

Requested by Senator SMITH DB

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2481**

1 In line 2 of the printed bill, after “health” insert “creating new pro-  
2 visions; amending ORS 244.050, 413.017, 430.383, 430.384, 430.387, 430.389,  
3 430.390, 430.391, 430.393 and 430.394 and sections 6 and 8, chapter 63, Oregon  
4 Laws 2022, and section 76, chapter 70, Oregon Laws 2024; and repealing ORS  
5 430.388 and section 6, chapter 248, Oregon Laws 2023”.

6 Delete lines 4 through 8 and insert:

7 **“SECTION 1. (1) As used in this section:**

8 **“(a) ‘Community court program’ means an evidence-informed pro-**  
9 **gram that utilizes contingency management to address addiction with**  
10 **incentives and swift, certain and fair sanctions for noncompliance.**

11 **“(b) ‘Community harm reduction’ means evidence-informed policies**  
12 **and practices that reduce harm to the community caused by drug-**  
13 **dependent persons and persons unlawfully distributing controlled sub-**  
14 **stances.**

15 **“(c) ‘Detoxification facility’ means a facility approved by the**  
16 **Oregon Health Authority that provides emergency care or treatment**  
17 **for drug-dependent persons.**

18 **“(d) ‘Drug-dependency related offense’ means an offense that is**  
19 **motivated by a dependence on a controlled substance.**

20 **“(e) ‘Drug-dependent person’ means an individual who has lost the**  
21 **ability to control the personal use of controlled substances with abuse**

1 potential, or who uses controlled substances to the extent that the  
2 health of the individual, or the health of other individuals, is sub-  
3 stantially impaired or endangered, or the social or economic function  
4 of the individual is substantially disrupted. A drug-dependent person  
5 may or may not be physically dependent, a condition in which the body  
6 requires a continuing supply of a controlled substance to avoid char-  
7 acteristic withdrawal symptoms, or psychologically dependent, a con-  
8 dition characterized by an overwhelming mental desire for continued  
9 use of a controlled substance.

10 “(f) ‘Individual harm reduction’ means evidence-informed policies  
11 and practices that reduce harm to drug-dependent persons, with or  
12 without the use of law enforcement.

13 “(g) ‘Local planning committee’ means a local planning committee  
14 for alcohol and drug prevention and treatment services appointed by  
15 or designated by the county governing body under ORS 430.342.

16 “(h) ‘Police officer’ means a member of a law enforcement unit who  
17 is employed on a part-time or full-time basis as a peace officer, com-  
18 missioned by a city, a county or the Department of State Police and  
19 responsible for enforcing the criminal laws of this state, and any per-  
20 son formally deputized by a law enforcement unit to take custody of  
21 a person who is intoxicated or under the influence of one or more  
22 controlled substances.

23 “(i) ‘Prevention’ means evidence-informed policies, procedures and  
24 practices that reduce the rate of persons that become drug-dependent  
25 persons among the population that is the target for the policies, pro-  
26 cedures and practices.

27 “(j) ‘Recovery’ means the state of a person who was a drug-  
28 dependent person but who is no longer drug-dependent.

29 “(k) ‘Sobering center’ means a facility that meets all of the fol-  
30 lowing criteria:

1       **“(A) The facility operates for the purpose of providing to individuals**  
2 **who are acutely intoxicated a safe, clean and supervised environment**  
3 **until the individuals are no longer acutely intoxicated.**

4       **“(B) The facility contracts with or is affiliated with a treatment**  
5 **program or a provider approved by the Oregon Health Authority to**  
6 **provide addiction treatment and the contract or affiliation agreement**  
7 **includes, but is not limited to, case consultation, training and advice**  
8 **and a plan for making referrals to addiction treatment.**

9       **“(C) The facility, in consultation with the addiction treatment pro-**  
10 **gram or provider, has adopted comprehensive written policies and**  
11 **procedures incorporating best practices for the safety of intoxicated**  
12 **individuals, employees of the facility and volunteers at the facility.**

13       **“(D) The facility is registered with the Oregon Health Authority**  
14 **under ORS 430.262.**

15       **“(L) ‘Treatment’ means a program that utilizes evidence-based**  
16 **methods to assist a drug-dependent person to become a person in re-**  
17 **covery, and that:**

18       **“(A) Is based on published research in at least two peer-reviewed**  
19 **journals that cite the methods used in the program as effective in**  
20 **treating drug-dependent persons by assisting the persons to become**  
21 **persons in recovery;**

22       **“(B) Is standardized so that the program can be replicated with the**  
23 **same or similar efficacy;**

24       **“(C) Has been studied in more than one environment and has pro-**  
25 **vided consistent and effective results; and**

26       **“(D) Is subject to ongoing evaluation to determine if implementa-**  
27 **tion is adhering to the protocol for the method and delivering the de-**  
28 **sired results of assisting drug-dependent persons to become persons in**  
29 **recovery.**

30       **“(m) ‘Treatment facility’ includes outpatient facilities, inpatient**

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

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

14 “(a) Prevention;

15 “(b) Treatment;

16 “(c) Recovery support; and

17 “(d) Individual harm reduction.

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

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

27 “(b) A maximum of 15 percent of any grants or funding provided  
28 by the commission under this section may be spent on administrative  
29 costs or costs related to law enforcement.

30 “(5) The commission shall prioritize the funding of detoxification

1 facilities, sobering centers, treatment facilities and peer recovery  
2 support services, including culturally specific programs, to all regions  
3 of the state on a formula grant basis as determined by the commission  
4 by rule.

