

## HOUSE AMENDMENTS TO A-ENGROSSED HOUSE BILL 2417

By JOINT COMMITTEE ON WAYS AND MEANS

June 23

1 On page 1 of the printed A-engrossed bill, line 2, after the semicolon insert “creating new pro-  
2 visions; amending ORS 403.110, 403.115 and 403.135;”.

3 Delete lines 4 through 24 and delete page 2.

4 On page 3, delete lines 1 through 10 and insert:

5 **“SECTION 1. As used in sections 1 to 3 of this 2021 Act:**

6 **“(1) ‘Coordinated care organization’ has the meaning given that term in ORS 414.025.**

7 **“(2) ‘Crisis stabilization center’ means a facility licensed by the Oregon Health Authority**  
8 **that meets the requirements adopted by the authority by rule under section 2 of this 2021**  
9 **Act.**

10 **“(3) ‘Crisis stabilization services’ includes diagnosis, stabilization, observation and**  
11 **follow-up referral services provided to individuals in a community-based, developmentally**  
12 **appropriate homelike environment to the extent practicable.**

13 **“(4) ‘Mobile crisis intervention team’ means a team of qualified behavioral health pro-**  
14 **fessionals that may include peer support specialists, as defined in ORS 414.025, and other**  
15 **health care providers such as nurses or social workers who provide timely, developmentally**  
16 **appropriate and trauma-informed interventions, screening, assessment, de-escalation and**  
17 **other services necessary to stabilize an individual experiencing a behavioral health crisis in**  
18 **accordance with requirements established by the authority by rule.**

19 **“(5) ‘Peer respite center’ means voluntary, nonclinical, short-term residential peer sup-**  
20 **port provided:**

21 **“(a) In a homelike setting to individuals with mental illness, substance use disorder or**  
22 **trauma response symptoms who are experiencing acute distress, anxiety or emotional pain**  
23 **that may lead to the need for a higher level of care such as psychiatric inpatient hospital**  
24 **services; and**

25 **“(b) By a peer-run organization and directed and delivered by individuals with lived ex-**  
26 **perience in coping with, seeking recovery from or overcoming mental illness, substance use**  
27 **disorder or trauma response challenges.**

28 **“(6) ‘Veterans Crisis Line’ means the crisis hotline maintained by the United States De-**  
29 **partment of Veterans Affairs and the United States Department of Health and Human Ser-**  
30 **vices.**

31 **“SECTION 2. (1) The purposes of sections 1 to 3 of this 2021 Act are to build upon and**  
32 **improve the statewide coordinated crisis system in this state and to:**

33 **“(a) Remove barriers to accessing quality behavioral health crisis services;**

34 **“(b) Improve equity in behavioral health treatment and ensure culturally, linguistically**  
35 **and developmentally appropriate responses to individuals experiencing behavioral health cri-**

1 ses, in recognition that, historically, crisis response services placed marginalized communi-  
2 ties at disproportionate risk of poor outcomes and criminal justice involvement;

3 “(c) Ensure that all residents of this state receive a consistent and effective level of be-  
4 havioral health crisis services no matter where they live, work or travel in the state; and

5 “(d) Provide increased access to quality community behavioral health services to prevent  
6 interactions with the criminal justice system and prevent hospitalizations, if appropriate, by  
7 investing in:

8 “(A) New technology for a crisis call center system to triage calls and link individuals to  
9 follow-up care;

10 “(B) The expansion of mobile crisis intervention teams; and

11 “(C) A wide array of crisis stabilization services, including services provided by:

12 “(i) Crisis stabilization centers;

13 “(ii) Facilities offering short-term respite services;

14 “(iii) Peer respite centers;

15 “(iv) Behavioral health urgent care walk-in centers; and

16 “(v) A crisis hotline center to receive calls, texts and chats from individuals or other  
17 crisis hotlines to provide crisis intervention services and crisis care coordination anywhere  
18 in this state 24 hours per day, seven days per week, 365 days per year.

