

## HOUSE AMENDMENTS TO HOUSE BILL 2216

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

April 7

1 On page 1 of the printed bill, delete lines 24 and 25 and delete pages 2 and 3 and insert:

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**  
18 **the rates with the full duration and nature of work performed, including consideration of**  
19 **labor 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-**  
34 **based payments, health-related services and other community investment programs;**

35 **“(b) How a community health worker may access sustainable funding for services pro-**

1 vided to medical assistance recipients without the supervision of a clinical supervisor;

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

6 “(d) The need to establish and support community billing hubs and the role of community  
7 billing hubs in streamlining the billing process for community health workers and community  
8 health worker organizations.

9 “(3) The authority may:

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

11 “(b) Adopt rules that would support new and emerging payment models for community  
12 health workers.

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

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

19 “(2) The Oregon Health Authority shall provide technical assistance and support for co-  
20 ordinated care organizations, organizations that serve medical assistance recipients who are  
21 not enrolled in a coordinated care organization and community health worker organizations  
22 in establishing billing structures or alternative payment models for community health  
23 worker services that are provided to medical assistance recipients. When appropriate, the  
24 technical assistance and support shall be provided in collaboration with coordinated care  
25 organizations’ traditional health worker liaisons.

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

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

29 “SECTION 5. In addition to and not in lieu of any other appropriation, there is appro-  
30 priated to the Oregon Health Authority, for the biennium beginning July 1, 2025, out of the  
31 General Fund, the amount of \$\_\_\_\_\_, which may be expended for carrying out the pro-  
32 visions of sections 1 to 3 of this 2025 Act.

33 “SECTION 6. This 2025 Act being necessary for the immediate preservation of the public  
34 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect  
35 July 1, 2025.”