

HB 2206-1  
(LC 2425)  
3/4/25 (RH/ps)

Requested by HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE (at the request of CareOregon)

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2206**

1 On page 1 of the printed bill, delete lines 4 through 25 and delete page  
2 2 and insert:

3 **“SECTION 1. (1) As used in this section:**

4 **“(a) ‘Adult foster home’ has the meaning given that term in ORS**  
5 **443.705.**

6 **“(b) ‘Coordinated care organization’ has the meaning given that**  
7 **term in ORS 414.025.**

8 **“(c) ‘Facility’ means:**

9 **“(A) An adult foster home that provides residential care to indi-**  
10 **viduals with mental illness;**

11 **“(B) A residential treatment facility;**

12 **“(C) A residential treatment home;**

13 **“(D) A secure residential treatment facility; or**

14 **“(E) A secure residential treatment home.**

15 **“(d) ‘Independent qualified agent’ means an entity under contract**  
16 **with the Oregon Health Authority that:**

17 **“(A) Conducts individualized independent evaluation, independent**  
18 **assessment and service plan development; and**

19 **“(B) Meets the provider qualification requirements described in 42**  
20 **C.F.R. 441.730.**

21 **“(e) ‘Medical assistance’ has the meaning given that term in ORS**

1 414.025.

2 “(f) ‘Residential treatment facility’ has the meaning given that  
3 term in ORS 443.400.

4 “(g) ‘Residential treatment home’ has the meaning given that term  
5 in ORS 443.400.

6 “(h) ‘Secure residential treatment facility’ means a facility de-  
7 scribed in ORS 443.465.

8 “(i) ‘Secure residential treatment home’ means a home described  
9 in ORS 443.465.

10 “(2) The Oregon Health Authority shall convene, or contract with  
11 a third party to convene, a work group to study adult residential  
12 mental health services provided by facilities to medical assistance re-  
13 cipients enrolled in coordinated care organizations and the feasibility  
14 of transferring the financial risk and administration of those services  
15 from the authority to coordinated care organizations. The study shall  
16 include consideration of lessons learned from how the responsibility  
17 for similar services, such as substance use disorder treatment services  
18 and child and adolescent residential treatment services, was previously  
19 transferred from the authority to coordinated care organizations.  
20 Contingent on the results of the study, the work group shall develop  
21 a plan that includes:

22 “(a) Objectives for the transfer of responsibility described in this  
23 section;

24 “(b) Phased implementation timelines for each facility type;

25 “(c) Recommendations about capacity building, funding and other  
26 resources needed for the implementation and sustainability of the  
27 transfer of responsibility described in this section; and

28 “(d) Recommendations about statutory, regulatory and contractual  
29 changes needed for the implementation and sustainability of the  
30 transfer of responsibility described in this section, including:

1       “(A) Any needed changes to the Medicaid state plan, waivers or  
2 demonstration projects; and

3       “(B) Any needed changes to the roles and responsibilities of inde-  
4 pendent qualified agents.

5       “(3) The work group must include:

6       “(a) Representatives of:

7       “(A) Coordinated care organizations who have expertise in behav-  
8 ioral health;

9       “(B) Coordinated care organizations who have expertise in care co-  
10 ordination;

11       “(C) Community mental health programs;

12       “(D) Entities that provide coordination of care services to individ-  
13 uals with serious and persistent mental illness;

14       “(E) Secure residential treatment facilities;

15       “(F) Secure residential treatment homes;

16       “(G) Residential treatment facilities;

17       “(H) Residential treatment homes;

18       “(I) Adult foster homes;

19       “(J) Labor organizations that represent the behavioral health  
20 workforce;

21       “(K) Behavioral health advocacy organizations;

22       “(L) The nine federally recognized Indian tribes in Oregon;

23       “(M) The Medicaid, Behavioral Health and Quality Assurance units  
24 of the Health Systems Division of the authority; and

25       “(N) The Program Integrity Audit Unit of the authority;

26       “(O) Acute care hospitals;

27       “(P) Supportive housing providers; and

28       “(Q) The Oregon State Hospital; and

29       “(b) Medical assistance recipients with lived experience.

30       “(4) No later than August 15, 2025, the authority, in partnership

1 with two to four members of the work group required under this sec-  
2 tion, shall hire a consultant to assist the work group in conducting the  
3 study and developing the recommendations described in this section.

4 “(5) The work group shall first meet no later than October 1, 2025.

5 “(6) No later than December 15, 2027, the authority shall report to  
6 the Legislative Assembly, in the manner provided in ORS 192.245, the  
7 preliminary findings and recommendations of the work group, includ-  
8 ing recommendations about needed statutory changes and funding.

9 “(7) No later than December 15, 2028, the authority shall report to  
10 the Legislative Assembly, in the manner provided in ORS 192.245, the  
11 final recommendations of the work group, including recommendations  
12 for proposed legislative changes.

13 **“SECTION 2. Section 1 of this 2025 Act is repealed on January 2,  
14 2029.**

15 **“SECTION 3. This 2025 Act being necessary for the immediate  
16 preservation of the public peace, health and safety, an emergency is  
17 declared to exist, and this 2025 Act takes effect on its passage.”.**

18

---