

# Senate Bill 620

Sponsored by Senator LIEBER, Representative NOSSE (Pre-session 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

1 Relating to behavioral health care; and declaring an emergency.

2  
3 Whereas the current statutory and regulatory framework for Oregon's publicly funded behav-  
4 ioral health system was developed many decades ago when Oregon counties were the sole providers  
5 of publicly funded behavioral health services; and

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

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

12 Whereas the outdated statutory and regulatory structure for behavioral health has left the  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

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

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

20 **SECTION 1. (1) The Oregon Health Authority shall convene a work group to evaluate and**  
21 **make recommendations for revisions to the statutes in ORS chapter 430 to reflect the cur-**  
22 **rent structure of the publicly funded behavioral health system in this state and the roles of**  
23 **counties, coordinated care organizations, private behavioral health care providers and com-**  
24 **munity mental health programs. The work group shall, at a minimum:**

25 **(a) Identify redundancies, contradictions and outdated language in the provisions in ORS**  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

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 who receive behavioral health services; and

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

6 (2) The work group must include:

7 (a) Meaningful participation by consumers of behavioral health services and their advo-  
 8 cates;

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

11 (c) Subject matter experts from:

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

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

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

18 (4) The authority shall:

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

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

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

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

32 (a) Maximizes access to behavioral health services;

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

34 (c) Promotes health integration; and

35 (d) Closes the gap between the regulatory structures for commercially funded and pub-  
 36 licly funded health systems in this state.

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

39 (a) Representatives of:

40 (A) Coordinated care organizations;

41 (B) Community mental health programs;

42 (C) Behavioral health organizations;

43 (D) County governments;

44 (E) The Mental Health Regulatory Agency; and

45 (F) The Judicial Department.

1 (b) Subject matter experts from:

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

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

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

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

12 (5) The authority shall:

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

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

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

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

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

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

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

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

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

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

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