

House Bill 3094

Sponsored by Representative LEWIS; Representative LEVY B, Senators MEEK, NASH (Pre-session filed.)

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 makes changes to drug treatment funding and oversight. The Act takes effect on the 91st day after sine die. (Flesch Readability Score: 79.3).

Directs the Alcohol and Drug Policy Commission to provide grants and funding for drug treatment and other related services. Transfers the duties of the Oversight and Accountability Council to the commission.

Modifies the Oregon Behavioral Health Deflection Program. Provides that the Oregon Criminal Justice Commission makes funding decisions on grant recipients based on recommendations from the Improving People's Access to Community-based Treatment, Supports and Services Grant Review Committee.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to drug treatment; creating new provisions; amending ORS 244.050, 413.017, 430.383,
3 430.384, 430.387, 430.389, 430.390, 430.391, 430.392, 430.393 and 430.394 and section 6, chapter 63,
4 Oregon Laws 2022, and section 76, chapter 70, Oregon Laws 2024; repealing ORS 430.388 and
5 sections 6 and 15, chapter 248, Oregon Laws 2023; and prescribing an effective date.

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

ALCOHOL AND DRUG POLICY COMMISSION (Funding for Evidence-Informed Services)

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

11
12 (a) **"Commission"** means the Alcohol and Drug Policy Commission established under ORS
13 **430.221.**

14 (b) **"Community court program"** means an evidence-informed program that utilizes con-
15 tingency management to address addiction with incentives and swift, certain and fair sanc-
16 tions for noncompliance.

17 (c) **"Community harm reduction"** means evidence-informed policies and practices that
18 reduce harm to the community caused by drug-dependent persons and persons unlawfully
19 distributing controlled substances.

20 (d) **"Detoxification facility"** means a facility approved by the Oregon Health Authority
21 that provides emergency care or treatment for drug-dependent persons.

22 (e) **"Drug-dependency related offense"** means an offense that is motivated by a depend-
23 ence on a controlled substance.

24 (f) **"Drug-dependent person"** means an individual who has lost the ability to control the
25 personal use of controlled substances with abuse potential, or who uses controlled sub-
26 stances to the extent that the health of the individual, or the health of other individuals, is

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 substantially impaired or endangered, or the social or economic function of the individual is
 2 substantially disrupted. A drug-dependent person may or may not be physically dependent,
 3 a condition in which the body requires a continuing supply of a controlled substance to avoid
 4 characteristic withdrawal symptoms, or psychologically dependent, a condition characterized
 5 by an overwhelming mental desire for continued use of a controlled substance.

6 (g) "Individual harm reduction" means evidence-informed policies and practices that re-
 7 duce harm to drug-dependent persons, with or without the use of law enforcement.

8 (h) "Local planning committee" means a local planning committee for alcohol and drug
 9 prevention and treatment services appointed by or designated by the county governing body
 10 under ORS 430.342.

11 (i) "Police officer" means a member of a law enforcement unit who is employed on a
 12 part-time or full-time basis as a peace officer, commissioned by a city, a county or the De-
 13 partment of State Police and responsible for enforcing the criminal laws of this state, and
 14 any person formally deputized by a law enforcement unit to take custody of a person who is
 15 intoxicated or under the influence of one or more controlled substances.

16 (j) "Prevention" means evidence-informed policies, procedures and practices that reduce
 17 the rate of persons that become drug-dependent persons among the population that is the
 18 target for the policies, procedures and practices.

19 (k) "Recovery" means the state of a person who was a drug-dependent person but who
 20 is no longer drug-dependent.

21 (L) "Sobering center" means a facility that meets all of the following criteria:

22 (A) The facility operates for the purpose of providing to individuals who are acutely
 23 intoxicated a safe, clean and supervised environment until the individuals are no longer
 24 acutely intoxicated.

25 (B) The facility contracts with or is affiliated with a treatment program or a provider
 26 approved by the Oregon Health Authority to provide addiction treatment and the contract
 27 or affiliation agreement includes, but is not limited to, case consultation, training and advice
 28 and a plan for making referrals to addiction treatment.

29 (C) The facility, in consultation with the addiction treatment program or provider, has
 30 adopted comprehensive written policies and procedures incorporating best practices for the
 31 safety of intoxicated individuals, employees of the facility and volunteers at the facility.

32 (D) The facility is registered with the Oregon Health Authority under ORS 430.262.

33 (m) "Treatment" means a program that utilizes evidence-based methods to assist a
 34 drug-dependent person to become a person in recovery, and that:

35 (A) Is based on published research in at least two peer-reviewed journals that cite the
 36 methods used in the program as effective in treating drug-dependent persons by assisting the
 37 persons to become persons in recovery;

38 (B) Is standardized so that the program can be replicated with the same or similar effi-
 39 cacy;

40 (C) Has been studied in more than one environment and has provided consistent and ef-
 41 fective results; and

42 (D) Is subject to ongoing evaluation to determine if implementation is adhering to the
 43 protocol for the method and delivering the desired results of assisting drug-dependent per-
 44 sons to become persons in recovery.

45 (n) "Treatment facility" includes outpatient facilities, inpatient facilities and other facil-

ities that provide treatment services that also meet the minimum standards established under ORS 430.357, any of which may also provide diagnosis and evaluation, medical care, detoxification, social services or rehabilitation for drug-dependent persons and which operate in the form of a general hospital, state hospital, foster home, hostel, clinic or other suitable form approved by the Oregon Health Authority.

(2) Using funds from the Drug Treatment and Recovery Services Fund established under ORS 430.384 or from any other available source, the Alcohol and Drug Policy Commission shall provide grants and funding to counties, federally recognized Indian tribes in this state and Behavioral Health Resource Networks to support the provision of the following evidence-informed and evidence-based services:

- (a) Prevention;
- (b) Treatment;
- (c) Recovery support; and
- (d) Individual harm reduction.

(3) Using funds from the Drug Treatment and Recovery Services Fund established under ORS 430.384 or from any other available source, the commission shall provide grants and funding to cities and counties to support enforcement related to community harm reduction services as described in subsection (6) of this section.

(4) Grants and funding provided by the commission under this section shall ensure that each region of this state receives funding in equitable proportion to the region's need, as determined by the rules of the commission.

(5) The commission shall prioritize the funding of detoxification facilities, sobering centers, treatment facilities and peer recovery support services, including culturally specific programs, to all regions of the state on a formula grant basis as determined by the commission by rule.

(6) The commission shall also prioritize the funding of community harm reduction on a competitive grant basis, including:

- (a) Programs for diversion in lieu of arrest by a police officer;
- (b) Community court programs to divert and assist drug-dependent persons that have been charged with drug possession or other drug-dependency related offenses; and
- (c) Focused deterrence to eliminate overt drug markets.

(7) The commission shall by rule specify the manner of applying for grants and funding under this section. All grant and funding applications must be approved by the local planning committee for each county in which the program will operate.

(8) The chairperson of the commission shall request that the Legislative Assembly appropriate an amount of moneys each biennium to ensure that the funds available to the commission for grants and funding under this section is not less than the total amount deposited and transferred into the Drug Treatment and Recovery Services Fund pursuant to ORS 430.384 for the biennium beginning July 1, 2023, adjusted for inflation each subsequent biennium based on changes in the Consumer Price Index for All Urban Consumers, West Region (All Items), as published by the Bureau of Labor Statistics of the United States Department of Labor.

(9) The commission may adopt rules to carry out the provisions of this section.

(Transfer of Duties from Oregon Health Authority and Oversight and

Accountability Council

SECTION 2. ORS 430.384, as amended by section 67, chapter 70, Oregon Laws 2024, is amended to read:

430.384. (1) The Drug Treatment and Recovery Services Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Drug Treatment and Recovery Services Fund shall be credited to the fund.

(2) The Drug Treatment and Recovery Services Fund shall consist of:

(a) Moneys appropriated or otherwise transferred to the fund by the Legislative Assembly;

(b) Moneys allocated from the Oregon Marijuana Account, pursuant to ORS 475C.726 (3)(b); and

(c) All other moneys deposited into the fund from any source.