19 “(2) The Oregon Health Authority shall adopt by rule requirements for crisis stabilization  
20 centers that, at a minimum, require a center to:

21 “(a) Be designed to prevent or ameliorate a behavioral health crisis or reduce acute  
22 symptoms of mental illness or substance use disorder, for individuals who do not require  
23 inpatient treatment, by providing continuous 24-hour observation and supervision;

24 “(b) Be staffed 24 hours per day, seven days per week, 365 days per year by a multidis-  
25 ciplinary team capable of meeting the needs of individuals in the community experiencing all  
26 levels of crisis, that may include, but is not limited to:

27 “(A) Psychiatrists or psychiatric nurse practitioners;

28 “(B) Nurses;

29 “(C) Licensed or credentialed clinicians in the region where the crisis stabilization center  
30 is located who are capable of completing assessments; and

31 “(D) Peers with lived experiences similar to the experiences of the individuals served by  
32 the center;

33 “(c) Have a policy prohibiting rejecting patients brought in or referred by first  
34 responders, and have the capacity, at least 90 percent of the time, to accept all referrals;

35 “(d) Have services to address substance use crisis issues;

36 “(e) Have the capacity to assess physical health needs and provide needed care and a  
37 procedure for transferring an individual, if necessary, to a setting that can meet the  
38 individual’s physical health needs if the facility is unable to provide the level of care required;

39 “(f) Offer walk-in and first responder drop-off options;

40 “(g) Screen for suicide risk and complete comprehensive suicide risk assessments and  
41 planning when clinically indicated;

42 “(h) Screen for violence risk and complete more comprehensive violence risk assess-  
43 ments and planning when clinically indicated; and

44 “(i) Meet other requirements prescribed by the authority.

45 “(3) The authority shall establish a crisis hotline center to receive calls, texts and chats

1 from the 9-8-8 suicide prevention and behavioral health crisis hotline and to provide crisis  
2 intervention services and crisis care coordination anywhere in this state 24 hours per day,  
3 seven days per week. The crisis hotline center shall:

4 “(a) Have an agreement to participate in the National Suicide Prevention Lifeline net-  
5 work.

6 “(b) Meet National Suicide Prevention Lifeline requirements and best practices guidelines  
7 for operational and clinical standards and any additional clinical and operational standards  
8 prescribed by the authority.

9 “(c) Record data, provide reports and participate in evaluations and related quality im-  
10 provement activities.

11 “(d) Establish formal agreements to collaborate with other agencies to ensure safe, in-  
12 tegrated care for people in crisis who reach out to the 9-8-8 suicide prevention and behavioral  
13 health crisis hotline.

14 “(e) Contact and coordinate with the local community mental health programs for rapid  
15 deployment of a local mobile crisis intervention team and follow-up services as needed.

16 “(f) Utilize technologies, including chat and text applications, to provide a no-wrong-door  
17 approach for individuals seeking help from the crisis hotline and ensure collaboration among  
18 crisis and emergency response systems used throughout this state, such as 9-1-1 and 2-1-1,  
19 and with other centers in the National Suicide Prevention Lifeline network.

20 “(g) Establish policies and train staff on serving high-risk and specialized populations,  
21 including but not limited to lesbian, gay, bisexual, transgender and queer youth, minorities,  
22 veterans and individuals who have served in the military, rural residents and individuals with  
23 co-occurring disorders. Policies and training established under this paragraph must include:

24 “(A) Policies and training on transferring calls made to the 9-8-8 suicide prevention and  
25 behavioral health crisis hotline to an appropriate specialized center within or external to the  
26 National Suicide Prevention Lifeline network; and

27 “(B) Training on providing linguistically and culturally competent care and follow-up  
28 services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis  
29 hotline consistent with guidance and policies established by the National Suicide Prevention  
30 Lifeline.

31 “(4) The staff of the crisis hotline center described in subsection (3) of this section shall:

32 “(a) Have access to the most recently reported information regarding available mental  
33 health and behavioral health crisis services.

34 “(b) Track and maintain data regarding responses to calls, texts and chats to the 9-8-8  
35 suicide prevention and behavioral health crisis hotline.

36 “(c) Work to resolve crises with the least invasive intervention possible.

