

A-Engrossed
House Bill 2270

Ordered by the House April 9
Including House Amendments dated April 9

Sponsored by Representative NOSSE; Representative PHAM H (Presession filed.)

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 increase the rates at which certain providers are reimbursed for addiction services. The Act tells the ADPC to review the rates each year and make recommendations. The Act tells OHA to revise the rates if needed. (Flesch Readability Score: 73.2).

Directs the Oregon Health Authority to increase by 30 percent the reimbursement rates for addiction medicine services. Establishes the Task Force on Addiction Medicine Reimbursement Rates. Directs the Alcohol and Drug Policy Commission to annually review the reimbursement rates for addiction medicine services and report its findings to the Legislative Assembly. Directs the authority, following the submission of the commission's report, to review and revise the reimbursement rates if necessary.

Takes effect on the 91st day following adjournment sine die.

A BILL FOR AN ACT

1
2 Relating to addiction medicine services; creating new provisions; amending ORS 430.223; and pre-
3 scribing an effective date.

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

5 **SECTION 1. (1) No later than January 1, 2026, the Oregon Health Authority shall increase**
6 **by 30 percent the reimbursement rates paid as of the effective date of this 2025 Act for the**
7 **addiction medicine services described in subsection (2) of this section.**

8 **(2) The increase in reimbursement rates under subsection (1) of this section applies to**
9 **the following billing codes for addiction medicine services:**

10 **(a) Addiction medicine billing codes when used by a board-certified addiction medicine**
11 **physician in providing drug, alcohol or behavioral health services; and**

12 **(b) General medicine billing codes when used by a board-certified addiction medicine**
13 **physician for a primary diagnosis of substance use disorder.**

14 **SECTION 2. Section 1 of this 2025 Act is repealed on July 1, 2027.**

15 **SECTION 3. (1) The Task Force on Addiction Medicine Reimbursement Rates is estab-**
16 **lished.**

17 **(2) The task force consists of 17 members appointed as follows:**

18 **(a) The President of the Senate shall appoint two members from among members of the**
19 **Senate.**

20 **(b) The Speaker of the House of Representatives shall appoint two members from among**
21 **members of the House of Representatives.**

22 **(c) The Governor shall appoint 13 members as follows:**

23 **(A) Three members who are physicians who practice addiction medicine or addiction**

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 psychiatry as a subspecialty and are certified by the American Board of Preventive Medicine
2 or the American Board of Psychiatry and Neurology;

3 (B) Two members who are program directors or clinical supervisors who are certified by
4 the Mental Health and Addiction Certification Board of Oregon;

5 (C) Two members who are traditional health workers or certified recovery mentors;

6 (D) Two members who have lived experience with substance use disorder;

7 (E) One administrator or executive of a coordinated care organization with expertise in
8 addiction medicine;

9 (F) Two chief financial officers with expertise in addiction medicine; and

10 (G) One billing and coding professional with expertise in addiction medicine.

11 (3) The task force shall examine:

12 (a) Whether the types of addiction medicine services for which the Oregon Health Au-
13 thority is required under section 1 of this 2025 Act to increase reimbursement rates should
14 be expanded;

15 (b) How to define eligible billing codes;

16 (c) How to reimburse medically monitored outpatient care and medically monitored in-
17 tensive outpatient care;

18 (d) Whether to expand billing codes for services provided at opioid treatment programs;

19 (e) Provider and health care administrator awareness of rate increases and technical
20 support services available to optimize billing;

21 (f) Whether to recommend to the Legislative Assembly an annual rate increase based on
22 the cost of living;

23 (g) How to ensure that coordinated care organizations reimburse for addiction medicine
24 services at rates that are no less than the fee-for-service reimbursement rates established
25 by the Oregon Health Authority; and

26 (h) What type of technical assistance should be offered, and by which entity, to providers
27 to improve billing and coding and the financial viability of addiction medicine services.

28 (4) A majority of the voting members of the task force constitutes a quorum for the
29 transaction of business.

30 (5) Official action by the task force requires the approval of a majority of the voting
31 members of the task force.

32 (6) The task force shall elect one of its members to serve as chairperson.

33 (7) If there is a vacancy for any cause, the appointing authority shall make an appoint-
34 ment to become immediately effective.

35 (8) The task force shall meet at times and places specified by the call of the chairperson
36 or of a majority of the voting members of the task force.