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

7 “(a) Programs for diversion in lieu of arrest by a police officer;

8 “(b) Community court programs to divert and assist drug-dependent  
9 persons that have been charged with drug possession or other drug-  
10 dependency related offenses; and

11 “(c) Focused deterrence to eliminate overt drug markets.

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

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

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

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

30 “430.384. (1) The Drug Treatment and Recovery Services Fund is estab-

1 lished in the State Treasury, separate and distinct from the General Fund.  
2 Interest earned by the Drug Treatment and Recovery Services Fund shall be  
3 credited to the fund.

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

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

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

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

10 “(3) Moneys in the fund shall be continuously appropriated to the [*Oregon*  
11 *Health Authority*] **Oregon Criminal Justice Commission** for the purposes  
12 set forth in ORS 430.389 **and section 1 of this 2025 Act.**

13 “(4)(a) Pursuant to subsection (2)(a) of this section, the Legislative As-  
14 sembly shall appropriate or transfer to the fund an amount sufficient to fully  
15 fund the grants program required by ORS 430.389 **and section 1 of this 2025**  
16 **Act.**

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

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

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

27 “(B) The annual increase, if any, in moneys distributed pursuant to ORS  
28 475C.726 (3)(b).

29 **“SECTION 3.** ORS 430.387 is amended to read:

30 “430.387. The [*Oregon Health Authority*] **Oregon Criminal Justice**

1 **Commission** shall cause the moneys in the Drug Treatment and Recovery  
2 Services Fund to be distributed as follows:

3 “(1) An amount necessary for the administration of ORS [430.388 to]  
4 **430.389 and** 430.390, excluding amounts necessary to establish and maintain  
5 the telephone hotline described in ORS 430.391 (1).

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

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

11 “430.389. (1) The [*Oversight and Accountability Council*] **Oregon Criminal**  
12 **Justice Commission** shall approve grants and funding [*provided by the*  
13 *Oregon Health Authority in accordance with this section*] to **accomplish the**  
14 **following:**

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

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

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

22 “(A) Process for applying for grants and funding by agencies or organ-  
23 izations, whether government or community based, to establish Behavioral  
24 Health Resource Networks for the purposes of immediately screening the  
25 acute needs of individuals with substance use, including those who also have  
26 a mental illness, and assessing and addressing any ongoing needs through  
27 ongoing case management, harm reduction, treatment, housing and linkage  
28 to other care and services.

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

1 “(b) Recipients of grants or funding must be licensed, certified or cre-  
2 dentialled by the state, including certification under ORS 743A.168 (9), or  
3 meet criteria prescribed by rule by the [*authority*] **commission** under ORS  
4 430.390. A recipient of a grant or funding under this subsection may not use  
5 the grant or funding to supplant the recipient’s existing funding.

6 “(c) The [*council and the authority*] **commission** shall ensure that resi-  
7 dents of each county have access to all of the services described in paragraph  
8 (e) of this subsection.

9 “(d) Applicants for grants and funding may apply individually or jointly  
10 with other network participants to provide services in one or more counties.

11 “(e) A network must have the capacity to provide the following services  
12 and any other services specified by the [*authority*] **commission** by rule but  
13 no individual participant in a network is required to provide all of the ser-  
14 vices:

15 “(A) Screening by certified addiction peer support or wellness specialists  
16 or other qualified persons designated by the [*council*] **commission** to deter-  
17 mine a client’s need for immediate medical or other treatment to determine  
18 what acute care is needed and where it can be best provided, identify other  
19 needs and link the client to other appropriate local or statewide services,  
20 including treatment for substance use and coexisting health problems, hous-  
21 ing, employment, training and child care. Networks shall provide this service  
22 24 hours a day, seven days a week, every calendar day of the year through  
23 a telephone line or other means. Networks may rely on the statewide tele-  
24 phone hotline established by the [*authority*] **commission** under ORS 430.391  
25 for telephone screenings during nonbusiness hours such as evenings, week-  
26 ends and holidays. Notwithstanding paragraph (c) of this subsection, only  
27 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 sub-  
30 stance use screening by a certified alcohol and drug counselor or other cre-



1 denied addiction treatment professional. The assessment shall prioritize  
2 the self-identified needs of a client.

3 “(C) Individual intervention planning, case management and connection  
4 to services. If, after the completion of a screening, a client indicates a desire  
5 to address some or all of the identified needs, a case manager shall work  
6 with the client to design an individual intervention plan. The plan must ad-  
7 dress the client’s need for substance use treatment, coexisting health prob-  
8 lems, housing, employment and training, child care and other services.

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

13 “(E) Assessment of the need for, and provision of, mobile or virtual out-  
14 reach services to:

15 “(i) Reach clients who are unable to access the network; and

16 “(ii) Increase public awareness of network services.

17 “(F) Harm reduction services and information and education about harm  
18 reduction services.

19 “(G) Low-barrier substance use treatment.

20 “(H) Transitional and supportive housing for individuals with substance  
21 use.

22 “(f) If an applicant for a grant or funding under this subsection is unable  
23 to provide all of the services described in paragraph (e) of this subsection,  
24 the applicant may identify how the applicant intends to partner with other  
25 entities to provide the services, and the [*authority and the council*] **com-**  
26 **mission** may facilitate collaboration among applicants.

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

1 “(h) The networks must be adequately staffed to address the needs of  
2 people with substance use within their regions as prescribed by the  
3 [authority] **commission** by rule, including, at a minimum, at least one per-  
4 son in each of the following categories:

5 “(A) Alcohol and drug counselor certified by the **Oregon Health Au-**  
6 **thority** or other credentialed addiction treatment professional;

7 “(B) Case manager;

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

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

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

12 “(F) Youth support specialist certified by the authority.

