



September 2017

To: Oregon Psychological Association

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RE: 2017 Final Legislative Report

The 2017 Legislative Session proved to be a busy and challenging one for the OPA Legislative Committee. The committee reviewed and tracked over 80 bills, provided testimony in several committees and worked with several other organizations on many issues. Our work broke down into several categories, with individual committee members taking responsibility to review bills and make recommendations to the full committee on how to proceed. Here is a broad overview of some of the more significant bills we worked on.

The Oregon Board of Psychological Examiners introduced four bills this session. HB 2319 forms the Oregon Mental Health Regulatory Agency and merges the administration and centralized services of the Board of Psychological Examiners and the Board of Licensed Professional Counselors. The Boards will continue to maintain their separate authority. HB 2328 renames the State Board of Psychologist Examiners to the Oregon Board of Psychology. Both of these bills passed and were supported by the OPA. HB 2329 would have allowed the Board to assess their own attorney fees and disciplinary costs against a disciplined person. Both OPA and the Oregon State Bar opposed this bill, and it failed. HB 2361 would have removed the Counselor Education Exemption from licensure by the Oregon Board of Licensed Professional Counselors and Therapists. This is a very complicated issue and OPA along with the Counselors' Association felt that the subject needs more work and attention in order to provide adequate oversight to non-licensed alternative providers. This bill also failed. The OPA worked with the House Health Care Committee to convene a small workgroup during the Session to discuss both of these bills in depth. The group determined it was best that the two board bills that did not pass be discussed more in depth during the interim. The OPA Legislative Committee will continue to work with the licensing board on these issues.

Another category of bills that required many hours of work were those relating to scope of practice. The art therapists introduced HB 2432 which directed the Oregon Health Licensing Office to issue licenses to qualified art therapists to practice art therapy. In its original form the bill would have required all other licensed mental health professionals (including psychologists) to get an additional art therapy license if they used art in their work. After several conversations with the art therapists and legislators we were able to amend the bill to remove that requirement. HB 2633 was a similar bill. It prohibits practicing as a sex offender treatment provider without a certificate issued by the Health Licensing Office. In its original form it would have required the additional certificate for licensed mental health professionals (including psychologists). It was amended to allow for licensed professionals to continue to provide sex abuse treatment within their scope without the additional certificate. SB 965 was a bill that was proposed by the counselor's association and would have allowed licensed counselors to provide youth forensic examinations. We met with the counselors and their lobbyist just prior to the beginning of session to discuss the problems with the proposal. After the meeting they decided to not move forward with the bill.

The OPA proactively worked on several bills that improved and expanded access to mental health services. Among them were HB 3091, which requires both CCOs and private insurers to cover crisis behavioral health assessments and specified services indicated by those assessments and SB 944, which establishes a 24/7 call line for providers to track and identify placements for children needing high acuity behavioral health services. These bills are important for both consumers and providers in the struggle to access and pay for mental health treatment, and provide new avenues for revenue for Oregon psychologists.

The RxP Committee of the OPA proposed late last year to run HB 3355, the bill that allows specially trained psychologists to prescribe. The OPA Board concurred with the recommendation, and an announcement of the decision was sent out to the OPA Membership prior to Session requesting feedback, volunteers, concerns and giving an opportunity for feedback. Members responded with support, offers of volunteers, and a couple of concerns that did not outweigh the support, so the RxP committee moved forward. The bill received broad support from other organization including Providence Health System, Legacy Health System, Oregon Association of Hospitals and Health Systems, Oregon Nurses Association, and the doctoral programs at George Fox University and Pacific University to name a few. The bill passed the unanimously out of House Healthcare, then passed through Ways and Means, Senate Healthcare, the House (57-2), the Senate (18-11) including a couple of trips back through the process due to minor language issues created by the change in the name of the Board of Psychology. There were no indications the bill would be vetoed until shortly before the veto was announced.

Oregon is home to many psychologists who have taken the additional training to earn a post-doctoral degree in psychopharmacology. Many of these OPA members are early career psychologists, excited to practice in integrated settings, rural

communities and low-income urban settings. All of them worked tirelessly to support something very important to them—the ability to practice at the top of their license with a fully authorized scope consistent with their training. The OPA Legislative Committee is proud of their efforts this year. Many of these individuals had never been politically active, and we hope they will continue to engage with OPA and perhaps join the Legislative Committee and use their new skills in the years to come.

Here are details on some of the other bills that we worked on over the session and a full tracking report of all the bills we followed is attached.