(3) Moneys in the fund shall be continuously appropriated to the [*Oregon Health Authority*] **Alcohol and Drug Policy Commission** for the purposes set forth in ORS 430.389 **and section 1 of this 2025 Act.**

(4)(a) Pursuant to subsection (2)(a) of this section, the Legislative Assembly shall appropriate or transfer to the fund an amount sufficient to fully fund the grants program required by ORS 430.389 **and section 1 of this 2025 Act.**

(b) The total amount deposited and transferred into the fund shall not be less than \$57 million for the first year ORS 430.383 to 430.390 and 430.394 are in effect.

(c) In each subsequent year, the minimum transfer amount set forth in paragraph (b) of this subsection shall be increased by not less than the sum of:

(A) \$57 million multiplied by the percentage, if any, by which the monthly averaged U.S. City Average Consumer Price Index for the 12 consecutive months ending August 31 of the prior calendar year exceeds the monthly index for the fourth quarter of the calendar year 2020; and

(B) The annual increase, if any, in moneys distributed pursuant to ORS 475C.726 (3)(b).

SECTION 3. ORS 430.387 is amended to read:

430.387. The [*Oregon Health Authority*] **Alcohol and Drug Policy Commission** shall cause the moneys in the Drug Treatment and Recovery Services Fund to be distributed as follows:

(1) An amount necessary for the administration of ORS [*430.388 to*] **430.389 and** 430.390, excluding amounts necessary to establish and maintain the telephone hotline described in ORS 430.391 (1).

(2) After the distribution set forth in subsection (1) of this section, the remaining moneys in the fund shall be distributed to the grants program as set forth in ORS 430.389 **and section 1 of this 2025 Act.**

SECTION 4. ORS 430.389, as amended by section 68, chapter 70, Oregon Laws 2024, is amended to read:

430.389. (1) The [*Oversight and Accountability Council*] **Drug and Alcohol Policy Commission** shall approve grants and funding [*provided by the Oregon Health Authority in accordance with this section*] to **accomplish the following:**

(a) Implement Behavioral Health Resource Networks and increase access to community care. A Behavioral Health Resource Network is an entity or collection of entities that individually or jointly provide some or all of the services described in subsection (2)(e) of this section[.]; **and**

(b) **Provide grants and funding as described in section 1 of this 2025 Act.**

(2)(a) The [*authority*] **commission** shall establish an equitable:

(A) Process for applying for grants and funding by agencies or organizations, whether govern-

1 ment or community based, to establish Behavioral Health Resource Networks for the purposes of
 2 immediately screening the acute needs of individuals with substance use, including those who also
 3 have a mental illness, and assessing and addressing any ongoing needs through ongoing case man-
 4 agement, harm reduction, treatment, housing and linkage to other care and services.

5 (B) Evaluation process to assess the effectiveness of Behavioral Health Resource Networks that
 6 receive grants or funding.

7 (b) Recipients of grants or funding must be licensed, certified or credentialed by the state, in-
 8 cluding certification under ORS 743A.168 (9), or meet criteria prescribed by rule by the [authority]
 9 **commission** under ORS 430.390. A recipient of a grant or funding under this subsection may not
 10 use the grant or funding to supplant the recipient’s existing funding.

11 (c) The [council and the authority] **commission** shall ensure that residents of each county have
 12 access to all of the services described in paragraph (e) of this subsection.

13 (d) Applicants for grants and funding may apply individually or jointly with other network par-
 14 ticipants to provide services in one or more counties.

15 (e) A network must have the capacity to provide the following services and any other services
 16 specified by the [authority] **commission** by rule but no individual participant in a network is re-
 17 quired to provide all of the services:

18 (A) Screening by certified addiction peer support or wellness specialists or other qualified per-
 19 sons designated by the [council] **commission** to determine a client’s need for immediate medical or
 20 other treatment to determine what acute care is needed and where it can be best provided, identify
 21 other needs and link the client to other appropriate local or statewide services, including treatment
 22 for substance use and coexisting health problems, housing, employment, training and child care.
 23 Networks shall provide this service 24 hours a day, seven days a week, every calendar day of the
 24 year through a telephone line or other means. Networks may rely on the statewide telephone
 25 hotline established by the [authority] **commission** under ORS 430.391 for telephone screenings dur-
 26 ing nonbusiness hours such as evenings, weekends and holidays. Notwithstanding paragraph (c) of
 27 this subsection, only one grantee in each network within each county is required to provide the
 28 screenings described in this subparagraph.

29 (B) Comprehensive behavioral health needs assessment, including a substance use screening by
 30 a certified alcohol and drug counselor or other credentialed addiction treatment professional. The
 31 assessment shall prioritize the self-identified needs of a client.

32 (C) Individual intervention planning, case management and connection to services. If, after the
 33 completion of a screening, a client indicates a desire to address some or all of the identified needs,
 34 a case manager shall work with the client to design an individual intervention plan. The plan must
 35 address the client’s need for substance use treatment, coexisting health problems, housing, employ-
 36 ment and training, child care and other services.

37 (D) Ongoing peer counseling and support from screening and assessment through implementation
 38 of individual intervention plans as well as peer outreach workers to engage directly with
 39 marginalized community members who could potentially benefit from the network’s services.

40 (E) Assessment of the need for, and provision of, mobile or virtual outreach services to:

- 41 (i) Reach clients who are unable to access the network; and
- 42 (ii) Increase public awareness of network services.

43 (F) Harm reduction services and information and education about harm reduction services.

44 (G) Low-barrier substance use treatment.

45 (H) Transitional and supportive housing for individuals with substance use.

1 (f) If an applicant for a grant or funding under this subsection is unable to provide all of the
 2 services described in paragraph (e) of this subsection, the applicant may identify how the applicant
 3 intends to partner with other entities to provide the services, and the [authority and the council]
 4 **commission** may facilitate collaboration among applicants.

5 (g) All services provided through the networks must be evidence-informed, trauma-informed,
 6 culturally specific, linguistically responsive, person-centered and nonjudgmental. The goal shall be
 7 to address effectively the client's substance use and any other social determinants of health.

8 (h) The networks must be adequately staffed to address the needs of people with substance use
 9 within their regions as prescribed by the [authority] **commission** by rule, including, at a minimum,
 10 at least one person in each of the following categories:

11 (A) Alcohol and drug counselor certified by the **Oregon Health** Authority or other credentialed
 12 addiction treatment professional;

13 (B) Case manager;

14 (C) Addiction peer support specialist certified by the authority;

15 (D) Addiction peer wellness specialist certified by the authority;

16 (E) Recovery mentor, certified by the Mental Health and Addiction Certification Board of
 17 Oregon or its successor organization; and

18 (F) Youth support specialist certified by the authority.

19 (i) Verification of a screening by a certified addiction peer support specialist, wellness specialist
 20 or other person in accordance with paragraph (e)(A) of this subsection shall promptly be provided
 21 to the client by the entity conducting the screening. If the client executes a valid release of infor-
 22 mation, the entity shall provide verification of the screening to the [authority] **commission** or a
 23 contractor of the [authority] **commission** and the [authority] **commission** or the [authority's]
 24 **commission's** contractor shall forward the verification to any entity the client has authorized to
 25 receive the verification.

