

BEHAVIORAL HEALTH



This Legislative Summary Report highlights Behavioral Health policy measures that received a public hearing during the 2021 Regular Legislative Session. The report is organized by sub-topics and includes the measure number; the measure status: enacted [✓] or not enacted [✗]; and a brief description of the measure.

Behavioral Health policy sub-topics:

- Access
- Civil Commitment and Judicial Proceedings
- Licensing
- State Systems
- Substance Use Disorder Recovery and Prevention
- Suicide Prevention
- Workforce
- Other Legislation

Access

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| SB 680 A | ✗ | Would have provided for the operation of four peer respite centers including one to pilot services for a community of color. |
| SB 686 | ✗ | Would have required psychiatric inpatients be given a choice of in-person care (versus electronic). |
| HB 2469 | ✓ | Adds mental health wellness appointments to the list of behavioral health services a coordinated care organization must offer its members. |
| HB 2417 | ✓ | Establishes a program to provide grants to cities or funding to county community mental health programs to fund mobile crisis intervention teams and other specified programs. Requires Oregon Health Authority to report to interim committees of Legislative Assembly related to mental or behavioral health, recommendations on policies and legislative changes, if any, needed to implement National Suicide Hotline Designation Act of 2020 and establish statewide coordinated crisis services system. |
| HB 2585 | ✗ | Would have directed the Oregon Health Authority to provide culturally and linguistically affirmative mental health services to deaf, deaf-blind, and hard of hearing individuals. |
| HB 2822 | ✗ | Would have directed the Department of Human Services and the Oregon Health Authority to ensure individuals transferring from receiving mental health |

Access, cont'd

services under one state plan amendment to another do not lose any mental health services previously funded as a result of the transfer.

- HB 2952 ✗ Would have appropriated moneys from General Fund to Department of Human Services for allocation to area agencies to address unmet needs of seniors for mental and behavioral health treatment.
- HB 2980 ✓ Directs the Oregon Health Authority to provide funding to peer-run organizations to operate three peer respite centers.
- HB 3069 B ✗ Would have established Oregon's statewide crisis system and the 9-8-8 Fund.

Civil Commitment and Judicial Proceedings

- SB 72 ✓ Allows a physician or mental health service provider to act contrary to the treatment indicated in a declaration of mental health treatment for a person committed under the extremely dangerous person standard. Requires the same criteria be met as for treatment of a person civilly committed. Includes the cost of outpatient services within the calculation of current cost of care for persons who are or were at the Oregon State Hospital.
- SB 187 ✗ Would have defined "dangerous to self or others" for purposes of civil commitment as likely to inflict serious physical harm upon self or others within the next 30 days. Would have allowed court to consider past behavior that resulted in physical harm to self or others and threats and attempts to commit suicide or inflict serious physical harm on others.
- SB 189 ✗ Would have required outpatient care as condition of trial visit and specified conditions of trial visit for persons under civil commitment. Required trial visit conditions to be developed with full involvement of person and to address specific goals and objectives of person.
- SB 200 ✓ Requires the district attorney in each county to develop and adopt written policies regarding cases involving a guilty except for insanity defense.
- SB 205 ✓ Allows the court to order an individual to be committed to Oregon State Hospital or other secure mental health facility while a petition is pending.
- SB 206 ✓ Modifies the court-conditional release process by increasing required communication between parties, agencies, and organizations involved in the process. Modifies requirements for the court in determining whether a person should be conditionally released, specifying when mental health consults and mental health evaluations must be ordered by the court, and directs the

Civil Commitment and Judicial Proceedings, cont'd

Psychiatric Security Review Board to establish, by rule, standards for mental health consultations and evaluations.

- SB 295 ✓ Restructures the aid and assist statutes to effectuate the intent of SB 24 to increase the use of community-based services for competency restoration.
- SB 820 A ✗ Would have required persons who provide sexual offense therapy in the course and scope of their employment with the government to be certified by the Sexual Offense Treatment Board.

