

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2270**

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

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

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

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

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

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

16 Delete lines 16 through 45.

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

18 **“SECTION 3. (1) The Task Force on Addiction Medicine Re-**
19 **imbursement Rates is established.**

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

21 **“(a) The President of the Senate shall appoint two members from**

1 among members of the Senate.

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

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

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

9 “(B) Two members who are program directors or clinical supervi-
10 sors who are certified by the Mental Health and Addiction Certifica-
11 tion Board of Oregon;

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

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

16 “(E) One administrator or executive of a coordinated care organ-
17 ization with expertise in addiction medicine;

18 “(F) Two chief financial officers with expertise in addiction medi-
19 cine; and

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

22 “(3) The task force shall examine:

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

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

27 “(c) How to reimburse medically monitored outpatient care and
28 medically monitored intensive outpatient care;

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

1 “(e) Provider and health care administrator awareness of rate in-
2 creases and technical support services available to optimize billing;

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

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

9 “(h) What type of technical assistance should be offered, and by
10 which entity, to providers to improve billing and coding and the fi-
11 nancial viability of addiction medicine services.

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

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

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

18 “(7) If there is a vacancy for any cause, the appointing authority
19 shall make an appointment to become immediately effective.

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

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

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

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

1 **“(12) Members of the Legislative Assembly appointed to the task**
2 **force are nonvoting members of the task force and may act in an ad-**
3 **visory capacity only.**

4 **“(13) Members of the task force who are not members of the Leg-**
5 **islative Assembly are not entitled to compensation or reimbursement**
6 **for expenses and serve as volunteers on the task force.**

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

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