

A-Engrossed
House Bill 2506

Ordered by the House May 6
Including House Amendments dated May 6

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Joint Interim Committee on Addiction and Community Safety Response for Representative Jason Kropf)

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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells the ADPC and OHA to make changes to increase access to SUD treatment. (Flesch Readability Score: 79.5).

Directs the Alcohol and Drug Policy Commission, in collaboration with the Oregon Health Authority, to develop statewide policies and practices to support the availability of medications for opioid use disorder in physical health care settings and the transition to care in the community. Directs the commission to report to the Legislative Assembly no later than September 30, 2026.

Directs the authority, **in collaboration with the commission**, to develop **recommendations to develop** an enhanced funding model to [*allow low-barrier community substance use disorder clinics*] **incentivize community-based outpatient providers of substance use disorder treatment** to accept referrals from emergency departments and emergency medical services providers and to [*treat individuals with*] **promote the prescribing of** medications for opioid use disorder.

Repeals the prohibition against operating a methadone clinic within 1,000 feet of a school or licensed child care facility.

Declares an emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to substance use disorder treatment; creating new provisions; amending ORS 90.113, 413.022
3 and 430.223; repealing ORS 430.590; and declaring an emergency.

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

5 **SECTION 1. (1) The Alcohol and Drug Policy Commission shall, in collaboration with the**
6 **Oregon Health Authority, develop statewide polices and practices to support:**

7 (a) **Appropriate screening for substance use disorders in physical health care settings,**
8 **including emergency departments, community behavioral health settings and primary care**
9 **settings;**

10 (b) **Increased and consistent availability of medications for opioid use disorder in physical**
11 **health care settings, including emergency departments, community behavioral health set-**
12 **tings and primary care settings; and**

13 (c) **A transition to care in the community for individuals with substance use disorders**
14 **who are discharging from an acute care setting.**

15 (2) **The statewide policies and practices developed under this section must include best**
16 **practice standards for individuals with substance use disorders that are similar to best**
17 **practice standards for individuals with other health conditions, including standards for:**

18 (a) **Providing referrals to follow-up care, including the time frames within which an ini-**
19 **tial referral must be made and the availability of follow-up services to which an individual**
20 **is referred;**

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (b) Screening and appropriate referrals for the treatment of substance use disorders in
2 emergency departments;

3 (c) Providing access to medications for opioid use disorder including opioid overdose re-
4 versal medications and medications for substance use disorder management, if medically in-
5 dicated; and

6 (d) Treating individuals under 18 years of age who have substance use disorders with
7 medications for opioid use disorder.

8 (3) The commission shall offer training and technical assistance to each hospital system
9 in this state to ensure that each hospital system is fully integrated into the treatment
10 continuum for substance use disorders. The training and technical assistance must include,
11 but is not limited to, the following topics:

12 (a) Knowledge and availability of referrals to substance use disorder treatment;

13 (b) Prescribing practices and policies regarding medications for opioid use disorder; and

14 (c) Provider attitudes toward medications for opioid use disorder and substance use dis-
15 order treatment.

16 (4) No later than September 30, 2026, the commission shall report to the interim com-
17 mittees of the Legislative Assembly related to health, in the manner provided by ORS 192.245,
18 on the development of statewide policies and practices under this section and shall identify:

19 (a) Regional needs related to substance use disorder treatment;

20 (b) Any barriers to accessing medications for opioid use disorder; and

21 (c) Recommendations for supporting access to medications for opioid use disorder.

22 **SECTION 2.** (1) The Alcohol and Drug Policy Commission shall assess current programs
23 and funding that may support patient referrals from emergency departments to low-barrier
24 community substance use disorder clinics and other community-based outpatient providers
25 of substance use disorder treatment.

26 (2) No later than September 30, 2026, the commission shall report to the interim com-
27 mittees of the Legislative Assembly related to health, in the manner provided by ORS 192.245,
28 regarding recommendations to align current programs and funding to support the patient
29 referrals described in subsection (1) of this section.

30 **SECTION 3.** (1) As used in this section, “medical assistance” has the meaning given that
31 term in ORS 414.025.

32 (2) The Oregon Health Authority, in collaboration with the Alcohol and Drug Policy
33 Commission, shall develop recommendations to develop an enhanced funding model to:

34 (a) Incentivize community-based outpatient providers of substance use disorder treat-
35 ment to accept referrals from emergency departments and emergency medical services pro-
36 viders and to treat referred individuals with medications for opioid use disorder; and

37 (b) Promote short-term and long-term prescribing of medications for opioid use disorder
38 by increasing reimbursement rates in the medical assistance program and creating other
39 incentives for community-based outpatient providers of substance use disorder treatment
40 that prescribe medications for opioid use disorder.

41 (3) No later than September 30, 2026, the authority and the commission shall report to
42 the interim committees of the Legislative Assembly related to health, in the manner pro-
43 vided by ORS 192.245, regarding the recommendations developed under subsection (2) of this
44 section.

45 **SECTION 4.** ORS 413.022 is amended to read:

1 413.022. (1) As used in this section:

2 (a) “Downstream health outcome and quality measures” means:

3 (A) The sets of core quality measures for the Medicaid program that are published by the Cen-
4 ters for Medicare and Medicaid Services in accordance with 42 U.S.C. 1320b-9a and 1320b-9b; and

5 (B) If the sets of core quality measures for adults published by the Centers for Medicare and
6 Medicaid Services do not include quality measures for oral health care for adults, quality measures
7 of oral health care for adults adopted by the metrics and scoring subcommittee.

8 (b) “Upstream health outcome and quality measures” means quality measures that focus on the
9 social determinants of health.