26 *[(3)(a) If moneys remain in the Drug Treatment and Recovery Services Fund after the council has
 27 committed grants and funding to establish behavioral health resource networks serving every county
 28 in this state, the council shall authorize grants and funding to other agencies or organizations, whether
 29 government or community based, and to the nine federally recognized tribes in this state and service
 30 providers that are affiliated with the nine federally recognized tribes in this state to increase access to
 31 one or more of the following:]*

32 *[(A) Low-barrier substance use treatment that is evidence-informed, trauma-informed, culturally
 33 specific, linguistically responsive, person-centered and nonjudgmental;]*

34 *[(B) Peer support and recovery services;]*

35 *[(C) Transitional, supportive and permanent housing for persons with substance use;]*

36 *[(D) Harm reduction interventions including, but not limited to, overdose prevention education, ac-
 37 cess to short-acting opioid antagonists, as defined in ORS 689.800, and sterile syringes and stimulant-
 38 specific drug education and outreach; or]*

39 *[(E) Incentives and supports to expand the behavioral health workforce to support the services de-
 40 livered by behavioral health resource networks and entities receiving grants or funding under this
 41 subsection.]*

42 *[(b) A recipient of a grant or funding under this subsection may not use the grant or funding to
 43 supplant the recipient's existing funding.]*

44 *[(4)]* **(3)** In awarding grants and funding under [subsections (1) and (3)] **subsection (1)** of this
 45 section **and section 1 of this 2025 Act**, the [council] **commission** shall:

1 (a) Distribute grants and funding to ensure access to:

2 (A) Historically underserved populations; and

3 (B) Culturally specific and linguistically responsive services.

4 (b) Consider any inventories or surveys of currently available behavioral health services.

5 (c) Consider available regional data related to the substance use treatment needs and the access
6 to culturally specific and linguistically responsive services in communities in this state.

7 (d) Consider the needs of residents of this state for services, supports and treatment at all ages.

8 (e) **Consider data regarding the geographic location and rates of overdose incidents and**
9 **deaths and the rates of crime committed by drug-dependent persons as defined in section 1**
10 **of this 2025 Act.**

11 [(5)] (4) The [council] **commission** shall require any government entity that applies for a grant
12 to specify in the application details regarding subgrantees and how the government entity will fund
13 culturally specific organizations and culturally specific services. A government entity receiving a
14 grant must make an explicit commitment not to supplant or decrease any existing funding used to
15 provide services funded by the grant.

16 [(6)] (5) In determining grants and funding to be awarded, the [council] **commission** may consult
17 the comprehensive addiction, prevention, treatment and recovery plan established by the [Alcohol
18 and Drug Policy] commission under ORS 430.223 and the advice of any other group, agency, organ-
19 ization or individual that desires to provide advice to the [council] **commission** that is consistent
20 with the terms of this section.

21 [(7)] (6) Services provided by grantees, including services provided by a Behavioral Health Re-
22 source Network, shall be free of charge to the clients receiving the services. Grantees in each net-
23 work shall seek reimbursement from insurance issuers, the medical assistance program or any other
24 third party responsible for the cost of services provided to a client and grants and funding provided
25 by the [council or the authority] **commission** under this section may be used for copayments,
26 deductibles or other out-of-pocket costs incurred by the client for the services.

27 [(8)] (7) Subsection [(7)] (6) of this section does not require the medical assistance program to
28 reimburse the cost of services for which another third party is responsible in violation of 42 U.S.C.
29 1396a(25).

30 **SECTION 5.** ORS 430.390 is amended to read:

31 430.390. (1)[(a) *The Oregon Health Authority*] **The Alcohol and Drug Policy Commission** shall
32 adopt rules that establish a grant application process, a process to appeal the denial of a grant and
33 general criteria and requirements for the Behavioral Health Resource Networks and the grants and
34 funding required by ORS 430.389, including rules requiring recipients of grants and funding to col-
35 lect and report information necessary for the Secretary of State to conduct the financial and per-
36 formance audits required by ORS 430.392.

37 [(b) *When adopting or amending rules under this subsection, the authority shall convene an advi-*
38 *sory committee in accordance with ORS 183.333 in which members of the Oversight and Accountability*
39 *Council compose a majority of the membership.*]

40 (2) The [council] **commission** shall have and retain the authority to oversee the Behavioral
41 Health Resource Networks established under ORS 430.389 and approve the grants and funding under
42 ORS 430.389.

43 (3) The [authority] **commission** shall administer and provide all necessary support to ensure the
44 implementation of ORS 430.383 to 430.390 and 430.394, and that recipients of grants or funding
45 comply with all applicable rules regulating the provision of behavioral health services.

1 (4)(a) The [*authority, in consultation with the council,*] **commission** may enter into interagency
2 agreements to ensure proper distribution of funds for the grants required by ORS 430.389.

3 (b) The [*authority*] **commission** shall encourage and take all reasonable measures to ensure that
4 grant recipients cooperate, coordinate and act jointly with one another to offer the services de-
5 scribed in ORS 430.389.

6 (c) The [*authority*] **commission** shall post to the [*authority's*] **commission's** website, at the time
7 a grant or funding is awarded:

8 (A) The name of the recipient of the grant or funding;

9 (B) The names of any subgrantees or subcontractors of the recipient of the grant or funding; and

10 (C) The amount of the grant or funding awarded.

11 [(5) *The authority shall provide requested technical, logistical and other support to the council to*
12 *assist the council with the council's duties and obligations.*]

13 [(6)] (5) The Department of Justice shall provide legal services to the [*council*] **commission** if
14 requested to assist the [*council*] **commission** in carrying out the [*council's*] **commission's** duties
15 and obligations.

16 **SECTION 6.** ORS 430.391 is amended to read:

17 430.391. (1) The [*Oregon Health Authority*] **Alcohol and Drug Policy Commission** shall estab-
18 lish a Behavioral Health Resource Network statewide telephone hotline to provide screenings de-
19 scribed in ORS 430.389 (2)(e)(A) to any caller who is a resident of this state.

20 (2) The telephone hotline shall be staffed 24 hours a day, seven days a week, every calendar day
21 of the year. Following a screening, at the request of a caller, the telephone hotline shall promptly
22 provide the verification set forth in ORS 430.389 (2)(i).

23 **SECTION 7.** ORS 430.392, as amended by section 11, chapter 248, Oregon Laws 2023, and sec-
24 tion 69a, chapter 70, Oregon Laws 2024, is amended to read:

25 430.392. (1) The Division of Audits of the office of the Secretary of State shall conduct per-
26 formance audits and financial reviews as provided in this section, regarding the uses of the Drug
27 Treatment and Recovery Services Fund and the effectiveness of the fund in achieving the purposes
28 of the fund and the policy objectives of ORS 430.383. Recipients of grants or funds under ORS
29 430.389 **or section 1 of this 2025 Act** shall keep accurate books, records and accounts that are
30 subject to inspection and audit by the division.

31 (2) The division shall monitor and report on the progress in implementing any recommendations
32 made in the audit or financial review. The division shall follow up on recommendations as part of
33 recurring audit work or as an activity separate from other audit activity. When following up on
34 recommendations, the division may request from the appropriate agency evidence of implementation.

35 (3) The audits set forth in this section shall be conducted pursuant to the provisions of ORS
36 chapter 297, except to the extent any provision of ORS chapter 297 conflicts with any provision of
37 ORS 430.383 to 430.390 and 430.394, in which case the provisions of ORS 430.383 to 430.390 and
38 430.394 shall control.

39 (4) **No later than December 31, 2025, the division shall conduct a performance audit,**
40 **which must include an assessment of the following:**

41 (a) **All relevant data regarding the implementation of ORS 430.391, including demographic**
42 **information on individuals who receive citations for a drug enforcement misdemeanor de-**
43 **scribed in section 35, chapter 70, Oregon Laws 2024, and whether the citations resulted in**
44 **connecting the individuals with treatment.**

45 (b) **The functioning of:**

1 (A) Law enforcement and the courts in relation to drug enforcement misdemeanors de-
2 scribed in section 35, chapter 70, Oregon Laws 2024;

3 (B) The telephone hotline operated by the Alcohol and Drug Policy Commission;

4 (C) Entities providing verification of screenings under ORS 430.389; and

5 (D) The grants and funding systems between the granting authority and recipients of
6 grants or funding, including by gathering information about which entities are receiving
7 grants or funding and what the grants or funding are used for, the process of applying for
8 grants or funding and whether the process is conducive to obtaining qualified applicants for
9 grants or funding who are from communities of color.

10 (c) Disparities shown by demographic data and whether the citation data reveals a dis-
11 proportionate use of citations in communities most impacted by the war on drugs.

12 (d) Whether ORS 430.389 and 430.391 reduce the involvement in the criminal justice sys-
13 tem of individuals with substance use.