13 “(i) Verification of a screening by a certified addiction peer support spe-  
14 cialist, wellness specialist or other person in accordance with paragraph  
15 (e)(A) of this subsection shall promptly be provided to the client by the en-  
16 tity conducting the screening. If the client executes a valid release of in-  
17 formation, the entity shall provide verification of the screening to the  
18 [authority] **commission** or a contractor of the [authority] **commission** and  
19 the [authority] **commission** or the [authority’s] **commission’s** contractor  
20 shall forward the verification to any entity the client has authorized to re-  
21 ceive the verification.

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

30 “[A) *Low-barrier substance use treatment that is evidence-informed,*

1 *trauma-informed, culturally specific, linguistically responsive, person-centered*  
2 *and nonjudgmental;]*

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

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

6 “[*(D) Harm reduction interventions including, but not limited to, overdose*  
7 *prevention education, access to short-acting opioid antagonists, as defined in*  
8 *ORS 689.800, and sterile syringes and stimulant-specific drug education and*  
9 *outreach; or]*

10 “[*(E) Incentives and supports to expand the behavioral health workforce to*  
11 *support the services delivered by behavioral health resource networks and en-*  
12 *tities receiving grants or funding under this subsection.]*

13 “[*(b) A recipient of a grant or funding under this subsection may not use*  
14 *the grant or funding to supplant the recipient’s existing funding.]*

15 “[*(4)*] **(3)** In awarding grants and funding under [*subsections (1) and (3)*]  
16 **subsection (1)** of this section **and section 1 of this 2025 Act**, the [*council*]  
17 **commission** shall:

18 “(a) Distribute grants and funding to ensure access to:

19 “(A) Historically underserved populations; and

20 “(B) Culturally specific and linguistically responsive services.

21 “(b) Consider any inventories or surveys of currently available behavioral  
22 health services.

23 “(c) Consider available regional data related to the substance use treat-  
24 ment needs and the access to culturally specific and linguistically responsive  
25 services in communities in this state.

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

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

1       “[(5)] (4) The [council] **commission** shall require any government entity  
2 that applies for a grant to specify in the application details regarding  
3 subgrantees and how the government entity will fund culturally specific or-  
4 ganizations and culturally specific services. A government entity receiving  
5 a grant must make an explicit commitment not to supplant or decrease any  
6 existing funding used to provide services funded by the grant.

7       “[(6)] (5) In determining grants and funding to be awarded, the [council]  
8 **commission** may consult the comprehensive addiction, prevention, treatment  
9 and recovery plan established by the Alcohol and Drug Policy Commission  
10 under ORS 430.223 and the advice of any other group, agency, organization  
11 or individual that desires to provide advice to the [council] **Oregon Crimi-  
12 nal Justice Commission** that is consistent with the terms of this section.

13       “[(7)] (6) Services provided by grantees, including services provided by a  
14 Behavioral Health Resource Network, shall be free of charge to the clients  
15 receiving the services. Grantees in each network shall seek reimbursement  
16 from insurance issuers, the medical assistance program or any other third  
17 party responsible for the cost of services provided to a client and grants and  
18 funding provided by the [council or the authority] **Oregon Criminal Justice  
19 Commission** under this section may be used for copayments, deductibles or  
20 other out-of-pocket costs incurred by the client for the services.

21       “[(8)] (7) Subsection [(7)] (6) of this section does not require the medical  
22 assistance program to reimburse the cost of services for which another third  
23 party is responsible in violation of 42 U.S.C. 1396a(25).

24       “**SECTION 5.** ORS 430.390 is amended to read:

25       “430.390. (1)(a) The [*Oregon Health Authority*] **Oregon Criminal Justice  
26 Commission** shall adopt rules that establish a grant application process, a  
27 process to appeal the denial of a grant and general criteria and requirements  
28 for the Behavioral Health Resource Networks and the grants and funding  
29 required by ORS 430.389, including rules requiring recipients of grants and  
30 funding to collect and report information necessary for the Secretary of State

1 to conduct the financial and performance audits required by ORS 430.392.

2 “[*b*] *When adopting or amending rules under this subsection, the authority*  
3 *shall convene an advisory committee in accordance with ORS 183.333 in which*  
4 *members of the Oversight and Accountability Council compose a majority of*  
5 *the membership.*]

6 “(2) The [*council*] **commission** shall have and retain the authority to  
7 oversee the Behavioral Health Resource Networks established under ORS  
8 430.389 and approve the grants and funding under ORS 430.389.

9 “(3) The [*authority*] **commission** shall administer and provide all neces-  
10 sary support to ensure the implementation of ORS 430.383 to 430.390 and  
11 430.394, and that recipients of grants or funding comply with all applicable  
12 rules regulating the provision of behavioral health services.

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

16 “(b) The [*authority*] **commission** shall encourage and take all reasonable  
17 measures to ensure that grant recipients cooperate, coordinate and act  
18 jointly with one another to offer the services described in ORS 430.389.

19 “(c) The [*authority*] **commission** shall post to the [*authority’s*]  
20 **commission’s** website, at the time a grant or funding is awarded:

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

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

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

25 “[*5*] *The authority shall provide requested technical, logistical and other*  
26 *support to the council to assist the council with the council’s duties and obli-*  
27 *gations.*]

28 “[*6*] (5) The Department of Justice shall provide legal services to the  
29 [*council*] **commission** if requested to assist the [*council*] **commission** in  
30 carrying out the [*council’s*] **commission’s** duties and obligations.

