

HB 2270 -1 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Prepared By: Alexandra Kihn-Stang, LPRO Analyst

Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/13, 4/3

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority (OHA) to increase reimbursement rates for addiction services for certain providers, establishes the Task Force on Addiction Medicine Reimbursement Rates, and creates an annual review and revision process for addiction service reimbursement rates paid by the state medical assistance program.

Detailed Summary

- Defines addiction medicine services as those that include certain billing codes and are related to addiction or substance use disorder (SUD), including codes related to outpatient care, hospital inpatient care, and emergency department care.
- Directs OHA to increase reimbursement rates for addiction services by 30 percent by January 1, 2026. Specifies the providers and criteria for which rate increases apply.
 - Sunsets the rate increases on July 1, 2027.
- Establishes the Task Force on Addiction Medicine Reimbursement Rates.
 - Specifies Task Force membership, guidelines, focus, and goals. Stipulates that the Alcohol and Drug Policy Commission (ADPC) shall provide staff support for the Task Force.
 - Directs the Task Force to submit a report to an interim committee of the Legislative Assembly related to health care by December 15, 2026.
 - Sunsets the Task Force on December 31, 2026.
- Directs the ADPC to conduct an annual review of addiction service reimbursement rates and to report to the Legislative Assembly by September 1st on findings of the review, including any recommended rate increases.
 - Directs OHA to review the ADPC report annually by July 1, and to review and revise reimbursement rates paid by the state medical assistance program as needed.
- Takes effect on the 91st day following adjournment sine die.

ISSUES DISCUSSED:

- The need to increase the entire behavioral health workforce, including physicians providing addiction medicine services.
- Limitations imposed by current reimbursement rates and the potential to improve the standard of care by expanding access to addiction medicine service providers.
- Settings in which rate increases would have an impact.
- Impact of rate increase on coordinated care organizations.

EFFECT OF AMENDMENT:

-1 Clarifies services for which 30 percent rate increase applies. Expands Task Force membership and modifies goals.

Fiscal impact: Fiscal impact issued

Revenue impact: No revenue impact

BACKGROUND:

The Alcohol and Drug Policy Commission (ADPC) is an independent state agency created by the legislature through House Bill 3353 (2009). The ADPC is tasked with improving the effectiveness and efficiency of state and local substance use disorder (SUD) prevention, treatment, and recovery services across Oregon.

The ADPC published a statewide [strategic plan](#) for 2020-2025 which included four goals and related objectives: implement a statewide system that ensures that substance misuse policies, practices, investments, and efforts are effective and result in healthy and thriving individuals and communities (Goal 1); increase the impact of substance misuse prevention strategies across the lifespan (Goal 2); increase rapid access to effective SUD treatment across the lifespan (Goal 3); and, increase access to recovery supports across the lifespan (Goal 4). One objective in support of Goal 1 related to increasing system capacity was a percentage increase in reimbursement rates by category.

House Bill 2270 directs the Oregon Health Authority to increase reimbursement rates for addiction services for certain providers, establishes the Task Force on Addiction Medicine Reimbursement Rates, and creates an annual review and revision process for addiction service reimbursement rates paid by the state medical assistance program.