



Behavioral Health Provisions

-24 amendments to House Bill 4002

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UTILIZATION REVIEW BY INSURERS FOR SUD MEDICATIONS (Sec. 2)



Same as the -1 amendments prohibiting prior authorization or utilization review for insurance coverage of SUD medications except:

1. Allows utilization review for purposes of:

- Auditing claims for improper payments, fraud or abuse; or
- Reasonable periodic redeterminations about continuing need for care

2. Allows coverage to be subject to same terms and conditions that apply to other benefits except as specified in the section

CCO AND PUBLIC PAYER REQUIREMENTS



No substantive changes to section 4 of the -1 amendments requiring coordinated care organizations (CCOs) to provide medications for treatment of opioid use disorder and any co-occurring SUD or mental health condition

Section 5 prohibition on CCOs and public payers of health insurance requiring prior authorization for medication-assisted treatment modified to:

- Limit to medications approved by the FDA on or before January 1, 2024
- Allow CCOs to require prior authorization for a brand name drug if a generic equivalent is available



DISPENSING BY PHARMACISTS



Modifies section 7 of the -1 amendments to:

- Specify that a licensed pharmacist may *prescribe and dispense early* refills of medications for the treatment of opioid use disorder under specified conditions
- Require the State Board of Pharmacy to consult with the Public Health and Pharmacy Advisory Formulary Committee, instead of a rules advisory committee, in adopting rules



PRESCRIPTION DRUG LOCKERS



No changes to section 8 of the -1 amendments that allow a retail drug outlet to have a prescription drug locker on-site without obtaining a license or registration from the State Board of Pharmacy and without obtaining a DEA registration



DISCRIMINATION



Deletes the section of the -1 amendments that clarified existing law that a group recovery home may not discriminate against a tenant based on the tenant's involvement in medication-assisted treatment



ACCESS TO TREATMENT (Sec. 10)



No changes to the -1 amendments that clarify that CCOs must have adequate networks of addiction treatment providers



ADPC STUDY (Sec. 11)



Modifies the charge to the Alcohol and Drug Policy Commission in the -1 amendments to focus the study on opioid use disorder treatment instead of substance use disorder treatment more broadly.



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC PROGRAM (Secs. 14-15)



Only substantive changes to the provisions in the -1 amendments establishing the certified community behavioral health clinic (CCBHC) are to the timelines:

- Requires OHA to *begin preparing a draft state plan amendment* by January 15, 2025. -1 Amendments required the state plan to be submitted to CMS by that date
- Removes date certain for OHA to seek federal financial participation. Now tied to the expiration of the CCBHC demonstration program



JOINT TASK FORCE ON REGIONAL BEHAVIORAL HEALTH ACCOUNTABILITY (Sec. 16)



Adds to the list of members specified in the -1 amendments:

- Two members appointed by legislative leadership, instead of one, and must have one each from majority and minority parties
- One member appointed by the Chief Justice of the Oregon Supreme Court to represent the Judicial Department
- One member who is a behavioral health provider or represents behavioral health providers, instead of their trade association
- One member representing providers of psychiatric care in clinical settings



JOINT TASK FORCE ON REGIONAL BEHAVIORAL HEALTH ACCOUNTABILITY (Sec. 16)



- One member who is a licensed doctor or represents licensed doctors with experience in behavioral health or SUD treatment programs, care delivery or funding, instead of their professional association
- One member representing a consumer of behavioral health services
- One member representing Oregon's nine federally recognized tribes
- One member who is an emergency response transportation provider
- One member representing long term care facilities
- One member with experience in regional behavioral health system governance



JOINT TASK FORCE ON REGIONAL BEHAVIORAL HEALTH ACCOUNTABILITY (Sec. 16)



Slightly modifies the charge of the task force to:

- Require the task force to work with other task forces charged with similar tasks
- Develop recommendations to establish broad access to methadone and other opioid use medications through electronic and other means
- In developing recommendations, focus on health equities



JOINT TASK FORCE ON REGIONAL BEHAVIORAL HEALTH ACCOUNTABILITY (Sec. 16)



Finally, changes the date that the recommendations are due

- Draft recommendations due September 15, 2025 instead of November 15, 2024
- Final report is due December 15, 2025 instead of December 15, 2024



TASK FORCE ON IMPROVING THE SAFETY OF BEHAVIORAL HEALTH WORKERS (Sec. 18)



Creates all new Task Force on Improving the Safety of Behavioral Health Workers (SB 1594A)

- Preliminary report is due September 1, 2024
- Final report is due December 1, 2024.



UNITED WE HEAL MEDICAID PAYMENT PROGRAM (Sec. 20)



Creates new United We Heal Medicaid Payment Program to provide supplemental medical assistance payments to behavioral health providers to enable the providers to access enhanced apprenticeship and training programs



Questions?



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