37 “(d) Connect callers whose crisis is de-escalated or otherwise managed by hotline staff  
38 with appropriate follow-on services and undertake follow-up contact with the caller when  
39 appropriate.

40 “(5) Crisis stabilization services provided to individuals accessing the 9-8-8 suicide pre-  
41 vention and behavioral health crisis hotline shall be reimbursed by the authority, coordinated  
42 care organizations or commercial insurance, depending on the individual’s insurance status.

43 “(6) The authority shall adopt rules to allow appropriate information sharing and com-  
44 munication across all crisis service providers as necessary to carry out the requirements of  
45 this section and shall work in concert with the National Suicide Prevention Lifeline and the

1 Veterans Crisis Line for the purposes of ensuring consistency of public messaging about 9-8-8  
2 suicide prevention and behavioral health crisis hotline services.

3 **“SECTION 3. (1) In consultation with local community mental health programs, the**  
4 **Oregon Health Authority shall, to the extent funding is available, require each community**  
5 **mental health program to provide crisis stabilization services to individuals contacting the**  
6 **9-8-8 suicide prevention and behavioral health crisis hotline who need crisis stabilization**  
7 **services in the community by enhancing and expanding the use of mobile crisis intervention**  
8 **teams.**

9 **“(2) A city may request funding from a county to establish and maintain one or more**  
10 **mobile crisis intervention teams.**

11 **“(3) Mobile crisis intervention teams must operate in compliance with rules adopted by**  
12 **the authority.**

13 **“SECTION 4. No later than January 1, 2022, the Oregon Health Authority shall report to**  
14 **the interim committees of the Legislative Assembly related to mental or behavioral health,**  
15 **in the manner provided in ORS 192.245, recommendations on policies, legislative changes, if**  
16 **any, and funding to implement the National Suicide Hotline Designation Act of 2020 (P.L.**  
17 **116-172) and establish a statewide coordinated crisis services system. The report shall ad-**  
18 **dress or include:**

19 **“(1) The establishment of the crisis hotline center under section 2 (3) of this 2021 Act to**  
20 **receive calls, texts and chats from the 9-8-8 suicide prevention and behavioral health crisis**  
21 **hotline, including coordination with mobile crisis intervention teams and other crisis services**  
22 **and projected costs for the necessary technology and ongoing operations;**

23 **“(2) Projections for increased crisis stabilization services to meet the needs of individuals**  
24 **accessing the 9-8-8 suicide prevention and behavioral health crisis hotline, including:**

25 **“(a) Policies and funding to provide access to adequate mobile crisis intervention teams**  
26 **statewide, addressing ongoing funding from Medicaid, commercial insurance or other funding**  
27 **sources, to coordinated mobile crisis response services between cities and counties and the**  
28 **appropriate number of teams and staffing;**

29 **“(b) Policies and funding to provide statewide access to crisis stabilization centers, as**  
30 **defined in section 1 of this 2021 Act, addressing the statutory framework for such centers,**  
31 **licensing or regulatory structures, ongoing funding that maximizes Medicaid and commercial**  
32 **insurance, and a plan for the location and number of such facilities;**

33 **“(c) Policies and funding to provide access to other crisis services, including peer respite**  
34 **centers, as defined in section 1 of this 2021 Act, behavioral health urgent care walk-in cen-**  
35 **ters or other services for specific populations; and**

36 **“(d) How the continuum of crisis services proposed in the report will:**

37 **“(A) Address the needs of Oregonians in all stages of life who experience behavioral**  
38 **health crises; and**

39 **“(B) Improve health equity by addressing the preventable differences in the burden of**  
40 **disease, injury, violence or opportunities to achieve optimal health that are experienced by**  
41 **socially disadvantaged populations;**

42 **“(3) Proposed strategies and policies for coordination with 9-1-1 and law enforcement;**

43 **“(4) Projections and proposed timeline for implementing the National Suicide Hotline**  
44 **Designation Act of 2020 (P.L. 116-172), and in particular for expanded service capacity and**  
45 **any proposed capital development, workforce needs or need for legislative changes or policies**