14 (e) Training opportunities provided to law enforcement officials regarding services that
15 are available and how to connect individuals to the services.

16 (f) The efficacy of issuing citations as a method of connecting individuals to services.

17 (g) The role of the implementation of ORS 430.383 to 430.390 and 430.394 in reducing
18 overdose rates.

19 (h) Outcomes for individuals receiving treatment and other social services under ORS
20 430.389, including, but not limited to, the following:

21 (A) Whether access to care increased since December 3, 2020, and, if data is available,
22 whether, since December 3, 2020:

23 (i) The number of drug and alcohol treatment service providers increased.

24 (ii) The number of culturally specific providers increased.

25 (iii) Access to harm reduction services has increased.

26 (iv) More individuals are accessing treatment than they were before December 3, 2020.

27 (v) Access to housing for individuals with substance use has increased.

28 (B) Data on Behavioral Health Resource Networks and recipients of grants and funding
29 under ORS 430.389, including:

30 (i) The outcomes of each network or recipient, including but not limited to the number
31 of clients with substance use receiving services from each network or recipient, the average
32 duration of client participation and client outcomes.

33 (ii) The number of individuals seeking assistance from the network or recipients who are
34 denied or not connected to substance use treatment and other services, and the reasons for
35 the denials.

36 (iii) The average time it takes for clients to access services and fulfill their individual
37 intervention plan and the reason for any delays, such as waiting lists at referred services.

38 (iv) Whether average times to access services to which clients are referred, such as
39 housing or medically assisted treatment, have decreased over time since December 3, 2020.

40 (v) Demographic data on clients served by Behavioral Health Resource Networks, in-
41 cluding self-reported demographic data on race, ethnicity, gender and age.

42 (i) Each recipient of a grant or funding.

43 (j) Other areas identified by the division for ascertaining best practices for overdose
44 prevention.

45 [(4)] (5) The division shall conduct periodic performance audits and financial reviews pursuant

1 to the division's annual audit plan and taking into consideration the risks of the program.

2 **SECTION 8.** ORS 430.392, as amended by section 11, chapter 248, Oregon Laws 2023, section
3 69a, chapter 70, Oregon Laws 2024, and section 7 of this 2025 Act, is amended to read:

4 430.392. (1) The Division of Audits of the office of the Secretary of State shall conduct per-
5 formance audits and financial reviews as provided in this section, regarding the uses of the Drug
6 Treatment and Recovery Services Fund and the effectiveness of the fund in achieving the purposes
7 of the fund and the policy objectives of ORS 430.383. Recipients of grants or funds under ORS
8 430.389 or section 1 of this 2025 Act shall keep accurate books, records and accounts that are sub-
9 ject to inspection and audit by the division.

10 (2) The division shall monitor and report on the progress in implementing any recommendations
11 made in the audit or financial review. The division shall follow up on recommendations as part of
12 recurring audit work or as an activity separate from other audit activity. When following up on
13 recommendations, the division may request from the appropriate agency evidence of implementation.

14 (3) The audits set forth in this section shall be conducted pursuant to the provisions of ORS
15 chapter 297, except to the extent any provision of ORS chapter 297 conflicts with any provision of
16 ORS 430.383 to 430.390 and 430.394, in which case the provisions of ORS 430.383 to 430.390 and
17 430.394 shall control.

18 *[(4) No later than December 31, 2025, the division shall conduct a performance audit, which must
19 include an assessment of the following:]*

20 *[(a) All relevant data regarding the implementation of ORS 430.391, including demographic infor-
21 mation on individuals who receive citations for a drug enforcement misdemeanor described in section
22 35, chapter 70, Oregon Laws 2024, and whether the citations resulted in connecting the individuals with
23 treatment.]*

24 *[(b) The functioning of:]*

25 *[(A) Law enforcement and the courts in relation to drug enforcement misdemeanors described in
26 section 35, chapter 70, Oregon Laws 2024;]*

27 *[(B) The telephone hotline operated by the Alcohol and Drug Policy Commission;]*

28 *[(C) Entities providing verification of screenings under ORS 430.389; and]*

29 *[(D) The grants and funding systems between the granting authority and recipients of grants or
30 funding, including by gathering information about which entities are receiving grants or funding and
31 what the grants or funding are used for, the process of applying for grants or funding and whether the
32 process is conducive to obtaining qualified applicants for grants or funding who are from communities
33 of color.]*

34 *[(c) Disparities shown by demographic data and whether the citation data reveals a dispropor-
35 tionate use of citations in communities most impacted by the war on drugs.]*

36 *[(d) Whether ORS 430.389 and 430.391 reduce the involvement in the criminal justice system of
37 individuals with substance use.]*

38 *[(e) Training opportunities provided to law enforcement officials regarding services that are avail-
39 able and how to connect individuals to the services.]*

40 *[(f) The efficacy of issuing citations as a method of connecting individuals to services.]*

41 *[(g) The role of the implementation of ORS 430.383 to 430.390 and 430.394 in reducing overdose
42 rates.]*

43 *[(h) Outcomes for individuals receiving treatment and other social services under ORS 430.389,
44 including, but not limited to, the following:]*

45 *[(A) Whether access to care increased since December 3, 2020, and, if data is available, whether,*

1 since December 3, 2020:]

2 [(i) The number of drug and alcohol treatment service providers increased.]

3 [(ii) The number of culturally specific providers increased.]

4 [(iii) Access to harm reduction services has increased.]

5 [(iv) More individuals are accessing treatment than they were before December 3, 2020.]

6 [(v) Access to housing for individuals with substance use has increased.]

7 [(B) Data on Behavioral Health Resource Networks and recipients of grants and funding under
8 ORS 430.389, including:]

9 [(i) The outcomes of each network or recipient, including but not limited to the number of clients
10 with substance use receiving services from each network or recipient, the average duration of client
11 participation and client outcomes.]

12 [(ii) The number of individuals seeking assistance from the network or recipients who are denied
13 or not connected to substance use treatment and other services, and the reasons for the denials.]

14 [(iii) The average time it takes for clients to access services and fulfill their individual intervention
15 plan and the reason for any delays, such as waiting lists at referred services.]

16 [(iv) Whether average times to access services to which clients are referred, such as housing or
17 medically assisted treatment, have decreased over time since December 3, 2020.]

18 [(v) Demographic data on clients served by Behavioral Health Resource Networks, including self-
19 reported demographic data on race, ethnicity, gender and age.]

20 [(i) Each recipient of a grant or funding.]

21 [(j) Other areas identified by the division for ascertaining best practices for overdose prevention.]

22 [(5)] (4) The division shall conduct periodic performance audits and financial reviews pursuant
23 to the division’s annual audit plan and taking into consideration the risks of the program.

24 **SECTION 9. Section 15, chapter 248, Oregon Laws 2023, is repealed.**

25 **SECTION 10. The amendments to ORS 430.392 by section 8 of this 2025 Act become op-
26 erative on January 2, 2026.**

27 **SECTION 11.** ORS 430.393 is amended to read:

28 430.393. No later than January 1, 2022, and at the beginning of each calendar quarter thereafter,
29 the [Oregon Health Authority] **Alcohol and Drug Policy Commission** shall report to the Legislative
30 Assembly, in the manner provided in ORS 192.245, how funds from the Drug Treatment and Recovery
31 Services Fund were spent in the preceding calendar quarter.

32 **SECTION 12.** ORS 430.394 is amended to read:

33 430.394. If approved by the [Oversight and Accountability Council] **Alcohol and Drug Policy
34 Commission**, the Oregon Health Authority may implement an education campaign to inform the
35 public about the availability of Behavioral Health Resource Networks, the statewide hotline de-
36 scribed in ORS 430.391 and any other information the authority believes would benefit the public in
37 accessing behavioral health services.

