

Requested by Representative DIEHL

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4002**

1 In line 2 of the printed bill, delete the period and insert “; creating new  
2 provisions; amending ORS 244.050, 413.017, 430.383, 430.384, 430.387, 430.389,  
3 430.390, 430.391, 430.392, 430.393 and 430.394 and section 6, section 63, Oregon  
4 Laws 2022; and repealing ORS 430.388 and section 6, chapter 248, Oregon  
5 Laws 2023.”.

6 Delete lines 4 through 8 and insert:

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

8 **“(a) ‘Commission’ means the Alcohol and Drug Policy Commission**  
9 **established under ORS 430.221.**

10 **“(b) ‘Community court program’ means an evidence-informed pro-**  
11 **gram that utilizes contingency management to address addiction with**  
12 **incentives and swift, certain and fair sanctions for noncompliance.**

13 **“(c) ‘Community harm reduction’ means evidence-informed policies**  
14 **and practices that reduce harm to the community caused by drug-**  
15 **dependent persons and persons unlawfully distributing controlled sub-**  
16 **stances.**

17 **“(d) ‘Detoxification facility’ means a facility approved by the**  
18 **Oregon Health Authority that provides emergency care or treatment**  
19 **for drug-dependent persons.**

20 **“(e) ‘Drug-dependency related offense’ means an offense that is**  
21 **motivated by a dependence on a controlled substance.**

1       “(f) ‘Drug-dependent person’ means an individual who has lost the  
2 ability to control the personal use of controlled substances with abuse  
3 potential, or who uses controlled substances to the extent that the  
4 health of the individual, or the health of other individuals, is sub-  
5 stantially impaired or endangered, or the social or economic function  
6 of the individual is substantially disrupted. A drug-dependent person  
7 may or may not be physically dependent, a condition in which the body  
8 requires a continuing supply of a controlled substance to avoid char-  
9 acteristic withdrawal symptoms, or psychologically dependent, a con-  
10 dition characterized by an overwhelming mental desire for continued  
11 use of a controlled substance.

12       “(g) ‘Individual harm reduction’ means evidence-informed policies  
13 and practices that reduce harm to drug-dependent persons, with or  
14 without the use of law enforcement.

15       “(h) ‘Local planning committee’ means a local planning committee  
16 for alcohol and drug prevention and treatment services appointed by  
17 or designated by the county governing body under ORS 430.342.

18       “(i) ‘Police officer’ means a member of a law enforcement unit who  
19 is employed on a part-time or full-time basis as a peace officer, com-  
20 missioned by a city, a county or the Department of State Police and  
21 responsible for enforcing the criminal laws of this state, and any per-  
22 son formally deputized by a law enforcement unit to take custody of  
23 a person who is intoxicated or under the influence of one or more  
24 controlled substances.

25       “(j) ‘Prevention’ means evidence-informed policies, procedures and  
26 practices that reduce the rate of persons that become drug-dependent  
27 persons among the population that is the target for the policies, pro-  
28 cedures and practices.

29       “(k) ‘Recovery’ means the state of a person who was a drug-  
30 dependent person but who is no longer drug-dependent.

1       **“(L) ‘Sobering center’ means a facility that meets all of the fol-**  
2 **lowing criteria:**

3       **“(A) The facility operates for the purpose of providing to individuals**  
4 **who are acutely intoxicated a safe, clean and supervised environment**  
5 **until the individuals are no longer acutely intoxicated.**

6       **“(B) The facility contracts with or is affiliated with a treatment**  
7 **program or a provider approved by the Oregon Health Authority to**  
8 **provide addiction treatment and the contract or affiliation agreement**  
9 **includes, but is not limited to, case consultation, training and advice**  
10 **and a plan for making referrals to addiction treatment.**

11       **“(C) The facility, in consultation with the addiction treatment pro-**  
12 **gram or provider, has adopted comprehensive written policies and**  
13 **procedures incorporating best practices for the safety of intoxicated**  
14 **individuals, employees of the facility and volunteers at the facility.**

15       **“(D) The facility is registered with the Oregon Health Authority**  
16 **under ORS 430.262.**

17       **“(m) ‘Treatment’ means a program that utilizes evidence-based**  
18 **methods to assist a drug-dependent person to become a person in re-**  
19 **covery, and that:**

20       **“(A) Is based on published research in at least two peer-reviewed**  
21 **journals that cite the methods used in the program as effective in**  
22 **treating drug-dependent persons by assisting the persons to become**  
23 **persons in recovery;**

24       **“(B) Is standardized so that the program can be replicated with the**  
25 **same or similar efficacy;**

26       **“(C) Has been studied in more than one environment and has pro-**  
27 **vided consistent and effective results; and**

28       **“(D) Is subject to ongoing evaluation to determine if implementa-**  
29 **tion is adhering to the protocol for the method and delivering the de-**  
30 **sired results of assisting drug-dependent persons to become persons in**

1 recovery.

2 “(n) ‘Treatment facility’ includes outpatient facilities, inpatient fa-  
3 cilities and other facilities that provide treatment services that also  
4 meet the minimum standards established under ORS 430.357, any of  
5 which may also provide diagnosis and evaluation, medical care,  
6 detoxification, social services or rehabilitation for drug-dependent  
7 persons and which operate in the form of a general hospital, state  
8 hospital, foster home, hostel, clinic or other suitable form approved  
9 by the Oregon Health Authority.

10 “(2) Using funds from the Drug Treatment and Recovery Services  
11 Fund established under ORS 430.384 or from any other available  
12 source, the Alcohol and Drug Policy Commission shall provide grants  
13 and funding to counties, federally recognized Indian tribes in this state  
14 and Behavioral Health Resource Networks to support the provision of  
15 the following evidence-informed and evidence-based services:

16 “(a) Prevention;

17 “(b) Treatment;

18 “(c) Recovery support; and

19 “(d) Individual harm reduction.

20 “(3) Using funds from the Drug Treatment and Recovery Services  
21 Fund established under ORS 430.384 or from any other available  
22 source, the commission shall provide grants and funding to cities and  
23 counties to support enforcement related to community harm reduction  
24 services as described in subsection (6) of this section.

25 “(4) Grants and funding provided by the commission under this  
26 section shall ensure that each region of this state receives funding in  
27 equitable proportion to the region’s need, as determined by the rules  
28 of the commission.

29 “(5) The commission shall prioritize the funding of detoxification  
30 facilities, sobering centers, treatment facilities and peer recovery

1 support services, including culturally-specific programs, to all regions  
2 of the state on a formula grant basis as determined by the commission  
3 by rule.

4 “(6) The commission shall also prioritize the funding of community  
5 harm reduction on a competitive grant basis, including:

6 “(a) Programs for diversion in lieu of arrest by a police officer;

7 “(b) Community court programs to divert and assist drug-dependent  
8 persons that have been charged with drug possession or other drug-  
9 dependency related offenses; and

10 “(c) Focused deterrence to eliminate overt drug markets.

11 “(7) The commission shall by rule specify the manner of applying  
12 for grants and funding under this section. All grant and funding ap-  
13 plications must be approved by the local planning committee for each  
14 county in which the program will operate.

15 “(8) The chairperson of the commission shall request that the Leg-  
16 islative Assembly appropriate an amount of moneys each biennium to  
17 ensure that the funds available to the commission for grants and  
18 funding under this section is not less than the total amount deposited  
19 and transferred into the Drug Treatment and Recovery Services Fund  
20 pursuant to ORS 430.384 for the biennium beginning July 1, 2023, ad-  
21 justed for inflation each subsequent biennium based on changes in the  
22 Consumer Price Index for All Urban Consumers, West Region (All  
23 Items), as published by the Bureau of Labor Statistics of the United  
24 States Department of Labor.

25 “(9) The commission may adopt rules to carry out the provisions  
26 of this section.

27 “SECTION 2. ORS 430.384 is amended to read:

28 “430.384. (1) The Drug Treatment and Recovery Services Fund is estab-  
29 lished in the State Treasury, separate and distinct from the General Fund.  
30 Interest earned by the Drug Treatment and Recovery Services Fund shall be

1 credited to the fund.

2 “(2) The Drug Treatment and Recovery Services Fund shall consist of:

3 “(a) Moneys deposited into the fund pursuant to ORS 305.231;

4 “(b) Moneys appropriated or otherwise transferred to the fund by the  
5 Legislative Assembly;

6 “(c) Moneys allocated from the Oregon Marijuana Account, pursuant to  
7 ORS 475C.726 (3)(b);

8 “(d) Moneys allocated from the Criminal Fine Account pursuant to ORS  
9 137.300 (4); and

10 “(e) All other moneys deposited into the fund from any source.