HB 2300 – PASSED - HB 2300 creates the Mental Health Clinical Advisory Group within the Oregon Health Authority. The Mental Health Clinical Advisory Group is responsible for developing evidence- based algorithms for mental health treatment with mental health drugs. The group is required to report back to the Legislature with final recommendations by December 2018. The bill also requires OHA to continue to reimburse the costs of mental health drugs without restrictions, through January 2, 2020. EFFECTIVE DATE: August 2, 2017

HB 2307 – PASSED- This bill puts language into statute that states that insanity evaluations conducted in criminal cases do not need to address the defendant's ability to aid and assist in their defense, unless the defendant's ability to do so is drawn into question during an evaluation. EFFECTIVE DATE: January 1, 2018

HB 2309 – PASSED – This bill provides that progress reports submitted to a trial court to describe treatment of an incompetent criminal defendant may consist of an update to an earlier conducted examination. EFFECTIVE DATE: January 1, 2018

HB 2339- PASSED – HB 2339 prohibits non-participating, facility-based providers and providers in emergency cases from balance billing patients. This bill requires the Department of Consumer and Business Services (DCBS) to develop recommendations for reimbursement of services provided to enrollees by out-of-network providers at health care facilities that are in-network. The bill also requires DCBS to submit recommendations to the Legislature by December 31, 2017. EFFECTIVE DATE: June 22, 2017

HB 2391 – PASSED - HB 2391 makes changes to the current hospital assessment program by increasing the assessment rate to 6%. This bill discontinues the Hospital Transformation Performance Program, and exempts OHSU from that program to create a new intergovernmental transfer program. The bill creates a new rural hospital assessment program, as well as a new managed care/insurer premium assessment rate of 1.5%. The Oregon Reinsurance Program, including transfers of funds to help support the program is established within HB 2391. These changes are expected to result in additional revenues of \$673 million in the 2017-19 biennium to be used to fund the Oregon Health Plan and to help fund a

reinsurance program. These resources are expected to leverage close to \$1.9 billion in federal funds. Effective date: October 6, 2017

HB 2631 – FAILED – HB 2631 would have required that court-ordered fitness to proceed examinations, filing of examination reports and fitness to proceed determinations occur within 14 days of an examination order if the defendant is in custody, unless the court were to grant an extension. The defendant would have had to have been found by the court to lack fitness to proceed to be transported to the state mental hospital or another facility for treatment, or released, as according to the court order, within seven days of the court order.

SB 48 – PASSED – SB 48 directs certain professional regulatory boards to collaborate with the Oregon Health Authority to adopt rules regarding the reporting of the completion of continuing education relating to suicide risk assessment, treatment and management upon reauthorization to practice. This bill directs the boards to document and report the completion of any continuing education of the licensees to OHA on or before March 1 of every even-numbered year. OHA must develop a list of continuing education opportunities. Licensing boards must report to OHA on or before March 1 of even-numbered years. OHA will be required to report to the Legislature on or before August 1 of even-numbered years. EFFECTIVE DATE: June 29, 2017

SB 860 – PASSED - SB 860 requires the Department of Consumer and Business Services to conduct examinations of health insurance carriers to review reimbursement parity and utilization management procedures for behavioral mental health providers, as compared to medical providers and mental health providers with prescribing privileges. The bill directs DCBS to adopt rules, based on the results of the examinations, to ensure mental health parity and network adequacy statutes are fully implemented. DCBS will report to the Legislature with their findings by September 1, 2019. EFFECTIVE DATE: August 8, 2017

Final Thoughts

As chair of the OPA Legislative Committee these last few years, I have had the distinct pleasure of working with many OPA members on issues near and dear to their hearts. Some join the committee for one specific issue, then leave when that Session concludes. Others get the bug and have been with the Committee longer than I have. All are dedicated, hard-working people who jump into complicated issues they often have no background in, do their homework, learn the issues, write briefing papers, and make recommendations to the OPA Board. To all who have served on the OPA Legislative Committee these past few Sessions, I want to personally thank you for the countless hours you have spent that rarely get a public thank you.

I have learned over the years that as Chair, I can never make everyone happy—especially myself. I can always do better—communicate more, persevere less, be

more inclusive, be less of a pest—I can go on. It has been my honor and pleasure to serve the OPA in this capacity, and it is time for me to take a break. I am delighted to announce the Douglas Marlow, Past President and Past Chair, OPA Legislative Committee & OPA RxP Committee, is stepping up to be the Chair of the OPA Legislative Committee for the 2017-2018 year. My deepest thanks and appreciation to Dr. Marlow for taking this very difficult position and ensuring the OPA remains a leader in advocacy for psychologists and for mental health.

I also want to thank the OPA Board and the various Presidents I have served. You are amazing volunteers, with wisdom, patience and vision that can be difficult for a large membership to see. It has been my honor to carry out your vision and hopefully help you meet your goals. I would also like to thank Sandra Fisher, the extraordinary Executive Director of our association. Sandra—you keep the wheels on the bus, and I think you've more than earned your honorary doctorate.

Lastly, and most importantly, I would like to thank Lara Smith and Betsy Jones. Lara and Betsy are our lobbyists—the face of OPA in many political circles, the translators of our regulatory desires, and often, the most sensible people in the room. We have weathered many Sessions together, and I have learned so much for your cool political strategy. You have made OPA the well-respected force it is in Oregon—the “go to” for most mental health issues, trusted advisor to many, sounding board for nearly everyone, and definitely, the organization that “must be in the room” if something is going to get done. Thank you for your service to Oregon's psychologists. You are amazing advocates, and it's been my pleasure to work with you.