38 **SECTION 13. (1) The Alcohol and Drug Policy Commission shall conduct an analysis of
39 the most effective ways to address substance abuse within this state. The analysis must in-
40 clude an assessment of the availability and funding of substance abuse treatment programs,
41 the identification of any gaps in current practices and identification of the best practices to
42 fund and support treatment services and other methods of addressing substance abuse.**

43 **(2) No later than September 15, 2026, the commission shall provide a report to the interim
44 committees of the Legislative Assembly related to health and the judiciary, in the manner
45 described in ORS 192.245, containing the findings of the commission.**

1 **(3) The commission shall provide a copy of the report described in subsection (2) of this**
2 **section to each county.**

3 **SECTION 14.** ORS 244.050 is amended to read:

4 244.050. (1) On or before April 15 of each year the following persons shall file with the Oregon
5 Government Ethics Commission a verified statement of economic interest as required under this
6 chapter:

7 (a) The Governor, Secretary of State, State Treasurer, Attorney General, Commissioner of the
8 Bureau of Labor and Industries, district attorneys and members of the Legislative Assembly.

9 (b) Any judicial officer, including justices of the peace and municipal judges, except any pro tem
10 judicial officer who does not otherwise serve as a judicial officer.

11 (c) Any candidate for a public office designated in paragraph (a) or (b) of this subsection.

12 (d) The Deputy Attorney General.

13 (e) The Deputy Secretary of State.

14 (f) The Legislative Administrator, the Legislative Counsel, the Legislative Fiscal Officer, the
15 Legislative Policy and Research Director, the Secretary of the Senate, the Chief Clerk of the House
16 of Representatives and the Legislative Equity Officer.

17 (g) The president and vice presidents, or their administrative equivalents, in each public uni-
18 versity listed in ORS 352.002.

19 (h) The following state officers:

20 (A) Adjutant General.

21 (B) Director of Agriculture.

22 (C) Manager of State Accident Insurance Fund Corporation.

23 (D) Water Resources Director.

24 (E) Director of the Department of Environmental Quality.

25 (F) Director of the Oregon Department of Administrative Services.

26 (G) State Fish and Wildlife Director.

27 (H) State Forester.

28 (I) State Geologist.

29 (J) Director of Human Services.

30 (K) Director of the Department of Consumer and Business Services.

31 (L) Director of the Department of State Lands.

32 (M) State Librarian.

33 (N) Administrator of the Oregon Liquor and Cannabis Commission.

34 (O) Superintendent of State Police.

35 (P) Director of the Public Employees Retirement System.

36 (Q) Director of Department of Revenue.

37 (R) Director of Transportation.

38 (S) Public Utility Commissioner.

39 (T) Director of Veterans' Affairs.

40 (U) Executive director of Oregon Government Ethics Commission.

41 (V) Director of the State Department of Energy.

42 (W) Director and each assistant director of the Oregon State Lottery.

43 (X) Director of the Department of Corrections.

44 (Y) Director of the Oregon Department of Aviation.

45 (Z) Executive director of the Oregon Criminal Justice Commission.

- 1 (AA) Director of the Oregon Business Development Department.
- 2 (BB) Director of the Oregon Department of Emergency Management.
- 3 (CC) Director of the Employment Department.
- 4 (DD) State Fire Marshal.
- 5 (EE) Chief of staff for the Governor.
- 6 (FF) Director of the Housing and Community Services Department.
- 7 (GG) State Court Administrator.
- 8 (HH) Director of the Department of Land Conservation and Development.
- 9 (II) Board chairperson of the Land Use Board of Appeals.
- 10 (JJ) State Marine Director.
- 11 (KK) Executive director of the Oregon Racing Commission.
- 12 (LL) State Parks and Recreation Director.
- 13 (MM) Executive director of the Oregon Public Defense Commission.
- 14 (NN) Chairperson of the Public Employees' Benefit Board.
- 15 (OO) Director of the Department of Public Safety Standards and Training.
- 16 (PP) Executive director of the Higher Education Coordinating Commission.
- 17 (QQ) Executive director of the Oregon Watershed Enhancement Board.
- 18 (RR) Director of the Oregon Youth Authority.
- 19 (SS) Director of the Oregon Health Authority.
- 20 (TT) Deputy Superintendent of Public Instruction.
- 21 (i) The First Partner, the legal counsel, the deputy legal counsel and all policy advisors within
- 22 the Governor's office.
- 23 (j) Every elected city or county official.
- 24 (k) Every member of a city or county planning, zoning or development commission.
- 25 (L) The chief executive officer of a city or county who performs the duties of manager or prin-
- 26 cipal administrator of the city or county.
- 27 (m) Members of local government boundary commissions formed under ORS 199.410 to 199.519.
- 28 (n) Every member of a governing body of a metropolitan service district and the auditor and
- 29 executive officer thereof.
- 30 (o) Each member of the board of directors of the State Accident Insurance Fund Corporation.
- 31 (p) The chief administrative officer and the financial officer of each common and union high
- 32 school district, education service district and community college district.
- 33 (q) Every member of the following state boards, commissions and councils:
- 34 (A) Governing board of the State Department of Geology and Mineral Industries.
- 35 (B) Oregon Business Development Commission.
- 36 (C) State Board of Education.
- 37 (D) Environmental Quality Commission.
- 38 (E) Fish and Wildlife Commission of the State of Oregon.
- 39 (F) State Board of Forestry.
- 40 (G) Oregon Government Ethics Commission.
- 41 (H) Oregon Health Policy Board.
- 42 (I) Oregon Investment Council.
- 43 (J) Land Conservation and Development Commission.
- 44 (K) Oregon Liquor and Cannabis Commission.
- 45 (L) Oregon Short Term Fund Board.

- 1 (M) State Marine Board.
- 2 (N) Mass transit district boards.
- 3 (O) Energy Facility Siting Council.
- 4 (P) Board of Commissioners of the Port of Portland.
- 5 (Q) Employment Relations Board.
- 6 (R) Public Employees Retirement Board.
- 7 (S) Oregon Racing Commission.
- 8 (T) Oregon Transportation Commission.
- 9 (U) Water Resources Commission.
- 10 (V) Workers' Compensation Board.
- 11 (W) Oregon Facilities Authority.
- 12 (X) Oregon State Lottery Commission.
- 13 (Y) Pacific Northwest Electric Power and Conservation Planning Council.
- 14 (Z) Columbia River Gorge Commission.
- 15 (AA) Oregon Health and Science University Board of Directors.
- 16 (BB) Capitol Planning Commission.
- 17 (CC) Higher Education Coordinating Commission.
- 18 (DD) Oregon Growth Board.
- 19 (EE) Early Learning Council.
- 20 [(FF) *The Oversight and Accountability Council.*]
- 21 (r) The following officers of the State Treasurer:
 - 22 (A) Deputy State Treasurer.
 - 23 (B) Chief of staff for the office of the State Treasurer.
 - 24 (C) Director of the Investment Division.
- 25 (s) Every member of the board of commissioners of a port governed by ORS 777.005 to 777.725
- 26 or 777.915 to 777.953.
- 27 (t) Every member of the board of directors of an authority created under ORS 441.525 to 441.595.
- 28 (u) Every member of a governing board of a public university listed in ORS 352.002.
- 29 (v) Every member of the district school board of a common school district or union high school
- 30 district.
- 31 (w) Every member of the board of directors of an authority created under ORS 465.600 to
- 32 465.621.
- 33 (2) By April 15 next after the date an appointment takes effect, every appointed public official
- 34 on a board or commission listed in subsection (1) of this section shall file with the Oregon Govern-
- 35 ment Ethics Commission a statement of economic interest as required under ORS 244.060, 244.070
- 36 and 244.090.
- 37 (3) By April 15 next after the filing deadline for the primary election, each candidate described
- 38 in subsection (1) of this section shall file with the commission a statement of economic interest as
- 39 required under ORS 244.060, 244.070 and 244.090.
- 40 (4) Not later than the 40th day before the date of the statewide general election, each candidate
- 41 described in subsection (1) of this section who will appear on the statewide general election ballot
- 42 and who was not required to file a statement of economic interest under subsections (1) to (3) of this
- 43 section shall file with the commission a statement of economic interest as required under ORS
- 44 244.060, 244.070 and 244.090.
- 45 (5) Subsections (1) to (3) of this section apply only to persons who are incumbent, elected or

1 appointed public officials as of April 15 and to persons who are candidates on April 15.

