

HOUSE AMENDMENTS TO HOUSE BILL 2015

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

April 15

- 1 In line 2 of the printed bill, after “health” insert “; and declaring an emergency”.
- 2 After line 2, insert:
- 3 “Whereas licensed residential behavioral health programs in Oregon face hurdles to develop-
- 4 ment and ongoing operations that are impacting the state’s ability to quickly benefit from current
- 5 and future investments designed to increase bed capacity; and
- 6 “Whereas the Oregon Health Authority is encouraged to study options to overcome barriers,
- 7 both administrative and financial, that are preventing the state from optimally developing and op-
- 8 erating residential behavioral health programs across Oregon; now, therefore,”.
- 9 Delete lines 4 through 8 and insert:
- 10 **“SECTION 1. (1) As used in this section:**
- 11 **“(a) ‘Facility’ means:**
- 12 **“(A) A residential treatment facility;**
- 13 **“(B) A residential treatment home;**
- 14 **“(C) A secure residential treatment facility; or**
- 15 **“(D) A secure residential treatment home.**
- 16 **“(b) ‘Medical assistance’ has the meaning given that term in ORS 414.025.**
- 17 **“(c) ‘Residential treatment facility’ has the meaning given that term in ORS 443.400.**
- 18 **“(d) ‘Residential treatment home’ has the meaning given that term in ORS 443.400.**
- 19 **“(e) ‘Secure residential treatment facility’ means a facility described in ORS 443.465.**
- 20 **“(f) ‘Secure residential treatment home’ means a home described in ORS 443.465.**
- 21 **“(2) The Oregon Health Authority shall:**
- 22 **“(a) Study potential allowable alternatives or exceptions to current nurse staffing re-**
- 23 **quirements in secure residential treatment facilities to address workforce challenges while**
- 24 **balancing the safety of providers and consumers.**
- 25 **“(b) Assess all methodologies permitted by federal law for reimbursing facilities. The**
- 26 **authority shall consider alternatives to the current reimbursement rate methodology used**
- 27 **by the authority and recommend a methodology that considers:**
- 28 **“(A) Staffing costs for a facility;**
- 29 **“(B) The need to incentivize a facility to hold open a resident’s room when a resident is**
- 30 **removed from the facility for a brief period of time;**
- 31 **“(C) The need to pay facility staff a professional wage;**
- 32 **“(D) The need to incentivize a facility to operate, develop and staff as large of a program**
- 33 **as is possible and safe; and**
- 34 **“(E) The need to encourage facilities to serve residents with similar levels of care needs.**
- 35 **“(c) Determine whether the authority may, under federal law, administer residential be-**

1 behavioral health services to medical assistance recipients through options other than through
2 the state's Home and Community-Based Services waiver, under 42 U.S.C. 1396n(c), or a state
3 plan amendment under 42 U.S.C. 1396n(i). To the extent that alternative models of adminis-
4 tering residential behavioral health services to medical assistance recipients are permissible
5 under federal law, the authority shall:

6 “(A) Analyze alternative models that have been approved by the Centers for Medicare and
7 Medicaid Services for use in other states;

8 “(B) Evaluate the cost of any alternative models; and

9 “(C) Develop recommendations about:

10 “(i) Alternative options that would allow the authority to increase reimbursement rates
11 for facilities;

12 “(ii) Alternative options that would not subject facilities to a requirement that facilities
13 provide an eviction process that is as protective as state landlord-tenant law;

14 “(iii) How alternative models may support facilities in serving residents with high acuity
15 behavioral health needs and what protections are available to ensure that residents with high
16 acuity behavioral health needs are not prematurely or inappropriately discharged for prob-
17 lematic behaviors;

18 “(iv) A discharge process for residents who decline to participate in treatment and are
19 therefore not suited for continued services by a facility; and

20 “(v) An appeal process for both facilities and residents.

21 “(d) Determine the feasibility of supporting the direct discharge of a resident, when
22 deemed medically necessary and clinically prudent, from a facility to other types of housing
23 without requiring a third-party referral.

24 “(e) Evaluate options for providing, and develop recommendations for funding, capacity
25 payments to facilities when a resident is hospitalized or temporarily absent due to a law
26 enforcement encounter.

27 “(f) Study needed actions and take appropriate actions to fill the capacity of newly li-
28 censed facilities.

29 “(3) No later than September 15, 2026, the authority shall report its findings and recom-
30 mendations from the studies conducted under this section, in the manner provided in ORS
31 192.245, to the interim committees of the Legislative Assembly related to health.

32 “SECTION 2. (1) As used in this section:

33 “(a) ‘Facility’ means:

34 “(A) A residential treatment facility;

35 “(B) A residential treatment home;

36 “(C) A secure residential treatment facility; or

37 “(D) A secure residential treatment home.

38 “(b) ‘Residential treatment facility’ has the meaning given that term in ORS 443.400.

39 “(c) ‘Residential treatment home’ has the meaning given that term in ORS 443.400.

40 “(d) ‘Secure residential treatment facility’ means a facility described in ORS 443.465.

41 “(e) ‘Secure residential treatment home’ means a home described in ORS 443.465.

42 “(f) ‘Transition aged youth residential treatment home’ means a residential treatment
43 home for young adults between the ages of 17.5 and 25 years of age who experience complex
44 behavioral health challenges.

45 “(2) The Oregon Health Authority shall adopt rules to:

1 “(a) Support facilities in developing early transition plans for residents.
2 “(b) Establish a separate licensing process for transition aged youth residential treat-
3 ment homes.
4 “(3) No later than September 15, 2025, the authority shall submit an interim report, in
5 the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly
6 related to health, about the authority’s progress in carrying out the provisions of this sec-
7 tion and any recommendations for needed legislative changes.
8 “(4) No later than September 15, 2026, the authority shall submit a final report, in the
9 manner provided in ORS 192.245, to the interim committees of the Legislative Assembly re-
10 lated to health, about the authority’s progress in carrying out the provisions of this section
11 and any recommendations for needed legislative changes.
12 “SECTION 3. Sections 1 and 2 of this 2025 Act are repealed on January 2, 2027.
13 “SECTION 4. This 2025 Act being necessary for the immediate preservation of the public
14 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
15 on its passage.”.
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