11 “(3) Moneys in the fund shall be continuously appropriated to the [*Oregon*  
12 *Health Authority*] **Alcohol and Drug Policy Commission** for the purposes  
13 set forth in ORS 430.389 **and section 1 of this 2024 Act.**

14 “(4)(a) Pursuant to subsection (2)(b) of this section, the Legislative As-  
15 sembly shall appropriate or transfer to the fund an amount sufficient to fully  
16 fund the grants program required by ORS 430.389 **and section 1 of this 2024**  
17 **Act.**

18 “(b) The total amount deposited and transferred into the fund shall not  
19 be less than \$57 million for the first year ORS 430.383 to 430.390 and 430.394  
20 are in effect.

21 “(c) In each subsequent year, the minimum transfer amount set forth in  
22 paragraph (b) of this subsection shall be increased by not less than the sum  
23 of:

24 “(A) \$57 million multiplied by the percentage, if any, by which the  
25 monthly averaged U.S. City Average Consumer Price Index for the 12 con-  
26 secutive months ending August 31 of the prior calendar year exceeds the  
27 monthly index for the fourth quarter of the calendar year 2020; and

28 “(B) The annual increase, if any, in moneys distributed pursuant to ORS  
29 475C.726 (3)(b).

30 “**SECTION 3.** ORS 430.387 is amended to read:

1 “430.387. The [*Oregon Health Authority*] **Alcohol and Drug Policy**  
2 **Commission** shall cause the moneys in the Drug Treatment and Recovery  
3 Services Fund to be distributed as follows:

4 “(1) An amount necessary for the administration of ORS [*430.388 to*]  
5 **430.389 and** 430.390, excluding amounts necessary to establish and maintain  
6 the telephone hotline described in ORS 430.391 (1).

7 “(2) After the distribution set forth in subsection (1) of this section, the  
8 remaining moneys in the fund shall be distributed to the grants program as  
9 set forth in ORS 430.389.

10 **“SECTION 4.** ORS 430.389 is amended to read:

11 “430.389. (1) The [*Oversight and Accountability Council*] **Alcohol and**  
12 **Drug Policy Commission** shall approve grants and funding [*provided by the*  
13 *Oregon Health Authority in accordance with this section*] to **accomplish the**  
14 **following:**

15 “(a) Implement Behavioral Health Resource Networks and increase access  
16 to community care. A Behavioral Health Resource Network is an entity or  
17 collection of entities that individually or jointly provide some or all of the  
18 services described in subsection (2)(e) of this section[.]; **and**

19 **“(b) Provide grants and funding as described in section 1 of this 2024**  
20 **Act.**

21 “(2)(a) The [*authority*] **commission** shall establish an equitable:

22 “(A) Process for applying for grants and funding by agencies or organ-  
23 izations, whether government or community based, to establish Behavioral  
24 Health Resource Networks for the purposes of immediately screening the  
25 acute needs of individuals with substance use, including those who also have  
26 a mental illness, and assessing and addressing any ongoing needs through  
27 ongoing case management, harm reduction, treatment, housing and linkage  
28 to other care and services.

29 “(B) Evaluation process to assess the effectiveness of Behavioral Health  
30 Resource Networks that receive grants or funding.

1       “(b) Recipients of grants or funding must be licensed, certified or cre-  
2       dentialled by the state, including certification under ORS 743A.168 (9), or  
3       meet criteria prescribed by rule by the [*authority*] **commission** under ORS  
4       430.390. A recipient of a grant or funding under this subsection may not use  
5       the grant or funding to supplant the recipient’s existing funding.

6       “(c) The [*council and the authority*] **commission** shall ensure that resi-  
7       dents of each county have access to all of the services described in paragraph  
8       (e) of this subsection.

9       “(d) Applicants for grants and funding may apply individually or jointly  
10       with other network participants to provide services in one or more counties.

11       “(e) A network must have the capacity to provide the following services  
12       and any other services specified by the [*authority*] **commission** by rule but  
13       no individual participant in a network is required to provide all of the ser-  
14       vices:

15       “(A) Screening by certified addiction peer support or wellness specialists  
16       or other qualified persons designated by the [*council*] **commission** to deter-  
17       mine a client’s need for immediate medical or other treatment to determine  
18       what acute care is needed and where it can be best provided, identify other  
19       needs and link the client to other appropriate local or statewide services,  
20       including treatment for substance use and coexisting health problems, hous-  
21       ing, employment, training and child care. Networks shall provide this service  
22       24 hours a day, seven days a week, every calendar day of the year through  
23       a telephone line or other means. Networks may rely on the statewide tele-  
24       phone hotline established by the authority under ORS 430.391 for telephone  
25       screenings during nonbusiness hours such as evenings, weekends and holi-  
26       days. Notwithstanding paragraph (c) of this subsection, only one grantee in  
27       each network within each county is required to provide the screenings de-  
28       scribed in this subparagraph.

29       “(B) Comprehensive behavioral health needs assessment, including a sub-  
30       stance use screening by a certified alcohol and drug counselor or other cre-



1 denied addiction treatment professional. The assessment shall prioritize  
2 the self-identified needs of a client.

3 “(C) Individual intervention planning, case management and connection  
4 to services. If, after the completion of a screening, a client indicates a desire  
5 to address some or all of the identified needs, a case manager shall work  
6 with the client to design an individual intervention plan. The plan must ad-  
7 dress the client’s need for substance use treatment, coexisting health prob-  
8 lems, housing, employment and training, child care and other services.

9 “(D) Ongoing peer counseling and support from screening and assessment  
10 through implementation of individual intervention plans as well as peer  
11 outreach workers to engage directly with marginalized community members  
12 who could potentially benefit from the network’s services.

13 “(E) Assessment of the need for, and provision of, mobile or virtual out-  
14 reach services to:

15 “(i) Reach clients who are unable to access the network; and

16 “(ii) Increase public awareness of network services.

17 “(F) Harm reduction services and information and education about harm  
18 reduction services.

19 “(G) Low-barrier substance use treatment.

20 “(H) Transitional and supportive housing for individuals with substance  
21 use.

22 “(f) If an applicant for a grant or funding under this subsection is unable  
23 to provide all of the services described in paragraph (e) of this subsection,  
24 the applicant may identify how the applicant intends to partner with other  
25 entities to provide the services, and the [*authority and the council*] **com-**  
26 **mission** may facilitate collaboration among applicants.

27 “(g) All services provided through the networks must be evidence-  
28 informed, trauma-informed, culturally specific, linguistically responsive,  
29 person-centered and nonjudgmental. The goal shall be to address effectively  
30 the client’s substance use and any other social determinants of health.

1 “(h) The networks must be adequately staffed to address the needs of  
2 people with substance use within their regions as prescribed by the authority  
3 by rule, including, at a minimum, at least one person in each of the following  
4 categories:

5 “(A) Alcohol and drug counselor certified by the authority or other cre-  
6 dentialled addiction treatment professional;

7 “(B) Case manager;

8 “(C) Addiction peer support specialist certified by the [authority] **Oregon**  
9 **Health Authority**;

10 “(D) Addiction peer wellness specialist certified by the authority;

11 “(E) Recovery mentor, certified by the Mental Health and Addiction  
12 Certification Board of Oregon or its successor organization; and

13 “(F) Youth support specialist certified by the authority.

14 “(i) Verification of a screening by a certified addiction peer support spe-  
15 cialist, wellness specialist or other person in accordance with paragraph  
16 (e)(A) of this subsection shall promptly be provided to the client by the en-  
17 tity conducting the screening. If the client executes a valid release of in-  
18 formation, the entity shall provide verification of the screening to the  
19 authority or a contractor of the authority and the authority or the  
20 authority’s contractor shall forward the verification to the court, in the  
21 manner prescribed by the Chief Justice of the Supreme Court, to satisfy the  
22 conditions for dismissal under ORS 153.062 or 475.237.

23 “(3)(a) If moneys remain in the Drug Treatment and Recovery Services  
24 Fund after the council has committed grants and funding to establish be-  
25 havioral health resource networks serving every county in this state, the  
26 council shall authorize grants and funding to other agencies or organiza-  
27 tions, whether government or community based, and to the nine federally  
28 recognized tribes in this state and service providers that are affiliated with  
29 the nine federally recognized tribes in this state to increase access to one  
30 or more of the following:

1 “(A) Low-barrier substance use treatment that is evidence-informed,  
2 trauma-informed, culturally specific, linguistically responsive, person-  
3 centered and nonjudgmental;

4 “(B) Peer support and recovery services;

5 “(C) Transitional, supportive and permanent housing for persons with  
6 substance use;

7 “(D) Harm reduction interventions including, but not limited to, overdose  
8 prevention education, access to short-acting opioid antagonists, as defined in  
9 ORS 689.800, and sterile syringes and stimulant-specific drug education and  
10 outreach; or

11 “(E) Incentives and supports to expand the behavioral health workforce  
12 to support the services delivered by behavioral health resource networks and  
13 entities receiving grants or funding under this subsection.