1 to remove barriers to the expansion of services;

2 “(5) Whether a fee should be proposed to pay expenses that the state is expected to incur  
3 for:

4 “(a) Ensuring the efficient and effective routing of calls made to the 9-8-8 suicide pre-  
5 vention and behavioral health crisis hotline to an appropriate crisis center and personnel;  
6 and

7 “(b) Providing acute behavioral health, crisis outreach and stabilization services by di-  
8 rectly responding to the 9-8-8 suicide prevention and behavioral health crisis hotline;

9 “(6) If a fee is proposed:

10 “(a) The proposed fee amount;

11 “(b) The proposed mechanism for the fee, including the type of telecommunications lines  
12 or accounts on which the fee will be imposed;

13 “(c) The allocation of the fee revenue, including the crisis services to which the fee will  
14 be allocated, the estimated cost of those services, and whether any portion of the fee revenue  
15 will be eligible for Medicaid match; and

16 “(d) Whether the proposed fee revenue will supplant any existing funding;

17 “(7) An assessment of existing and proposed crisis response services and any recom-  
18 mendations to improve the delivery and cost efficiency of crisis response services while  
19 maintaining quality care; and

20 “(8) An assessment of existing and proposed crisis response services and any recom-  
21 mendations for maximizing federal financial participation in the funding of the services.

22 “**SECTION 5.** The Oregon Health Authority may establish committees in accordance with  
23 ORS 430.075 or assign tasks to existing agencies, boards or committees to accomplish the  
24 planning required for implementation or ongoing oversight of sections 1 to 3 of this 2021 Act  
25 in coordination with the crisis hotline center established under section 2 (3) of this 2021 Act,  
26 the Office of Emergency Management, local public health and mental health authorities,  
27 hospitals and health systems, coordinated care organizations, as defined in ORS 414.025,  
28 telecommunication providers and the National Suicide Prevention Lifeline Local Mental  
29 Health Authority, certified peer support specialists, as defined in ORS 414.025, 9-1-1, law  
30 enforcement, individuals with lived experiences in mental illness or substance use disorder,  
31 consumers of behavioral health services, including youth and families, and other  
32 stakeholders identified by the authority.

33 “**SECTION 6.** ORS 403.110 is amended to read:

34 “403.110. (1) A provider, [or] a 9-1-1 jurisdiction, a **9-8-8 coordinated crisis services system**  
35 or the employees or agents of a provider, [or] a 9-1-1 jurisdiction or a **9-8-8 coordinated crisis**  
36 **services system** may be held civilly liable for the installation, performance, provision or mainte-  
37 nance of a 9-1-1 emergency reporting system, [or] enhanced 9-1-1 telephone service or a **9-8-8 tele-**  
38 **phone service** if the provider, [or] the 9-1-1 jurisdiction, **the 9-8-8 coordinated crisis services**  
39 **system** or the employees or agents of the provider, [or] the 9-1-1 jurisdiction or **9-8-8 coordinated**  
40 **crisis services system** act with willful or wanton conduct.

41 “(2) A provider or seller is not liable for damages that result from providing or failing to provide  
42 access to the emergency communications system, **the 9-8-8 coordinated crisis services system** or  
43 from identifying or failing to identify the telephone number, address, location or name associated  
44 with any person or device accessing or attempting to access the emergency communications system  
45 or **the 9-8-8 coordinated crisis services system.**

1 “(3) This section does not affect any liability a 9-1-1 jurisdiction may have for employee  
2 negligence in receiving emergency calls from the public and dispatching emergency services to the  
3 public.

4 “**SECTION 7.** ORS 403.115 is amended to read:

5 “403.115. (1) The primary emergency telephone number within this state is 9-1-1, but a public  
6 or private safety agency shall maintain both a separate 10-digit secondary emergency number for  
7 use by a telephone operator or provider and a separate 10-digit nonemergency number.

8 “(2) Every public and private safety agency in this state shall participate in the emergency  
9 communications system.

