

House Bill 2042

Sponsored by 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**. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act would make the OHA work to increase the engagement of people in some health services in Oregon. (Flesch Readability Score: 62.8).

Requires the Oregon Health Authority to develop, implement and administer a program to support consumer engagement efforts aimed at increasing and optimizing consumer involvement in planning and decision-making surrounding the access to, and the delivery of, behavioral health services in this state. Directs the authority to enter into contracts with a consumer supporter technical assistance center to provide technical and financial assistance in carrying out activities that accomplish purpose of program.

Requires the consumer supporter technical assistance center that contracts with the authority to submit an annual progress report to the authority.

Modifies the definition of "consumer" for purposes of the Consumer Advisory Council.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to consumer engagement in decisions concerning behavioral health services; creating new
3 provisions; amending ORS 430.073; and declaring an emergency.

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

5 **SECTION 1. Sections 2 and 3 of this 2025 Act shall be known and may be cited as the**
6 **Oregon Behavioral Health Consumer Engagement Act.**

7 **SECTION 2. The Legislative Assembly finds and declares that:**

8 (1) **Increased participation by consumers of behavioral health services promotes identifi-**
9 **cation of existing gaps in the delivery of services provided within the mental and behavioral**
10 **health system, improves the quality of behavioral health services delivered and results in**
11 **positive experiences and improved behavioral health outcomes for consumers.**

12 (2) **A coordinated system is necessary to increase consumer engagement decision-making**
13 **and strategic input regarding the service delivery options that are available within the ex-**
14 **isting behavioral health system.**

15 **SECTION 3. (1) As used in this section:**

16 (a) **"Consumer" means a person who has received or is receiving behavioral health ser-**
17 **vices.**

18 (b) **"Consumer supporter technical assistance center" means a nonprofit organization**
19 **that operates as a peer-run organization.**

20 (c) **"Nonprofit organization" means an organization described in section 501(c)(3) of the**
21 **Internal Revenue Code that is exempt from income tax under section 501(a) of the Internal**
22 **Revenue Code.**

23 (d) **"Peer-run organization" means an organization:**

24 (A) **That is fully independent, separate and autonomous from other behavioral health**
25 **services; and**

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 (B) In which a majority of the leadership and staff who perform oversight and decision-
 2 making on governance, financial, personnel, policy and program issues in the organization
 3 are individuals who have received behavioral health services.

4 (2) The Oregon Health Authority shall develop, implement and administer a program to
 5 support consumer engagement efforts aimed at increasing and optimizing consumer in-
 6 volvement in planning and decision-making surrounding the access to, and the delivery of,
 7 behavioral health services in this state. In implementing the program, the authority shall
 8 enter into a contract with a consumer supporter technical assistance center to provide
 9 technical and financial assistance to the center to carry out activities that may include, but
 10 need not be limited to:

11 (a) Identifying and creating opportunities for consumer involvement in policy-making
 12 initiatives concerning the quality of services delivered within the behavioral health system.

13 (b) Offering training for consumer education on:

14 (A) How to navigate the coordinated behavioral health system in this state.

15 (B) Self-directed care or peer-operated service models as behavioral health care options.

16 (c) Developing and preparing informational and instructional materials, to be distributed
 17 throughout this state, regarding the ways in which consumers may participate in policy-
 18 making and legislative processes.

19 (d) Working with state and local behavioral health organizations, county behavioral
 20 health programs and other local agencies and coordinated care organizations, to develop
 21 methods to facilitate consumer participation and representation in policy discussions re-
 22 garding the quality and type of behavioral health services delivered to consumers.

23 (e) Representing the interests of consumers of historically marginalized communities or
 24 groups in advocating for increased consumer engagement.

25 (f) Improving the quality of services delivered within the behavioral health system.

26 (g) Reducing barriers to accessing culturally and linguistically competent behavioral
 27 health care for consumers of historically marginalized groups.

28 (h) Participating in national, state and local consumer self-help initiatives.

29 (i) Collaborating with and providing technical assistance to community behavioral health
 30 organizations to improve delivery of behavioral services.

31 (3) The authority shall prescribe by rule the requirements for a consumer supporter
 32 technical assistance center that receives funding under this section.

