

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2015**

1 In line 2 of the printed bill, after “health” insert “; and declaring an
2 emergency”.

3 After line 2, insert:

4 “Whereas licensed residential behavioral health programs in Oregon face
5 hurdles to development and ongoing operations that are impacting the state’s
6 ability to quickly benefit from current and future investments designed to
7 increase bed capacity; and

8 “Whereas the Oregon Health Authority is encouraged to study options to
9 overcome barriers, both administrative and financial, that are preventing the
10 state from optimally developing and operating residential behavioral health
11 programs across Oregon; now, therefore,”.

12 Delete lines 4 through 8 and insert:

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

14 **“(a) ‘Facility’ means:**

15 **“(A) A residential treatment facility;**

16 **“(B) A residential treatment home;**

17 **“(C) A secure residential treatment facility; or**

18 **“(D) A secure residential treatment home.**

19 **“(b) ‘Medical assistance’ has the meaning given that term in ORS**
20 **414.025.**

21 **“(c) ‘Residential treatment facility’ has the meaning given that**

1 term in ORS 443.400.

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

4 “(e) ‘Secure residential treatment facility’ means a facility de-
5 scribed in ORS 443.465.

6 “(f) ‘Secure residential treatment home’ means a home described
7 in ORS 443.465.

8 “(2) The Oregon Health Authority shall:

9 “(a) Study potential allowable alternatives or exceptions to current
10 nurse staffing requirements in secure residential treatment facilities
11 to address workforce challenges while balancing the safety of providers
12 and consumers.

13 “(b) Assess all methodologies permitted by federal law for reim-
14 bursing facilities. The authority shall consider alternatives to the
15 current reimbursement rate methodology used by the authority and
16 recommend a methodology that considers:

17 “(A) Staffing costs for a facility;

18 “(B) The need to incentivize a facility to hold open a resident’s
19 room when a resident is removed from the facility for a brief period
20 of time;

21 “(C) The need to pay facility staff a professional wage;

22 “(D) The need to incentivize a facility to operate, develop and staff
23 as large of a program as is possible and safe; and

24 “(E) The need to encourage facilities to serve residents with similar
25 levels of care needs.

26 “(c) Determine whether the authority may, under federal law, ad-
27 minister residential behavioral health services to medical assistance
28 recipients through options other than through the state’s Home and
29 Community-Based Services waiver, under 42 U.S.C. 1396n(c), or a state
30 plan amendment under 42 U.S.C. 1396n(i). To the extent that alterna-

1 **tive models of administering residential behavioral health services to**
2 **medical assistance recipients are permissible under federal law, the**
3 **authority shall:**

4 **“(A) Analyze alternative models that have been approved by the**
5 **Centers for Medicare and Medicaid Services for use in other states;**

6 **“(B) Evaluate the cost of any alternative models; and**

7 **“(C) Develop recommendations about:**

8 **“(i) Alternative options that would allow the authority to increase**
9 **reimbursement rates for facilities;**

10 **“(ii) Alternative options that would not subject facilities to a re-**
11 **quirement that facilities provide an eviction process that is as protec-**
12 **tive as state landlord-tenant law;**

13 **“(iii) How alternative models may support facilities in serving resi-**
14 **dents with high acuity behavioral health needs and what protections**
15 **are available to ensure that residents with high acuity behavioral**
16 **health needs are not prematurely or inappropriately discharged for**
17 **problematic behaviors;**

18 **“(iv) A discharge process for residents who decline to participate in**
19 **treatment and are therefore not suited for continued services by a fa-**
20 **cility; and**

21 **“(v) An appeal process for both facilities and residents.**

22 **“(d) Determine the feasibility of supporting the direct discharge of**
23 **a resident, when deemed medically necessary and clinically prudent,**
24 **from a facility to other types of housing without requiring a third-**
25 **party referral.**

26 **“(e) Evaluate options for providing, and develop recommendations**
27 **for funding, capacity payments to facilities when a resident is hospi-**
28 **talized or temporarily absent due to a law enforcement encounter.**

29 **“(3) No later than September 15, 2026, the authority shall report its**
30 **findings and recommendations from the studies conducted under this**

1 section, in the manner provided in ORS 192.245, to the interim com-
2 mittees of the Legislative Assembly related to health.

3 **“SECTION 2. (1) As used in this section:**

4 **“(a) ‘Facility’ means:**

5 **“(A) A residential treatment facility;**

6 **“(B) A residential treatment home;**

7 **“(C) A secure residential treatment facility; or**

8 **“(D) A secure residential treatment home.**

9 **“(b) ‘Residential treatment facility’ has the meaning given that**
10 **term in ORS 443.400.**

11 **“(c) ‘Residential treatment home’ has the meaning given that term**
12 **in ORS 443.400.**

13 **“(d) ‘Secure residential treatment facility’ means a facility de-**
14 **scribed in ORS 443.465.**

15 **“(e) ‘Secure residential treatment home’ means a home described**
16 **in ORS 443.465.**

17 **“(f) ‘Transition aged youth residential treatment home’ means a**
18 **residential treatment home for young adults between the ages of 17.5**
19 **and 25 years of age who experience complex behavioral health chal-**
20 **lenges.**

21 **“(2) The Oregon Health Authority shall adopt rules to:**

22 **“(a) Allow a new residential treatment facility or residential treat-**
23 **ment home to accept a conditional referral of a prospective resident**
24 **before the licensure process has been completed, subject to a require-**
25 **ment that the prospective resident may not be placed in the new res-**
26 **idential treatment facility or residential treatment home until the**
27 **licensure process has been completed.**

28 **“(b) Support facilities in developing early transition plans for resi-**
29 **dents.**

30 **“(c) Establish a separate licensing process for transition aged youth**

1 residential treatment homes.

2 “(3) No later than September 15, 2025, the authority shall submit
3 an interim report, in the manner provided in ORS 192.245, to the in-
4 terim committees of the Legislative Assembly related to health, about
5 the authority’s progress in carrying out the provisions of this section
6 and any recommendations for needed legislative changes.

7 “(4) No later than September 15, 2026, the authority shall submit a
8 final report, in the manner provided in ORS 192.245, to the interim
9 committees of the Legislative Assembly related to health, about the
10 authority’s progress in carrying out the provisions of this section and
11 any recommendations for needed legislative changes.

12 “SECTION 3. Sections 1 and 2 of this 2025 Act are repealed on Jan-
13 uary 2, 2027.

14 “SECTION 4. This 2025 Act being necessary for the immediate
15 preservation of the public peace, health and safety, an emergency is
16 declared to exist, and this 2025 Act takes effect on its passage.”.

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