14 “(b) A recipient of a grant or funding under this subsection may not use  
15 the grant or funding to supplant the recipient’s existing funding.

16 “(4) In awarding grants and funding under subsections (1) and (3) of this  
17 section **and section 1 of this 2024 Act**, the [council] **commission** shall:

18 “(a) Distribute grants and funding to ensure access to:

19 “(A) Historically underserved populations; and

20 “(B) Culturally specific and linguistically responsive services.

21 “(b) Consider any inventories or surveys of currently available behavioral  
22 health services.

23 “(c) Consider available regional data related to the substance use treat-  
24 ment needs and the access to culturally specific and linguistically responsive  
25 services in communities in this state.

26 “(d) Consider the needs of residents of this state for services, supports and  
27 treatment at all ages.

28 “(e) **Consider data regarding the geographic location and rates of**  
29 **overdose incidents and deaths and the rates of crime committed by**  
30 **drug-dependent persons as defined in section 1 of this 2024 Act.**

1 “(5) The [council] **commission** shall require any government entity that  
2 applies for a grant to specify in the application details regarding subgrantees  
3 and how the government entity will fund culturally specific organizations  
4 and culturally specific services. A government entity receiving a grant must  
5 make an explicit commitment not to supplant or decrease any existing fund-  
6 ing used to provide services funded by the grant.

7 “(6) In determining grants and funding to be awarded, the [council]  
8 **commission** may consult the comprehensive addiction, prevention, treatment  
9 and recovery plan established by the [*Alcohol and Drug Policy Commission*]  
10 **commission** under ORS 430.223 and the advice of any other group, agency,  
11 organization or individual that desires to provide advice to the [council]  
12 **commission** that is consistent with the terms of this section.

13 “(7) Services provided by grantees, including services provided by a Be-  
14 havioral Health Resource Network, shall be free of charge to the clients re-  
15 ceiving the services. Grantees in each network shall seek reimbursement  
16 from insurance issuers, the medical assistance program or any other third  
17 party responsible for the cost of services provided to a client and grants and  
18 funding provided by the [*council or the authority*] **commission** under this  
19 section may be used for copayments, deductibles or other out-of-pocket costs  
20 incurred by the client for the services.

21 “(8) Subsection (7) of this section does not require the medical assistance  
22 program to reimburse the cost of services for which another third party is  
23 responsible in violation of 42 U.S.C. 1396a(25).

24 “**SECTION 5.** ORS 430.390 is amended to read:

25 “430.390. (1)[(a) *The Oregon Health Authority*] **The Alcohol and Drug**  
26 **Policy Commission** shall adopt rules that establish a grant application  
27 process, a process to appeal the denial of a grant and general criteria and  
28 requirements for the Behavioral Health Resource Networks and the grants  
29 and funding required by ORS 430.389, including rules requiring recipients of  
30 grants and funding to collect and report information necessary for the Sec-

1 retary of State to conduct the financial and performance audits required by  
2 ORS 430.392.

3 “[*b*) When adopting or amending rules under this subsection, the authority  
4 shall convene an advisory committee in accordance with ORS 183.333 in which  
5 members of the Oversight and Accountability Council compose a majority of  
6 the membership.]

7 “(2) The [*council*] **commission** shall have and retain the authority to  
8 oversee the Behavioral Health Resource Networks established under ORS  
9 430.389 and approve the grants and funding under ORS 430.389.

10 “(3) The [*authority*] **commission** shall administer and provide all neces-  
11 sary support to ensure the implementation of ORS 430.383 to 430.390 and  
12 430.394, and that recipients of grants or funding comply with all applicable  
13 rules regulating the provision of behavioral health services.

14 “(4)(a) The [*authority, in consultation with the council,*] **commission** may  
15 enter into interagency agreements to ensure proper distribution of funds for  
16 the grants required by ORS 430.389.

17 “(b) The [*authority*] **commission** shall encourage and take all reasonable  
18 measures to ensure that grant recipients cooperate, coordinate and act  
19 jointly with one another to offer the services described in ORS 430.389.

20 “(c) The [*authority*] **commission** shall post to the [*authority’s*]  
21 **commission’s** website, at the time a grant or funding is awarded:

22 “(A) The name of the recipient of the grant or funding;

23 “(B) The names of any subgrantees or subcontractors of the recipient of  
24 the grant or funding; and

25 “(C) The amount of the grant or funding awarded.

26 “[*5*) The authority shall provide requested technical, logistical and other  
27 support to the council to assist the council with the council’s duties and obli-  
28 gations.]

29 “[*6*] (5) The Department of Justice shall provide legal services to the  
30 [*council*] **commission** if requested to assist the [*council*] **commission** in

1 carrying out the [council's] **commission's** duties and obligations.

2 **“SECTION 6.** ORS 430.391 is amended to read:

3 “430.391. (1) The [*Oregon Health Authority*] **Alcohol and Drug Policy**  
4 **Commission** shall establish a Behavioral Health Resource Network state-  
5 wide telephone hotline to provide screenings described in ORS 430.389  
6 (2)(e)(A) to any caller who is a resident of this state.

7 “(2) The telephone hotline shall be staffed 24 hours a day, seven days a  
8 week, every calendar day of the year. Following a screening, at the request  
9 of a caller, the telephone hotline shall promptly provide the verification set  
10 forth in ORS 430.389 (2)(i).

11 **“SECTION 7.** ORS 430.392 is amended to read:

12 “430.392. (1) The Division of Audits of the office of the Secretary of State  
13 shall conduct performance audits and financial reviews as provided in this  
14 section, regarding the uses of the Drug Treatment and Recovery Services  
15 Fund and the effectiveness of the fund in achieving the purposes of the fund  
16 and the policy objectives of ORS 430.383. Recipients of grants or funds under  
17 ORS 430.389 shall keep accurate books, records and accounts that are subject  
18 to inspection and audit by the division.

19 “(2) The division shall monitor and report on the progress in implement-  
20 ing any recommendations made in the audit or financial review. The division  
21 shall follow up on recommendations as part of recurring audit work or as  
22 an activity separate from other audit activity. When following up on recom-  
23 mendations, the division may request from the appropriate agency evidence  
24 of implementation.

25 “(3) The audits set forth in this section shall be conducted pursuant to  
26 the provisions of ORS chapter 297, except to the extent any provision of ORS  
27 chapter 297 conflicts with any provision of ORS 293.665 and 305.231 and  
28 430.383 to 430.390 and 430.394, in which case the provisions of ORS 293.665  
29 and 305.231 and 430.383 to 430.390 and 430.394 shall control.

30 “(4) No later than December 31, 2023, the division shall perform a:

1       “(a) Real-time audit, as prescribed by the division, which shall include an  
2 assessment of [*the relationship between the Oversight and Accountability*  
3 *Council and the Oregon Health Authority,*] the relationship between the  
4 [*council*] **Alcohol and Drug Policy Commission** and recipients of grants  
5 or funding and the structural integrity of ORS 293.665 and 305.231 and  
6 430.383 to 430.390 and 430.394, including but not limited to assessing:

7       “(A) Whether the organizational structure of the [*council*] **commission**  
8 contains conflicts or problems.

9       “(B) Whether the rules adopted by the [*council*] **commission** are clear  
10 and functioning properly.

11       “(C) Whether the [*council*] **commission** has sufficient authority and in-  
12 dependence to achieve the [*council’s*] **commission’s** mission.

13       “(D) Whether the [*authority*] **commission** is fulfilling the [*authority’s*]  
14 **commission’s** duties under ORS 430.384, 430.387, 430.390 and 430.391.

15       “(E) Whether there are conflicts of interest in the process of awarding  
16 grants or funding.

17       “(F) Whether there are opportunities to expand collaboration between the  
18 [*council*] **commission** and state agencies.

19       “(G) Whether barriers exist in data collection and evaluation mechanisms.

20       “(H) Who is providing the data.

21       “(I) Other areas identified by the division.

