HB 2222 -1 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Prepared By:Alexandra Kihn-Stang, LPRO AnalystSub-Referral To:Joint Committee On Ways and MeansMeeting Dates:3/6, 4/1

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority (OHA) to establish a registry of mobile integrated health (MIH) providers and to develop billing codes for MIH services.

Detailed Summary

- Defines MIH and an MIH provider.
- Directs OHA to establish an MIH registry, billing codes for MIH services, and to provide technical assistance to those seeking endorsement as an MIH provider.
- Directs OHA to appropriate \$500,000 from the General Fund for the 2025-2027 biennium for the development of the MIH registry and related activities. Specifies how the funding should be spent.
- Declares an emergency, effective on July 1, 2025.

ISSUES DISCUSSED:

- The need to address gaps in MIH program funding to support program sustainability.
- The importance of MIH programs in providing services in rural Oregon.
- How allocated funds would be spent and the potential for unintended consequences of program.

EFFECT OF AMENDMENT:

- -1 Replaces the measure.
- Clarifies language.
- Directs OHA to use rule to prescribe criteria and qualifications for MIH providers to enroll as providers in the state medical assistance program. Directs OHA to provide technical assistance to MIH providers and employers applying for enrollment as providers in the state medical assistance program. Specifies that provisions of the measure do not expand health services covered by the state medical assistance program.
- Replaces the \$500,000 appropriation with an open ended appropriation.

Fiscal impact: Fiscal impact issued Revenue impact: No revenue impact

BACKGROUND:

Mobile integrated health (MIH) is a model of care delivery that provides patient services in a home or community-based setting, often in the form of community paramedicine. MIH services include preventive care, management of chronic disease, follow up visits after discharge from a healthcare facility, wrap-around services, and care coordination. MIH is often delivered through mobile health clinics, emergency triage and transport services, or as home-based care, and may include integrated teams of multidisciplinary providers working to address patient needs. The goals of MIH are to improve patient access to care and trust in the health system, reduce utilization of unnecessary health services, reduce the volume of calls to emergency medical services (EMS), reduce readmission rates, and reduce costs to healthcare facilities and EMS related to the provision of unnecessary services.

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MIH programs exist in communities across Oregon, however funding for these services is often fragmented and reliant on grants which can contribute to challenges related to program sustainability and expansion. House Bill 4052 (2022) directed the Oregon Health Authority to study the feasibility of expanding MIH units across Oregon; a final report is due to the Legislative Assembly by June 30, 2026.

House Bill 2222 directs the Oregon Health Authority to establish a registry of mobile integrated health (MIH) providers and to develop billing codes for MIH services.