

**CHAPTER 80**

AN ACT

HB 4092

Relating to behavioral health; and declaring an emergency.

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

**SECTION 1.** (1) The Oregon Health Authority, in consultation with counties and community mental health programs, shall conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in the following age groups:

- (a) Newborns through youth 17 years of age;
- (b) Ages 18 through 25; and
- (c) Ages 26 and older.

(2) The study must include, but is not limited to, the costs of providing the services and performing the functions described in:

(a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and 161.505 to 161.585.

(b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.

(c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397 to 430.401, 430.405 to 430.565 and 430.610 to 430.880 except ORS 430.630.

(d) ORS 430.627, 430.628, 430.629 and 430.630.

(3) The authority shall compile a report of the authority's findings about the costs of providing the services and performing the functions described in the sections listed in:

(a) Subsection (2)(a), (b) and (d) of this section and make the report available on the authority's website no later than January 1, 2025, and every five years thereafter; and

(b) Subsection (2)(c) of this section and make the report available on the authority's website no later than January 1, 2026, and every five years thereafter.

**SECTION 2.** (1) The Oregon Health Authority shall contract with the Oregon Council for Behavioral Health to convene a group of behavioral health partners to conduct a study to:

(a) Evaluate the provisions in ORS chapters 414 and 430, administrative rules and state contracts affecting behavioral health care providers, coordinated care organizations, private behavioral health care providers and community mental health programs; and

(b) Make recommendations for revisions to the statutes, administrative rules and contracts.

(2) The study shall:

(a) Identify redundancies, contradictions and outdated language in the provisions in ORS chapters 414 and 430 and recommend solutions that address or resolve those redundancies, contradictions or outdated language to increase

efficiencies in the publicly funded behavioral health system to better serve Oregonians;

(b) Define and clarify the roles and responsibilities under ORS chapters 414 and 430 and related contract expectations and deliverables of all major behavioral health system partners that constitute the public behavioral health system, including but not limited to coordinated care organizations, community mental health programs, behavioral health organizations, county governments and the Oregon Health Authority; and

(c) Develop recommendations to ensure a regulatory framework that is better for the population of behavioral health care consumers and the publicly funded providers needed to serve the population, including by:

(A) Maximizing access to behavioral health services;

(B) Creating portability and accountability for the behavioral health workforce;

(C) Promoting behavioral and physical health integration; and

(D) Addressing the differences between the regulatory structures for privately funded and publicly funded health systems in this state.

(3) The group conducting the study must include representatives of:

(a) Consumers of behavioral health services;

(b) Coordinated care organizations;

(c) Community mental health programs;

(d) Culturally specific behavioral health organizations;

(e) Behavioral health advocacy organizations;

(f) County governments;

(g) The Mental Health Regulatory Agency;

(h) Behavioral health care providers that contract with the state or with local governments;

(i) Labor organizations that represent the behavioral health workforce;

(j) Hospitals;

(k) The Mental Health and Addiction Certification Board of Oregon;

(L) The units of the Oregon Health Authority responsible for Medicaid, behavioral health services, quality, compliance and program integrity;

(m) The nine federally recognized tribes in Oregon; and

(n) The Judicial Department.

(4) Consumers of behavioral health services who serve on the group conducting the study must be ensured a meaningful opportunity to participate in developing the group's recommendations.

(5) Members of the group conducting the study who are not employed by a state agency, county government or city government are entitled to a stipend and reimbursement of travel or other expenses as provided in ORS 292.495. Stipends shall be paid in a manner that allows

the stipends to be excluded from income in determining eligibility for medical assistance, to the extent practicable under federal law.

(6) All agencies of state government, as defined in ORS 174.111, are directed to assist the group in conducting the study and, to the extent permitted by laws relating to confidentiality, to furnish information and advice the members of the group consider necessary to conduct the study and develop recommendations.

(7) The council shall work in partnership with two to four members of the group to conduct a procurement, no later than June 30, 2024, to hire a consultant to assist the group in conducting the study.

(8) No later than December 15, 2024, to the greatest extent practicable, the group shall report the group's preliminary recommendations for legislative changes related to subsection (2)(a) of this section to the interim committees of the Legislative Assembly related to behavioral health. The report need not comply with ORS 192.245.