22       “(b) Financial review, which shall include an assessment of the following:

23       “(A) Whether grants and funding are going to organizations that are  
24 culturally responsive and linguistically specific, including an assessment of:

25       “(i) The barriers that exist for grant and funding applicants who are  
26 Black, Indigenous or People of Color.

27       “(ii) The applicants that were denied and why.

28       “(iii) Whether grants and other funding are being disbursed based on the  
29 priorities specified in ORS 430.389.

30       “(iv) For government entities receiving grants or funding under ORS

1 430.389, the government entities' subgrantees and whether the governmental  
2 entity supplanted or decreased any local funding dedicated to the same ser-  
3 vices after receiving grants or funds under ORS 430.389.

4 “(v) What proportion of grants or funds received by grantees and others  
5 under ORS 430.389, was devoted to administrative costs.

6 “(B) The organizations and agencies receiving grants or funding under  
7 ORS 430.389 and:

8 “(i) Which of the organizations and agencies are Behavioral Health Re-  
9 source Network entities.

10 “(ii) The amount each organization and agency received.

11 “(iii) The total number of organizations and agencies that applied for  
12 grants or funding.

13 “(iv) The amount of moneys from the fund that were used to administer  
14 the programs selected by the [*council*] **commission**.

15 “(v) The moneys that remained in the Drug Treatment and Recovery  
16 Services Fund after grants and funding were disbursed.

17 “(5) No later than December 31, 2025, the division shall conduct a per-  
18 formance audit, which must include an assessment of the following:

19 “(a) All relevant data regarding the implementation of ORS 153.062 and  
20 430.391, including demographic information on individuals who receive cita-  
21 tions subject to ORS 153.062 and 430.391 and whether the citations resulted  
22 in connecting the individuals with treatment.

23 “(b) The functioning of:

24 “(A) Law enforcement and the courts in relation to Class E violation ci-  
25 tations;

26 “(B) The telephone hotline operated by the [*authority*] **commission**;

27 “(C) Entities providing verification of screenings under ORS 430.389; and

28 “(D) The grants and funding systems between the [*council, the authority*]  
29 **commission** and recipients of grants or funding, including by gathering in-  
30 formation about which entities are receiving grants or funding and what the



1 grants or funding are used for, the process of applying for grants or funding  
2 and whether the process is conducive to obtaining qualified applicants for  
3 grants or funding who are from communities of color.

4 “(c) Disparities shown by demographic data and whether the citation data  
5 reveals a disproportionate use of citations in communities most impacted by  
6 the war on drugs.

7 “(d) Whether ORS 153.062, 430.389 and 430.391 reduce the involvement in  
8 the criminal justice system of individuals with substance use.

9 “(e) Training opportunities provided to law enforcement officials regard-  
10 ing services that are available and how to connect individuals to the ser-  
11 vices.

12 “(f) The efficacy of issuing citations as a method of connecting individuals  
13 to services.

14 “(g) The role of the implementation of ORS 430.383 to 430.390 and 430.394  
15 in reducing overdose rates.

16 “(h) Outcomes for individuals receiving treatment and other social ser-  
17 vices under ORS 430.389, including, but not limited to, the following:

18 “(A) Whether access to care increased since December 3, 2020, and, if data  
19 is available, whether, since December 3, 2020:

20 “(i) The number of drug and alcohol treatment service providers in-  
21 creased.

22 “(ii) The number of culturally specific providers increased.

23 “(iii) Access to harm reduction services has increased.

24 “(iv) More individuals are accessing treatment than they were before  
25 December 3, 2020.

26 “(v) Access to housing for individuals with substance use has increased.

27 “(B) Data on Behavioral Health Resource Networks and recipients of  
28 grants and funding under ORS 430.389, including:

29 “(i) The outcomes of each network or recipient, including but not limited  
30 to the number of clients with substance use receiving services from each

1 network or recipient, the average duration of client participation and client  
2 outcomes.

3 “(ii) The number of individuals seeking assistance from the network or  
4 recipients who are denied or not connected to substance use treatment and  
5 other services, and the reasons for the denials.

6 “(iii) The average time it takes for clients to access services and fulfill  
7 their individual intervention plan and the reason for any delays, such as  
8 waiting lists at referred services.

9 “(iv) Whether average times to access services to which clients are re-  
10 ferred, such as housing or medically assisted treatment, have decreased over  
11 time since December 3, 2020.

12 “(v) Demographic data on clients served by Behavioral Health Resource  
13 Networks, including self-reported demographic data on race, ethnicity,  
14 gender and age.

15 “(i) Each recipient of a grant or funding.

16 “(j) Other areas identified by the division for ascertaining best practices  
17 for overdose prevention.

18 “(6) The division shall conduct periodic performance audits and financial  
19 reviews pursuant to the division’s annual audit plan and taking into con-  
20 sideration the risks of the program.

21 “**SECTION 8.** ORS 430.393 is amended to read:

22 “430.393. No later than January 1, 2022, and at the beginning of each  
23 calendar quarter thereafter, the [*Oregon Health Authority*] **Alcohol and**  
24 **Drug Policy Commission** shall report to the Legislative Assembly, in the  
25 manner provided in ORS 192.245, how funds from the Drug Treatment and  
26 Recovery Services Fund were spent in the preceding calendar quarter.

27 “**SECTION 9.** ORS 430.394 is amended to read:

28 “430.394. If approved by the [*Oversight and Accountability Council*] **Alco-**  
29 **hol and Drug Policy Commission**, the Oregon Health Authority may im-  
30 plement an education campaign to inform the public about the availability

1 of Behavioral Health Resource Networks, the statewide hotline described in  
2 ORS 430.391 and any other information the authority believes would benefit  
3 the public in accessing behavioral health services.

4 **“SECTION 10. (1) The Alcohol and Drug Policy Commission shall**  
5 **conduct an analysis of the most effective ways to address substance**  
6 **abuse within this state. The analysis must include an assessment of**  
7 **the availability and funding of substance abuse treatment programs,**  
8 **the identification of any gaps in current practices and identification**  
9 **of the best practices to fund and support treatment services and other**  
10 **methods of addressing substance abuse.**

11 **“(2) No later than September 15, 2025, the commission shall provide**  
12 **a report to the interim committees of the Legislative Assembly related**  
13 **to health and the judiciary, in the manner described in ORS 192.245,**  
14 **containing the findings of the commission.**

15 **“(3) The commission shall provide a copy of the report described in**  
16 **subsection (2) of this section to each county.**

17 **“SECTION 11. ORS 244.050 is amended to read:**

18 **“244.050. (1) On or before April 15 of each year the following persons shall**  
19 **file with the Oregon Government Ethics Commission a verified statement of**  
20 **economic interest as required under this chapter:**

21 **“(a) The Governor, Secretary of State, State Treasurer, Attorney General,**  
22 **Commissioner of the Bureau of Labor and Industries, district attorneys and**  
23 **members of the Legislative Assembly.**

24 **“(b) Any judicial officer, including justices of the peace and municipal**  
25 **judges, except any pro tem judicial officer who does not otherwise serve as**  
26 **a judicial officer.**

27 **“(c) Any candidate for a public office designated in paragraph (a) or (b)**  
28 **of this subsection.**

29 **“(d) The Deputy Attorney General.**

30 **“(e) The Deputy Secretary of State.**

1 “(f) The Legislative Administrator, the Legislative Counsel, the Legisla-  
2 tive Fiscal Officer, the Legislative Policy and Research Director, the Secre-  
3 tary of the Senate, the Chief Clerk of the House of Representatives and the  
4 Legislative Equity Officer.

5 “(g) The president and vice presidents, or their administrative equiv-  
6 alents, in each public university listed in ORS 352.002.

7 “(h) The following state officers:

8 “(A) Adjutant General.

9 “(B) Director of Agriculture.

10 “(C) Manager of State Accident Insurance Fund Corporation.

11 “(D) Water Resources Director.

12 “(E) Director of the Department of Environmental Quality.

13 “(F) Director of the Oregon Department of Administrative Services.

14 “(G) State Fish and Wildlife Director.

15 “(H) State Forester.

16 “(I) State Geologist.

17 “(J) Director of Human Services.

18 “(K) Director of the Department of Consumer and Business Services.

19 “(L) Director of the Department of State Lands.

20 “(M) State Librarian.

21 “(N) Administrator of the Oregon Liquor and Cannabis Commission.

22 “(O) Superintendent of State Police.

23 “(P) Director of the Public Employees Retirement System.

24 “(Q) Director of Department of Revenue.

25 “(R) Director of Transportation.

26 “(S) Public Utility Commissioner.

27 “(T) Director of Veterans’ Affairs.

