



Legislative Fiscal Office
 83rd Oregon Legislative Assembly
 2025 Regular Session

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Bill Title: Relating to substance use disorder treatment; declaring an emergency.

Government Unit(s) Affected: Oregon Health Authority, Counties

Summary of Fiscal Impact

2025-27 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Oregon Health Authority	\$ 4,398,163	\$ -	\$ -	\$ 402,726	\$ 4,800,889	8	6.00
Total Fiscal Impact	\$ 4,398,163	\$ -	\$ -	\$ 402,726	\$ 4,800,889	8	6.00

2027-29 Biennium	General Fund	Lottery Funds	Other Funds	Federal Funds	Total Funds	Positions	FTE
Oregon Health Authority	\$ 2,045,472	\$ -	\$ -	\$ 519,428	\$ 2,564,900	8	8.00
Total Fiscal Impact	\$ 2,045,472	\$ -	\$ -	\$ 519,428	\$ 2,564,900	8	8.00

Measure Description

The measure directs the Alcohol and Drug Policy Commission (ADPC) and the Oregon Health Authority (OHA) to develop statewide policies and procedures to enhance screening for substance use disorders, increase the availability of medications for opioid use disorder in physical healthcare settings, and improve continuity of care when individuals transition from acute care to community-based services. These guidelines must include best practice standards comparable to those for other health conditions. Additionally, ADPC must provide training and technical assistance to hospital systems to ensure they are fully incorporated into the continuum of care for substance use disorder treatments.

The measure requires ADPC and OHA to submit the following reports to the Legislature by September 30, 2026:

- ADPC must report on the development of statewide policies and procedures, document regional needs for substance use disorder treatment, identify obstacles to medication access and offer recommendations to improve access to medications.
- ADPC must also evaluate how current programming and funding can be leveraged to support patient referrals for individuals with substance use disorder.
- OHA, in collaboration with ADPC, must submit recommendations to incentivize community-based outpatient providers to accept referrals from emergency departments or emergency medical service providers for substance use disorder treatment as well as recommendations to promote short-term and long-term prescribing of opioid medications by increasing reimbursement rates in the medical assistance program and creating other incentives.

Additional provisions of the measure include:

- Repeals ORS 430.590 relating to the regulation of location for methadone clinics.

- Directs the Health Plan Quality Metrics and Scoring Subcommittee to develop health outcome and quality measures for post-opioid overdose treatment, timely and accurate referrals for opioid use disorder and the utilization of medications for opioid use disorder.
- Requires ADPC to increase knowledge of evidence-based substance use disorder treatment practices and training support.

Fiscal Analysis

The fiscal impact of the measure for 2025-27 is \$4.8 million total funds and eight positions (6.00 FTE). Costs decrease in 2027-29 to \$2.6 million total funds and eight positions (8.00 FTE) due to the elimination of one-time training costs.

To maintain current operations and support the research and development of reports, ADPC will require three full-time permanent positions (2.25 FTE). The estimated cost for these positions, including personal services and position-related services and supplies costs is \$617,863 total funds. Costs increase to \$823,767 total funds in 2027-29, which reflects a full biennium of position costs. New positions include:

- One Operations and Policy Analyst 4 position to serve as the Senior Policy Advisory position to serve as the subject matter expert and policy and implementation lead for substance use disorder treatment and recovery.
- One Public Affairs Specialist 3 position to develop and implement communications and stakeholder engagement.
- One Research Analyst 4 position to assist with data collection and analysis for the commission.

The 2025-27 Governor's budget recommendation for OHA includes Policy Option Package (POP) 557 which includes \$617,863 total funds for the three positions listed above. These positions are currently limited duration, and the POP will make these positions permanent. Should this POP be included in the agency's legislatively adopted budget, OHA will not require any additional funding for the positions noted above.

OHA and ADPC will require five additional full-time permanent positions (3.75 FTE). The positions are assumed to be permanent to implement the recommendations in each report. The estimated cost for these five positions, including personal services and position-related services and supplies costs is \$1.1 million total funds. Costs increase to \$1.4 million total funds from 2027-29, which reflects a full biennium of position costs. New positions include:

- One Operations and Policy Analyst 3 position to serve as the Substance Use Disorder Expansion and Coordinated Supports Analyst and will be the subject matter expert on the enhance funding model.
- One Fiscal Analyst 2 position to serve as the Substance Use Disorder Enhanced Payment Analyst and will develop and coordinate the new funding model and monitor compliance.
- One Project Manager 3 position to serve as the Statewide Medications for Opioid Use Disorder Expansion Project Manager and will manage and document statewide technical assistance as well as training and ongoing implementation support for hospital systems.
- One Operations and Policy Analyst 4 position to support the Health Plan Quality Metrics and Scoring Subcommittee develop new health outcome and quality measures related to the treatment and medications used for opioid use disorder.
- One Research Analyst 4 position to gather and analyze data to support the Health Plan Quality Metrics subcommittee in developing health outcome and quality measures related to the treatment and medications used for opioid use disorder.

Additional costs include \$300,000 total funds per biennium to engage stakeholders during the health outcome and quality measure development process. These costs would include facilitation, translation costs, focus group support, and participation stipends. Additionally, there will be a one-time cost of \$2.8 million total funds for ADPC to conduct training with hospitals in Oregon to ensure their full integration into the substance use

disorder treatment continuum. ADPC notes there are 65 licensed hospitals and estimates training costs to be \$43,000 per hospital.

The measure has a minimal fiscal impact on counties.

Relevant Dates

The measure declares an emergency and takes effect on passage.

ADPC and OHA must submit a combined three reports to the Legislature by September 30, 2026. Provisions related to these reports are repealed on January 2, 2027.

The measure repeals ORS 430.590 upon passage but does not relieve a person of obligations prior to the repeal of the statute.