House Bill 2506

Introduced and printed pursuant to House Rule 12.00. Presession 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 **as introduced.** 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 to develop an enhanced funding model to allow low-barrier community substance use disorder clinics to accept referrals from emergency departments and emergency medical services providers and to treat individuals with 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

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

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

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

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

(b) Increased and consistent availability of medications for opioid use disorder in physical health care settings, including emergency departments, community behavioral health settings and primary care settings; and

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

(2) The statewide policies and practices developed under this section must include standards of care for individuals with substance use disorders that are similar to standards of care for individuals with other health conditions, including standards for:

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

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

(c) Providing access to medications for opioid use disorder including opioid overdose reversal medications and medications for substance use disorder management, if medically in-

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.

dicated; and

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

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

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

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

(c) Provider attitudes toward medications for opioid use disorder and substance use disorder treatment.

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

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

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

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

SECTION 2. (1) The Alcohol and Drug Policy Commission shall assess current programs and funding that may support patient referrals from emergency departments to low-barrier community substance use disorder clinics.

(2) No later than September 30, 2026, the commission shall report to the interim committees of the Legislative Assembly related to health, in the manner provided by ORS 192.245, regarding recommendations to align current programs and funding to support patient referrals from emergency departments to low-barrier community substance use disorder clinics.

SECTION 3. (1) As used in this section, "medical assistance" has the meaning given that term in ORS 414.025.

(2) The Oregon Health Authority shall:

(a)(A) Develop an enhanced funding model to allow low-barrier community substance use disorder clinics to accept referrals from emergency departments and emergency medical services providers and to treat referred individuals with medications for opioid use disorder.

(B) The enhanced funding model developed under this section must promote short-term and long-term prescribing of medications for opioid use disorder by increasing reimbursement rates in the medical assistance program and creating other incentives for low-barrier community substance use disorder clinics that prescribe medications for opioid use disorder.

(b) Adopt rules to prescribe the functions of low-barrier community substance use disorder clinics.

SECTION 4. ORS 413.022 is amended to read:

413.022. (1) As used in this section:

(a) "Downstream health outcome and quality measures" means:

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

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

(b) "Upstream health outcome and quality measures" means quality measures that focus on the

social determinants of health.

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

(a) Three members at large;

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

(c) Three representatives of coordinated care organizations.

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

(a) Treatment provided following an opioid overdose;

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

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

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

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

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

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

(b) Written quality strategies approved by the Centers for Medicare and Medicaid Services under 42 C.F.R. 438.340 and 457.1240.

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

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

SECTION 5. ORS 430.223 is amended to read:

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

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

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

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

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

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

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

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

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

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

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

(3) All participating state agencies shall:

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

(b) Report to the commission, in the manner prescribed by the commission, each agency's process and outcome measures established under the plan.

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

(5) The commission may:

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

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

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

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

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

SECTION 6. ORS 430.590 is repealed.

SECTION 7. ORS 90.113 is amended to read:

90.113. Residence in a licensed program, facility or home described in ORS 430.306 to 430.375, 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, 443.705 to 443.825 or 443.835 is not governed by this chapter.

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

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

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