37 (9) The task force may adopt rules necessary for the operation of the task force.

38 (10) The task force shall submit a report in the manner provided by ORS 192.245, and
39 may include recommendations for legislation, to an interim committee of the Legislative
40 Assembly related to health care no later than December 15, 2026.

41 (11) The Alcohol and Drug Policy Commission shall provide staff support to the task
42 force.

43 (12) Members of the Legislative Assembly appointed to the task force are nonvoting
44 members of the task force and may act in an advisory capacity only.

45 (13) Members of the task force who are not members of the Legislative Assembly are not

1 **entitled to compensation or reimbursement for expenses and serve as volunteers on the task**
2 **force.**

3 **(14) All agencies of state government, as defined in ORS 174.111, are directed to assist**
4 **the task force in the performance of the duties of the task force and, to the extent permitted**
5 **by laws relating to confidentiality, to furnish information and advice the members of the task**
6 **force consider necessary to perform their duties.**

7 **SECTION 4. Section 3 of this 2025 Act is repealed on December 31, 2026.**

8 **SECTION 5.** ORS 430.223 is amended to read:

9 430.223. (1) For purposes of this section, “program” means a state, local or tribal alcohol and
10 drug abuse prevention and treatment program.

11 (2) The Alcohol and Drug Policy Commission established under ORS 430.221 shall develop a
12 comprehensive addiction, prevention, treatment and recovery plan for this state. The plan must in-
13 clude, but is not limited to, recommendations regarding:

14 (a) Capacity, type and utilization of programs;

15 (b) Methods to assess the effectiveness and performance of programs;

16 (c) The best use of existing programs;

17 (d) Budget policy priorities for participating state agencies;

18 (e) Standards for licensing programs;

19 (f) Minimum standards for contracting for, providing and coordinating alcohol and drug abuse
20 prevention and treatment services among programs that use federal, private or state funds adminis-
21 tered by the state; and

22 (g) The most effective and efficient use of participating state agency resources to support pro-
23 grams.

24 (3) All participating state agencies shall:

25 (a) Meet with the commission on a quarterly basis to review and report on each agency’s
26 progress on implementing the plan; and

27 (b) Report to the commission, in the manner prescribed by the commission, each agency’s pro-
28 cess and outcome measures established under the plan.

29 (4) The commission shall review and update the plan no later than July 1 of each even-numbered
30 year and shall produce and publish a report on the metrics and other indicators of progress in
31 achieving the goals of the plan.

32 (5) The commission may:

33 (a) Conduct studies related to the duties of the commission in collaboration with other state
34 agencies;

35 (b) Apply for and receive gifts and grants for public and private sources; and

36 (c) Use funds received by the commission to carry out the purposes of ORS 430.220 and 430.221
37 and this section.

38 (6) All participating state agencies and local agencies shall assist the commission in developing
39 the comprehensive addiction, prevention, treatment and recovery plan.

40 **(7) The commission shall annually review the reimbursement rates paid for addiction**
41 **medicine services by the state medical assistance program to ensure that the rates are suf-**
42 **ficient to enlist the number of providers that are needed to meet the needs of medical as-**
43 **sistance recipients for addiction medicine services.**

44 **(8) No later than September 1 of each year, the commission shall report to the Legisla-**
45 **tive Assembly, in the manner described in ORS 192.245, the findings of the commission from**

1 the review described in subsection (7) of this section and any recommendations for increases
2 in the reimbursement rates.

3 (9) No later than July 1 of the year following the submission of the report described in
4 subsection (8) of this section, the Oregon Health Authority shall review and revise, if nec-
5 essary, the reimbursement rates paid by the state medical assistance program for addiction
6 medicine services.

7 [(7)] (10) The commission may adopt rules to carry out its duties under this section.

8 **SECTION 6.** (1) The amendments to ORS 430.223 by section 5 of this 2025 Act become
9 operative on January 1, 2026.

10 (2) The Alcohol and Drug Policy Commission may take any action before the operative
11 date specified in subsection (1) of this section that is necessary to enable the commission to
12 exercise, on and after the operative date specified in subsection (1) of this section, all of the
13 duties, functions and powers conferred on the commission by the amendments to ORS 430.223
14 by section 5 of this 2025 Act.

15 **SECTION 7.** This 2025 Act takes effect on the 91st day after the date on which the 2025
16 regular session of the Eighty-third Legislative Assembly adjourns sine die.

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