2 (6) If a statement required to be filed under this section has not been received by the commis-
 3 sion within five days after the date the statement is due, the commission shall notify the public of-
 4 ficial or candidate and give the public official or candidate not less than 15 days to comply with the
 5 requirements of this section. If the public official or candidate fails to comply by the date set by the
 6 commission, the commission may impose a civil penalty as provided in ORS 244.350.

7 **SECTION 15.** ORS 413.017 is amended to read:

8 413.017. (1) The Oregon Health Policy Board shall establish the committees described in sub-
 9 sections (2) to (5) of this section.

10 (2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase
 11 health care for the following:

12 (A) The Public Employees' Benefit Board.

13 (B) The Oregon Educators Benefit Board.

14 (C) Trustees of the Public Employees Retirement System.

15 (D) A city government.

16 (E) A county government.

17 (F) A special district.

18 (G) Any private nonprofit organization that receives the majority of its funding from the state
 19 and requests to participate on the committee.

20 (b) The Public Health Benefit Purchasers Committee shall:

21 (A) Identify and make specific recommendations to achieve uniformity across all public health
 22 benefit plan designs based on the best available clinical evidence, recognized best practices for
 23 health promotion and disease management, demonstrated cost-effectiveness and shared demographics
 24 among the enrollees within the pools covered by the benefit plans.

25 (B) Develop an action plan for ongoing collaboration to implement the benefit design alignment
 26 described in subparagraph (A) of this paragraph and shall leverage purchasing to achieve benefit
 27 uniformity if practicable.

28 (C) Continuously review and report to the Oregon Health Policy Board on the committee's
 29 progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance
 30 without shifting costs to the private sector or the health insurance exchange.

31 (c) The Oregon Health Policy Board shall work with the Public Health Benefit Purchasers
 32 Committee to identify uniform provisions for state and local public contracts for health benefit plans
 33 that achieve maximum quality and cost outcomes. The board shall collaborate with the committee
 34 to develop steps to implement joint contract provisions. The committee shall identify a schedule for
 35 the implementation of contract changes. The process for implementation of joint contract provisions
 36 must include a review process to protect against unintended cost shifts to enrollees or agencies.

37 (3)(a) The Health Care Workforce Committee shall include individuals who have the collective
 38 expertise, knowledge and experience in a broad range of health professions, health care education
 39 and health care workforce development initiatives.

40 (b) The Health Care Workforce Committee shall coordinate efforts to recruit and educate health
 41 care professionals and retain a quality workforce to meet the demand that will be created by the
 42 expansion in health care coverage, system transformations and an increasingly diverse population.

43 (c) The Health Care Workforce Committee shall conduct an inventory of all grants and other
 44 state resources available for addressing the need to expand the health care workforce to meet the
 45 needs of Oregonians for health care.

1 (4)(a) The Health Plan Quality Metrics Committee shall include the following members appointed
2 by the Oregon Health Policy Board:

3 (A) An individual representing the Oregon Health Authority;

4 (B) An individual representing the Oregon Educators Benefit Board;

5 (C) An individual representing the Public Employees' Benefit Board;

6 (D) An individual representing the Department of Consumer and Business Services;

7 (E) Two health care providers;

8 (F) One individual representing hospitals;

9 (G) One individual representing insurers, large employers or multiple employer welfare ar-
10 rangements;

11 (H) Two individuals representing health care consumers;

12 (I) Two individuals representing coordinated care organizations;

13 (J) One individual with expertise in health care research;

14 (K) One individual with expertise in health care quality measures; and

15 (L) One individual with expertise in mental health and addiction services.

16 (b) The committee shall work collaboratively with the Oregon Educators Benefit Board, the
17 Public Employees' Benefit Board, the authority and the department to adopt health outcome and
18 quality measures that are focused on specific goals and provide value to the state, employers,
19 insurers, health care providers and consumers. The committee shall be the single body to align
20 health outcome and quality measures used in this state with the requirements of health care data
21 reporting to ensure that the measures and requirements are coordinated, evidence-based and focused
22 on a long term statewide vision.

23 (c) The committee shall use a public process that includes an opportunity for public comment
24 to identify health outcome and quality measures. The health outcome and quality measures identified
25 by the committee, as updated by the authority under paragraph (g) of this subsection, may be applied
26 to services provided by coordinated care organizations or paid for by health benefit plans sold
27 through the health insurance exchange or offered by the Oregon Educators Benefit Board or the
28 Public Employees' Benefit Board. The authority, the department, the Oregon Educators Benefit
29 Board and the Public Employees' Benefit Board are not required to adopt all of the health outcome
30 and quality measures identified by the committee but may not adopt any health outcome and quality
31 measures that are different from the measures identified by the committee. The measures must take
32 into account the health outcome and quality measures selected by the metrics and scoring subcom-
33 mittee created in ORS 413.022 and the differences in the populations served by coordinated care
34 organizations and by commercial insurers.

35 (d) In identifying health outcome and quality measures, the committee shall prioritize measures
36 that:

37 (A) Utilize existing state and national health outcome and quality measures, including measures
38 adopted by the Centers for Medicare and Medicaid Services, that have been adopted or endorsed
39 by other state or national organizations and have a relevant state or national benchmark;

40 (B) Given the context in which each measure is applied, are not prone to random variations
41 based on the size of the denominator;

42 (C) Utilize existing data systems, to the extent practicable, for reporting the measures to mini-
43 mize redundant reporting and undue burden on the state, health benefit plans and health care pro-
44 viders;

45 (D) Can be meaningfully adopted for a minimum of three years;

1 (E) Use a common format in the collection of the data and facilitate the public reporting of the
2 data; and

3 (F) Can be reported in a timely manner and without significant delay so that the most current
4 and actionable data is available.

5 (e) The committee shall evaluate on a regular and ongoing basis the health outcome and quality
6 measures identified under this section.

7 (f) The committee may convene subcommittees to focus on gaining expertise in particular areas
8 such as data collection, health care research and mental health and substance use disorders in order
9 to aid the committee in the development of health outcome and quality measures. A subcommittee
10 may include stakeholders and staff from the authority, the Department of Human Services, the De-
11 partment of Consumer and Business Services, the Early Learning Council or any other agency staff
12 with the appropriate expertise in the issues addressed by the subcommittee.

13 (g) The authority shall update annually, if necessary, the health outcome and quality measures
14 identified by the committee to utilize the latest sets of core quality measures published by the
15 Centers for Medicare and Medicaid Services in accordance with 42 U.S.C. 1320b-9a and 1320b-9b.

16 (h) This subsection does not prevent the authority, the Department of Consumer and Business
17 Services, commercial insurers, the Public Employees' Benefit Board or the Oregon Educators Benefit
18 Board from establishing programs that provide financial incentives to providers for meeting specific
19 health outcome and quality measures adopted by the committee.

20 (5)(a) The Behavioral Health Committee shall include the following members appointed by the
21 Director of the Oregon Health Authority:

22 (A) The chairperson of the Health Plan Quality Metrics Committee;

23 (B) The chairperson of the committee appointed by the board to address health equity, if any;

24 (C) A behavioral health director for a coordinated care organization;

25 (D) A representative of a community mental health program;

26 (E) An individual with expertise in data analysis;

27 (F) A member of the Consumer Advisory Council, established under ORS 430.073, that represents
28 adults with mental illness;

29 (G) A representative of the System of Care Advisory Council established in ORS 418.978;

30 (H) A member [*of the Oversight and Accountability Council, described in ORS 430.389,*] who re-
31 presents adults with addictions or co-occurring conditions;

32 (I) One member representing a system of care, as defined in ORS 418.976;

33 (J) One consumer representative;

34 (K) One representative of a tribal government;

35 (L) One representative of an organization that advocates on behalf of individuals with intellec-
36 tual or developmental disabilities;

37 (M) One representative of providers of behavioral health services;

38 (N) The director of the division of the authority responsible for behavioral health services, as
39 a nonvoting member;

40 (O) The Director of the Alcohol and Drug Policy Commission appointed under ORS 430.220, as
41 a nonvoting member;

42 (P) The authority's Medicaid director, as a nonvoting member;

43 (Q) A representative of the Department of Human Services, as a nonvoting member; and

44 (R) Any other member that the director deems appropriate.