(9) No later than December 15, 2025, the group shall submit a final report of the group's findings and recommendations developed under subsections (1) and (2) of this section, in the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly related to behavioral health. The recommendations may include proposed legislation.

**SECTION 3.** Section 1 of this 2024 Act is amended to read:

**Sec. 1.** (1) The Oregon Health Authority, in consultation with counties and community mental health programs, shall conduct a study to determine the funding required for each community mental health program to provide the services and perform the functions required by law related to individuals with behavioral health disorders in the following age groups:

- (a) Newborns through youth 17 years of age;
- (b) Ages 18 through 25; and
- (c) Ages 26 and older.

(2) The study must include, but is not limited to, the costs of providing the services and performing the functions described in:

- (a) ORS 161.315 to 161.351, 161.355 to 161.371, 161.385 to 161.395 and 161.505 to 161.585.
- (b) ORS 426.005 to 426.390, 426.510 to 426.680, 426.701 and 426.702.
- (c) ORS 430.021, 430.210, 430.230 to 430.236, 430.265 to 430.380, 430.397 to 430.401, 430.405 to 430.565 and 430.610 to 430.880 except ORS 430.630.
- (d) ORS 430.627, 430.628, 430.629 and 430.630.

(3) The authority shall compile *[a report]* **reports** of the authority's findings about the costs of providing the services and performing the functions described in *[the sections listed in:]*

*[(a) Subsection (2)(a), (b) and (d) of this section and make the report available on the authority's*

*website no later than January 1, 2025, and every five years thereafter; and]*

*[(b) Subsection (2)(c) of this section and make the report available on the authority's website no later than January 1, 2026, and every five years thereafter]* subsection (2) of this section every five years and make the reports available on the authority's website.

**SECTION 4.** The amendments to section 1 of this 2024 Act by section 3 of this 2024 Act become operative on January 2, 2026.

**SECTION 5.** Section 2 of this 2024 Act is repealed on January 2, 2026.

**SECTION 6.** In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium ending June 30, 2025, out of the General Fund, the amount of \$255,000, which shall be paid to the Oregon Council for Behavioral Health for the hiring of the consultant under section 2 (7) of this 2024 Act and for the stipends and reimbursement of travel or other expenses under section 2 (5) of this 2024 Act.

**SECTION 7.** Notwithstanding any other law limiting expenditures, the amount of \$45,000 is established for the biennium ending June 30, 2025, as the maximum limit for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare receipts, but excluding lottery funds and federal funds not described in section 2, chapter 591, Oregon Laws 2023, collected or received by the Oregon Health Authority, for Health Systems Division - Administration, for payment to the Oregon Council for Behavioral Health for the hiring of the consultant under section 2 (7) of this 2024 Act and for the stipends and reimbursement of travel or other expenses under section 2 (5) of this 2024 Act.

**SECTION 8.** Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (1), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for Health Systems Division - Administration, is increased by \$1,116,812, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 9.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 2 (1), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, as the maximum limits for payment of expenses from fees, moneys or other revenues, including Miscellaneous Receipts, tobacco tax receipts, marijuana tax receipts, beer and wine tax receipts, provider taxes and Medicare re-

ceipts, but excluding lottery funds and federal funds not described in section 2, chapter 591, Oregon Laws 2023, collected or received by the Oregon Health Authority, for Health Systems Division - Administration, is increased by \$256,051, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 10.** Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (3), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for health policy and analytics, is increased by \$146,921, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 11.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (3), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter 591, Oregon Laws 2023, collected or received by the Oregon Health Authority, for health policy and analytics, is increased by \$93,933, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 12.** Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (7), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for state assessments and enterprise-wide costs, is increased by \$20,356, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 13.** Notwithstanding any other law limiting expenditures, the limitation on expenditures established by section 5 (7), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, as the maximum limit for payment of expenses from federal funds, excluding federal funds described in section 2, chapter 591, Oregon Laws 2023, collected or received by the Oregon Health Authority, for state assessments and enterprise-wide costs, is increased by \$12,210, for carrying out the provisions of section 1 of this 2024 Act.

**SECTION 14.** This 2024 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect on its passage.

Approved by the Governor April 4, 2024

Filed in the office of Secretary of State April 4, 2024

Effective date April 4, 2024