



## HB 3046: Behavioral Health Parity for Oregon

Evidence of behavioral health stigma is still rampant in our healthcare delivery systems. We know that denying coverage to someone facing a life-threatening physical ailment is inhumane, and yet we encounter daily systemic barriers to vital behavioral health services. While behavioral health conditions are sometimes less visible on the surface, it makes Oregonians facing behavioral health crisis no less deserving of life saving care. State and federal parity laws are currently in place requiring health plans and CCOs to provide coverage of and access to behavioral health services at parity with physical health, yet Oregon has a long way to go in making this a reality for behavioral health consumers.

**HB 3046** aims to meet the spirit of the federal and state mental health parity laws to ensure that individuals and families receive treatment and supports that address the underlying conditions causing symptoms and driving crises.

**This bill aligns the spirit of the law with the letter of the law.** The legislation would modernize the definition of parity for mental health and substance use disorders to ensure equity with how health care systems cover medical/surgical benefits. The bill also establishes reporting requirements that regularly measure where disparities exist where Oregonians are struggling to access care. The goal is to ensure Oregonians have access to the care they need, no matter their location or insurance provider.

The requirements in **HB 3046** are in line with the 2019 ruling from the U.S. District Court of the Northern District of California in *Wit v. United Behavioral Health* in relation to the Mental Health Parity and Addiction Equity Act of 2008. Similar legislation has been enacted in California and is pending in several other states. **HB 3046** represents model legislation that is being proposed nationally.

### Major Components of HB 3046:

#### **Parity in Medicaid**

- Clarifies legislative intent of HB 3091 from 2017 (which passed unanimously in both chambers.)
- Sets the expectation that following a behavioral health crisis, adults and children will receive a thorough behavioral health evaluation and the recommended treatments and supports necessary to transition to lower levels of care, including care coordination.

- Emphasizes that OHP members receive treatment and services that address the underlying conditions that drive crises.

### **Parity in Commercial Coverage**

- Requires treatment and utilization management decisions be based on generally accepted standards of care specific to behavioral health conditions.
- Directs that treatment and utilization management decisions be based on treating underlying conditions, not only current acute symptoms.
- Ensures that decisions about duration of treatment are based on individual needs and the results of multidimensional assessments.

### **Parity Reporting & Network Adequacy**

- Mirrors federal law that requires all commercial plans perform parity compliance analyses between medical/surgical and behavioral health; Applies standards to coordinated care organizations.
- Applies additional reporting requirements to ensure commercial carriers and CCOs are diligent in their efforts to achieve and maintain parity compliance.
- Adds network adequacy and reimbursement parity parameters to ensure that commercial and CCO plans offer robust provider panels that feature the varied expertise and evidence-based practices necessary to provide generally accepted standards of care.

**HB 3046** is a step toward achieving true behavioral health parity by treating behavioral health conditions with the same medical standards applied to physical health. This legislation provides Oregonians with improved access to appropriate services and providers and reduces barriers to care rooted in stigma.