45 (b) The board may modify the membership of the committee as needed.

1 (c) The division of the authority responsible for behavioral health services and the director of
2 the division shall staff the committee.

3 (d) The committee, in collaboration with the Health Plan Quality Metrics Committee, as needed,
4 shall:

5 (A) Establish quality metrics for behavioral health services provided by coordinated care or-
6 ganizations, health care providers, counties and other government entities; and

7 (B) Establish incentives to improve the quality of behavioral health services.

8 (e) The quality metrics and incentives shall be designed to:

9 (A) Improve timely access to behavioral health care;

10 (B) Reduce hospitalizations;

11 (C) Reduce overdoses;

12 (D) Improve the integration of physical and behavioral health care; and

13 (E) Ensure individuals are supported in the least restrictive environment that meets their be-
14 havioral health needs.

15 (6) Members of the committees described in subsections (2) to (5) of this section who are not
16 members of the Oregon Health Policy Board may receive compensation in accordance with criteria
17 prescribed by the authority by rule and shall be reimbursed from funds available to the board for
18 actual and necessary travel and other expenses incurred by them by their attendance at committee
19 meetings, in the manner and amount provided in ORS 292.495.

20 **SECTION 16.** ORS 430.383 is amended to read:

21 430.383. (1)(a) The people of Oregon find that drug addiction and overdoses are a serious prob-
22 lem in Oregon and that Oregon needs to expand access to drug treatment.

23 (b) The people of Oregon further find that a health-based approach to addiction and overdose is
24 *[more]* effective, humane and cost-effective *[than criminal punishments. Making people criminals be-*
25 *cause they suffer from addiction is expensive, ruins lives and can make access to treatment and recov-*
26 *ery more difficult]*.

27 (2)(a) The purpose of the Drug Addiction Treatment and Recovery Act of 2020, **as amended**, is
28 to make screening, health assessment, treatment and recovery services for drug addiction available
29 to all those who need and want access to those services and to *[adopt a health approach]* **enhance**
30 **assessment, treatment and recovery services** to **address** drug addiction *[by removing criminal*
31 *penalties for low-level drug possession]*.

32 (b) It is the policy of the State of Oregon:

33 (A) That screening, health assessment, treatment and recovery services for drug addiction are
34 available to all those who need and want access to those services; and

35 (B) To encourage treatment and recovery for people struggling with substance use.

36 (3) The provisions of ORS 430.383 to 430.390 and 430.394 shall be interpreted consistently with
37 the findings, purposes and policy objectives stated in this section and shall not be limited by any
38 policy set forth in Oregon law that could conflict with or be interpreted to conflict with the pur-
39 poses and policy objectives stated in this section.

40 (4) As used in ORS 430.383 to 430.390 and 430.394, “recovery” means a process of change
41 through which individuals improve their health and wellness, live a self-directed life and strive to
42 reach their full potential.

43 **SECTION 17.** Section 6, chapter 63, Oregon Laws 2022, is amended to read:

44 **Sec. 6.** (1) The Opioid Settlement Prevention, Treatment and Recovery Board is created in the
45 Oregon Health Authority for the purpose of determining the allocation of funding from the Opioid

1 Settlement Prevention, Treatment and Recovery Fund established in section 5 of this 2022 Act. The
2 board consists of:

3 (a) The following members appointed by the Governor:

4 (A) A policy advisor to the Governor;

5 (B) A representative of the Department of Justice;

6 (C) A representative of the Oregon Health Authority; and

7 (D) A representative of the Department of Human Services;

8 (b) The Director of the Alcohol and Drug Policy Commission or the director's designee;

9 [(c) *The chairperson of the Oversight and Accountability Council established in ORS 430.388 or*
10 *the chairperson's designee;*]

11 [(d)] (c) The following members appointed by the Governor from a list of candidates provided
12 by the Association of Oregon Counties and the League of Oregon Cities or the successor organiza-
13 tions to the Association of Oregon Counties and the League of Oregon Cities:

14 (A) An individual representing Clackamas, Washington or Multnomah County;

15 (B) An individual representing Clatsop, Columbia, Coos, Curry, Jackson, Josephine, Lane or
16 Yamhill County;

17 (C) An individual representing the City of Portland;

18 (D) An individual representing a city with a population above 10,000 residents as of July 21,
19 2021;

20 (E) An individual representing a city with a population at or below 10,000 residents as of July
21 21, 2021; and

22 (F) A representative of the Oregon Coalition of Local Health Officials or its successor organ-
23 ization;

24 [(e)] (d) The following members appointed by the Governor from a list of candidates provided
25 by the members described in paragraphs (a) to [(d)] (c) of this subsection:

26 (A) A representative of a community mental health program;

27 (B) An individual who has experienced a substance use disorder or a representative of an or-
28 ganization that advocates on behalf of individuals with substance use disorders; and

29 (C) An individual representing law enforcement, first responders or jail commanders or wardens;

30 [(f)] (e) A member of the House of Representatives appointed by the Speaker of the House of
31 Representatives, who shall be a nonvoting member of the board;

32 [(g)] (f) A member of the Senate appointed by the President of the Senate, who shall be a non-
33 voting member of the board; and

34 [(h)] (g) The State Court Administrator or the administrator's designee, who shall be a nonvot-
35 ing member of the board.

36 (2) The Governor shall select from the members described in subsection (1)(a)[,] **and** (b) [*and*
37 *(c)*] of this section one cochairperson to represent state entities, and the members described in sub-
38 section [(1)(d)] (1)(c) of this section shall select from one of their members a cochairperson to rep-
39 resent cities or counties.

40 (3) The term of each member of the board who is not an ex officio member is four years, but a
41 member serves at the pleasure of the appointing authority. Before the expiration of a member's term,
42 the appointing authority shall appoint a successor whose term begins on January 1 next following.
43 A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority
44 shall make an appointment to become immediately effective for the unexpired term.

45 (4) Decision-making by the board shall be based on consensus and supported by at least a ma-

1 jority of the members. The board shall document all objections to board decisions.

2 (5) The board shall conduct at least four public meetings in accordance with ORS 192.610 to
3 192.690 [series became 192.610 to 192.705], which shall be publicized to facilitate attendance at the
4 meetings and during which the board shall receive testimony and input from the community. The
5 board shall also establish a process for the public to provide written comments and proposals at
6 each meeting of the board.

7 (6) In determining the allocation of moneys from the Opioid Settlement Prevention, Treatment
8 and Recovery Fund:

9 (a) No more than five percent of the moneys may be spent on administering the board and the
10 fund.

11 (b) A portion of the moneys shall be allocated toward a unified and evidence-based state system
12 for collecting, analyzing and publishing data about the availability and efficacy of substance use
13 prevention, treatment and recovery services statewide.