28 “(U) Executive director of Oregon Government Ethics Commission.

29 “(V) Director of the State Department of Energy.

30 “(W) Director and each assistant director of the Oregon State Lottery.

- 1 “(X) Director of the Department of Corrections.
- 2 “(Y) Director of the Oregon Department of Aviation.
- 3 “(Z) Executive director of the Oregon Criminal Justice Commission.
- 4 “(AA) Director of the Oregon Business Development Department.
- 5 “(BB) Director of the Oregon Department of Emergency Management.
- 6 “(CC) Director of the Employment Department.
- 7 “(DD) State Fire Marshal.
- 8 “(EE) Chief of staff for the Governor.
- 9 “(FF) Director of the Housing and Community Services Department.
- 10 “(GG) State Court Administrator.
- 11 “(HH) Director of the Department of Land Conservation and Develop-  
12 ment.
- 13 “(II) Board chairperson of the Land Use Board of Appeals.
- 14 “(JJ) State Marine Director.
- 15 “(KK) Executive director of the Oregon Racing Commission.
- 16 “(LL) State Parks and Recreation Director.
- 17 “(MM) Executive director of the Oregon Public Defense Commission.
- 18 “(NN) Chairperson of the Public Employees’ Benefit Board.
- 19 “(OO) Director of the Department of Public Safety Standards and Train-  
20 ing.
- 21 “(PP) Executive director of the Higher Education Coordinating Commis-  
22 sion.
- 23 “(QQ) Executive director of the Oregon Watershed Enhancement Board.
- 24 “(RR) Director of the Oregon Youth Authority.
- 25 “(SS) Director of the Oregon Health Authority.
- 26 “(TT) Deputy Superintendent of Public Instruction.
- 27 “(i) The First Partner, the legal counsel, the deputy legal counsel and all  
28 policy advisors within the Governor’s office.
- 29 “(j) Every elected city or county official.
- 30 “(k) Every member of a city or county planning, zoning or development

1 commission.

2 “(L) The chief executive officer of a city or county who performs the du-  
3 ties of manager or principal administrator of the city or county.

4 “(m) Members of local government boundary commissions formed under  
5 ORS 199.410 to 199.519.

6 “(n) Every member of a governing body of a metropolitan service district  
7 and the auditor and executive officer thereof.

8 “(o) Each member of the board of directors of the State Accident Insur-  
9 ance Fund Corporation.

10 “(p) The chief administrative officer and the financial officer of each  
11 common and union high school district, education service district and com-  
12 munity college district.

13 “(q) Every member of the following state boards, commissions and coun-  
14 cils:

15 “(A) Governing board of the State Department of Geology and Mineral  
16 Industries.

17 “(B) Oregon Business Development Commission.

18 “(C) State Board of Education.

19 “(D) Environmental Quality Commission.

20 “(E) Fish and Wildlife Commission of the State of Oregon.

21 “(F) State Board of Forestry.

22 “(G) Oregon Government Ethics Commission.

23 “(H) Oregon Health Policy Board.

24 “(I) Oregon Investment Council.

25 “(J) Land Conservation and Development Commission.

26 “(K) Oregon Liquor and Cannabis Commission.

27 “(L) Oregon Short Term Fund Board.

28 “(M) State Marine Board.

29 “(N) Mass transit district boards.

30 “(O) Energy Facility Siting Council.

1 “(P) Board of Commissioners of the Port of Portland.  
2 “(Q) Employment Relations Board.  
3 “(R) Public Employees Retirement Board.  
4 “(S) Oregon Racing Commission.  
5 “(T) Oregon Transportation Commission.  
6 “(U) Water Resources Commission.  
7 “(V) Workers’ Compensation Board.  
8 “(W) Oregon Facilities Authority.  
9 “(X) Oregon State Lottery Commission.  
10 “(Y) Pacific Northwest Electric Power and Conservation Planning Coun-  
11 cil.  
12 “(Z) Columbia River Gorge Commission.  
13 “(AA) Oregon Health and Science University Board of Directors.  
14 “(BB) Capitol Planning Commission.  
15 “(CC) Higher Education Coordinating Commission.  
16 “(DD) Oregon Growth Board.  
17 “(EE) Early Learning Council.  
18 “[*FF*) *The Oversight and Accountability Council.*]  
19 “(r) The following officers of the State Treasurer:  
20 “(A) Deputy State Treasurer.  
21 “(B) Chief of staff for the office of the State Treasurer.  
22 “(C) Director of the Investment Division.  
23 “(s) Every member of the board of commissioners of a port governed by  
24 ORS 777.005 to 777.725 or 777.915 to 777.953.  
25 “(t) Every member of the board of directors of an authority created under  
26 ORS 441.525 to 441.595.  
27 “(u) Every member of a governing board of a public university listed in  
28 ORS 352.002.  
29 “(v) Every member of the district school board of a common school dis-  
30 trict or union high school district.

1       “(w) Every member of the board of directors of an authority created under  
2       ORS 465.600 to 465.621.

3       “(2) By April 15 next after the date an appointment takes effect, every  
4       appointed public official on a board or commission listed in subsection (1)  
5       of this section shall file with the Oregon Government Ethics Commission a  
6       statement of economic interest as required under ORS 244.060, 244.070 and  
7       244.090.

8       “(3) By April 15 next after the filing deadline for the primary election,  
9       each candidate described in subsection (1) of this section shall file with the  
10       commission a statement of economic interest as required under ORS 244.060,  
11       244.070 and 244.090.

12       “(4) Not later than the 40th day before the date of the statewide general  
13       election, each candidate described in subsection (1) of this section who will  
14       appear on the statewide general election ballot and who was not required to  
15       file a statement of economic interest under subsections (1) to (3) of this  
16       section shall file with the commission a statement of economic interest as  
17       required under ORS 244.060, 244.070 and 244.090.

18       “(5) Subsections (1) to (3) of this section apply only to persons who are  
19       incumbent, elected or appointed public officials as of April 15 and to persons  
20       who are candidates on April 15.

21       “(6) If a statement required to be filed under this section has not been  
22       received by the commission within five days after the date the statement is  
23       due, the commission shall notify the public official or candidate and give the  
24       public official or candidate not less than 15 days to comply with the re-  
25       quirements of this section. If the public official or candidate fails to comply  
26       by the date set by the commission, the commission may impose a civil pen-  
27       alty as provided in ORS 244.350.

28       “**SECTION 12.** ORS 244.050, as amended by section 12, chapter 220,  
29       Oregon Laws 2023, and section 48, chapter 281, Oregon Laws 2023, is  
30       amended to read:



1 “244.050. (1) On or before April 15 of each year the following persons shall  
2 file with the Oregon Government Ethics Commission a verified statement of  
3 economic interest as required under this chapter:

4 “(a) The Governor, Secretary of State, State Treasurer, Attorney General,  
5 Commissioner of the Bureau of Labor and Industries, district attorneys and  
6 members of the Legislative Assembly.

7 “(b) Any judicial officer, including justices of the peace and municipal  
8 judges, except any pro tem judicial officer who does not otherwise serve as  
9 a judicial officer.

10 “(c) Any candidate for a public office designated in paragraph (a) or (b)  
11 of this subsection.

12 “(d) The Deputy Attorney General.

13 “(e) The Deputy Secretary of State.

14 “(f) The Legislative Administrator, the Legislative Counsel, the Legisla-  
15 tive Fiscal Officer, the Legislative Policy and Research Director, the Secre-  
16 tary of the Senate, the Chief Clerk of the House of Representatives and the  
17 Legislative Equity Officer.

18 “(g) The president and vice presidents, or their administrative equiv-  
19 alents, in each public university listed in ORS 352.002.

20 “(h) The following state officers:

21 “(A) Adjutant General.

22 “(B) Director of Agriculture.

23 “(C) Manager of State Accident Insurance Fund Corporation.

24 “(D) Water Resources Director.

25 “(E) Director of the Department of Environmental Quality.

26 “(F) Director of the Oregon Department of Administrative Services.

27 “(G) State Fish and Wildlife Director.

28 “(H) State Forester.

29 “(I) State Geologist.

30 “(J) Director of Human Services.

