

March 18, 2025

Joint Committee On Addiction and Community Safety Response

Re: **HB2506** Relating to Substance Use Disorder Treatment

Co-Chairs Prozanski and Kropf and Members of the Committee,

Oregon Health Leadership Council's (OHLC) [Best Practice Committee \(BPC\)](#) is a group of medical leaders from across Oregon representing health systems, CCOs, health plans, and healthcare associations. Our group of physicians and PAs recommends and executes clinical best practice strategies to improve healthcare quality, value, efficiency, outcomes, equity, and provider satisfaction. We have been active since 2010 and have been supporting improvements in opioid prescribing and substance use disorder treatment (SUD) since 2017.

In 2023, BPC released "[OUD Treatment in the ED](#)," a toolkit to support the adoption of best practice care for patients with opioid use disorder (OUD) who present to our emergency departments (EDs). In developing the toolkit, we worked extensively with EDs in Oregon to understand their current processes, barriers, and needs in this space. Because of the foundational work we accomplished, the Alcohol and Drug Policy Commission asked us to inform and participate in their MOUD ED Workgroup during the summer of 2024, the [preliminary recommendations](#) from which were the basis for HB2506.

BPC members have reviewed the bill and are writing to support the intent of Sections 1, 2, & 3 of HB2506 with a few additional suggestions for your consideration.

Section 1: We agree wholeheartedly that patients should be screened for substance use disorders in physical health settings and that medications for opioid use disorder (MOUD) should be widely and consistently available in EDs as well as community settings and primary care offices. We strongly advocate for improved systems that allow hospitals and EDs to refer patients efficiently to outpatient providers, as this is a significant barrier cited repeatedly by our hospital colleagues. We also welcome the provision of technical assistance to hospitals.

We recommend exercising caution with the verbiage in this section and considering any unintended administrative burden that would be placed on already struggling health systems and any duplications it may have with existing requirements, particularly regarding screening. It is unclear if the policies and standards of practice detailed in this section would be enforceable mandates or supportive guidance for hospitals. Clarification on this would be helpful.

Section 2: We fully support the assessment of funding and current programs that may be enhanced or expanded to allow direct referrals from EDs to outpatient treatment. This is a critical need in our EDs. We recommend changing the verbiage slightly to include all outpatient MOUD options, not limited to only "low-barrier community SUD clinics."

Section 3: We support a clearly defined funding model to improve MOUD access and incentivize its use, given that it is developed with expert healthcare community input. As mentioned above, we recommend expanding the outpatient options from "low-barrier community SUD clinics" to any outpatient MOUD provider.

Sections 4, 5, & 6: BPC abstains from comment on these sections.

Thank you for your consideration. Our sincere hope is to work together to improve access to high-quality, best practice care for patients with substance use disorder in our emergency departments. We believe this bill has the potential to be a significant step forward in this work, and we are happy to provide additional feedback if requested.

Sincerely,

Jill Leake, BSN, RN, CCM

Director, Clinical Strategies, Oregon Health Leadership Council