10 “(3) An emergency telephone number other than 9-1-1 may not be published on the top three-  
11 quarters of the emergency listing page of a telephone book. However, an alternative nonemergency  
12 telephone number for a 9-1-1 jurisdiction may be printed on the top three-quarters of the emergency  
13 listing page of a telephone book. The publisher may use the remainder of the page to list the Oregon  
14 Poison Center, Federal Bureau of Investigation, [*a designated mental health crises service*] **9-8-8 co-**  
15 **ordinated crisis services system** and United States Coast Guard, where applicable. [*If there is*  
16 *more than one mental health crises service in a jurisdiction, the local health department shall decide*  
17 *which mental health crises service the publisher may list by using the criteria of a 24-hour staffed*  
18 *service, nonprofit organization and non-9-1-1 participating agency.*] The publisher shall refer to the  
19 community services section for other numbers.

20 “(4) The emergency communications system must provide:

21 “(a) Interconnectivity between public safety answering points and interconnectivity with pro-  
22 viders of the same or similar emergency response services nationally;

23 “(b) The capability, within each primary public safety answering point, to receive all emergency  
24 calls placed locally within each 9-1-1 service area; and

25 “(c) The automatic location identification accurately portraying the location from which each  
26 emergency call originates.

27 “**SECTION 8.** ORS 403.135 is amended to read:

28 “403.135. (1) A provider may not block delivery or forwarding to a public safety answering point  
29 of location **or a 9-8-8 coordinated crisis services system** information, a call-back number or other  
30 identifying information related to an emergency call.

31 “(2) Automatic number identifications received by public safety answering points **and 9-8-8 co-**  
32 **ordinated crisis services system** are confidential and are not subject to public disclosure unless  
33 and until an official report is written by the public or private safety agency and that agency does  
34 not withhold the telephone number under ORS 192.311 to 192.478 or other state and federal laws.  
35 The official report of a public safety answering point **or a 9-8-8 coordinated crisis services sys-**  
36 **tem** may not include nonpublished or nonlisted telephone numbers. The official report of a public  
37 or private safety agency may not include nonpublished or nonlisted telephone numbers. Nonpub-  
38 lished or nonlisted telephone numbers are not otherwise subject to public disclosure without the  
39 permission of the subscriber.

40 “(3) A provider is not subject to an action for civil damages for providing in good faith confi-  
41 dential or nonpublic information, including nonpublished and nonlisted subscriber information, to  
42 emergency **and 9-8-8** services providers who are:

43 “(a) Responding to an emergency call;

44 “(b) Responding to emergency situations that involve the risk of death or serious physical harm  
45 to an individual, as provided in ORS 403.132; or

1           “(c) Notifying the public of an emergency.

2           “(4) Subsection (3) of this section does not compel a provider to provide nonpublished and non-  
3 listed subscriber information directly to emergency **or 9-8-8** services providers or law enforcement  
4 agencies prior to placement of an emergency call without process of law.

5           “(5) Subscriber information acquired by a 9-1-1 jurisdiction **or the 9-8-8 coordinated crisis**  
6 **services system** for the purpose of providing emergency communications services under ORS  
7 403.105 to 403.250 **or coordinated crisis services under sections 1 to 3 of this 2021 Act** is not  
8 subject to public disclosure and may not be used by other public agencies except:

9           “(a) To respond to an emergency call;

10          “(b) To respond to an emergency situation that involves the risk of death or serious physical  
11 harm to an individual, as provided in ORS 403.132; or

12          “(c) To notify the public of an emergency by utilizing an automated notification system if a  
13 provider has provided subscriber information to the 9-1-1 jurisdiction or emergency services pro-  
14 vider.

15          “**SECTION 9. In addition to and not in lieu of any other appropriation, there is appro-**  
16 **priated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the**  
17 **General Fund, the amount of:**

18          “(1) **\$5,000,000, which may be expended for costs associated with the crisis hotline center**  
19 **established in section 2 of this 2021 Act; and**

20          “(2) **\$10,000,000, for distribution to counties to establish and maintain mobile crisis**  
21 **intervention teams.”.**

22          In line 11, delete “4” and insert “10”.

23