Senate Bill 620
Sponsored by Senator LIEBER, Representative NOSSE (Presession filed.)

SUMMARY
The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor’s brief statement of the essential features of the measure as introduced.

Requires Oregon Health Authority to convene two work groups to study statutory and regulatory framework for behavioral health systems and make recommendations to reduce administrative burdens on behavioral health care providers and increase system efficiencies. Specifies membership and duties of work groups. Requires authority to report recommendations of work groups for legislative changes to interim committees of Legislative Assembly no later than September 15, 2024.

Directs authority to take specific actions apart from work groups to identify and eliminate administrative burdens on behavioral health care providers.

Sunsets January 2, 2025.
Declares emergency, effective on passage.

A BILL FOR AN ACT
Relating to behavioral health care; and declaring an emergency.

Whereas the current statutory and regulatory framework for Oregon’s publicly funded behavioral health system was developed many decades ago when Oregon counties were the sole providers of publicly funded behavioral health services; and

Whereas over the past two decades, the behavioral health landscape has drastically changed and services are provided by hundreds of organizations and practitioners across this state; and

Whereas unlike the regulatory structure for commercial and privately funded organizations, the publicly funded system relies heavily on an unregulated workforce and Oregon is in a historic workforce crisis, placing the entire administrative burden on the backs of provider organizations; and

Whereas the outdated statutory and regulatory structure for behavioral health has left the various entities that constitute the current behavioral health system in this state confused, burdened and at risk of delivering services in a manner that is inconsistent with the current construct; and

Whereas statutory and regulatory changes are needed to eliminate administrative burdens on behavioral health providers and increase efficiencies in behavioral health systems by targeting unnecessary barriers to care, decreasing community behavioral health workforce burnout, reducing overall system costs and strengthening person-centered behavioral health care; now, therefore,

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

SECTION 1. (1) The Oregon Health Authority shall convene a work group to evaluate and make recommendations for revisions to the statutes in ORS chapter 430 to reflect the current structure of the publicly funded behavioral health system in this state and the roles of counties, coordinated care organizations, private behavioral health care providers and community mental health programs. The work group shall, at a minimum:

(a) Identify redundancies, contradictions and outdated language in the provisions in ORS chapter 430 and recommend changes to the provisions or new provisions to achieve greater clarity for behavioral health care providers and to better meet the needs of the individuals
who receive behavioral health services; and

(b) Define and clarify the roles and responsibilities of all major behavioral health system partners that constitute the public behavioral health system, including coordinated care organizations, community mental health programs, behavioral health organizations, county governments, the authority and the Department of Human Services.

(2) The work group must include:

(a) Meaningful participation by consumers of behavioral health services and their advocates;

(b) Members who represent the major behavioral health system partners that constitute the public behavioral health system; and

(c) Subject matter experts from:

(A) The Medicaid, Behavioral Health and Quality and Compliance units of the Health Systems Division of the authority; and

(B) The Program Integrity Audit Unit in the authority.

(3) Members of the work group who are not government employees are entitled to compensation and reimbursement of travel and other expenses as provided in ORS 292.495, from funds available to the authority.

(4) The authority shall:

(a) Convene the work group no later than September 15, 2023;

(b) No later than March 15, 2024, report to the Legislative Assembly, in the manner provided in ORS 192.245, the preliminary findings and recommendations of the work group; and

(c) No later than September 15, 2024, report to the Legislative Assembly, in the manner provided in ORS 192.245, the final recommendations of the work group and legislative concepts, if any, for the 2025 regular session of the Legislative Assembly.

SECTION 2. (1) The Oregon Health Authority shall convene a work group to evaluate and make recommendations for revisions to the current regulatory structure of the publicly funded behavioral health system in this state, including statutes, administrative rules, the state Medicaid plan, state contracts with behavioral health care providers and workflows, to identify efficiencies, reduce administrative burdens, eliminate duplication and increase transparency. The recommendations should ensure a regulatory framework that:

(a) Maximizes access to behavioral health services;

(b) Creates portability and accountability for the behavioral health workforce;

(c) Promotes health integration; and

(d) Closes the gap between the regulatory structures for commercially funded and publicly funded health systems in this state.

(2) Consumers of behavioral health services and their advocates must have meaningful participation in the work group. The work group must also include, but is not limited to:

(a) Representatives of:

(A) Coordinated care organizations;

(B) Community mental health programs;

(C) Behavioral health organizations;

(D) County governments;

(E) The Mental Health Regulatory Agency; and

(F) The Judicial Department.
(b) Subject matter experts from:

(A) The Medicaid, Behavioral Health and Quality and Compliance units of the Health
Systems Division of the authority; and

(B) The Program Integrity Audit Unit in the authority.

(3) Members of the work group who are not government employees are entitled to compen-
sation and reimbursement of travel and other expenses as provided in ORS 292.495, from
funds available to the authority.

(4) The authority shall compile the recommendations of the work group and submit a
report, in the manner provided in ORS 192.245, containing recommended legislative changes,
if any are needed, to the interim committees of the Legislative Assembly related to health
no later than September 15 of each even-numbered year.

(5) The authority shall:

(a) Convene the work group no later than September 15, 2023;

(b) No later than March 15, 2024, report to the Legislative Assembly, in the manner
provided in ORS 192.245, the preliminary findings and recommendations of the work group;
and

(c) No later than September 15, 2024, report to the Legislative Assembly, in the manner
provided in ORS 192.245, the final recommendations of the work group and legislative con-
cepts, if any, for the 2025 regular session of the Legislative Assembly.

SECTION 3. (1) The Oregon Health Authority shall put systems in place to track the
progress of the work groups convened in accordance with sections 1 and 2 of this 2023 Act
so that recommendations of the work groups are consistent and shall incorporate steps
identified in response to the budget note accompanying chapter 110, Oregon Laws 2022, to
streamline behavioral health provider requirements and to remove requirements that are
unnecessary. The authority also shall consider inviting some cross-representation between
the two work groups.

(2) Apart from the work groups convened under sections 1 and 2 of this 2023 Act, the
authority shall:

(a) Explore changes to the existing Oregon Administrative Rules to reduce administrative
burdens on the behavioral health workforce;

(b) Work with coordinated care organizations to clarify the obligations and responsibil-
ities of coordinated care organizations under ORS 430.637;

(c) Evaluate licensing, certification and audit procedures to identify and eliminate undue
administrative burdens on behavioral health care provider organizations and to ensure that
the existing Oregon Administrative Rules are interpreted consistently across all of the
authority's divisions; and

(d) Evaluate coordinated care organization and County Financial Assistance Agreement
contract terms to provide clarity, avoid duplication and identify potential efficiencies.

SECTION 4. Sections 1, 2 and 3 of this 2023 Act are repealed on January 2, 2025.

SECTION 5. This 2023 Act being necessary for the immediate preservation of the public
peace, health and safety, an emergency is declared to exist, and this 2023 Act takes effect
on its passage.