- 1 “(K) Director of the Department of Consumer and Business Services.  
2 “(L) Director of the Department of State Lands.  
3 “(M) State Librarian.  
4 “(N) Administrator of the Oregon Liquor and Cannabis Commission.  
5 “(O) Superintendent of State Police.  
6 “(P) Director of the Public Employees Retirement System.  
7 “(Q) Director of Department of Revenue.  
8 “(R) Director of Transportation.  
9 “(S) Public Utility Commissioner.  
10 “(T) Director of Veterans’ Affairs.  
11 “(U) Executive director of Oregon Government Ethics Commission.  
12 “(V) Director of the State Department of Energy.  
13 “(W) Director and each assistant director of the Oregon State Lottery.  
14 “(X) Director of the Department of Corrections.  
15 “(Y) Director of the Oregon Department of Aviation.  
16 “(Z) Executive director of the Oregon Criminal Justice Commission.  
17 “(AA) Director of the Oregon Business Development Department.  
18 “(BB) Director of the Oregon Department of Emergency Management.  
19 “(CC) Director of the Employment Department.  
20 “(DD) State Fire Marshal.  
21 “(EE) Chief of staff for the Governor.  
22 “(FF) Director of the Housing and Community Services Department.  
23 “(GG) State Court Administrator.  
24 “(HH) Director of the Department of Land Conservation and Develop-  
25 ment.  
26 “(II) Board chairperson of the Land Use Board of Appeals.  
27 “(JJ) State Marine Director.  
28 “(KK) Executive director of the Oregon Racing Commission.  
29 “(LL) State Parks and Recreation Director.  
30 “(MM) Executive director of the Oregon Public Defense Commission.

1 “(NN) Chairperson of the Public Employees’ Benefit Board.  
2 “(OO) Director of the Department of Public Safety Standards and Train-  
3 ing.  
4 “(PP) Executive director of the Higher Education Coordinating Commis-  
5 sion.  
6 “(QQ) Executive director of the Oregon Watershed Enhancement Board.  
7 “(RR) Director of the Oregon Youth Authority.  
8 “(SS) Director of the Oregon Health Authority.  
9 “(TT) Deputy Superintendent of Public Instruction.  
10 “(i) The First Partner, the legal counsel, the deputy legal counsel and all  
11 policy advisors within the Governor’s office.  
12 “(j) Every elected city or county official.  
13 “(k) Every member of a city or county planning, zoning or development  
14 commission.  
15 “(L) The chief executive officer of a city or county who performs the du-  
16 ties of manager or principal administrator of the city or county.  
17 “(m) Members of local government boundary commissions formed under  
18 ORS 199.410 to 199.519.  
19 “(n) Every member of a governing body of a metropolitan service district  
20 and the auditor and executive officer thereof.  
21 “(o) Each member of the board of directors of the State Accident Insur-  
22 ance Fund Corporation.  
23 “(p) The chief administrative officer and the financial officer of each  
24 common and union high school district, education service district and com-  
25 munity college district.  
26 “(q) Every member of the following state boards, commissions and coun-  
27 cils:  
28 “(A) Governing board of the State Department of Geology and Mineral  
29 Industries.  
30 “(B) Oregon Business Development Commission.

- 1 “(C) State Board of Education.
- 2 “(D) Environmental Quality Commission.
- 3 “(E) Fish and Wildlife Commission of the State of Oregon.
- 4 “(F) State Board of Forestry.
- 5 “(G) Oregon Government Ethics Commission.
- 6 “(H) Oregon Health Policy Board.
- 7 “(I) Oregon Investment Council.
- 8 “(J) Land Conservation and Development Commission.
- 9 “(K) Oregon Liquor and Cannabis Commission.
- 10 “(L) Oregon Short Term Fund Board.
- 11 “(M) State Marine Board.
- 12 “(N) Mass transit district boards.
- 13 “(O) Energy Facility Siting Council.
- 14 “(P) Board of Commissioners of the Port of Portland.
- 15 “(Q) Employment Relations Board.
- 16 “(R) Public Employees Retirement Board.
- 17 “(S) Oregon Racing Commission.
- 18 “(T) Oregon Transportation Commission.
- 19 “(U) Water Resources Commission.
- 20 “(V) Workers’ Compensation Board.
- 21 “(W) Oregon Facilities Authority.
- 22 “(X) Oregon State Lottery Commission.
- 23 “(Y) Pacific Northwest Electric Power and Conservation Planning Coun-  
24 cil.
- 25 “(Z) Columbia River Gorge Commission.
- 26 “(AA) Oregon Health and Science University Board of Directors.
- 27 “(BB) Capitol Planning Commission.
- 28 “(CC) Higher Education Coordinating Commission.
- 29 “(DD) Oregon Growth Board.
- 30 “(EE) Early Learning Council.

1       “[(FF) *The Oversight and Accountability Council.*]

2       “(r) The following officers of the State Treasurer:

3       “(A) Deputy State Treasurer.

4       “(B) Chief of staff for the office of the State Treasurer.

5       “(C) Director of the Investment Division.

6       “(s) Every member of the board of commissioners of a port governed by  
7 ORS 777.005 to 777.725 or 777.915 to 777.953.

8       “(t) Every member of the board of directors of an authority created under  
9 ORS 441.525 to 441.595.

10       “(u) Every member of a governing board of a public university listed in  
11 ORS 352.002.

12       “(v) Every member of the district school board of a common school dis-  
13 trict or union high school district.

14       “(w) Every member of the board of directors of an authority created under  
15 ORS 465.600 to 465.621.

16       “(2) By April 15 next after the date an appointment takes effect, every  
17 appointed public official on a board or commission listed in subsection (1)  
18 of this section shall file with the Oregon Government Ethics Commission a  
19 statement of economic interest as required under ORS 244.060, 244.070 and  
20 244.090.

21       “(3) By April 15 next after the filing deadline for the primary election,  
22 each candidate described in subsection (1) of this section who will appear  
23 on a primary election ballot shall file with the commission a statement of  
24 economic interest as required under ORS 244.060, 244.070 and 244.090.

25       “(4) Not later than the 40th day before the date of the statewide general  
26 election, each candidate described in subsection (1) of this section who will  
27 appear on the statewide general election ballot and who was not required to  
28 file a statement of economic interest under subsections (1) to (3) of this  
29 section shall file with the commission a statement of economic interest as  
30 required under ORS 244.060, 244.070 and 244.090.

1 “(5) Subsections (1) to (3) of this section apply only to persons who are  
2 incumbent, elected or appointed public officials as of April 15 and to persons  
3 who are candidates on April 15.

4 “(6) If a statement required to be filed under this section has not been  
5 received by the commission within five days after the date the statement is  
6 due, the commission shall notify the public official or candidate and give the  
7 public official or candidate not less than 15 days to comply with the re-  
8 quirements of this section. If the public official or candidate fails to comply  
9 by the date set by the commission, the commission may impose a civil pen-  
10 alty as provided in ORS 244.350.

11 **“SECTION 13.** ORS 413.017 is amended to read:

12 “413.017. (1) The Oregon Health Policy Board shall establish the commit-  
13 tees described in subsections (2) to (5) of this section.

14 “(2)(a) The Public Health Benefit Purchasers Committee shall include in-  
15 dividuals who purchase health care for the following:

16 “(A) The Public Employees’ Benefit Board.

17 “(B) The Oregon Educators Benefit Board.

18 “(C) Trustees of the Public Employees Retirement System.

19 “(D) A city government.

20 “(E) A county government.

21 “(F) A special district.

22 “(G) Any private nonprofit organization that receives the majority of its  
23 funding from the state and requests to participate on the committee.

24 “(b) The Public Health Benefit Purchasers Committee shall:

25 “(A) Identify and make specific recommendations to achieve uniformity  
26 across all public health benefit plan designs based on the best available  
27 clinical evidence, recognized best practices for health promotion and disease  
28 management, demonstrated cost-effectiveness and shared demographics  
29 among the enrollees within the pools covered by the benefit plans.

30 “(B) Develop an action plan for ongoing collaboration to implement the

1 benefit design alignment described in subparagraph (A) of this paragraph and  
2 shall leverage purchasing to achieve benefit uniformity if practicable.

3 “(C) Continuously review and report to the Oregon Health Policy Board  
4 on the committee’s progress in aligning benefits while minimizing the cost  
5 shift to individual purchasers of insurance without shifting costs to the pri-  
6 vate sector or the health insurance exchange.

7 “(c) The Oregon Health Policy Board shall work with the Public Health  
8 Benefit Purchasers Committee to identify uniform provisions for state and  
9 local public contracts for health benefit plans that achieve maximum quality  
10 and cost outcomes. The board shall collaborate with the committee to de-  
11 velop steps to implement joint contract provisions. The committee shall  
12 identify a schedule for the implementation of contract changes. The process  
13 for implementation of joint contract provisions must include a review process  
14 to protect against unintended cost shifts to enrollees or agencies.

