Enrolled Senate Bill 860

Sponsored by COMMITTEE ON HEALTH CARE (at the request of Oregon Independent Mental Health Professionals)

CHAPTER	
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AN ACT

Relating to mental health treatment providers; and declaring an emergency.

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

SECTION 1. (1) As used in this section:

- (a) "Behavioral mental health provider" includes:
- (A) A psychologist licensed under ORS 675.010 to 675.150;
- (B) A clinical social worker licensed under ORS 675.530; and
- (C) A professional counselor or marriage and family therapist licensed under ORS 675.715.
- (b) "Carrier" has the meaning given that term in ORS 743B.005.
- (c) "Medical provider" means a physician licensed under ORS chapter 677.
- (d) "Mental health provider with prescribing privileges" includes:
- (A) A psychiatrist; and
- (B) A certified nurse practitioner with a specialty in psychiatric mental health.
- (2) The Department of Consumer and Business Services shall examine all of the following:
- (a) The historical trends of each carrier's maximum allowable reimbursement rates for time-based outpatient office visit procedural codes and whether each carrier's in-network behavioral mental health providers have been paid reimbursement that is equivalent to the reimbursement for the carrier's in-network medical providers and mental health providers with prescribing privileges.
- (b) Whether each carrier imposes utilization management procedures for behavioral mental health providers that are more restrictive than the utilization management procedures for medical providers as indicated by the time-based outpatient office visit procedural codes applied to providers in each category, including a review of whether a carrier restricts the use of longer office visits for behavioral mental health providers more than for medical providers.
- (c) Whether each carrier pays equivalent reimbursement for time-based procedural codes for both in-network behavioral mental health providers and in-network medical providers, including the reimbursement of incremental increases in the length of an office visit.
- (d) Whether the methodologies used by each carrier to determine the carrier's reimbursement rate schedule are equivalent for in-network behavioral health providers and in-network medical providers.
- (3) The department shall adopt rules or take other actions based on the results of the department's examination under subsection (2) of this section that ensure that carriers meet

the requirements of ORS 743A.168 and 743B.505 in policies, certificates or contracts for health insurance that the carriers offer to residents of this state.

SECTION 2. The Department of Consumer and Business Services shall report to the interim committees of the Legislative Assembly related to health, no later than September 1, 2019, the status of the department's examination in accordance with section 1 of this 2017 Act and rules adopted or other actions taken by the department in response to the examination.

SECTION 3. Notwithstanding any other law limiting expenditures, the amount of \$600,000 is established for the biennium beginning July 1, 2017, as the maximum limit for payment of expenses for carrying out the provisions of section 1 of this 2017 Act from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Department of Consumer and Business Services for the Division of Financial Regulation.

SECTION 4. Section 1 of this 2017 Act is repealed on January 2, 2021.

SECTION 5. This 2017 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2017 Act takes effect on its passage.

Passed by Senate June 22, 2017	Received by Governor:
	, 2017
Lori L. Brocker, Secretary of Senate	Approved:
	, 2017
Peter Courtney, President of Senate	
Passed by House June 28, 2017	Kate Brown, Governor
,	Filed in Office of Secretary of State:
Tina Kotek, Speaker of House	, 2017
	Dennis Richardson, Secretary of State