

HOUSE AMENDMENTS TO HOUSE BILL 2270

By COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

April 9

On page 1 of the printed bill, delete lines 5 through 26.

On page 2, delete lines 1 through 14 and insert:

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

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

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

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

Delete lines 16 through 45.

On page 3, delete lines 1 through 25 and insert:

“SECTION 3. (1) The Task Force on Addiction Medicine Reimbursement Rates is established.

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

“(a) The President of the Senate shall appoint two members from among members of the Senate.

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

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

“(A) Three members who are physicians who practice addiction medicine or addiction psychiatry as a subspecialty and are certified by the American Board of Preventive Medicine or the American Board of Psychiatry and Neurology;

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

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

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

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

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

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

“(3) The task force shall examine:

“(a) Whether the types of addiction medicine services for which the Oregon Health Authority is required under section 1 of this 2025 Act to increase reimbursement rates should

1 be expanded;

2 “(b) How to define eligible billing codes;

3 “(c) How to reimburse medically monitored outpatient care and medically monitored in-
4 tensive outpatient care;

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

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

8 “(f) Whether to recommend to the Legislative Assembly an annual rate increase based
9 on the cost of living;

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

13 “(h) What type of technical assistance should be offered, and by which entity, to provid-
14 ers to improve billing and coding and the financial viability of addiction medicine services.

15 “(4) A majority of the voting members of the task force constitutes a quorum for the
16 transaction of business.

17 “(5) Official action by the task force requires the approval of a majority of the voting
18 members of the task force.

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

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

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

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

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

28 “(11) The Alcohol and Drug Policy Commission shall provide staff support to the task
29 force.

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

32 “(13) Members of the task force who are not members of the Legislative Assembly are
33 not entitled to compensation or reimbursement for expenses and serve as volunteers on the
34 task force.

35 “(14) All agencies of state government, as defined in ORS 174.111, are directed to assist
36 the task force in the performance of the duties of the task force and, to the extent permitted
37 by laws relating to confidentiality, to furnish information and advice the members of the task
38 force consider necessary to perform their duties.”.