15 “(3)(a) The Health Care Workforce Committee shall include individuals  
16 who have the collective expertise, knowledge and experience in a broad  
17 range of health professions, health care education and health care workforce  
18 development initiatives.

19 “(b) The Health Care Workforce Committee shall coordinate efforts to  
20 recruit and educate health care professionals and retain a quality workforce  
21 to meet the demand that will be created by the expansion in health care  
22 coverage, system transformations and an increasingly diverse population.

23 “(c) The Health Care Workforce Committee shall conduct an inventory  
24 of all grants and other state resources available for addressing the need to  
25 expand the health care workforce to meet the needs of Oregonians for health  
26 care.

27 “(4)(a) The Health Plan Quality Metrics Committee shall include the fol-  
28 lowing members appointed by the Oregon Health Policy Board:

29 “(A) An individual representing the Oregon Health Authority;

30 “(B) An individual representing the Oregon Educators Benefit Board;

- 1 “(C) An individual representing the Public Employees’ Benefit Board;
- 2 “(D) An individual representing the Department of Consumer and Busi-
- 3 ness Services;
- 4 “(E) Two health care providers;
- 5 “(F) One individual representing hospitals;
- 6 “(G) One individual representing insurers, large employers or multiple
- 7 employer welfare arrangements;
- 8 “(H) Two individuals representing health care consumers;
- 9 “(I) Two individuals representing coordinated care organizations;
- 10 “(J) One individual with expertise in health care research;
- 11 “(K) One individual with expertise in health care quality measures; and
- 12 “(L) One individual with expertise in mental health and addiction ser-
- 13 vices.

14 “(b) The committee shall work collaboratively with the Oregon Educators

15 Benefit Board, the Public Employees’ Benefit Board, the authority and the

16 department to adopt health outcome and quality measures that are focused

17 on specific goals and provide value to the state, employers, insurers, health

18 care providers and consumers. The committee shall be the single body to

19 align health outcome and quality measures used in this state with the re-

20 quirements of health care data reporting to ensure that the measures and

21 requirements are coordinated, evidence-based and focused on a long term

22 statewide vision.

23 “(c) The committee shall use a public process that includes an opportunity

24 for public comment to identify health outcome and quality measures. The

25 health outcome and quality measures identified by the committee, as updated

26 by the authority under paragraph (g) of this subsection, may be applied to

27 services provided by coordinated care organizations or paid for by health

28 benefit plans sold through the health insurance exchange or offered by the

29 Oregon Educators Benefit Board or the Public Employees’ Benefit Board.

30 The authority, the department, the Oregon Educators Benefit Board and the



1 Public Employees' Benefit Board are not required to adopt all of the health  
2 outcome and quality measures identified by the committee but may not adopt  
3 any health outcome and quality measures that are different from the meas-  
4 ures identified by the committee. The measures must take into account the  
5 health outcome and quality measures selected by the metrics and scoring  
6 subcommittee created in ORS 413.022 and the differences in the populations  
7 served by coordinated care organizations and by commercial insurers.

8 “(d) In identifying health outcome and quality measures, the committee  
9 shall prioritize measures that:

10 “(A) Utilize existing state and national health outcome and quality  
11 measures, including measures adopted by the Centers for Medicare and  
12 Medicaid Services, that have been adopted or endorsed by other state or  
13 national organizations and have a relevant state or national benchmark;

14 “(B) Given the context in which each measure is applied, are not prone  
15 to random variations based on the size of the denominator;

16 “(C) Utilize existing data systems, to the extent practicable, for reporting  
17 the measures to minimize redundant reporting and undue burden on the  
18 state, health benefit plans and health care providers;

19 “(D) Can be meaningfully adopted for a minimum of three years;

20 “(E) Use a common format in the collection of the data and facilitate the  
21 public reporting of the data; and

22 “(F) Can be reported in a timely manner and without significant delay so  
23 that the most current and actionable data is available.

24 “(e) The committee shall evaluate on a regular and ongoing basis the  
25 health outcome and quality measures identified under this section.

26 “(f) The committee may convene subcommittees to focus on gaining ex-  
27 pertise in particular areas such as data collection, health care research and  
28 mental health and substance use disorders in order to aid the committee in  
29 the development of health outcome and quality measures. A subcommittee  
30 may include stakeholders and staff from the authority, the Department of

1 Human Services, the Department of Consumer and Business Services, the  
2 Early Learning Council or any other agency staff with the appropriate ex-  
3 pertise in the issues addressed by the subcommittee.

4 “(g) The authority shall update annually, if necessary, the health outcome  
5 and quality measures identified by the committee to utilize the latest sets  
6 of core quality measures published by the Centers for Medicare and Medicaid  
7 Services in accordance with 42 U.S.C. 1320b-9a and 1320b-9b.

8 “(h) This subsection does not prevent the authority, the Department of  
9 Consumer and Business Services, commercial insurers, the Public Employees’  
10 Benefit Board or the Oregon Educators Benefit Board from establishing  
11 programs that provide financial incentives to providers for meeting specific  
12 health outcome and quality measures adopted by the committee.

13 “(5)(a) The Behavioral Health Committee shall include the following  
14 members appointed by the Director of the Oregon Health Authority:

15 “(A) The chairperson of the Health Plan Quality Metrics Committee;

16 “(B) The chairperson of the committee appointed by the board to address  
17 health equity, if any;

18 “(C) A behavioral health director for a coordinated care organization;

19 “(D) A representative of a community mental health program;

20 “(E) An individual with expertise in data analysis;

21 “(F) A member of the Consumer Advisory Council, established under ORS  
22 430.073, that represents adults with mental illness;

23 “(G) A representative of the System of Care Advisory Council established  
24 in ORS 418.978;

25 “(H) A member [*of the Oversight and Accountability Council, described in*  
26 *ORS 430.389,*] who represents adults with addictions or co-occurring condi-  
27 tions;

28 “(I) One member representing a system of care, as defined in ORS 418.976;

29 “(J) One consumer representative;

30 “(K) One representative of a tribal government;

1 “(L) One representative of an organization that advocates on behalf of  
2 individuals with intellectual or developmental disabilities;

3 “(M) One representative of providers of behavioral health services;

4 “(N) The director of the division of the authority responsible for behav-  
5 ioral health services, as a nonvoting member;

6 “(O) The Director of the Alcohol and Drug Policy Commission appointed  
7 under ORS 430.220, as a nonvoting member;

8 “(P) The authority’s Medicaid director, as a nonvoting member;

9 “(Q) A representative of the Department of Human Services, as a non-  
10 voting member; and

11 “(R) Any other member that the director deems appropriate.

12 “(b) The board may modify the membership of the committee as needed.

13 “(c) The division of the authority responsible for behavioral health ser-  
14 vices and the director of the division shall staff the committee.

15 “(d) The committee, in collaboration with the Health Plan Quality Met-  
16 rics Committee, as needed, shall:

17 “(A) Establish quality metrics for behavioral health services provided by  
18 coordinated care organizations, health care providers, counties and other  
19 government entities; and

20 “(B) Establish incentives to improve the quality of behavioral health  
21 services.

22 “(e) The quality metrics and incentives shall be designed to:

23 “(A) Improve timely access to behavioral health care;

24 “(B) Reduce hospitalizations;

25 “(C) Reduce overdoses;

26 “(D) Improve the integration of physical and behavioral health care; and

27 “(E) Ensure individuals are supported in the least restrictive environment  
28 that meets their behavioral health needs.

29 “(6) Members of the committees described in subsections (2) to (5) of this  
30 section who are not members of the Oregon Health Policy Board may receive

1 compensation in accordance with criteria prescribed by the authority by rule  
2 and shall be reimbursed from funds available to the board for actual and  
3 necessary travel and other expenses incurred by them by their attendance  
4 at committee meetings, in the manner and amount provided in ORS 292.495.