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

2        “430.391. (1) The [*Oregon Health Authority*] **Oregon Criminal Justice**  
3 **Commission** shall establish a Behavioral Health Resource Network state-  
4 wide telephone hotline to provide screenings described in ORS 430.389  
5 (2)(e)(A) to any caller who is a resident of this state.

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

10       **SECTION 7.** ORS 430.393 is amended to read:

11        “430.393. No later than January 1, 2022, and at the beginning of each  
12 calendar quarter thereafter, the [*Oregon Health Authority*] **Oregon Criminal**  
13 **Justice Commission** shall report to the Legislative Assembly, in the man-  
14 ner provided in ORS 192.245, how funds from the Drug Treatment and Re-  
15 covery Services Fund were spent in the preceding calendar quarter.

16       **SECTION 8.** ORS 430.394 is amended to read:

17        “430.394. If approved by the [*Oversight and Accountability Council*]  
18 **Oregon Criminal Justice Commission**, the Oregon Health Authority may  
19 implement an education campaign to inform the public about the availability  
20 of Behavioral Health Resource Networks, the statewide hotline described in  
21 ORS 430.391 and any other information the authority believes would benefit  
22 the public in accessing behavioral health services.

23       **SECTION 9.** (1) **The Oregon Criminal Justice Commission shall**  
24 **conduct an analysis of the most effective ways to address substance**  
25 **abuse within this state. The analysis must include an assessment of**  
26 **the availability and funding of substance abuse treatment programs,**  
27 **the identification of any gaps in current practices and identification**  
28 **of the best practices to fund and support treatment services and other**  
29 **methods of addressing substance abuse.**

30        “(2) No later than September 15, 2026, the commission shall provide

1 a report to the interim committees of the Legislative Assembly related  
2 to health and the judiciary, in the manner described in ORS 192.245,  
3 containing the findings of the commission.

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

6 “**SECTION 10.** ORS 244.050 is amended to read:

7 “244.050. (1) On or before April 15 of each year the following persons shall  
8 file with the Oregon Government Ethics Commission a verified statement of  
9 economic interest as required under this chapter:

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

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

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

18 “(d) The Deputy Attorney General.

19 “(e) The Deputy Secretary of State.

20 “(f) The Legislative Administrator, the Legislative Counsel, the Legisla-  
21 tive Fiscal Officer, the Legislative Policy and Research Director, the Secre-  
22 tary of the Senate, the Chief Clerk of the House of Representatives and the  
23 Legislative Equity Officer.

24 “(g) The president and vice presidents, or their administrative equiv-  
25 alents, in each public university listed in ORS 352.002.

26 “(h) The following state officers:

27 “(A) Adjutant General.

28 “(B) Director of Agriculture.

29 “(C) Manager of State Accident Insurance Fund Corporation.

30 “(D) Water Resources Director.

- 1 “(E) Director of the Department of Environmental Quality.
- 2 “(F) Director of the Oregon Department of Administrative Services.
- 3 “(G) State Fish and Wildlife Director.
- 4 “(H) State Forester.
- 5 “(I) State Geologist.
- 6 “(J) Director of Human Services.
- 7 “(K) Director of the Department of Consumer and Business Services.
- 8 “(L) Director of the Department of State Lands.
- 9 “(M) State Librarian.
- 10 “(N) Administrator of the Oregon Liquor and Cannabis Commission.
- 11 “(O) Superintendent of State Police.
- 12 “(P) Director of the Public Employees Retirement System.
- 13 “(Q) Director of Department of Revenue.
- 14 “(R) Director of Transportation.
- 15 “(S) Public Utility Commissioner.
- 16 “(T) Director of Veterans’ Affairs.
- 17 “(U) Executive director of Oregon Government Ethics Commission.
- 18 “(V) Director of the State Department of Energy.
- 19 “(W) Director and each assistant director of the Oregon State Lottery.
- 20 “(X) Director of the Department of Corrections.
- 21 “(Y) Director of the Oregon Department of Aviation.
- 22 “(Z) Executive director of the Oregon Criminal Justice Commission.
- 23 “(AA) Director of the Oregon Business Development Department.
- 24 “(BB) Director of the Oregon Department of Emergency Management.
- 25 “(CC) Director of the Employment Department.
- 26 “(DD) State Fire Marshal.
- 27 “(EE) Chief of staff for the Governor.
- 28 “(FF) Director of the Housing and Community Services Department.
- 29 “(GG) State Court Administrator.
- 30 “(HH) Director of the Department of Land Conservation and Develop-



1 ment.

2 “(II) Board chairperson of the Land Use Board of Appeals.

3 “(JJ) State Marine Director.

4 “(KK) Executive director of the Oregon Racing Commission.

5 “(LL) State Parks and Recreation Director.

6 “(MM) Executive director of the Oregon Public Defense Commission.

7 “(NN) Chairperson of the Public Employees’ Benefit Board.

8 “(OO) Director of the Department of Public Safety Standards and Train-  
9 ing.

10 “(PP) Executive director of the Higher Education Coordinating Commis-  
11 sion.

12 “(QQ) Executive director of the Oregon Watershed Enhancement Board.

13 “(RR) Director of the Oregon Youth Authority.

14 “(SS) Director of the Oregon Health Authority.

15 “(TT) Deputy Superintendent of Public Instruction.

16 “(i) The First Partner, the legal counsel, the deputy legal counsel and all  
17 policy advisors within the Governor’s office.