10 (2) There is created in the Health Plan Quality Metrics Committee a nine-member metrics and
11 scoring subcommittee appointed by the Director of the Oregon Health Authority. The members of
12 the subcommittee serve two-year terms and must include:

13 (a) Three members at large;

14 (b) Three individuals with expertise in health outcomes measures; and

15 (c) Three representatives of coordinated care organizations.

16 (3) The subcommittee shall use a public process in accordance with ORS 192.610 to 192.705 that
17 includes an opportunity for public comment to select the downstream health outcome and quality
18 measures and a minimum of four upstream health outcome and quality measures applicable to ser-
19 vices provided by coordinated care organizations, **including health outcome and quality meas-**
20 **ures related to:**

21 **(a) Treatment provided following an opioid overdose;**

22 **(b) Timely and accurate referrals to follow-up care for opioid use disorder; and**

23 **(c) The utilization of medications for opioid use disorder when medically indicated.**

24 (4) The Oregon Health Authority shall incorporate these measures into coordinated care or-
25 ganization contracts to hold the organizations accountable for performance and customer satisfac-
26 tion requirements. The authority shall notify each coordinated care organization of any changes in
27 the measures at least three months before the beginning of the contract period during which the
28 new measures will be in place.

29 (5) The subcommittee shall update the health outcome and quality measures annually, if neces-
30 sary, to conform to the latest sets of core quality measures published by the Centers for Medicare
31 and Medicaid Services.

32 (6) All health outcome and quality measures must be consistent with the:

33 (a) Terms and conditions of the demonstration project approved for this state by the Centers for
34 Medicare and Medicaid Services under 42 U.S.C. 1315; and

35 (b) Written quality strategies approved by the Centers for Medicare and Medicaid Services un-
36 der 42 C.F.R. 438.340 and 457.1240.

37 (7) The authority and the Oregon Health Policy Board shall evaluate on a regular and ongoing
38 basis the outcome and quality measures selected by the subcommittee under this section for mem-
39 bers in each coordinated care organization and for members statewide.

40 (8) Members of the subcommittee who are not members of the Oregon Health Policy Board may
41 receive compensation and the reimbursement of actual and necessary travel and other expenses in-
42 curred by them in the performance of their official duties in accordance with criteria adopted by the
43 authority by rule and shall be reimbursed from funds available to the authority in the manner and
44 amount provided in ORS 292.495.

45 **SECTION 5.** ORS 430.223 is amended to read:

1 430.223. (1) For purposes of this section, “program” means a state, local or tribal alcohol and
2 drug abuse prevention and treatment program.

3 (2) The Alcohol and Drug Policy Commission established under ORS 430.221 shall:

4 (a) Develop a comprehensive addiction, prevention, treatment and recovery plan for this state.
5 The plan must include, but is not limited to, recommendations regarding:

6 [(a)] (A) Capacity, type and utilization of programs;

7 [(b)] (B) Methods to assess the effectiveness and performance of programs;

8 [(c)] (C) The best use of existing programs;

9 [(d)] (D) Budget policy priorities for participating state agencies;

10 [(e)] (E) Standards for licensing programs;

11 [(f)] (F) Minimum standards for contracting for, providing and coordinating alcohol and drug
12 abuse prevention and treatment services among programs that use federal, private or state funds
13 administered by the state; and

14 [(g)] (G) The most effective and efficient use of participating state agency resources to support
15 programs.

16 (b) **Conduct outreach to increase prevailing knowledge of evidence-based substance use
17 disorder treatment practices and the availability of training supports.**

18 (3) All participating state agencies shall:

19 (a) Meet with the commission on a quarterly basis to review and report on each agency’s
20 progress on implementing the plan; and

21 (b) Report to the commission, in the manner prescribed by the commission, each agency’s pro-
22 cess and outcome measures established under the plan.

23 (4) The commission shall review and update the plan no later than July 1 of each even-numbered
24 year and shall produce and publish a report on the metrics and other indicators of progress in
25 achieving the goals of the plan.

26 (5) The commission may:

27 (a) Conduct studies related to the duties of the commission in collaboration with other state
28 agencies;

29 (b) Apply for and receive gifts and grants for public and private sources; and

30 (c) Use funds received by the commission to carry out the purposes of ORS 430.220 and 430.221
31 and this section.

32 (6) All participating state agencies and local agencies shall assist the commission in developing
33 the comprehensive addiction, prevention, treatment and recovery plan. **Any state agency that
34 conducts or commissions a study related to the prevention of substance use or the treatment
35 of substance use disorders shall provide the commission with the proposed study and study
36 findings in a timely manner or as requested by the commission.**

37 (7) The commission may adopt rules to carry out its duties under this section.

38 **SECTION 6. ORS 430.590 is repealed.**

39 **SECTION 7.** ORS 90.113 is amended to read:

40 90.113. Residence in a licensed program, facility or home described in ORS 430.306 to 430.375,
41 430.380, 430.381, 430.397 to 430.401, 430.405 to 430.565, 430.570, [430.590,] 430.709, 443.400 to 443.455,
42 443.705 to 443.825 or 443.835 is not governed by this chapter.

43 **SECTION 8. The repeal of ORS 430.590 by section 6 of this 2025 Act does not relieve a
44 person of any obligation accruing under ORS 430.590 prior to the effective date of the repeal
45 of ORS 430.590 by section 6 of this 2025 Act.**

1 **SECTION 9. Sections 1 to 3 of this 2025 Act are repealed on January 2, 2027.**

2 **SECTION 10. This 2025 Act being necessary for the immediate preservation of the public**
3 **peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect**
4 **on its passage.**

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