

Requested by HOUSE COMMITTEE ON BEHAVIORAL HEALTH

**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.**

21 **“SECTION 2. (1) The Oregon Health Authority shall reimburse the**

1 cost of co-occurring mental health and substance use disorder treat-  
2 ment services paid for on a fee-for-service basis at an enhanced rate  
3 based on:

4 “(a) Existing reimbursement codes used for co-occurring disorder  
5 treatments;

6 “(b) Clinical complexity; and

7 “(c) The education level of the provider.

8 “(2) The authority shall provide one-time start-up funding for be-  
9 havioral health treatment programs that provide integrated co-  
10 occurring disorder treatment.

11 “(3) The authority shall conduct a study of reimbursement rates for  
12 co-occurring disorder treatments, including treatment of a co-  
13 occurring intellectual and developmental disability and problem gam-  
14 bling disorder. No later than December 1, 2022, the authority shall  
15 report, in the manner provided in ORS 192.245, the findings from the  
16 study and recommendations for future rate development to the in-  
17 terim committees of the Legislative Assembly related to mental or  
18 behavioral health.

19 “SECTION 3. In addition to and not in lieu of any other appropri-  
20 ation, there is appropriated to the Oregon Health Authority, for the  
21 biennium beginning July 1, 2021, out of the General Fund, the amount  
22 of \$10,200,000, which may be expended for carrying out section 2 of this  
23 2021 Act.

24

25

## “WORKFORCE

26

27 “SECTION 4. The Oregon Health Authority shall continually eval-  
28 uate and revise administrative rules governing behavioral health pro-  
29 grams and services to reduce the administrative burden of  
30 documentation, particularly around assessment and treatment plan-

1 ning, the measures and outcomes tracking system or successor sys-  
2 tems and other reporting required for providers seeking certificates  
3 of approval and to ensure that the rules are consistent with the med-  
4 ical assistance program administrative rules that apply to behavioral  
5 health care staff operating in primary care and other settings.

6 **“SECTION 5.** No later than February 1, 2022, the Oregon Health  
7 Authority shall report to the interim committees of the Legislative  
8 Assembly related to behavioral and mental health, in the manner  
9 provided in ORS 192.245, recommendations on achieving a living wage  
10 for behavioral health care workers, including peers and family support  
11 specialists. The report must also consider pay inequities between  
12 physical health care workers and behavioral health care workers and  
13 how to provide more equitable wages.

14 **“SECTION 6.** (1) The Oregon Health Authority, with the advice of  
15 stakeholders and the Alcohol and Drug Policy Commission, may es-  
16 tablish minimum rates of reimbursement paid by the authority or co-  
17 ordinated care organizations to addiction treatment providers to  
18 ensure medical assistance recipients’ access, without delay, to all  
19 modalities of addiction treatment within each geographic region of  
20 this state.

21 **“(2)** The authority shall consider increasing the amount of the  
22 global payment to coordinated care organizations for addiction ser-  
23 vices.

24 **“(3)(a)** The authority shall increase the aggregate fee-for-service  
25 reimbursement rates for addiction treatment providers by 25 percent  
26 above the rates paid on the effective date of this 2021 Act. The au-  
27 thority shall withhold 10 percent of the increase to pay providers an-  
28 nually, as performance pay, for achieving diversity, vacancy reduction,  
29 retention and achieving goals identified by the authority.

30 **“(b)** The authority may require providers to quarterly report data

1 or other information regarding the use of the increased payments un-  
2 der paragraph (a) of this subsection.

3 “(4) A claim for reimbursement of the cost of addiction treatment  
4 provided to a medical assistance recipient must be paid by the au-  
5 thority or by a coordinated care organization no later than 90 days  
6 after receipt of the claim.

7 “(5) The authority shall ensure that the reimbursement paid to ad-  
8 diction treatment providers is equivalent to the reimbursement paid  
9 to mental health treatment providers that have equivalent levels of  
10 education and training. The authority shall adjust rates as needed to  
11 achieve parity or to provide incentives to increase workforce capacity  
12 to provide addiction treatment.

13 “(6) The authority and the commission shall monitor the impact of  
14 increased rates under subsections (2) and (3) of this section on im-  
15 proving low-barrier access to addiction treatment in this state and on  
16 improving the ability of addiction treatment providers to expand staff  
17 and improve staff expertise.

18 “SECTION 7. (1) The Oregon Health Authority shall seek any form  
19 of approval from the Centers for Medicare and Medicaid Services nec-  
20 essary to carry out section 6 of this 2021 Act.

21 “(2) The authority shall notify the Legislative Counsel upon receipt  
22 or denial of any approval necessary to carry out section 6 of this 2021  
23 Act.

24 “SECTION 8. The Oregon Health Authority shall contract with a  
25 third-party vendor to survey medical assistance recipients about their  
26 experiences with behavioral health care and services using a stand-  
27 ardized survey tool.

28 “SECTION 9. The Oregon Health Authority shall create workforce  
29 training and establish endorsements or certifications for behavioral  
30 health providers of co-occurring disorder treatment.

1 "HOUSING

2  
3 "SECTION 10. The Oregon Health Authority shall adopt by rule re-  
4 quirements for coordinated care organizations to provide housing  
5 navigation services and address the social determinants of health  
6 through care coordination.

