

DRAFT

SUMMARY

Digest: The Act requires the OHA to study how much money local mental health programs need to comply with state laws.

The Act requires the director of LPRO to appoint a task force to study the burdens that state laws cause to people who provide care for mental health problems or substance use. The Act requires the director to report the findings of the task force to the legislature by November 1, 2024. This part of the Act is repealed on January 2, 2025.

The Act goes into effect when the Governor signs it. (Flesch Readability Score: 63.3).

Requires the Oregon Health Authority to conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in specified age groups. Requires the authority to compile a report of the findings from the study by January 1, 2025, and every five years thereafter.

Requires the Legislative Policy and Research Director to convene a task force to study the statutory and regulatory framework for behavioral health systems and make recommendations to reduce the administrative burdens on behavioral health care providers and increase system efficiencies. Specifies the membership and duties of the task force. Requires the director to submit reports of the work of the task force to the Legislative Assembly no later than November 1, 2024. Sunsets January 2, 2025.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

Relating to behavioral health; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The Oregon Health Authority, in consultation with counties and community health programs, shall conduct a study to determine the funding required for each community mental health

1 program to provide the services and perform the functions required
2 by law related to individuals with behavioral health disorders in the
3 following age groups:

4 (a) Newborns through youth 17 years of age;

5 (b) Ages 18 through 25; and

6 (c) Ages 26 and older.

7 (2) The study must include, but is not limited to, the costs of pro-
8 viding the services and performing the functions described in:

9 (a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and
10 161.505 to 161.585.

11 (b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.

12 (c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397
13 to 430.401, 430.405 to 430.565 and 430.610 to 430.880.

14 (3) The authority shall compile a report of the authority's findings
15 under subsection (1) of this section and make the report publicly
16 available on the authority's website.

17 (4) The report required by subsection (1) of this section must be
18 completed no later than January 1, 2025, and every five years there-
19 after.

20 **SECTION 2.** (1) The Legislative Policy and Research Director shall
21 convene a task force to evaluate and make recommendations for re-
22 visions to statutes and administrative rules governing the medical as-
23 sistance program under ORS chapter 414 and the provisions of ORS
24 chapter 430 and for revisions to state contracts affecting behavioral
25 health care providers, coordinated care organizations, private behav-
26 ioral health care providers and community mental health programs.
27 The task force shall:

28 (a) Identify redundancies, contradictions and outdated language in
29 the provisions in ORS chapters 414 and 430 and recommend changes
30 to the provisions or the adoption or enactment of new provisions to
31 achieve greater clarity for behavioral health care providers and to

1 better meet the needs of the individuals who receive behavioral health
2 services;

3 (b) Define and clarify the roles and responsibilities of all major be-
4 havioral health system partners that constitute the public behavioral
5 health system, including but not limited to coordinated care organ-
6 izations, community mental health programs, behavioral health or-
7 ganizations, county governments and the Oregon Health Authority;
8 and

9 (c) Develop recommendations to ensure a regulatory framework
10 that:

11 (A) Maximizes access to behavioral health services;

12 (B) Creates portability and accountability for the behavioral health
13 workforce;

14 (C) Promotes behavioral and physical health integration; and

15 (D) Addresses the differences between the regulatory structures for
16 commercially funded and publicly funded health systems in this state.

17 (2) The task force must include representatives of:

18 (a) Consumers of behavioral health services;

19 (b) Coordinated care organizations;

20 (c) Community mental health programs;

21 (d) Behavioral health organizations;

22 (e) County governments;

23 (f) The Mental Health Regulatory Agency;

24 (g) Behavioral health care providers that contract with the state
25 or with local governments;

26 (h) Hospitals;

27 (i) The Mental Health and Addiction Certification Board of Oregon;

28 (j) The Medicaid, the Behavioral Health, the Quality and Compli-
29 ance and the Program Integrity Audit units of the Oregon Health
30 Authority; and

31 (k) The Judicial Department.

1 **(3) Consumers of behavioral health services who serve on the task**
2 **force must be ensured a meaningful opportunity to participate in the**
3 **proceedings of the task force.**

4 **(4) Members of the task force who are not employed by a state**
5 **agency, county government or city government are entitled to a**
6 **stipend and reimbursement of travel and expenses as provided in ORS**
7 **292.495. Stipends shall be paid in a manner that allows the stipends to**
8 **be excluded from income in determining eligibility for medical assist-**
9 **ance, to the extent practicable under federal law.**

10 **(5) A majority of the members of the task force constitutes a quo-**
11 **rum for the transaction of business.**

12 **(6) Official action by the task force requires the approval of a ma-**
13 **jority of the members of the task force.**

14 **(7) The task force shall elect one of its members to serve as chair-**
15 **person and one to serve as cochairperson.**

16 **(8) If there is a vacancy for any cause, the director shall make an**
17 **appointment to become immediately effective.**

18 **(9) The task force shall meet at times and places specified by the**
19 **call of the chairperson or a majority of the members of the task force.**

20 **(10) All agencies of state government, as defined in ORS 174.111, are**
21 **directed to assist the task force in the performance of the duties of the**
22 **task force and, to the extent permitted by laws relating to**
23 **confidentiality, to furnish information and advice the members of the**
24 **task force consider necessary to perform their duties.**

25 **(11) The director shall:**

26 **(a) Convene the task force no later than April 15, 2024;**

27 **(b) No later than June 17, 2024, report to the Legislative Assembly,**
28 **in the manner provided in ORS 192.245, the preliminary findings and**
29 **recommendations of the task force; and**

30 **(c) No later than November 1, 2024, report to the Legislative As-**
31 **sembly, in the manner provided in ORS 192.245, the final recommen-**

datations of the task force and legislative concepts, if any, for the 2025 regular session of the Legislative Assembly.

SECTION 3. Section 1 of this 2024 Act is amended to read:

Sec. 1. (1) The Oregon Health Authority, in consultation with counties and community health programs, shall conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in the following age groups:

(a) Newborns through youth 17 years of age;

(b) Ages 18 through 25; and

(c) Ages 26 and older.

(2) The study must include, but is not limited to, the costs of providing the services and performing the functions described in:

(a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and 161.505 to 161.585.

(b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.

(c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397 to 430.401, 430.405 to 430.565 and 430.610 to 430.880.

(3) The authority shall compile a report of the authority's findings under subsection (1) of this section and make the report publicly available on the authority's website.

(4) The report required by subsection (1) of this section must be completed *[no later than January 1, 2025, and]* every five years *[thereafter]*.

SECTION 4. The amendments to section 1 of this 2024 Act by section 3 of this 2024 Act become operative on January 2, 2025.

SECTION 5. Section 2 of this 2024 Act is repealed on January 2, 2025.

SECTION 6. This 2024 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect on its passage.