# HB 2949 -5, -7, -8, -21, -23, -26 STAFF MEASURE SUMMARY

### **House Committee On Behavioral Health**

**Prepared By:** Zoe Larmer, LPRO Analyst

Sub-Referral To: Joint Committee On Ways and Means

**Meeting Dates:** 3/3, 4/7, 4/12

#### WHAT THE MEASURE DOES:

- Establishes program to expand mental health care workforce in communities of individuals who are Black, indigenous and people of color. Directs the Mental Health Regulatory Board (MHRA) to administer program. Appropriates \$40 million General Fund money.
- Establishes student loan forgiveness subsidy of up to \$15,000 for qualified mental health providers. Directs MHRA to administer program. Appropriates \$3 million in General Fund money.
- Establishes program to provide funding to counties, community mental health programs, and organizations to ensure individuals reintegrating following incarceration have mental health services. Directs the Oregon Health Authority (OHA) to administer program. Appropriates \$10 million in General Fund money.
- Establishes program to provide grants to licensed psychologists, licensed marriage and family therapists, and
  licensed professional counselors to provide supervised clinical experience to associates or other individuals
  who require supervised clinical experience to practice psychology, marriage and family therapy, or
  professional counseling. Directs MHRA to administer program Appropriates \$5 million in General Fund money.
- Requires public or private entity employing mental health providers who supervise associates, interns, or other individuals seeking licensure pay all costs incurred by supervisor.
- Establishes program to provide funding to community mental health to ensure access to individuals in underserved communities disproportionately impacted by COVID-19 pandemic. Directs OHA to administer program. Appropriates \$50 million in General Fund money.
- Prohibits insurer offering a policy reimbursing mental and behavioral health care from refusing to credential individuals registered as professional counselor associates and marriage and family therapist associates.
- Establishes the Task Force on Expanding the Mental Health Workforce.
- Changes mental health interns to mental health associates.
- Prohibits the Oregon Board of Licensed Professional Counselors and Therapists from requiring a registered associate to obtain more than 1,200 hours of supervised clinical experience.

Declares emergency, effective July 1, 2021.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

### **ISSUES DISCUSSED:**

- Demographics of behavioral health providers in Oregon
- Importance of culturally appropriate services
- Barriers to gaining behavioral health licensure

### **EFFECT OF AMENDMENT:**

-5 Replaces Mental Health Regulatory Agency with the Oregon Health Authority (OHA) as entity directed to establish program expanding mental health care workforce in communities of individuals who are Black, indigenous and people of color (BIPOC); and student loan forgiveness for qualified mental health providers. Directs OHA to adopt rules regarding the awarding, use, monitoring, evaluating, and oversight of grants to community mental health programs to ensure access to mental health care for individuals in underserved communities disproportionately impacted by the COVID-19 pandemic.

- -7 Replaces Mental Health Regulatory Agency with the Oregon Health Authority (OHA) as entity directed to program to provide grants to licensed psychologists, licensed marriage and family therapists, and licensed professional counselors to provide supervised clinical experience to associates or other individuals who require supervised clinical experience to practice psychology, marriage and family therapy, or professional counseling. Specifies to \$2 million of General Fund allocation must go to county mental health programs and \$3 million to go to private practitioners. Removes sections changing mental health intern to mental health associate. Defines direct client contact hours and indirect client contact hours for Licensed Marriage & Family Therapists (LMFTs), Licensed Professional Counselors (LPCs), and Licensed Clinical Social Workers (LCSWs). Specifies hours of direct client contact, indirect client contact, and supervised clinical experience required to obtain licensure as LMFT, LPC, or LCSW.
- -8 Changes membership of the Task Force on Expanding the Mental Health Workforce.
- -21 Establishes the Behavioral Health Provider Training Equity Outcome Focus Pilot program. Directs Oregon Health Authority to administer program and partner with the America Federation of State, County and Municipal Employees union to provide apprenticeships, training and support to individuals in specified cohorts. Appropriates \$850,000 in General Fund money. Sunsets program January 2, 2024.
- -23 Replaces the measure. Establishes Behavioral Health Incentive Subaccount. Directs Oregon Health Authority (OHA) to provide incentives to increase recruitment and retention behavioral health providers with associate, bachelor's, master's, or doctoral degree, or other credentials who are people of color, tribal members, or residents of rural areas in the state. Appropriates \$110 million to the Behavioral Health Incentive Subaccount to fund these incentives. Directs OHA provide funding to counties, community mental health programs, and organizations to provide new or increase existing transition services for individuals reintegrating into community following incarceration. Appropriates \$20 million in General Fund money to OHA for this purpose. Directs OHA to establish program to provide grants to licensed behavioral health workers to provide supervised clinical experience to associates or other individuals requiring supervised clinical experience to obtain licensure. Appropriates \$20 million in General Fund money to OHA for this purpose. Requires public or private entity employing mental health providers who supervise associates, interns, or other individuals seeking licensure pay all costs incurred by supervisor. Establishes program to provide funding to community mental health to ensure access to individuals in underserved communities disproportionately impacted by COVID-19 pandemic. Directs OHA to administer program. Appropriates \$50 million in General Fund money. Establishes the Task Force on Expanding the Mental Health Workforce. Changes mental health interns to mental health associates. Declares emergency, effective July 1, 2021.
- -26 Replaces the measure.

Establishes Behavioral Health Incentive Subaccount.

Directs Oregon Health Authority (OHA) to provide incentives to increase recruitment and retention behavioral health providers with associate, bachelor's, master's, or doctoral degree, or other credentials who are people of color, tribal members, or residents of rural areas in the state. Appropriates \$110 million to the Behavioral Health Incentive Subaccount to fund these incentives.

Directs OHA provide funding to counties, community mental health programs, and organizations to provide new or increase existing transition services for individuals reintegrating into community following incarceration. Appropriates \$20 million in General Fund money to OHA for this purpose.

Directs OHA to establish program to provide grants to licensed behavioral health workers to provide supervised clinical experience to associates or other individuals requiring supervised clinical experience to obtain licensure.

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Appropriates \$20 million in General Fund money to OHA for this purpose.

Requires public or private entity employing mental health providers who supervise associates, interns, or other individuals seeking licensure pay all costs incurred by supervisor.

Establishes program to provide funding to community mental health to ensure access to individuals in underserved communities disproportionately impacted by COVID-19 pandemic. Directs OHA to administer program. Appropriates \$50 million in General Fund money.

Changes mental health interns to mental health associates.

Declares emergency, effective July 1, 2021.

# **BACKGROUND:**

The Farley Report (2019) assessed the behavioral health work force in Oregon and found that minority populations are underrepresented in all segments of the behavioral health work force when compared with the racial and ethnic demographics of Oregon's population. The report also found that unlicensed providers are the most racially and ethnically diverse segment of the workforce as compared to licensed providers and licensed prescribers.

More recently, a 2021 work force report from OHA showed that people of color comprise 13% of the licensed behavioral health provider workforce, and clinical social work associates are the most racially/ethnically diverse with 26% being people of color.

House Bill 2949 establishes grants and other programs to diversify Oregon's behavioral health workforce.