House Bill 4151

Sponsored by Representatives SANCHEZ, REYNOLDS; Representatives ANDERSEN, BOWMAN, BYNUM, DEXTER, EVANS, GAMBA, GRAYBER, HARTMAN, HELM, JAVADI, LIVELY, NGUYEN D, NOSSE, PHAM H, PHAM K, RUIZ, WALTERS, Senators CAMPOS, DEMBROW, FREDERICK, GOLDEN, GORSEK, JAMA, MANNING JR, PATTERSON, WOODS (at the request of Ballmer Institute, University of Oregon) (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: Makes a task force about youth behavioral health. Starts soon. (Flesch readability score: 74.8).

Establishes the Task Force on Youth Behavioral Health Workforce. Directs the task force to identify strategies to increase access to and the diversity of Oregon's youth-serving behavioral health workforce. Requires the task force to submit a report to an interim committee of the Legislative Assembly related to behavioral health not later than September 15, 2024.

Sunsets December 31, 2025.

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Declares an emergency, effective on passage.

A BILL FOR AN ACT

2 Relating to youth behavioral health; and declaring an emergency.

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

4 SECTION 1. (1) The Task Force on Youth Behavioral Health Workforce is established.

5 (2) The task force consists of at least 19 members appointed as follows:

6 (a) The President of the Senate shall appoint two members from among members of the

Senate, one of whom is a member of the majority party and one of whom is a member of the
minority party.

9 (b) The Speaker of the House of Representatives shall appoint two members from among
 10 members of the House of Representatives, one of whom is a member of the majority party

11 and one of whom is a member of the minority party.

12 (c)(A) The Governor shall appoint 15 members, including:

13 (i) The Director of the Oregon Health Authority, or designee of the director;

14 (ii) The Director of the Department of Education, or designee of the director;

(iii) Members who represent youth-serving training programs for behavioral health professions for which there is no state-issued authorization and that have the potential to increase access to and the diversity of the behavioral health workforce, including high school career and technical education programs, associate degree training programs, bachelor's degree training programs and skills training programs;

(iv) Employers of youth-serving training programs for behavioral health professions for
 which there is no state-issued authorization, including employers in coordinated care organ izations, substance use treatment centers, behavioral health care organizations,
 community-based organizations and schools;

(v) Members who are behavioral health professionals who have expertise in youth be havioral health promotion and prevention; and

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1 (vi) Representatives of health professional regulatory agencies that regulate behavioral 2 and mental health care professions, including but not limited to the Oregon Board of Li-3 censed Professional Counselors and Therapists, the Oregon Board of Psychology and the 4 State Board of Licensed Social Workers.

5 (B) The members appointed by the Governor must include representatives of providers 6 of culturally specific services and, to the greatest extent practicable, represent the ge-7 ographic, racial, ethnic and gender diversity of this state.

(3) The task force shall identify state-issued professional authorization options for exist-8 9 ing and emerging behavioral health professions and for determining the structures and supports needed to sustain the youth behavioral workforce. The task force shall focus on 10 behavioral health professions that have the potential to increase both the equitable access 11 12 to behavioral health supports and the diversity of the existing behavioral health workforce to be more reflective of the youth population of this state. Additionally, the task force shall: 13 (a) Develop a landscape of existing health professional regulatory agencies for behavioral 14 15 health professions that includes the professions regulated by each health professional regulatory agency and the defining characteristics of each profession; 16

(b) Identify existing and emerging behavioral health professions that serve the youth population of this state and for which there are no state-issued authorizations, including information about the defining characteristics of each profession and the ability of each profession to increase access to and diversity of the behavioral health workforce;

(c) Provide recommendations regarding how to better align the behavioral health pro fessions described in paragraph (b) of this subsection with existing health professional regu latory agencies;

(d) Develop recommendations to establish state-issued professional authorizations to
 support expanding the behavioral health workforce that serves the youth population of this
 state;

(e) Identify strategies for creating pathways into the behavioral health professions that
 serve the youth population of this state for individuals who are underrepresented in the
 current behavioral health workforce; and

(f) Identify necessary systemic changes in the medical assistance program under ORS
 chapter 414 and in other relevant professional reimbursement and incentive structures in
 order to sustain an expanded youth-serving behavioral health workforce in this state.

(4) The task force may consult with any organizations and individuals necessary to ac complish the directives described in subsection (3) of this section.

(5) A majority of the voting members of the task force constitutes a quorum for the
 transaction of business.

(6) Official action by the task force requires the approval of a majority of the voting
 members of the task force.

(7) The task force shall elect one of its members to serve as chairperson.

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40 (8) If there is a vacancy for any cause, the appointing authority shall make an appoint41 ment to become immediately effective.

42 (9) The task force shall meet at times and places specified by the call of the chairperson
43 or of a majority of the voting members of the task force.

44 (10) The task force may adopt rules necessary for the operation of the task force.

45 (11) The task force shall submit a report in the manner provided by ORS 192.245, and

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1 may include recommendations for legislation, to an interim committee of the Legislative 2 Assembly related to behavioral health no later than September 15, 2024.

3 (12) The Oregon Health Authority shall provide staff support to the task force.

4 (13) Members of the Legislative Assembly appointed to the task force are nonvoting 5 members of the task force and may act in an advisory capacity only.

6 (14) Members of the task force who are not members of the Legislative Assembly are not 7 entitled to compensation or reimbursement for expenses and serve as volunteers on the task 8 force.

9 (15) All agencies of state government, as defined in ORS 174.111, are directed to assist 10 the task force in the performance of the duties of the task force and, to the extent permitted

11 by laws relating to confidentiality, to furnish information and advice the members of the task

12 force consider necessary to perform their duties.

13 <u>SECTION 2.</u> Section 1 of this 2024 Act is repealed on December 31, 2025.

14 <u>SECTION 3.</u> This 2024 Act being necessary for the immediate preservation of the public 15 peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect 16 on its passage.

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