

# House Bill 2257

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Office of the Governor)

## 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**.

Declares legislative intent to consider substance use disorder as chronic illness.

Directs Department of Corrections to study issues related to continuity of care for persons in department's custody. Requires department to report to interim committee of Legislative Assembly not later than July 1, 2020. Sunsets January 2, 2021.

Directs Oregon Health Authority to convene advisory group to make recommendations for accreditation requirements for substance use treatment providers. Requires authority to implement requirements not later than January 2, 2021. Sunsets January 2, 2022.

Directs Health Evidence Review Commission to study prohibiting health insurance public payers from requiring prior authorization for reimbursements related to substance use disorder treatment. Requires commission to report to interim committee of Legislative Assembly not later than December 31, 2019. Sunsets January 2, 2020.

Directs authority to implement pilot project to provide substance use disorder treatment to pregnant persons. Requires authority to report on pilot project to interim committee of Legislative Assembly not later than December 31 of each year. Sunsets January 2, 2022.

Provides affirmative defense to unlawful possession of controlled substance for employee or volunteer of syringe services program. Defines "syringe services program."

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to drugs; and declaring an emergency.

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

4 **SECTION 1. The Legislative Assembly recognizes that substance use disorders, including**  
5 **opioid and opiate addiction, negatively impact the residents of this state. Therefore, it is the**  
6 **intent of the Legislative Assembly that substance use disorders be considered as chronic**  
7 **illnesses for which commensurate treatment is available and provided.**

8 **SECTION 2. (1) The Department of Corrections shall study the diagnosis, treatment and**  
9 **continuity of care for persons in the custody of correctional facilities in this state, in par-**  
10 **ticular for persons experiencing substance use disorders, including opioid and opiate ad-**  
11 **dition.**

12 **(2) A county that operates a local correctional facility as that term is defined in ORS**  
13 **169.005 shall study the diagnosis, treatment and continuity of care for persons in the custody**  
14 **of correctional facilities in the county, in particular for persons experiencing substance use**  
15 **disorders, including opioid and opiate addiction. Not later than December 31, 2019, the county**  
16 **shall report to the department, at a minimum, findings on:**

17 **(a) Existing barriers to diagnosis, treatment and continuity of care for persons in cus-**  
18 **tody;**

19 **(b) Substance use disorder treatment options for persons in custody; and**

20 **(c) Proposals for how the county will initiate and maintain diagnosis, treatment and**  
21 **continuity of care for persons in custody.**

22 **(3)(a) The department shall submit a report in the manner provided in ORS 192.245 based**

**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 on the study described in subsection (1) of this section and the report received under sub-  
 2 section (2) of this section, and shall include recommendations for legislation, to an interim  
 3 committee of the Legislative Assembly related to public health not later than July 1, 2020.

4 (b) The report must include, at a minimum, findings on:

5 (A) Existing barriers to diagnosis, treatment and continuity of care for persons in cus-  
 6 tody;

7 (B) Substance use disorder treatment options for persons in custody; and

8 (C) Proposals for how the department will initiate and maintain diagnosis, treatment and  
 9 continuity of care for persons in custody.

10 **SECTION 3.** Section 2 of this 2019 Act is repealed on January 2, 2021.

11 **SECTION 4.** (1) The Oregon Health Authority shall convene an advisory group to estab-  
 12 lish accreditation requirements for treatment programs for substance use disorders, includ-  
 13 ing opioid and opiate addiction. The advisory group shall consist of members appointed by the  
 14 authority who have experience and knowledge of treatment programs for substance use dis-  
 15 orders.

16 (2) Not later than June 30, 2020, the advisory group shall provide recommendations for  
 17 the requirements described in subsection (1) of this section to the authority.

18 **SECTION 5.** Section 4 of this 2019 Act is repealed on January 2, 2022.

19 **SECTION 6.** Not later than January 2, 2021, the Oregon Health Authority shall implement  
 20 the accreditation requirements recommended by the advisory group under section 4 of this  
 21 2019 Act.

22 **SECTION 7.** The Health Evidence Review Commission shall study the barriers to and  
 23 impacts of prohibiting public payers of health insurance, when reimbursing the cost of  
 24 treating substance use disorders including opioid and opiate addiction, from requiring prior  
 25 authorization of payment during the first 30 days of treatment. The commission shall submit  
 26 findings and recommendations for legislation to an interim committee of the Legislative As-  
 27 sembly related to public health not later than December 31, 2019.

28 **SECTION 8.** Section 7 of this 2019 Act is repealed on January 2, 2020.

29 **SECTION 9.** (1) The Oregon Health Authority shall establish a pilot project for the pur-  
 30 pose of offering treatment, including medication-assisted treatment, for substance use dis-  
 31 orders, including opioid and opiate addiction, to pregnant persons. The pilot project may  
 32 include:

33 (a) The use of any of the following to work with the persons described in this subsection:

34 (A) Peer mentors who are doulas, as that term is defined in ORS 414.667;

35 (B) Peer mentors; and

36 (C) Doulas; and

37 (b) Any substance use disorder treatment for a person described in this subsection that  
 38 is necessary for the person's health during the first year after the infant's birth.

39 (2) The authority shall implement the pilot project described in this section in four  
 40 counties in this state.

41 (3) At least twice each year, the counties in which the authority implements the pilot  
 42 project shall report to each other and to the authority regarding the pilot project. The  
 43 counties and the authority may jointly determine the form and content of the reporting re-  
 44 quired under this subsection.

45 (4) Not later than December 31 of each year, the authority shall submit, in the manner

1 provided in ORS 192.245, a report on the efficacy and implementation of the pilot project de-  
2 scribed in this section, and may include any recommendations for legislation, to an interim  
3 committee of the Legislative Assembly related to public health.

4 (5) The authority may adopt rules to carry out this section.

5 **SECTION 10.** There is appropriated to the Oregon Health Authority, out of the General  
6 Fund, the amount of \$5,000,000, for the purpose of carrying out the provisions of section 9  
7 of this 2019 Act. This appropriation is available continuously until the earlier of the date on  
8 which the amount is expended for the purpose specified in this section or January 2, 2022.

9 **SECTION 11.** Section 9 of this 2019 Act is repealed on January 2, 2022.

10 **SECTION 12.** Section 13 of this 2019 Act is added to and made a part of ORS 475.752 to  
11 475.980.

12 **SECTION 13.** (1) As used in this section, “syringe service program” means a program  
13 that provides services including free sterile needles and syringes and safe disposal for needles  
14 and syringes.

15 (2) It is an affirmative defense to unlawful possession of a controlled substance under  
16 ORS 475.752 to 475.980 that the person was acting in the capacity of an employee or volunteer  
17 of a syringe service program.

18 **SECTION 14.** Section 13 of this 2019 Act applies to conduct occurring on and after the  
19 operative date of this 2019 Act.

20 **SECTION 15.** (1) Sections 1 to 14 of this 2019 Act become operative on January 1, 2020.

21 (2) The Department of Corrections, the Health Evidence Review Commission and the  
22 Oregon Health Authority may take any action before the operative date specified in sub-  
23 section (1) of this section that is necessary to enable the department, the commission and  
24 the authority to exercise, on and after the operative date specified in subsection (1) of this  
25 section, all of the duties, functions and powers conferred on the department, the commission  
26 and the authority by sections 1 to 14 of this 2019 Act.

27 **SECTION 16.** This 2019 Act being necessary for the immediate preservation of the public  
28 peace, health and safety, an emergency is declared to exist, and this 2019 Act takes effect  
29 on its passage.