HOUSE AMENDMENTS TO HOUSE BILL 2506

By JOINT COMMITTEE ON ADDICTION AND COMMUNITY SAFETY RESPONSE

May 6

"SECTION 1. (1) The Alcohol and Drug Policy Commission shall, in collaboration with the

"(a) Appropriate screening for substance use disorders in physical health care settings,

"(b) Increased and consistent availability of medications for opioid use disorder in phys-

"(c) A transition to care in the community for individuals with substance use disorders

"(2) The statewide policies and practices developed under this section must include best

including emergency departments, community behavioral health settings and primary care

ical health care settings, including emergency departments, community behavioral health

Oregon Health Authority, develop statewide polices and practices to support:

On page 1 of the printed bill, delete lines 5 through 24.

On page 2, delete lines 1 through 36 and insert:

settings and primary care settings; and

who are discharging from an acute care setting.

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14	practice standards for individuals with substance use disorders that are similar to bes
15	practice standards for individuals with other health conditions, including standards for:
16	"(a) Providing referrals to follow-up care, including the time frames within which an in
17	itial referral must be made and the availability of follow-up services to which an individua
18	is referred;
19	"(b) Screening and appropriate referrals for the treatment of substance use disorders in
20	emergency departments;
21	"(c) Providing access to medications for opioid use disorder including opioid overdose
22	reversal medications and medications for substance use disorder management, if medically
23	indicated; and
24	"(d) Treating individuals under 18 years of age who have substance use disorders with
25	medications for opioid use disorder.
26	"(3) The commission shall offer training and technical assistance to each hospital system
27	in this state to ensure that each hospital system is fully integrated into the treatmen
28	continuum for substance use disorders. The training and technical assistance must include
29	but is not limited to, the following topics:
30	"(a) Knowledge and availability of referrals to substance use disorder treatment;
31	"(b) Prescribing practices and policies regarding medications for opioid use disorder; and
32	"(c) Provider attitudes toward medications for opioid use disorder and substance use
33	disorder treatment.
34	"(4) No later than September 30, 2026, the commission shall report to the interim com
35	mittees of the Legislative Assembly related to health, in the manner provided by ORS 192.245

on the development of statewide policies and practices under this section and shall identify:

"(a) Regional needs related to substance use disorder treatment;

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- "(b) Any barriers to accessing medications for opioid use disorder; and
- "(c) Recommendations for supporting access to medications for opioid use disorder.

"SECTION 2. (1) The Alcohol and Drug Policy Commission shall assess current programs and funding that may support patient referrals from emergency departments to low-barrier community substance use disorder clinics and other community-based outpatient providers of substance use disorder treatment.

- "(2) No later than September 30, 2026, the commission shall report to the interim committees of the Legislative Assembly related to health, in the manner provided by ORS 192.245, regarding recommendations to align current programs and funding to support the patient referrals described in subsection (1) of this section.
- "SECTION 3. (1) As used in this section, 'medical assistance' has the meaning given that term in ORS 414.025.
- "(2) The Oregon Health Authority, in collaboration with the Alcohol and Drug Policy Commission, shall develop recommendations to develop an enhanced funding model to:
- "(a) Incentivize community-based outpatient providers of substance use disorder treatment to accept referrals from emergency departments and emergency medical services providers and to treat referred individuals with medications for opioid use disorder; and
- "(b) Promote short-term and long-term prescribing of medications for opioid use disorder by increasing reimbursement rates in the medical assistance program and creating other incentives for community-based outpatient providers of substance use disorder treatment that prescribe medications for opioid use disorder.
- "(3) No later than September 30, 2026, the authority and the commission shall report to the interim committees of the Legislative Assembly related to health, in the manner provided by ORS 192.245, regarding the recommendations developed under subsection (2) of this section."

On page 4, line 38, delete "and 2" and insert "to 3".

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