18 “(j) Every elected city or county official.

19 “(k) Every member of a city or county planning, zoning or development  
20 commission.

21 “(L) The chief executive officer of a city or county who performs the du-  
22 ties of manager or principal administrator of the city or county.

23 “(m) Members of local government boundary commissions formed under  
24 ORS 199.410 to 199.519.

25 “(n) Every member of a governing body of a metropolitan service district  
26 and the auditor and executive officer thereof.

27 “(o) Each member of the board of directors of the State Accident Insur-  
28 ance Fund Corporation.

29 “(p) The chief administrative officer and the financial officer of each  
30 common and union high school district, education service district and com-

1 munity college district.

2 “(q) Every member of the following state boards, commissions and coun-  
3 cils:

4 “(A) Governing board of the State Department of Geology and Mineral  
5 Industries.

6 “(B) Oregon Business Development Commission.

7 “(C) State Board of Education.

8 “(D) Environmental Quality Commission.

9 “(E) Fish and Wildlife Commission of the State of Oregon.

10 “(F) State Board of Forestry.

11 “(G) Oregon Government Ethics Commission.

12 “(H) Oregon Health Policy Board.

13 “(I) Oregon Investment Council.

14 “(J) Land Conservation and Development Commission.

15 “(K) Oregon Liquor and Cannabis Commission.

16 “(L) Oregon Short Term Fund Board.

17 “(M) State Marine Board.

18 “(N) Mass transit district boards.

19 “(O) Energy Facility Siting Council.

20 “(P) Board of Commissioners of the Port of Portland.

21 “(Q) Employment Relations Board.

22 “(R) Public Employees Retirement Board.

23 “(S) Oregon Racing Commission.

24 “(T) Oregon Transportation Commission.

25 “(U) Water Resources Commission.

26 “(V) Workers’ Compensation Board.

27 “(W) Oregon Facilities Authority.

28 “(X) Oregon State Lottery Commission.

29 “(Y) Pacific Northwest Electric Power and Conservation Planning Coun-  
30 cil.

1 “(Z) Columbia River Gorge Commission.  
2 “(AA) Oregon Health and Science University Board of Directors.  
3 “(BB) Capitol Planning Commission.  
4 “(CC) Higher Education Coordinating Commission.  
5 “(DD) Oregon Growth Board.  
6 “(EE) Early Learning Council.  
7 “[*FF*] *The Oversight and Accountability Council.*]  
8 “(r) The following officers of the State Treasurer:  
9 “(A) Deputy State Treasurer.  
10 “(B) Chief of staff for the office of the State Treasurer.  
11 “(C) Director of the Investment Division.  
12 “(s) Every member of the board of commissioners of a port governed by  
13 ORS 777.005 to 777.725 or 777.915 to 777.953.  
14 “(t) Every member of the board of directors of an authority created under  
15 ORS 441.525 to 441.595.  
16 “(u) Every member of a governing board of a public university listed in  
17 ORS 352.002.  
18 “(v) Every member of the district school board of a common school dis-  
19 trict or union high school district.  
20 “(w) Every member of the board of directors of an authority created under  
21 ORS 465.600 to 465.621.  
22 “(2) By April 15 next after the date an appointment takes effect, every  
23 appointed public official on a board or commission listed in subsection (1)  
24 of this section shall file with the Oregon Government Ethics Commission a  
25 statement of economic interest as required under ORS 244.060, 244.070 and  
26 244.090.  
27 “(3) By April 15 next after the filing deadline for the primary election,  
28 each candidate described in subsection (1) of this section shall file with the  
29 commission a statement of economic interest as required under ORS 244.060,  
30 244.070 and 244.090.

1 “(4) Not later than the 40th day before the date of the statewide general  
2 election, each candidate described in subsection (1) of this section who will  
3 appear on the statewide general election ballot and who was not required to  
4 file a statement of economic interest under subsections (1) to (3) of this  
5 section shall file with the commission a statement of economic interest as  
6 required under ORS 244.060, 244.070 and 244.090.

7 “(5) Subsections (1) to (3) of this section apply only to persons who are  
8 incumbent, elected or appointed public officials as of April 15 and to persons  
9 who are candidates on April 15.

10 “(6) If a statement required to be filed under this section has not been  
11 received by the commission within five days after the date the statement is  
12 due, the commission shall notify the public official or candidate and give the  
13 public official or candidate not less than 15 days to comply with the re-  
14 quirements of this section. If the public official or candidate fails to comply  
15 by the date set by the commission, the commission may impose a civil pen-  
16 alty as provided in ORS 244.350.

17 **“SECTION 11.** ORS 413.017 is amended to read:

18 “413.017. (1) The Oregon Health Policy Board shall establish the commit-  
19 tees described in subsections (2) to (5) of this section.

20 “(2)(a) The Public Health Benefit Purchasers Committee shall include in-  
21 dividuals who purchase health care for the following:

22 “(A) The Public Employees’ Benefit Board.

23 “(B) The Oregon Educators Benefit Board.

24 “(C) Trustees of the Public Employees Retirement System.

25 “(D) A city government.

26 “(E) A county government.

27 “(F) A special district.

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

30 “(b) The Public Health Benefit Purchasers Committee shall:

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

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

9       “(C) Continuously review and report to the Oregon Health Policy Board  
10 on the committee’s progress in aligning benefits while minimizing the cost  
11 shift to individual purchasers of insurance without shifting costs to the pri-  
12 vate sector or the health insurance exchange.

