

Requested by Representative SANCHEZ

**PROPOSED AMENDMENTS TO
HOUSE BILL 2235**

1 In line 2 of the printed bill, after “health” insert “; and declaring an
2 emergency”.

3 After line 2, insert:

4 “Whereas Oregon remains near the very bottom in the United States for
5 access to behavioral and mental health services and one contributing factor
6 to that rating is the high turnover of certified and licensed professionals in
7 the state’s community behavioral health services system; and

8 “Whereas low pay, administrative burden and the volume and high acuity
9 needs of clients are major factors in providers leaving the field; and

10 “Whereas many providers who leave community-based behavioral health
11 practices go into private practice where the providers serve clients with
12 lower acuity needs and, for clients with commercial insurance, receive higher
13 pay and can better control their caseloads; and

14 “Whereas increasing pay, reducing administrative burden and reducing
15 the workloads for the behavioral health workforce will increase retention;
16 now, therefore,”.

17 Delete lines 4 through 9 and insert:

18 **“SECTION 1. (1) The Oregon Health Authority shall convene a work
19 group to study the major barriers to workforce recruitment and re-
20 tention in the publicly financed behavioral health system in this state.**

21 **The work group must include:**

- 1 “(a) One nonmanagement peer mentor who is in active practice;
- 2 “(b) One nonmanagement clinical social worker licensed under ORS
3 675.530 who is in active practice;
- 4 “(c) One nonmanagement certified alcohol and drug counselor who
5 is in active practice;
- 6 “(d) One nonmanagement qualified mental health associate who is
7 in active practice;
- 8 “(e) One nonmanagement qualified mental health professional who
9 is in active practice;
- 10 “(f) Two members who carry caseloads and supervise other em-
11 ployees who are working to achieve hours for certification or licensure
12 as a behavioral health providers;
- 13 “(g) Directors or the directors’ designees from:
- 14 “(A) Four community mental health programs; and
- 15 “(B) Four behavioral health providers that are not community
16 mental health programs;
- 17 “(h) One representative of an association of behavioral health pro-
18 vider employees;
- 19 “(i) One representative of an association of behavioral health pro-
20 vider organizations;
- 21 “(j) At least one representative or designee of a mental health
22 consumer organization;
- 23 “(k) At least one representative or designee of a substance use dis-
24 order consumer organization; and
- 25 “(L) Two representatives of coordinated care organizations.
- 26 “(2) The membership of the work group convened under subsection
27 (1) of this section must include representatives of at least four pro-
28 viders of culturally specific services and, to the extent practicable,
29 represent the geographic, racial, ethnic and gender diversity of this
30 state.

1 **“(3) The work group shall develop recommendations to:**
2 **“(a) Improve the recruitment of the behavioral health workforce;**
3 **“(b) Improve the retention of the behavioral health workforce;**
4 **“(c) Reduce administrative burdens on the behavioral health**
5 **workforce;**
6 **“(d) Increase the reimbursement paid to behavioral health providers**
7 **and increase the pay for the behavioral health workforce;**
8 **“(e) Reduce the workload of the behavioral health workforce, in-**
9 **cluding caseload guidelines or ratios, and consider national and local**
10 **studies of existing program staffing;**
11 **“(f) Reduce burnout within the behavioral health workforce; and**
12 **“(g) Diversify the behavioral health workforce.**
13 **“(4) In developing the recommendations under subsection (3) of this**
14 **section, the work group shall consider:**
15 **“(a) The number and types of workers needed to meet the**
16 **community’s demand for behavioral health treatment and services;**
17 **“(b) The impact of the recommendations on:**
18 **“(A) Consumers’ access to behavioral health services;**
19 **“(B) Providers’ administrative burdens;**
20 **“(C) The delivery of team-based care; and**
21 **“(D) The ability to transition to value-based payment methodol-**
22 **ogies; and**
23 **“(c) The resources needed to implement the recommendations.**
24 **“(5) No later than January 15, 2025, the authority shall report to the**
25 **interim subcommittee of the Joint Committee on Ways and Means**
26 **related to human services, in the manner provided in ORS 192.245, the**
27 **work group’s initial recommendations for addressing behavioral health**
28 **workforce challenges to inform the subcommittee on the authority’s**
29 **budget for the biennium beginning July 1, 2025.**
30 **“(6) No later than December 15, 2025, the authority shall submit a**

1 final report, in the manner provided in ORS 192.245, containing the
2 work group’s final recommendations, including recommendations for
3 legislative actions, if needed, to the interim committees of the Legis-
4 lative Assembly related to health care and to the interim subcommit-
5 tee of the Joint Committee on Ways and Means related to human
6 services.

7 **“SECTION 2. Section 1 of this 2023 Act is repealed on January 2,**
8 **2026.**

9 **“SECTION 3. This 2023 Act being necessary for the immediate**
10 **preservation of the public peace, health and safety, an emergency is**
11 **declared to exist, and this 2023 Act takes effect on its passage.”.**

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