

A-Engrossed House Bill 2216

Ordered by the House April 7
Including House Amendments dated April 7

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Behavioral Health and Health Care for Representative Rob Nosse)

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. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: The Act tells OHA to study ways to improve how community health workers are paid. (Flesch Readability Score: 67.5).

Directs the Oregon Health Authority to assess current fee-for-service billing practices and non-fee-for-service payment pathways for community health workers serving medical assistance recipients to identify improvements for ensuring adequate and sustainable funding. Directs the authority to provide technical assistance to coordinated care organizations, **organizations that serve medical assistance recipients who are not enrolled in a coordinated care organization** and community health worker organizations in establishing billing structures or alternative payment pathways for community health worker services.

Sunsets January 2, 2027.

Declares an emergency, effective July 1, 2025.

A BILL FOR AN ACT

Relating to community health workers; and declaring an emergency.

Whereas a community health worker is a frontline public health worker with expertise engaging within local communities and has been recognized as an effective provider in addressing health equity and social determinants of health; and

Whereas community health workers often share ethnicity, language, socioeconomic status and life experiences with the communities they serve; and

Whereas the trusting relationship between community health workers and the communities they serve enables community health workers to serve as a community link to available health and social services, facilitating connections to resources and improving access to and the quality of care; and

Whereas despite the demonstrated impact of their work, community health workers remain one of the lowest paid health professionals nationally; and

Whereas most of the work of community health workers is funded through a fragmented web of reimbursement approaches and unsustainable one-time grants; and

Whereas understanding and navigating the reimbursement approaches is challenging for community health workers, even community health workers who work in established health systems and those with strong relationships with the Oregon Health Authority and coordinated care organizations; and

Whereas technical support is limited and insufficient to adequately provide community health workers and their organizations with the resources they need to engage with funding systems, which has led to a rotating door of turnover, burnout and services provided unreliably to those most in need; now, therefore,

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

2 **SECTION 1.** (1) As used in this section, “community health worker” and “medical as-
3 sistance” have the meanings given those terms in ORS 414.025.

4 (2) The Oregon Health Authority shall assess current fee-for-service billing practices
5 with respect to community health workers serving medical assistance recipients to identify
6 funding improvements and expansions that will ensure adequate and sustainable funding. The
7 assessment must include, but is not limited to:

8 (a) A review of the current billing codes for community health workers to ensure that
9 each code takes into account the full range and duration of the scope of services provided
10 by community health workers;

11 (b) A review of and revisions to billing codes for services that fall within the scope of
12 practice of community health workers but are not currently available to community health
13 workers, including social determinants of health codes as primary diagnostic codes;

14 (c) Revisions to current billing structures for community health workers to align the
15 structures with the most recent Medicare physician fee schedule codes for community health
16 integration, social determinants of health and principal illness navigation services;

17 (d) Revisions to current reimbursement rates for community health workers to align the
18 rates with the full duration and nature of work performed, including consideration of labor
19 costs, the mix of services provided, caseloads and supervision costs;

20 (e) A review of current reimbursement codes, rates and mechanisms for community
21 health workers to ensure access to the full array of diverse settings in which community
22 health workers practice, both clinical and community based; and

23 (f) A study of the economic model of community health worker organizations to identify
24 ways that policies or fee schedules can be designed to more closely fit the model in practice.

25 (3) The authority may contract with a third party to conduct the assessment described
26 in this section.

27 **SECTION 2.** (1) As used in this section, “community health worker” and “medical as-
28 sistance” have the meanings given those terms in ORS 414.025.

29 (2) The Oregon Health Authority shall assess current payment models, other than fee-
30 for-service, with respect to community health workers serving medical assistance recipients
31 in nonclinical settings to identify ways to improve access to adequate and sustainable fund-
32 ing. The assessment must include, but is not limited to, a review of:

33 (a) Existing non-fee-for-service payment models, including in lieu of services, value-based
34 payments, health-related services and other community investment programs;

35 (b) How a community health worker may access sustainable funding for services provided
36 to medical assistance recipients without the supervision of a clinical supervisor;

37 (c) How community health worker services may be used to support the provision of
38 health-related social needs services, such as housing supports, nutritional assistance and
39 climate-related assistance, approved for the demonstration project under 42 U.S.C. 1315 by
40 the Centers for Medicare and Medicaid Services; and

41 (d) The need to establish and support community billing hubs and the role of community
42 billing hubs in streamlining the billing process for community health workers and community
43 health worker organizations.

44 (3) The authority may:

45 (a) Contract with a third party to conduct the assessment described in this section.

1 (b) Adopt rules that would support new and emerging payment models for community
2 health workers.

3 (4) The authority shall submit a report in the manner provided in ORS 192.245, including
4 a plan for implementing the improvements identified in the assessment conducted under this
5 section, to the interim committees of the Legislative Assembly related to health no later
6 than November 1, 2026.

7 SECTION 3. (1) As used in this section, “community health worker,” “coordinated care
8 organization” and “medical assistance” have the meanings given those terms in ORS 414.025.

9 (2) The Oregon Health Authority shall provide technical assistance and support for co-
10 ordinated care organizations, organizations that serve medical assistance recipients who are
11 not enrolled in a coordinated care organization and community health worker organizations
12 in establishing billing structures or alternative payment models for community health
13 worker services that are provided to medical assistance recipients. When appropriate, the
14 technical assistance and support shall be provided in collaboration with coordinated care
15 organizations’ traditional health worker liaisons.

16 (3) The authority may contract with a third party to provide the technical assistance and
17 support described in this section.

18 SECTION 4. Sections 1 to 3 of this 2025 Act are repealed on January 2, 2027.

19 SECTION 5. In addition to and not in lieu of any other appropriation, there is appropri-
20 ated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the
21 General Fund, the amount of \$_____, which may be expended for carrying out the pro-
22 visions of sections 1 to 3 of this 2025 Act.

23 SECTION 6. This 2025 Act being necessary for the immediate preservation of the public
24 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
25 July 1, 2025.
26