13       “(c) The Oregon Health Policy Board shall work with the Public Health  
14 Benefit Purchasers Committee to identify uniform provisions for state and  
15 local public contracts for health benefit plans that achieve maximum quality  
16 and cost outcomes. The board shall collaborate with the committee to de-  
17 velop steps to implement joint contract provisions. The committee shall  
18 identify a schedule for the implementation of contract changes. The process  
19 for implementation of joint contract provisions must include a review process  
20 to protect against unintended cost shifts to enrollees or agencies.

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

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

29       “(c) The Health Care Workforce Committee shall conduct an inventory  
30 of all grants and other state resources available for addressing the need to

1 expand the health care workforce to meet the needs of Oregonians for health  
2 care.

3 “(4)(a) The Health Plan Quality Metrics Committee shall include the fol-  
4 lowing members appointed by the Oregon Health Policy Board:

5 “(A) An individual representing the Oregon Health Authority;

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

7 “(C) An individual representing the Public Employees’ Benefit Board;

8 “(D) An individual representing the Department of Consumer and Busi-  
9 ness Services;

10 “(E) Two health care providers;

11 “(F) One individual representing hospitals;

12 “(G) One individual representing insurers, large employers or multiple  
13 employer welfare arrangements;

14 “(H) Two individuals representing health care consumers;

15 “(I) Two individuals representing coordinated care organizations;

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

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

18 “(L) One individual with expertise in mental health and addiction ser-  
19 vices.

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

29 “(c) The committee shall use a public process that includes an opportunity  
30 for public comment to identify health outcome and quality measures. The

1 health outcome and quality measures identified by the committee, as updated  
2 by the authority under paragraph (g) of this subsection, may be applied to  
3 services provided by coordinated care organizations or paid for by health  
4 benefit plans sold through the health insurance exchange or offered by the  
5 Oregon Educators Benefit Board or the Public Employees' Benefit Board.  
6 The authority, the department, the Oregon Educators Benefit Board and the  
7 Public Employees' Benefit Board are not required to adopt all of the health  
8 outcome and quality measures identified by the committee but may not adopt  
9 any health outcome and quality measures that are different from the meas-  
10 ures identified by the committee. The measures must take into account the  
11 health outcome and quality measures selected by the metrics and scoring  
12 subcommittee created in ORS 413.022 and the differences in the populations  
13 served by coordinated care organizations and by commercial insurers.

14 “(d) In identifying health outcome and quality measures, the committee  
15 shall prioritize measures that:

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

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

22 “(C) Utilize existing data systems, to the extent practicable, for reporting  
23 the measures to minimize redundant reporting and undue burden on the  
24 state, health benefit plans and health care providers;

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

26 “(E) Use a common format in the collection of the data and facilitate the  
27 public reporting of the data; and

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

30 “(e) The committee shall evaluate on a regular and ongoing basis the

1 health outcome and quality measures identified under this section.

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

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

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

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

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

22 “(B) The chairperson of the committee appointed by the board to address  
23 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  
28 430.073, that represents adults with mental illness;

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



1 “(H) A member [*of the Oversight and Accountability Council, described in*  
2 *ORS 430.389,*] who represents adults with addictions or co-occurring condi-  
3 tions;

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

5 “(J) One consumer representative;

6 “(K) One representative of a tribal government;

7 “(L) One representative of an organization that advocates on behalf of  
8 individuals with intellectual or developmental disabilities;

9 “(M) One representative of providers of behavioral health services;

10 “(N) The director of the division of the authority responsible for behav-  
11 ioral health services, as a nonvoting member;

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

14 “(P) The authority’s Medicaid director, as a nonvoting member;

15 “(Q) A representative of the Department of Human Services, as a non-  
16 voting member; and

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

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

19 “(c) The division of the authority responsible for behavioral health ser-  
20 vices and the director of the division shall staff the committee.

21 “(d) The committee, in collaboration with the Health Plan Quality Met-  
22 rics Committee, as needed, shall:

23 “(A) Establish quality metrics for behavioral health services provided by  
24 coordinated care organizations, health care providers, counties and other  
25 government entities; and

26 “(B) Establish incentives to improve the quality of behavioral health  
27 services.

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

29 “(A) Improve timely access to behavioral health care;

30 “(B) Reduce hospitalizations;

1 “(C) Reduce overdoses;

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

3 “(E) Ensure individuals are supported in the least restrictive environment  
4 that meets their behavioral health needs.

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

11 **“SECTION 12.** Section 6, chapter 63, Oregon Laws 2022, is amended to  
12 read:

13 **“Sec. 6.** (1) The Opioid Settlement Prevention, Treatment and Recovery  
14 Board is created in the Oregon Health Authority for the purpose of deter-  
15 mining the allocation of funding from the Opioid Settlement Prevention,  
16 Treatment and Recovery Fund established in section 5 of this 2022 Act. The  
17 board consists of:

18 “(a) The following members appointed by the Governor:

19 “(A) A policy advisor to the Governor;

20 “(B) A representative of the Department of Justice;

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

22 “(D) A representative of the Department of Human Services;

23 “(b) The Director of the Alcohol and Drug Policy Commission or the  
24 director’s designee;

25 “[*(c) The chairperson of the Oversight and Accountability Council estab-*  
26 *lished in ORS 430.388 or the chairperson’s designee;*]

27 “[*(d)*] (c) The following members appointed by the Governor from a list  
28 of candidates provided by the Association of Oregon Counties and the League  
29 of Oregon Cities or the successor organizations to the Association of Oregon  
30 Counties and the League of Oregon Cities:

1 “(A) An individual representing Clackamas, Washington or Multnomah  
2 County;