7 "SECTION 11. ORS 430.335 is amended to read:

8 "430.335. In accordance with the policies, priorities and standards estab-  
9 lished by the Alcohol and Drug Policy Commission under ORS 430.223, and  
10 subject to the availability of funds therefor, the Oregon Health Authority  
11 may:

12 "(1) Provide directly through publicly operated treatment facilities, which  
13 shall not be considered to be state institutions, or by contract with publicly  
14 or privately operated profit or nonprofit treatment facilities, for the care of  
15 [*alcoholics or drug-dependent persons*] **individuals with substance use dis-**  
16 **orders.**

17 "(2) Sponsor and encourage research of [*alcoholism and drug dependence*]  
18 **substance use disorders.**

19 "(3) Seek to coordinate public and private programs relating to  
20 [*alcoholism and drug dependence*] **substance use disorders.**

21 "(4) Apply for federally granted funds available for study or prevention  
22 and treatment of [*alcoholism and drug dependence*] **substance use**  
23 **disorders.**

24 "(5) Directly or by contract with public or private entities, administer fi-  
25 nancial assistance, loan and other programs to assist the development of  
26 [*drug and alcohol free*] housing **for individuals with substance use disor-**  
27 **ders.**

28  
29 "DATA ON INTENSIVE BEHAVIORAL HEALTH TREATMENT  
30 CAPACITY FOR CHILDREN AND ADOLESCENTS

1 **“SECTION 12. (1) As used in this section and section 13 of this 2021**

2 **Act:**

3 **“(a) ‘Children and adolescents’ means individuals 20 years old and**  
4 **younger.**

5 **“(b) ‘Intensive behavioral health treatment provider’ means any**  
6 **provider licensed in this state to provide intensive psychiatric treat-**  
7 **ment, acute inpatient treatment or residential substance use disorder**  
8 **treatment of children and adolescents.**

9 **“(2) Intensive behavioral health treatment providers shall collect**  
10 **and provide data to the Oregon Health Authority, in the manner pre-**  
11 **scribed by the authority, on the demand for and capacity to provide**  
12 **treatment of children and adolescents presenting with high acuity be-**  
13 **havioral health needs. Intensive behavioral health treatment providers**  
14 **shall submit to a centralized, real-time provider directory, bed registry**  
15 **and access portal established by the authority:**

16 **“(a) Data on bed capacity;**

17 **“(b) Referrals received, by provider; and**

18 **“(c) Other information prescribed by the authority.**

19 **“(3) The authority shall use the data described in subsection (2) of**  
20 **this section to:**

21 **“(a) Monitor and track the capacity of intensive behavioral health**  
22 **treatment providers to provide treatment of children and adolescents**  
23 **presenting with high acuity behavioral health needs;**

24 **“(b) Identify gaps in data that prevent the tracking of intensive**  
25 **behavioral health service capacity and develop a plan for addressing**  
26 **the gaps that includes providing assistance to providers and modifying**  
27 **required data elements that must be reported;**

28 **“(c) Develop benchmarks and performance measures for intensive**  
29 **behavioral health treatment capacity; and**

30 **“(d) Conduct research and evaluation of the children’s and**

1 adolescents' continuum of care.

2 “(4) The authority shall share data and coordinate processes with  
3 the Department of Human Services to populate the Children’s System  
4 Data Dashboard described in ORS 418.981.

5 “(5) The authority shall adopt rules to carry out the provisions of  
6 this section, including rules establishing:

7 “(a) Parameters and specifications for data collection;

8 “(b) Processes for intensive behavioral health treatment providers  
9 to submit data for the establishment of a centralized, real-time pro-  
10 vider directory, bed registry and access portal;

11 “(c) Requirements for the frequency of data submissions;

12 “(d) Requirements for coordinated care organizations and insurers  
13 to collect and report, for members and insureds treated by intensive  
14 behavioral health treatment providers, data not submitted by provid-  
15 ers under this section;

16 “(e) A process for monitoring and documenting the need for high  
17 acuity behavioral health services for children and adolescents;

18 “(f) The authority’s responsibilities for reporting data back to pro-  
19 viders; and

20 “(g) Measures to ensure compliance with data collection standards  
21 established under section 40, chapter 12, Oregon Laws 2020 (first spe-  
22 cial session).

23 **“SECTION 13. (1) No later than December 1, 2022, the Oregon**  
24 **Health Authority shall report to the interim committees of the Legis-**  
25 **lative Assembly related to health, in the manner provided in ORS**  
26 **192.245, and to the Governor recommendations to address:**

27 “(a) The demand and the capacity for intensive behavioral health  
28 treatment for children and adolescents.

29 “(b) Barriers to data collection and provider compliance with sec-  
30 tion 12 of this 2021 Act.

1       **“(2) The report shall include:**

2       **“(a) Recommendations for overcoming barriers to data collection;**  
3 **and**

4       **“(b) A plan for expanding the referral data collection requirements**  
5 **to providers in the broader children’s continuum of care, including**  
6 **community behavioral health services for children and adolescents**  
7 **with lower-acuity needs, and to adult intensive behavioral health**  
8 **treatment providers.**

9       **“SECTION 14. In addition to and not in lieu of any other appropri-**  
10 **ation, there is appropriated to the Oregon Health Authority, for the**  
11 **biennium beginning July 1, 2021, out of the General Fund, the amount**  
12 **of \$400,000, which may be expended for carrying out the provisions of**  
13 **section 12 of this 2021 Act.**

14

15

**“OPERATIVE DATE**

16

17       **“SECTION 15. Section 6 of this 2021 Act becomes operative on the**  
18 **earlier of January 1, 2022, or the date on which the Centers for Medi-**  
19 **care and Medicaid Services provides approval, if necessary, to carry**  
20 **out section 6 of this 2021 Act.”.**

21       In line 26, delete “11” and insert “16”.

22       Delete line 32 and insert:

23       **“SECTION 17. ORS 430.717 is repealed.”.**

24       In line 36, delete “13” and insert “18”.

25