



2/8/21

To: House Committee on Business and Labor
From: Oregon Council for Behavioral Health (OCBH)
Re: Concerns regarding HB 4126

Chair Holvey, Vice Chairs Bonham and Grayber, Members of the Committee,

My name is Heather Jefferis. I am here today on behalf of Oregon Council for Behavioral Health (OCBH). OCBH is the statewide association of over 50 primarily nonprofit providers that deliver treatment for substance use disorders and mental illness. Our organizations predominately serve Oregon Health Plan members living with the chronic diseases of addiction and mental illness.

As many of you know, we are in the midst of a behavioral health crisis. Many providers have reduced capacity, and several have closed their doors, leading to an unprecedented shortage of access to these vital healthcare services. This is in large part due to workforce shortages and turnover that predate, yet were exacerbated by, the pandemic.

We know this crisis to be the result of historic undervaluing and underfunding of behavioral healthcare workers. Medicaid rates for behavioral health are about 28% below the primary care rates for equivalent services. Rectifying this has been the crux of our legislative advocacy for decades. We led the work to provide direct stipends to workers throughout the pandemic and are currently working on two concepts with behavioral health legislative leadership: the first is a review of the administrative burden shouldered by the workforce, and the second is a multi-hundred-million-dollar investment directed precisely to the workforce.

We believe HB 4126 was introduced in an effort to add another tool to the toolbox to help this workforce. However, we have several foundational questions about the potential far reaching impacts of this policy. We were not given the opportunity to review the concept prior to its public introduction and our questions remain unanswered. We believe, especially in this sector, a quality labor agreement should result from robust discussion. We'd like that opportunity here and we don't believe that can be accomplished in one week.

As we understand the legislation, the bill requires a provider, if approached by a union, to enter into an agreement with the union. The bill then predetermines the result of the agreement between the organization and the union by requiring the agreement include an assurance of uninterrupted provision and delivery of services. We understand this provision to require the provider and union to eliminate an employee's ability to strike -- prior to the involvement of the employee and prior to the implementation of a negotiated agreement. We are concerned this is an overreach of our abilities and believe it to violate our employees' federal labor rights.



Additionally, the bill prohibits a provider from using public funds to “assist, promote, or deter union organizing.” These terms have caused uncertainty and confusion as to the impact. We are interested in working with our union partners to more clearly define these terms in this specific setting and ensure public funds are not used to mislead or dissuade employees from union organizing. We believe we will achieve the best result if given the interim to sit at the table with our union partners to do this work.

Passage of this bill would mean introducing a new concept, one which shifts the dynamic in labor agreements at the statewide level, through our most unstable sector, one nearly entirely dependent on state Medicaid rates. We believe this warrants a longer discussion. We would welcome the opportunity to have this discussion in the interim and take the necessary time to vet a proposal that impacts this critical work and this fragile sector.

Thank you,

Heather Jefferis MA
Executive Director
Oregon Council for Behavioral Health