5 **“SECTION 14.** Section 6, chapter 63, Oregon Laws 2022, is amended to  
6 read:

7 **“Sec. 6.** (1) The Opioid Settlement Prevention, Treatment and Recovery  
8 Board is created in the Oregon Health Authority for the purpose of deter-  
9 mining the allocation of funding from the Opioid Settlement Prevention,  
10 Treatment and Recovery Fund established in section 5 [*of this 2022 Act*],  
11 **chapter 63, Oregon Laws 2022.** The board consists of:

12 “(a) The following members appointed by the Governor:

13 “(A) A policy advisor to the Governor;

14 “(B) A representative of the Department of Justice;

15 “(C) A representative of the Oregon Health Authority; and

16 “(D) A representative of the Department of Human Services;

17 “(b) The Director of the Alcohol and Drug Policy Commission or the  
18 director’s designee;

19 “[*(c) The chairperson of the Oversight and Accountability Council estab-*  
20 *lished in ORS 430.388 or the chairperson’s designee;*]

21 “[*(d)*] (c) The following members appointed by the Governor from a list  
22 of candidates provided by the Association of Oregon Counties and the League  
23 of Oregon Cities or the successor organizations to the Association of Oregon  
24 Counties and the League of Oregon Cities:

25 “(A) An individual representing Clackamas, Washington or Multnomah  
26 County;

27 “(B) An individual representing Clatsop, Columbia, Coos, Curry, Jackson,  
28 Josephine, Lane or Yamhill County;

29 “(C) An individual representing the City of Portland;

30 “(D) An individual representing a city with a population above 10,000

1 residents as of July 21, 2021;

2 “(E) An individual representing a city with a population at or below  
3 10,000 residents as of July 21, 2021; and

4 “(F) A representative of the Oregon Coalition of Local Health Officials  
5 or its successor organization;

6 “[*e*] (d) The following members appointed by the Governor from a list  
7 of candidates provided by the members described in paragraphs (a) to [*d*]  
8 (c) of this subsection:

9 “(A) A representative of a community mental health program;

10 “(B) An individual who has experienced a substance use disorder or a  
11 representative of an organization that advocates on behalf of individuals  
12 with substance use disorders; and

13 “(C) An individual representing law enforcement, first responders or jail  
14 commanders or wardens;

15 “[*f*] (e) A member of the House of Representatives appointed by the  
16 Speaker of the House of Representatives, who shall be a nonvoting member  
17 of the board;

18 “[*g*] (f) A member of the Senate appointed by the President of the Sen-  
19 ate, who shall be a nonvoting member of the board; and

20 “[*h*] (g) The State Court Administrator or the administrator’s designee,  
21 who shall be a nonvoting member of the board.

22 “(2) The Governor shall select from the members described in subsection  
23 (1)(a)[,] **and** (b) [*and* (c)] of this section one cochairperson to represent state  
24 entities, and the members described in subsection [*(1)(d)*] **(1)(c)** of this sec-  
25 tion shall select from one of their members a cochairperson to represent  
26 cities or counties.

27 “(3) The term of each member of the board who is not an ex officio  
28 member is four years, but a member serves at the pleasure of the appointing  
29 authority. Before the expiration of a member’s term, the appointing authority  
30 shall appoint a successor whose term begins on January 1 next following.

1 A member is eligible for reappointment. If there is a vacancy for any cause,  
2 the appointing authority shall make an appointment to become immediately  
3 effective for the unexpired term.

4 “(4) Decision-making by the board shall be based on consensus and sup-  
5 ported by at least a majority of the members. The board shall document all  
6 objections to board decisions.

7 “(5) The board shall conduct at least four public meetings in accordance  
8 with ORS 192.610 to [192.690] **192.705**, which shall be publicized to facilitate  
9 attendance at the meetings and during which the board shall receive testi-  
10 mony and input from the community. The board shall also establish a process  
11 for the public to provide written comments and proposals at each meeting  
12 of the board.

13 “(6) In determining the allocation of moneys from the Opioid Settlement  
14 Prevention, Treatment and Recovery Fund:

15 “(a) No more than five percent of the moneys may be spent on adminis-  
16 tering the board and the fund.

17 “(b) A portion of the moneys shall be allocated toward a unified and  
18 evidence-based state system for collecting, analyzing and publishing data  
19 about the availability and efficacy of substance use prevention, treatment  
20 and recovery services statewide.

21 “(c) Moneys remaining after allocations in accordance with paragraphs  
22 (a) and (b) of this subsection shall be allocated for funding statewide and  
23 regional programs identified in the Distributor Settlement Agreement, the  
24 Janssen Settlement Agreement and any other judgment or settlement de-  
25 scribed in section 5 (1)(c), [of this 2022 Act] **chapter 63, Oregon Laws**  
26 **2022**, including but not limited to:

27 “(A) Programs that use evidence-based or evidence-informed strategies to  
28 treat opioid use disorders and any co-occurring substance use disorders or  
29 mental health conditions;

30 “(B) Programs that use evidence-based or evidence-informed strategies to

1 support individuals in recovery from opioid use disorders and any co-  
2 occurring substance use disorders or mental health conditions;

3 “(C) Programs that use evidence-based or evidence-informed strategies to  
4 provide connections to care for individuals who have or are at risk of de-  
5 veloping opioid use disorders and any co-occurring substance use disorders  
6 or mental health conditions;

7 “(D) Programs that use evidence-based or evidence-informed strategies to  
8 address the needs of individuals with opioid use disorders and any co-  
9 occurring substance use disorders or mental health conditions and who are  
10 involved in, at risk of becoming involved in, or in transition from, the  
11 criminal justice system;

12 “(E) Programs that use evidence-based or evidence-informed strategies to  
13 address the needs of pregnant or parenting women with opioid use disorders  
14 and any co-occurring substance use disorders or mental health conditions,  
15 and the needs of their families, including babies with neonatal abstinence  
16 syndrome;

17 “(F) Programs that use evidence-based or evidence-informed strategies to  
18 support efforts to prevent over-prescribing of opioids and ensure appropriate  
19 prescribing and dispensing of opioids;

20 “(G) Programs that use evidence-based or evidence-informed strategies to  
21 support efforts to discourage or prevent misuse of opioids;

22 “(H) Programs that use evidence-based or evidence-informed strategies to  
23 support efforts to prevent or reduce overdose deaths or other opioid-related  
24 harms;

25 “(I) Programs to educate law enforcement or other first responders re-  
26 garding appropriate practices and precautions when dealing with users of  
27 fentanyl or other opioids;

28 “(J) Programs to provide wellness and support services for first  
29 responders and others who experience secondary trauma associated with  
30 opioid-related emergency events;

1 “(K) Programs to support efforts to provide leadership, planning, coordi-  
2 nation, facilitation, training and technical assistance to abate the opioid  
3 epidemic through activities, programs or strategies; or

4 “(L) Funding to support opioid abatement research.

5 “(d) The board shall be guided and informed by:

6 “(A) The comprehensive addiction, prevention, treatment and recovery  
7 plan developed by the Alcohol and Drug Policy Commission in accordance  
8 with ORS 430.223;

9 “(B) The board’s ongoing evaluation of the efficacy of the funding allo-  
10 cations;

11 “(C) Evidence-based and evidence-informed strategies and best practices;

12 “(D) Input the board receives from the public;

13 “(E) Equity considerations for underserved populations; and

14 “(F) The terms of the settlement agreements.

15 “(7) The Oregon Health Authority shall provide staff support to the board.

16 “**SECTION 15.** ORS 430.383 is amended to read:

17 “430.383. (1)(a) The people of Oregon find that drug addiction and over-  
18 doses are a serious problem in Oregon and that Oregon needs to expand ac-  
19 cess to drug treatment.

20 “(b) The people of Oregon further find that a health-based approach to  
21 addiction and overdose is *[more]* effective, humane and cost-effective *[than*  
22 *criminal punishments. Making people criminals because they suffer from ad-*  
23 *diction is expensive, ruins lives and can make access to treatment and recovery*  
24 *more difficult]*.

25 “(2)(a) The purpose of the Drug Addiction Treatment and Recovery Act  
26 of 2020, **as further amended**, is to make screening, health assessment,  
27 treatment and recovery services for drug addiction available to all those who  
28 need and want access to those services and to *[adopt a health approach]*  
29 **enhance assessment, treatment and recovery services to address** drug  
30 addiction *[by removing criminal penalties for low-level drug possession]*.



1 “(b) It is the policy of the State of Oregon:

2 “(A) That screening, health assessment, treatment and recovery services  
3 for drug addiction are available to all those who need and want access to  
4 those services; and

5 “(B) To encourage treatment and recovery for people struggling with  
6 substance use.

7 “(3) The provisions of ORS 430.383 to 430.390 and 430.394 shall be inter-  
8 preted consistently with the findings, purposes and policy objectives stated  
9 in this section and shall not be limited by any policy set forth in Oregon law  
10 that could conflict with or be interpreted to conflict with the purposes and  
11 policy objectives stated in this section.

12 “(4) As used in ORS 430.383 to 430.390 and 430.394, ‘recovery’ means a  
13 process of change through which individuals improve their health and  
14 wellness, live a self-directed life and strive to reach their full potential.

15 **“SECTION 16. ORS 430.388 and section 6, chapter 248, Oregon Laws**  
16 **2023, are repealed.”.**

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