3 “(B) An individual representing Clatsop, Columbia, Coos, Curry, Jackson,  
4 Josephine, Lane or Yamhill County;

5 “(C) An individual representing the City of Portland;

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

8 “(E) An individual representing a city with a population at or below  
9 10,000 residents as of July 21, 2021; and

10 “(F) A representative of the Oregon Coalition of Local Health Officials  
11 or its successor organization;

12 “[*e*] (d) The following members appointed by the Governor from a list  
13 of candidates provided by the members described in paragraphs (a) to [*d*]  
14 (c) of this subsection:

15 “(A) A representative of a community mental health program;

16 “(B) An individual who has experienced a substance use disorder or a  
17 representative of an organization that advocates on behalf of individuals  
18 with substance use disorders; and

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

21 “[*f*] (e) A member of the House of Representatives appointed by the  
22 Speaker of the House of Representatives, who shall be a nonvoting member  
23 of the board;

24 “[*g*] (f) A member of the Senate appointed by the President of the Sen-  
25 ate, who shall be a nonvoting member of the board; and

26 “[*h*] (g) The State Court Administrator or the administrator’s designee,  
27 who shall be a nonvoting member of the board.

28 “(2) The Governor shall select from the members described in subsection  
29 (1)(a)[,] **and** (b) [*and* (c)] of this section one cochairperson to represent state  
30 entities, and the members described in subsection [*(1)(d)*] (1)(c) of this sec-

1 tion shall select from one of their members a cochairperson to represent  
2 cities or counties.

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

10 “(4) Decision-making by the board shall be based on consensus and sup-  
11 ported by at least a majority of the members. The board shall document all  
12 objections to board decisions.

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

19 “(6) In determining the allocation of moneys from the Opioid Settlement  
20 Prevention, Treatment and Recovery Fund:

21 “(a) No more than five percent of the moneys may be spent on adminis-  
22 tering the board and the fund.

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

27 “(c) Moneys remaining after allocations in accordance with paragraphs  
28 (a) and (b) of this subsection shall be allocated for funding statewide and  
29 regional programs identified in the Distributor Settlement Agreement, the  
30 Janssen Settlement Agreement and any other judgment or settlement de-

1 scribed in section 5 (1)(c) [*of this 2022 Act*], **chapter 63, Oregon Laws 2022**,  
2 including but not limited to:

3 “(A) Programs that use evidence-based or evidence-informed strategies to  
4 treat opioid use disorders and any co-occurring substance use disorders or  
5 mental health conditions;

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

9 “(C) Programs that use evidence-based or evidence-informed strategies to  
10 provide connections to care for individuals who have or are at risk of de-  
11 veloping opioid use disorders and any co-occurring substance use disorders  
12 or mental health conditions;

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

18 “(E) Programs that use evidence-based or evidence-informed strategies to  
19 address the needs of pregnant or parenting women with opioid use disorders  
20 and any co-occurring substance use disorders or mental health conditions,  
21 and the needs of their families, including babies with neonatal abstinence  
22 syndrome;

23 “(F) Programs that use evidence-based or evidence-informed strategies to  
24 support efforts to prevent over-prescribing of opioids and ensure appropriate  
25 prescribing and dispensing of opioids;

26 “(G) Programs that use evidence-based or evidence-informed strategies to  
27 support efforts to discourage or prevent misuse of opioids;

28 “(H) Programs that use evidence-based or evidence-informed strategies to  
29 support efforts to prevent or reduce overdose deaths or other opioid-related  
30 harms;

1 “(I) Programs to educate law enforcement or other first responders re-  
2 garding appropriate practices and precautions when dealing with users of  
3 fentanyl or other opioids;

4 “(J) Programs to provide wellness and support services for first  
5 responders and others who experience secondary trauma associated with  
6 opioid-related emergency events;

7 “(K) Programs to support efforts to provide leadership, planning, coordi-  
8 nation, facilitation, training and technical assistance to abate the opioid  
9 epidemic through activities, programs or strategies; or

10 “(L) Funding to support opioid abatement research.

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

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

15 “(B) The board’s ongoing evaluation of the efficacy of the funding allo-  
16 cations;

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

18 “(D) Input the board receives from the public;

19 “(E) Equity considerations for underserved populations; and

20 “(F) The terms of the settlement agreements.

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

22 “**SECTION 12a.** Section 8, chapter 63, Oregon Laws 2022, is amended to  
23 read:

24 “**Sec. 8. (1) Sections 4 [to 7 of this 2022 Act] and 5, chapter 63, Oregon**  
25 **Laws 2022,** are repealed on January 2, 2040.

26 “**(2) Section 6, chapter 63, Oregon Laws 2022, as amended by section**  
27 **12 of this 2025 Act, is repealed on January 2, 2040.**

28 “**(3) Section 7, chapter 63, Oregon Laws 2022, is repealed on January**  
29 **2, 2040.**

30 “**SECTION 13.** ORS 430.383 is amended to read:

1 “430.383. (1)(a) The people of Oregon find that drug addiction and over-  
2 doses are a serious problem in Oregon and that Oregon needs to expand ac-  
3 cess to drug treatment.

4 “(b) The people of Oregon further find that a health-based approach to  
5 addiction and overdose is [*more*] effective, humane and cost-effective [*than*  
6 *criminal punishments. Making people criminals because they suffer from ad-*  
7 *diction is expensive, ruins lives and can make access to treatment and recovery*  
8 *more difficult*].

