

HB 2216-1
(LC 2694)
3/26/25 (RH/ps)

Requested by HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE (at the request of Oregon Coalition of Local Health Officials)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2216**

1 On page 1 of the printed bill, delete lines 24 and 25 and delete pages 2
2 and 3 and insert:

3 **“SECTION 1. (1) As used in this section, ‘community health
4 worker’ and ‘medical assistance’ have the meanings given those terms
5 in ORS 414.025.**

6 **“(2) The Oregon Health Authority shall assess current fee-for-
7 service billing practices with respect to community health workers
8 serving medical assistance recipients to identify funding improvements
9 and expansions that will ensure adequate and sustainable funding. The
10 assessment must include, but is not limited to:**

11 **“(a) A review of the current billing codes for community health
12 workers to ensure that each code takes into account the full range and
13 duration of the scope of services provided by community health
14 workers;**

15 **“(b) A review of and revisions to billing codes for services that fall
16 within the scope of practice of community health workers but are not
17 currently available to community health workers, including social de-
18 terminants of health codes as primary diagnostic codes;**

19 **“(c) Revisions to current billing structures for community health
20 workers to align the structures with the most recent Medicare physi-
21 cian fee schedule codes for community health integration, social de-**

1 **terminants of health and principal illness navigation services;**

2 **“(d) Revisions to current reimbursement rates for community**
3 **health workers to align the rates with the full duration and nature of**
4 **work performed, including consideration of labor costs, the mix of**
5 **services provided, caseloads and supervision costs;**

6 **“(e) A review of current reimbursement codes, rates and mech-**
7 **anisms for community health workers to ensure access to the full ar-**
8 **ray of diverse settings in which community health workers practice,**
9 **both clinical and community based; and**

10 **“(f) A study of the economic model of community health worker**
11 **organizations to identify ways that policies or fee schedules can be**
12 **designed to more closely fit the model in practice.**

13 **“(3) The authority may contract with a third party to conduct the**
14 **assessment described in this section.**

15 **“SECTION 2. (1) As used in this section, ‘community health**
16 **worker’ and ‘medical assistance’ have the meanings given those terms**
17 **in ORS 414.025.**

18 **“(2) The Oregon Health Authority shall assess current payment**
19 **models, other than fee-for-service, with respect to community health**
20 **workers serving medical assistance recipients in nonclinical settings**
21 **to identify ways to improve access to adequate and sustainable fund-**
22 **ing. The assessment must include, but is not limited to, a review of:**

23 **“(a) Existing non-fee-for-service payment models, including in lieu**
24 **of services, value-based payments, health-related services and other**
25 **community investment programs;**

26 **“(b) How a community health worker may access sustainable**
27 **funding for services provided to medical assistance recipients without**
28 **the supervision of a clinical supervisor;**

29 **“(c) How community health worker services may be used to support**
30 **the provision of health-related social needs services, such as housing**

1 supports, nutritional assistance and climate-related assistance, ap-
2 proved for the demonstration project under 42 U.S.C. 1315 by the Cen-
3 ters for Medicare and Medicaid Services; and

4 “(d) The need to establish and support community billing hubs and
5 the role of community billing hubs in streamlining the billing process
6 for community health workers and community health worker organ-
7 izations.

8 “(3) The authority may:

9 “(a) Contract with a third party to conduct the assessment de-
10 scribed in this section.

11 “(b) Adopt rules that would support new and emerging payment
12 models for community health workers.

13 “(4) The authority shall submit a report in the manner provided in
14 ORS 192.245, including a plan for implementing the improvements
15 identified in the assessment conducted under this section, to the in-
16 terim committees of the Legislative Assembly related to health no
17 later than November 1, 2026.

18 “SECTION 3. (1) As used in this section, ‘community health
19 worker,’ ‘coordinated care organization’ and ‘medical assistance’ have
20 the meanings given those terms in ORS 414.025.

21 “(2) The Oregon Health Authority shall provide technical assistance
22 and support for coordinated care organizations, organizations that
23 serve medical assistance recipients who are not enrolled in a coordi-
24 nated care organization and community health worker organizations
25 in establishing billing structures or alternative payment models for
26 community health worker services that are provided to medical as-
27 sistance recipients. When appropriate, the technical assistance and
28 support shall be provided in collaboration with coordinated care
29 organizations’ traditional health worker liaisons.

30 “(3) The authority may contract with a third party to provide the

1 **technical assistance and support described in this section.**

2 **“SECTION 4. Sections 1 to 3 of this 2025 Act are repealed on Janu-**
3 **ary 2, 2027.**

4 **“SECTION 5. In addition to and not in lieu of any other appropri-**
5 **ation, there is appropriated to the Oregon Health Authority, for the**
6 **biennium beginning July 1, 2025, out of the General Fund, the amount**
7 **of \$_____, which may be expended for carrying out the provisions of**
8 **sections 1 to 3 of this 2025 Act.**

9 **“SECTION 6. This 2025 Act being necessary for the immediate**
10 **preservation of the public peace, health and safety, an emergency is**
11 **declared to exist, and this 2025 Act takes effect July 1, 2025.”.**

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