33 (4) A consumer supporter technical assistance center that contracts with the authority
 34 shall submit an annual progress report to the authority setting forth, at a minimum, the
 35 following:

36 (a) The status of consumer engagement efforts and results of the outreach projects
 37 conducted by the consumer supporter technical assistance center.

38 (b) Data and metrics associated with the consumer engagement efforts described under
 39 subsection (2) of this section, including the number and demographics of consumers reached,
 40 geographic access to state and local behavioral health services and behavioral health out-
 41 comes.

42 (c) A description of any consumer training developed and implemented throughout this
 43 state by the consumer supporter technical assistance center.

44 (d) A description of any technical assistance provided by the consumer supporter tech-
 45 nical assistance center.

1 (e) **Identified areas within the behavioral health system that are in need of improvement.**

2 (f) **Any coordinated initiatives directed at increasing opportunities for consumer in-**
 3 **volvement in the behavioral health workforce.**

4 **SECTION 4.** ORS 430.073 is amended to read:

5 430.073. (1)(a) As used in this section and ORS 430.075, “consumer” means a person who has
 6 received or is receiving mental **or behavioral** health, addiction or substance use disorder services.

7 (b) **“Consumer” does not include individuals who receive compensation paid by the state**
 8 **for performing work as an employee or a contractor within the mental or behavioral health**
 9 **systems.**

10 (2) Consistent with the principles embodied in ORS 430.071 to support and promote independence
 11 and self-determination for persons receiving mental health, addiction or substance use disorder ser-
 12 vices, the Director of the Oregon Health Authority shall maintain a Consumer Advisory Council to:

13 (a) Advise the director on the provision of mental health, addiction and substance use disorder
 14 services by the Oregon Health Authority and operate as a representative body that facilitates input
 15 from and communication with the peer constituency of the council.

16 (b) Review, evaluate and provide feedback, as permitted by federal law, on select deidentified
 17 site review reports related to mental health, addiction and substance use disorder services provided
 18 by the authority.

19 (c) Review, evaluate or publish impacts, advisories or fiscal benefit estimates for the director
 20 or the peer constituency of the council, or as public information, concerning any policy proposals
 21 developed in accordance with ORS 430.071.

22 (d) Recommend policies in accordance with ORS 430.071.

23 (e) Provide perspectives and experiences.

24 (f) Communicate concerns, emergency needs or general conditions related to the delivery of
 25 mental health, addiction and substance use disorder services.

26 (3) The director shall appoint 15 to 25 consumers to the council from a list of candidates sub-
 27 mitted by:

28 (a) Existing consumers on the council; or

29 (b) A seven-person committee, appointed by the members of the council, consisting of individuals
 30 who represent independent consumer-run organizations, consumer-run advocacy organizations and
 31 consumer-operated advisory councils that are active or headquartered in this state.

32 (4) In selecting the candidates to be submitted to the director under subsection (3) of this sec-
 33 tion, the council or committee shall strive for the balance described in subsection (5) of this section
 34 and otherwise encourage outreach to new members and diverse groups in the consumer or peer
 35 community.

36 (5) In making appointments to the council, the director shall strive to balance the representation
 37 according to geographic areas of the state, race, ethnicity, gender identity and age.

38 (6) The authority shall provide administrative support to the council.

39 (7) A member of the council is entitled to compensation in an amount determined by the director
 40 and to actual and necessary travel expenses incurred by the member in the performance of the
 41 member’s official duties. Claims for compensation and expenses shall be paid out of funds appropri-
 42 ated to the authority for purposes of the council.

43 **SECTION 5. The Oregon Health Authority shall take all steps necessary before the op-**
 44 **erative date specified in section 7 of this 2025 Act to enable the authority to carry out, on**
 45 **and after the operative date specified in section 7 of this 2025 Act, the provisions of section**

1 **3 of this 2025 Act.**

2 **SECTION 6. In addition to and not in lieu of any other appropriation, there is appropri-**
3 **ated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the**
4 **General Fund, the amount of \$1,500,000, which shall be expended for carrying out the pro-**
5 **visions of section 3 of this 2025 Act.**

6 **SECTION 7. Section 3 of this 2025 Act becomes operative on January 1, 2026.**

7 **SECTION 8. This 2025 Act being necessary for the immediate preservation of the public**
8 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
9 **on its passage.**

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