

HB 2506-1  
(LC 3392)  
4/24/25 (RH/ps)

Requested by JOINT COMMITTEE ON ADDICTION AND COMMUNITY SAFETY RESPONSE (at the request of Representative Jason Kropf)

**PROPOSED AMENDMENTS TO  
HOUSE BILL 2506**

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

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

3 **“SECTION 1. (1) The Alcohol and Drug Policy Commission shall, in**  
4 **collaboration with the Oregon Health Authority, develop statewide**  
5 **polices and practices to support:**

6 **“(a) Appropriate screening for substance use disorders in physical**  
7 **health care settings, including emergency departments, community**  
8 **behavioral health settings and primary care settings;**

9 **“(b) Increased and consistent availability of medications for opioid**  
10 **use disorder in physical health care settings, including emergency de-**  
11 **partments, community behavioral health settings and primary care**  
12 **settings; and**

13 **“(c) A transition to care in the community for individuals with**  
14 **substance use disorders who are discharging from an acute care set-**  
15 **ting.**

16 **“(2) The statewide policies and practices developed under this sec-**  
17 **tion must include best practice standards for individuals with sub-**  
18 **stance use disorders that are similar to best practice standards for**  
19 **individuals with other health conditions, including standards for:**

20 **“(a) Providing referrals to follow-up care, including the time frames**  
21 **within which an initial referral must be made and the availability of**

1 follow-up services to which an individual is referred;

2 “(b) Screening and appropriate referrals for the treatment of sub-  
3 stance use disorders in emergency departments;

4 “(c) Providing access to medications for opioid use disorder includ-  
5 ing opioid overdose reversal medications and medications for sub-  
6 stance use disorder management, if medically indicated; and

7 “(d) Treating individuals under 18 years of age who have substance  
8 use disorders with medications for opioid use disorder.

9 “(3) The commission shall offer training and technical assistance  
10 to each hospital system in this state to ensure that each hospital sys-  
11 tem is fully integrated into the treatment continuum for substance  
12 use disorders. The training and technical assistance must include, but  
13 is not limited to, the following topics:

14 “(a) Knowledge and availability of referrals to substance use disor-  
15 der treatment;

16 “(b) Prescribing practices and policies regarding medications for  
17 opioid use disorder; and

18 “(c) Provider attitudes toward medications for opioid use disorder  
19 and substance use disorder treatment.

20 “(4) No later than September 30, 2026, the commission shall report  
21 to the interim committees of the Legislative Assembly related to  
22 health, in the manner provided by ORS 192.245, on the development  
23 of statewide policies and practices under this section and shall iden-  
24 tify:

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

26 “(b) Any barriers to accessing medications for opioid use disorder;  
27 and

28 “(c) Recommendations for supporting access to medications for  
29 opioid use disorder.

30 **SECTION 2.** (1) The Alcohol and Drug Policy Commission shall

1 assess current programs and funding that may support patient refer-  
2 rals from emergency departments to low-barrier community substance  
3 use disorder clinics and other community-based outpatient providers  
4 of substance use disorder treatment.

5 “(2) No later than September 30, 2026, the commission shall report  
6 to the interim committees of the Legislative Assembly related to  
7 health, in the manner provided by ORS 192.245, regarding recommen-  
8 dations to align current programs and funding to support the patient  
9 referrals described in subsection (1) of this section.

10 **“SECTION 3. (1) As used in this section, ‘medical assistance’ has**  
11 **the meaning given that term in ORS 414.025.**

12 “(2) The Oregon Health Authority, in collaboration with the Alcohol  
13 and Drug Policy Commission, shall develop recommendations to de-  
14 velop an enhanced funding model to:

15 “(a) Incentivize community-based outpatient providers of substance  
16 use disorder treatment to accept referrals from emergency depart-  
17 ments and emergency medical services providers and to treat referred  
18 individuals with medications for opioid use disorder; and

19 “(b) Promote short-term and long-term prescribing of medications  
20 for opioid use disorder by increasing reimbursement rates in the  
21 medical assistance program and creating other incentives for  
22 community-based outpatient providers of substance use disorder  
23 treatment that prescribe medications for opioid use disorder.

24 “(3) No later than September 30, 2026, the authority and the com-  
25 mission shall report to the interim committees of the Legislative As-  
26 sembly related to health, in the manner provided by ORS 192.245,  
27 regarding the recommendations developed under subsection (2) of this  
28 section.”.

29 On page 4, line 38, delete “and 2” and insert “to 3”.

30