14 (c) Moneys remaining after allocations in accordance with paragraphs (a) and (b) of this sub-
15 section shall be allocated for funding statewide and regional programs identified in the Distributor
16 Settlement Agreement, the Janssen Settlement Agreement and any other judgment or settlement
17 described in section 5 (1)(c), [of this 2022 Act] **chapter 63, Oregon Laws 2022**, including but not
18 limited to:

19 (A) Programs that use evidence-based or evidence-informed strategies to treat opioid use disor-
20 ders and any co-occurring substance use disorders or mental health conditions;

21 (B) Programs that use evidence-based or evidence-informed strategies to support individuals in
22 recovery from opioid use disorders and any co-occurring substance use disorders or mental health
23 conditions;

24 (C) Programs that use evidence-based or evidence-informed strategies to provide connections to
25 care for individuals who have or are at risk of developing opioid use disorders and any co-occurring
26 substance use disorders or mental health conditions;

27 (D) Programs that use evidence-based or evidence-informed strategies to address the needs of
28 individuals with opioid use disorders and any co-occurring substance use disorders or mental health
29 conditions and who are involved in, at risk of becoming involved in, or in transition from, the
30 criminal justice system;

31 (E) Programs that use evidence-based or evidence-informed strategies to address the needs of
32 pregnant or parenting women with opioid use disorders and any co-occurring substance use disor-
33 ders or mental health conditions, and the needs of their families, including babies with neonatal
34 abstinence syndrome;

35 (F) Programs that use evidence-based or evidence-informed strategies to support efforts to pre-
36 vent over-prescribing of opioids and ensure appropriate prescribing and dispensing of opioids;

37 (G) Programs that use evidence-based or evidence-informed strategies to support efforts to dis-
38 courage or prevent misuse of opioids;

39 (H) Programs that use evidence-based or evidence-informed strategies to support efforts to pre-
40 vent or reduce overdose deaths or other opioid-related harms;

41 (I) Programs to educate law enforcement or other first responders regarding appropriate prac-
42 tices and precautions when dealing with users of fentanyl or other opioids;

43 (J) Programs to provide wellness and support services for first responders and others who ex-
44 perience secondary trauma associated with opioid-related emergency events;

45 (K) Programs to support efforts to provide leadership, planning, coordination, facilitation,

1 training and technical assistance to abate the opioid epidemic through activities, programs or
 2 strategies; or

3 (L) Funding to support opioid abatement research.

4 (d) The board shall be guided and informed by:

5 (A) The comprehensive addiction, prevention, treatment and recovery plan developed by the
 6 Alcohol and Drug Policy Commission in accordance with ORS 430.223;

7 (B) The board’s ongoing evaluation of the efficacy of the funding allocations;

8 (C) Evidence-based and evidence-informed strategies and best practices;

9 (D) Input the board receives from the public;

10 (E) Equity considerations for underserved populations; and

11 (F) The terms of the settlement agreements.

12 (7) The Oregon Health Authority shall provide staff support to the board.

13 **SECTION 18. ORS 430.388 and section 6, chapter 248, Oregon Laws 2023, are repealed.**

14
 15 **DEFLECTION PROGRAM CHANGE**

16
 17 **SECTION 19.** Section 76, chapter 70, Oregon Laws 2024, is amended to read:

18 **Sec. 76.** (1) As used in this section, “deflection program” means a collaborative program be-
 19 tween law enforcement agencies and behavioral health entities that assists individuals who may
 20 have substance use disorder, another behavioral health disorder or co-occurring disorders, to create
 21 community-based pathways to treatment, recovery support services, housing, case management or
 22 other services.

23 (2) The Oregon Behavioral Health Deflection Program is established within the *[Improving*
 24 *People’s Access to Community-based Treatment, Supports and Services Grant Review Committee es-*
 25 *tablished under ORS 430.234]* **Oregon Criminal Justice Commission.** The program consists of
 26 grants awarded by the *[committee]* **commission** to counties and federally recognized tribal govern-
 27 ments to fund deflection programs **based on funding recommendations from the Improving**
 28 **People’s Access to Community-based Treatment, Supports and Services Grant Review Com-**
 29 **mittee established under ORS 430.234.**

30 (3)(a) The purpose of the program described in this section is to:

31 (A) Address the need for more deflection programs to assist individuals whose behavioral health
 32 conditions, including substance use disorder, lead to interactions with law enforcement,
 33 incarceration, conviction and other engagement with the criminal justice system.

34 (B) Track and report data concerning deflection program outcomes in order to determine the
 35 best practices for deflection programs within this state.

36 (b) ORS 430.230 to 430.236 do not apply to the program described in this section.

37 (4)(a) The *[committee]* **commission** shall develop a grant application process for awarding grants
 38 under this section.

39 (b) An application for a grant under this section may be submitted by a county or the designee
 40 of a county, or by a tribal government or designee of a tribal government. Only one application per
 41 county may be submitted, but the application may request funding multiple programs within a
 42 county.

43 (c) Prior to submitting an application for a grant under this section, the applicant shall coordi-
 44 nate with all partners of the development and administration of the proposed deflection program to
 45 ensure that the partners have the resources necessary to implement the deflection program. The

1 partners shall include at least a district attorney, a law enforcement agency, a community mental
 2 health program established under ORS 430.620 and a provider from a Behavioral Health Resource
 3 Network established under ORS 430.389. Partners may also include a treatment provider, a local
 4 mental health authority, a tribal government, a peer support organization, a court or a local gov-
 5 ernment body.

6 (d) An application for a grant under this section must contain:

7 (A) A description of the coordination with program partners required by paragraph (c) of this
 8 subsection that has occurred;

9 (B) A description of the individuals who would be eligible for the program and what qualifies
 10 as a successful outcome, formulated in cooperation with the program partners described in para-
 11 graph (c) of this subsection;

12 (C) A description of how the program for which the applicant is seeking funding is culturally
 13 and linguistically responsive, trauma-informed and evidence-based;

14 (D) A description of a plan to address language access barriers when communicating program
 15 referral options and program procedures to non-English speaking individuals; and

16 (E) A description of how the program coordinator will communicate with program partners
 17 concerning persons participating in the program and any other matter necessary for the adminis-
 18 tration of the program.

19 (5) To be eligible for funding under this section, a deflection program:

20 (a) Must be coordinated by or in consultation with a community mental health program, a local
 21 mental health authority or a federally recognized tribal government;

22 (b) Must have a coordinator with the following program coordinator duties:

23 (A) Convening deflection program partners as needed for the operation of the program;

24 (B) Managing grant program funds awarded under this section; and

25 (C) Tracking and reporting data required by the Oregon Criminal Justice Commission under
 26 section 37, [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**;

27 (c) Must involve the partners described in subsection (4)(c) of this section; and

28 (d) May involve a partnership with one or more of the following entities:

29 (A) A first responder agency other than a law enforcement agency;

30 (B) A community provider;

31 (C) A treatment provider;

32 (D) A community-based organization;

33 (E) A case management provider;

34 (F) A recovery support services provider; or

35 (G) Any other individual or entity deemed necessary by the program coordinator to carry out
 36 the purposes of the deflection program, including individuals with lived experience with substance
 37 use disorder, a behavioral health disorder or co-occurring disorders.

38 (6) During a grant application period established by the [*committee*] **commission**, the maximum
 39 proportion of grant funds available to an applicant shall be determined as follows:

40 (a) The proportion of grant funds available to an applicant other than a tribal government shall
 41 be determined based on the county formula share employed by the [*Oversight and Accountability*
 42 *Council established under ORS 430.388*] **Alcohol and Drug Policy Commission**, but an applicant
 43 may not receive less than \$150,000.

44 (b) The [*committee*] **Oregon Criminal Justice Commission** shall determine the proportion of
 45 funds available to an applicant that is a federally recognized tribal government.

1 (7)(a) Grant funds awarded under this section may be used for:

2 (A) Deflection program expenses including but not limited to law enforcement employees, deputy
3 district attorneys and behavioral health treatment workers, including peer navigators and mobile
4 crisis and support services workers.

5 (B) Behavioral health workforce development.

6 (C) Capital construction of behavioral health treatment infrastructure.

7 (b) Notwithstanding paragraph (a) of this subsection, the [committee] **commission** may award
8 planning grants for the development of deflection programs.

9 (c) The [committee] **commission** may allocate up to three percent of program funds to support
10 grantee data collection and analysis or evaluation of outcome measures.

11 (8) The [*Oregon Criminal Justice*] commission shall provide staff support to the grant program.

12 (9) The committee and the commission may adopt rules to carry out the provisions of this sec-
13 tion.

14
15 **UNIT CAPTIONS**

16
17 **SECTION 20. The unit captions used in this 2025 Act are provided only for the conven-**
18 **ience of the reader and do not become part of the statutory law of this state or express any**
19 **legislative intent in the enactment of this 2025 Act.**

20
21 **EFFECTIVE DATE**

22
23 **SECTION 21. This 2025 Act takes effect on the 91st day after the date on which the 2025**
24 **regular session of the Eighty-third Legislative Assembly adjourns sine die.**