

## **COPACT LANGUAGE**

*Do you ever get confused when you hear all the policy and legal talk around counseling and therapy? What does reading a bill even mean or what do we look for? What happens afterward? What are all these acronyms? Here's a helpful sheet to welcome you to the world of mental health policy and working with COPACT.*

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- COPACT: Coalition of Oregon Professional Associations for Counseling and Therapy (works under the direction of ORCA & OAMFT) - since 2010

- Thorn Run Partners: the name of our lobbying company. Elizabeth Remley and Rachael Wiggins Emory are our primary lobbyists. Occasionally we will be helped by other members of their team.

### **Professional Organizations:**

- ORCA: Oregon Counseling Association

- OAMFT: Oregon Association of Marriage and Family Therapy

- ACA: American Counseling Association (ORCA is a state branch of this) ORCA members are not required to be members of ACA.

- AAMFT: American Association for Marriage and Family Therapy OAMFT is an interest group in AAMFT. OAMFT members must be members of AAMFT.

- OMHCA: The Oregon Mental Health Counseling Association – Merged with ORCA in 2013.

- OSCA: Oregon School Counselor Association. COPACT will rarely work on behalf of school counselors.

- NASW-OR: National Association of Social Workers, Oregon Chapter

- OPA: Oregon Psychological Association

- AMHA: American Mental Health Alliance - a practice group in Oregon that has moved into politics through its Willamette Valley group, OIMHP (Oregon Independent Mental Health Professionals)

- \*NAMI: National Alliance on Mental Illness. A patient advocacy and lobbying organization.

- Informal Mental Health Coalition: an informal working group consisting of COPACT, OPA, NASW-OR, OIMHP, and NAMI, that works together on mental health legislation in Oregon.

### **Administrative Agencies:**

- OBLPCT: Oregon Board of Licensed Professional Counselors and Therapists - licensing board for LPCs and LMFTs. Exists to protect the public and define the licensure process since 1989.

- Oregon Board of Psychology: licensure board for psychologists

- Board of Licensed Social Workers: licensure board for social workers

- MHACBO: Mental Health and Addictions Counselors Board of Oregon. Certifies QMHAs and QMHPs.

- QMHA: Qualified Mental Health Associates who work in community mental health centers with a bachelors degree or less. Includes many CADCs.

- QMHP: Qualified Mental Health Professional who work in community mental health centers with a masters degree or a BS in Nursing, and who do not qualify for licensure.

- CADCs: Certified Alcohol and Drug Counselors.

- OHA: Oregon Health Authority – Responsible for a large part of the mental health system in Oregon including the Oregon Health Plan, community mental health, CCOs, Oregon State Hospital and other mental hospital facilities.

- OHP: Oregon Health Plan – Insurance for persons on Medicaid. Usually administered through CCOs

- CCOs: Coordinated Care Organizations - private insurers that cover OHP clients. Each CCO has a region of the state to cover OHP clients. Some CCOs are non-profit. Some are for-profit.

- DCBS: Dept of Consumer and Business Services which includes the Division of Financial Regulation (DFR), which oversees the commercial insurance industry in Oregon.

### **Legislative Information:**

- Legislative Concept (LC): an initial rough draft for a bill that is written by the Office of Legislative Counsel.

- Office of Legislative Counsel: The Legislature's lawyers. They draft bills and amendments. Just to confuse everyone, it is also referred to as LC.

- HB: House Bill - A bill that originates in the House.

- SB: Senate Bill - A bill that originates in the Senate.

- Amendment: language that is being added to a statute or a bill. Most of the bills we work with are amendments to existing statutes. Occasionally we will see a bill that might become a brand new statute. When reading a bill, pay attention to **bold** and *[bracketed italics]*:

- **Bold print**: language that is being added.

- *[italics and bracketed print]*: Language that is being deleted.

Bills can only be amended in committee, not on the House or Senate floors like in Congress.

- House and Senate Health Care Committees: the committees where most mental health legislation shows up. Occasionally we will deal with a bill in the House or Senate Human Services Committee, the Judiciary Committee or the Joint Ways and Means Committee.

- Joint Ways and Means Committee: If any bill has a fiscal effect on the state budget it must go to this committee, which is made up of both Representatives and Senators, to assess the financial effect of the bill to

see if there is money in the budget to cover the cost. This is also the place where many bills go to die, sometimes because there are no funds available, and sometimes to just die quietly.

- Relating Clause: the initial statement of what a bill pertains to, that appears at the beginning of the bill. If a bill's relating clause is limited to a particular group of people or agency, that is all the bill can contain, and it cannot be amended to include anything else. If a relating clause is broad, it can be amended in unexpected directions.

- Placeholder: a bill with a broad relating clause that is likely not going to proceed as written, but will likely be amended to become something very different.

- Sponsors: legislators who have agreed to sponsor a particular bill. Some bills are proposed directly by a committee or the Governor's office.

- Carrying a bill: when a committee passes a bill out of committee, they choose a committee member to carry the bill into the House or Senate Chamber and to manage the debate for the bill's passage.

- Sunset Provision: a limit on the time a bill is in force. Some bills are written as temporary statutes and the date to end the life of the statute is called the Sunset.

- Effective Date: Most bills are written to come into force on the turn of the next calendar year. Other bills are written as emergencies that come into force immediately upon passage.

- Long Session (odd # years): About first week in February until June. This is when most big pieces of legislation are passed, as well as the state's two-year budget.

- Short Session (even # years): Last about 4-6 weeks and are largely designed to pass legislation related to the budget; Legislators have the right to propose a limited number of bills that are unrelated to the budget.

- SB 860: A bill that was passed several years ago that requires DCBS (the insurance commission) to study reductions in mental health reimbursement as potential violations of parity law. We talk about it often because we are watching closely the implementation process.

- Parity Law: An Oregon Law that requires that mental health care and physical health care are treated the same way by insurers.
- Insurance Statute: Chapter 743 of Oregon Revised Statutes that covers the insurance industry.
- ORS: Oregon Revised Statute is the collection of all Oregon laws passed by the legislature.
- OAR: Oregon Administrative Rule is a document written by an administrative board to flesh out the statute they work under. For example, OBLPCT works under the Practice Act (ORS 675.705 - 675.825) passed by the legislature and the Rule (OAR Chapter 833) written by OBLPCT. Law is a combination of Statute and Rule. LPCs and LMFTs are responsible to follow both the Statute and the Rule.
- The Practice Act, (ORS 675.705 - 675.825): the statute we passed in 2009 and which we work under. It officially identifies LPCs and LMFTs as core providers of mental health services in Oregon, alongside Psychiatrists, Nurse Practitioners, Psychologists, and LCSWs, and makes us eligible to receive insurance reimbursement.
- Title Act: a statutory definition that some people have earned a title, like LMFT or LPC, that those who don't qualify for licensure cannot use. In 1989, the initial licensure statute for LPCs and LMFTs was a Title Act.
- Practice Act: a much more complex statute that defines what a particular licensed health care profession provides and restricts the practice of that profession only to those who qualify for that license. We passed a Practice Act in 2009.
- Education Exemption: a complexity within our Practice Act defining that our statute only applies to those persons who have the required educational training to become LPCs or LMFTs. The Education Exemption, ORS 675.825(4), was written as a political compromise to allow Alternative Providers, who do not qualify for licensure, to not be put out of business by our Practice Act.