9 “(2)(a) The purpose of the Drug Addiction Treatment and Recovery Act  
10 of 2020, **as amended**, is to make screening, health assessment, treatment and  
11 recovery services for drug addiction available to all those who need and want  
12 access to those services and to [*adopt a health approach*] **enhance assess-**  
13 **ment, treatment and recovery services** to **address** drug addiction [*by re-*  
14 *moving criminal penalties for low-level drug possession*].

15 “(b) It is the policy of the State of Oregon:

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

19 “(B) To encourage treatment and recovery for people struggling with  
20 substance use.

21 “(3) The provisions of ORS 430.383 to 430.390 and 430.394 shall be inter-  
22 preted consistently with the findings, purposes and policy objectives stated  
23 in this section and shall not be limited by any policy set forth in Oregon law  
24 that could conflict with or be interpreted to conflict with the purposes and  
25 policy objectives stated in this section.

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

29 **“SECTION 14. ORS 430.388 and section 6, chapter 248, Oregon Laws**  
30 **2023, are repealed.**

1        **“SECTION 15.** Section 76, chapter 70, Oregon Laws 2024 is amended to  
2 read:

3        **“Sec. 76.** (1) As used in this section, ‘deflection program’ means a  
4 collaborative program between law enforcement agencies and behavioral  
5 health entities that assists individuals who may have substance use disorder,  
6 another behavioral health disorder or co-occurring disorders, to create  
7 community-based pathways to treatment, recovery support services, housing,  
8 case management or other services.

9        “(2) The Oregon Behavioral Health Deflection Program is established  
10 within the Improving People’s Access to Community-based Treatment, Sup-  
11 ports and Services Grant Review Committee established under ORS 430.234.  
12 The program consists of grants awarded by the committee, **after review by**  
13 **the Oregon Criminal Justice Commission**, to counties and federally re-  
14 cognized tribal governments to fund deflection programs.

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

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

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

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

25        “(4)(a) The committee shall develop a grant application process for  
26 awarding grants under this section.

27        “(b) An application for a grant under this section may be submitted by a  
28 county or the designee of a county, or by a tribal government or designee  
29 of a tribal government. Only one application per county may be submitted,  
30 but the application may request funding multiple programs within a county.



1       “(c) Prior to submitting an application for a grant under this section, the  
2 applicant shall coordinate with all partners of the development and admin-  
3 istration of the proposed deflection program to ensure that the partners have  
4 the resources necessary to implement the deflection program. The partners  
5 shall include at least a district attorney, a law enforcement agency, a com-  
6 munity mental health program established under ORS 430.620 and a provider  
7 from a Behavioral Health Resource Network established under ORS 430.389.  
8 Partners may also include a treatment provider, a local mental health au-  
9 thority, a tribal government, a peer support organization, a court or a local  
10 government body.

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

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

14       “(B) A description of the individuals who would be eligible for the pro-  
15 gram and what qualifies as a successful outcome, formulated in cooperation  
16 with the program partners described in paragraph (c) of this subsection;

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

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

23       “(E) A description of how the program coordinator will communicate with  
24 program partners concerning persons participating in the program and any  
25 other matter necessary for the administration of the program.

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

27       “(a) Must be coordinated by or in consultation with a community mental  
28 health program, a local mental health authority or a federally recognized  
29 tribal government;

30       “(b) Must have a coordinator with the following program coordinator

1 duties:

2 “(A) Convening deflection program partners as needed for the operation  
3 of the program;

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

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

8 “(c) Must involve the partners described in subsection (4)(c) of this sec-  
9 tion; and

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

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

12 “(B) A community provider;

13 “(C) A treatment provider;

14 “(D) A community-based organization;

15 “(E) A case management provider;

16 “(F) A recovery support services provider; or

17 “(G) Any other individual or entity deemed necessary by the program co-  
18 ordinator to carry out the purposes of the deflection program, including in-  
19 dividuals with lived experience with substance use disorder, a behavioral  
20 health disorder or co-occurring disorders.

21 “(6) During a grant application period established by the committee[,]:

22 “**(a) The committee shall make recommendations to the commis-**  
23 **sion about which grant applications should be approved;**

24 “**(b) The commission shall review the committee’s recommen-**  
25 **dations and make the final determination of which grant applications**  
26 **to approve; and**

27 “**(c)** The maximum proportion of grant funds available to an applicant  
28 shall be determined as follows:

29 “[*a*] **(A)** The proportion of grant funds available to an applicant other  
30 than a tribal government shall be determined [*based on the county formula*

1 *share employed by the Oversight and Accountability Council established under*  
2 *ORS 430.388] by the commission by rule in a manner that ensures that*  
3 **each region of the state receives funding in equitable proportion to the**  
4 **region’s need**, but an applicant may not receive less than \$150,000.

5 “[*(b)*] **(B)** The [*committee*] **commission** shall determine the proportion of  
6 funds available to an applicant that is a federally recognized tribal govern-  
7 ment.

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

9 “(A) Deflection program expenses including but not limited to law  
10 enforcement employees, deputy district attorneys and behavioral health  
11 treatment workers, including peer navigators and mobile crisis and support  
12 services workers.

13 “(B) Behavioral health workforce development.

14 “(C) Capital construction of behavioral health treatment infrastructure.

15 “(b) Notwithstanding paragraph (a) of this subsection, the committee may  
16 award planning grants for the development of deflection programs.

17 “(c) The committee may allocate up to three percent of program funds to  
18 support grantee data collection and analysis or evaluation of outcome  
19 measures.

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

22 “(9) The committee and the commission may adopt rules to carry out the  
23 provisions of this section.”.

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