Licensing

- HB 2114 ✗ Would have authorized the Oregon Board of Psychology to assess costs associated with disciplinary action to the person against whom disciplinary action was taken.
- HB 2115 ✗ Would have authorized the Oregon Board of Licensed Professional Counselors and Therapists to sanction applicants for licensure and licensees for unprofessional conduct.
- HB 2116 ✗ Would have authorized the Oregon Board of Licensed Professional Counselors and Therapists to order mental health, medical condition, or chemical dependency evaluations of licensees, applicants, and interns.
- HB 2117 ✓ Repeals Oregon Board of Psychology authority to issue initial psychologist associate licenses.
- HB 2493 ✗ Would have directed Health Licensing Office to establish and maintain voluntary alternative provider registry.

State Systems

- SB 72 ✓ Allows a physician or mental health service provider to act contrary to the treatment indicated in a declaration of mental health treatment for a person committed under the extremely dangerous person standard. Requires the same criteria be met as for treatment of a person civilly committed. Includes the cost of outpatient services within the calculation of current cost of care for persons who are or were at the Oregon State Hospital.
- SB 721 ✗ Authorizes existing members of the Consumer Advisory Council to select new members or to convene a seven-member subcommittee of current members to select new members. (Vetoed by Governor Kate Brown – See [letter](#)).

State Systems, cont'd

- HB 2086 ✓ Appropriates moneys to Oregon Health Authority programs that provide culturally specific services that are directly responsive to and driven by people of color, tribal communities, and people of lived experience.
- HB 2316 ✓ Establishes the Behavioral Health Housing Incentive Fund and repeals the Housing for Mental Health Fund on June 30, 2022.
- HB 3046 ✓ Requires carriers to report on mental health parity requirements and specifies behavioral health treatment that must be provided by coordinated care organizations and covered by group health insurance and individual health plans.
- HB 3123 ✗ Would have required the Oregon Health Authority to evaluate the state's certified community behavioral health clinics and report to the Legislative Assembly no later than September 30, 2023.




Substance Use Disorder Recovery and Prevention

- SB 698 ✓ Conditions an opioid treatment center's authorization to operate on acceptance of Medicare reimbursement via rules adopted by the Oregon Health Authority.
- HB 2313 ✗ Would have directed the Oregon Health Authority and the Alcohol & Drug Policy Commission to inventory statewide resources available to address substance use disorders.
- HB 3111 ✗ Would have required the Oregon Health Authority to contract with at least four Recovery Community Organizations.
- HB 3377 A ✗ Would have established Task Force on Substance Use.




Suicide Prevention

- SB 563 ✓ Modifies laws relating to youth suicide intervention and prevention to include children 5 to 10 years of age.
- SB 682 ✗ Would have extended suicide prevention and intervention to include adults and required providers to complete periodic continuing education on suicide.
- HB 2315 ✓ Requires licensee of specified regulatory boards and Oregon Health Authority to complete suicide prevention continuing education at specified intervals.


Suicide Prevention, cont'd

- HB 2381  Would have modified laws relating to youth suicide intervention and prevention to include children under 10.
- HB 3037  Requires medical examiners and death investigators to notify local mental health authorities (LMHAs) in cases of suicide involving individuals 24 years of age or younger and allows such notice to identify a decedent's educational institution or extracurricular activities if necessary to protect public health. Clarifies that Oregon Health Authority is responsible for developing uniform, statewide response protocols to be implemented at the local level in the aftermath of a youth suicide. Provides for LMHAs, where a deceased person resided, to be notified of the deceased's death by LMHAs where the youth suicide occurred.
- HB 3139  Specifies conditions and imposes requirements on providers to disclose certain health information to parents or guardians without a minor's consent in order to engage in critical safety planning when the risk of harm is serious and imminent.

Workforce

- HB 2361  Would have prioritized access to health care provider incentive program by behavioral health services providers serving Latino, Latina, and Latinx providers in specified counties.
- HB 2370  Would have directed the Higher Education Coordinating Commission to assess mental health provider education programs in Oregon.
- HB 2949  Establishes grants and other programs to diversify Oregon's behavioral health workforce.

Other Legislation

- HB 3045  Extends the sunset of the Mental Health Clinical Advisory Group to January 2, 2026 and defines mental health drug. The bill prohibits Oregon Health Authority from requiring prior authorization for mental health drugs if the recipient has been in the course of treatment within the last 365 days or if the prescriber has specified that the prescription be "dispense as written." Directs the Pharmacy and Therapeutics Committee to take recommendations from Mental Health Clinical Advisory Group on mental health drugs.