80th OREGON LEGISLATIVE ASSEMBLY--2019 Regular Session

**Senate Bill XXX**

Sponsored by COMMITTEE ON HEALTH CARE

# 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.**

Requires carriers that provide mental health and substance use disorder benefits to reimburse for such benefits that are provided through the psychiatric Collaborative Care Model service delivery method.

# A BILL FOR AN ACT

Relating to the psychiatric collaborative care model; creating new provisions.

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

#  Section 1. Section 2 and Section 3 of this Act are added to and made part of the Insurance Code.

#  Section 2. (1) As used in this section:

#  (a) “Carrier” has the meaning given that term in ORS 743B.005.

#  (b) “Health benefit plan” has the meaning given that term in ORS 743B.005.

#  (c) “Mental health and substance use disorder benefits” means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

#  (d) “The Psychiatric Collaborative Care Model” means the evidence-based, integrated behavioral health service delivery method described at 81 FR 80230.

#  (2) All carriers that issue, extend, or renew individual or group health benefit plans that provide mental health or substance use disorder benefits shall provide reimbursement for such benefits that are delivered through the psychiatric Collaborative Care Model, which shall include the following current procedural terminology (CPT) billing codes established by the American Medical Association (AMA):

#  (a) 99492.

#  (b) 99493.

#  (c) 99494.

#  (d) The Department shall update this list of codes if there are any alterations or additions to the billing codes for the Collaborative Care Model.

#  (3) All carriers that issue, extend, or renew individual or group health benefit plans that provide mental health or substance use disorder benefits may deny reimbursement of any CPT code listed in this section on the grounds of medical necessity, provided that such medical necessity determinations are in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and its implementing and related regulations, and that such determinations are made in accordance with the utilization review requirements found at 743B.422 and 743.423.

#  Section 3. Section 2 and section 3 of this 2019 Act apply to carriers that issue, extend, or renew health benefit plans on or after the effective date of this 2019 Act.