

The 2019 Legislature is Now in the Books
COPACT legislative report

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We just completed a long legislative session in Salem. There was a lot of activity, much of it good, some of it not so much. I will give you a brief summary of what COPACT worked on over the last five months.

The Mental Health Legislature?

This was expected to be a legislative session largely focused on mental health care. In the first weeks of the session, COPACT evaluated 85 bills related to mental health. Later in the session we looked at 20 or so more. Many of them were excellent bills we supported. Some were troubling. During the session, budgetary issues predominated. COPACT supported the Medicaid Budget and the tobacco tax needed to pay for it. Both eventually passed. But as we have learned so often, mental health is not the first priority in the budget, so total mental health spending was actually reduced, and most of the bills we were supporting did not pass due to their fiscal impact. Oregon's budgetary challenges continue to be hard to overcome and mental health care suffers.

Bills COPACT supported that passed

HB 2011 defines that health care professional boards must require licensees to complete cultural competency continuing education. COPACT supported this bill. We also worked to get included in it, language that requires licensure boards to keep in mind the availability of cultural competency trainings when setting requirements. At the same time, we were able to help House Leadership understand how much we don't want the Legislature micromanaging what CEUs we need to take.

SB 423 and 424 both have to do with mental health and law enforcement. One bill requires that law enforcement agencies can hire only persons who have had a psychological evaluation. The other bill requires law enforcement agencies to set up mental health wellness policies for their law enforcement staff.

SB 770 establishes a task force to design a Health Care for All Oregon Plan to provide publicly funded health care to all Oregonians.

HB 2012 requires the Oregon Health Authority to develop a plan for a Medicaid Buy-In program for Oregon residents who do not have access to health care.

HB 2447 requires the Oregon Health Authority to convene a forum for vertically integrated, nonprofit health care systems to envision a health care delivery system of the future.

Bills COPACT supported that failed

The bills that passed are only a small percentage of bills we supported. The other bills we supported largely failed because of budgetary issues. The ones we were especially committed to that did not make it covered insurance preauthorization and utilization review, increasing diversity in graduate mental health programs, provider panel access, managing suicidal persons in Emergency Departments, and many others. There were many good bills that did not make it. The bills that did not die because of a lack of funding, died during the chaotic ending of the session just because there was not time to pass them.

Bills COPACT successfully opposed

HB 2930 would have prohibited Public Employees' Benefit Board and Oregon Educators Benefit Board from contracting with mental health providers unless those mental health providers worked with Oregon Health Plan patients. This was a well-meaning bill that was seeking to improve access to mental health care for OHP clients. Your lobbyist, Elizabeth Remley, was able to explain to the sponsors that the challenges for private practitioners to get access to OHP clients would make it impossible for them to contract to serve teachers or public employees. The sponsors tabled the bill. Stopping this bill was one of our first priorities.

SB 808 would have required health professionals to take Suicide Assessment and Intervention CEUs each license renewal period. Elizabeth's direct work with on this bill helped us make the point that some required CEUs make sense and some do not. As a result, this bill was tabled. COPACT started a dialogue with Legislators about how requiring us to take CEUs they think we need, can get in the way of our learning what we actually can use to help our particular clients. In the case of **HB 2011**, COPACT agreed that Cultural Competency Training could be helpful for our clients. At the same time, we made the point that requiring repeated trainings in Suicide Assessment and Intervention was unhelpful.

SB 133 was a bill we worked hard to change. It went through three complete rewrites. We watched it carefully. Suddenly it turned into a bill that would have punished providers who refer clients out of state for mental health or chemical dependency treatment, if similar services were available in Oregon. We challenged that immediately, and the sponsors backed off to write its final form which prohibits kickbacks for referrals to chemical dependency or mental health treatment programs. The bill passed in that form.

A Holdover from 2017: SB 860 and Mental Health Parity

COPACT continues to stay engaged with the Department of Consumer and Business Services as they develop the report on SB 860 from the 2017 Legislative Session. As a result of SB 860, DCBS is in the middle of an investigation of insurance practices related to Oregon's mental health parity law, specifically focused on reimbursement cuts.

DCBS invited COPACT to attend quarterly updates on the progress of the bill, and two of those occurred during the session. Your lobbyist, Elizabeth Remley, and Larry Conner, along with members of OIMHP, attended those meetings. While DCBS cannot reveal much detail in advance of the report, staff indicated there will be significant work to do, both administratively

and legislatively, as a result of the report. That suggests SB 860 may end up having a meaningful positive effect on mental health care providers in Oregon. We will have to wait and see. The report is due in September 2019, and we anticipate it will show there are significant disparities between reimbursement reductions for mental health services and physical health services. COPACT will continue to track the development of that report and work with legislative leadership to develop legislation to address the lack of parity for the 2020 Short Session.

All in all, it was impressive to see how effective COPACT was in its interactions with leadership and bill sponsors in both chambers. COPACT is getting a strong reputation as a team that represents ORCA and OAMFT effectively while also advocating for all mental health providers and consumers.

Your support for this work is essential. Please remember to keep your memberships in ORCA current, ideally with automatic renewal, and to donate to COPACT at copactoregon.com.

One last note: The presidency of COPACT toggles back and forth between ORCA and OAMFT. Starting this July, it is ORCA's turn to lead COPACT for the next two years. We could always use more help. If you are interested in joining us, please contact us at president@copactoregon.com.

It is always an honor to advocate for you. The COPACT team deeply appreciates your support.