- 4 "SECTION 13. ORS 430.717 is repealed.".
- In line 36, delete "13" and insert "14".
