

Requested by Representative NOSSE

**PROPOSED AMENDMENTS TO
HOUSE BILL 2024**

1 In line 2 of the printed bill, after “workforce” insert “; creating new
2 provisions; amending section 20, chapter 70, Oregon Laws 2024; and declaring
3 an emergency”.

4 Delete lines 4 through 8 and insert:

5 **“SECTION 1. (1) As used in this section, ‘behavioral health care’**
6 **means services and supports for individuals who have mental health**
7 **disorders or substance use disorders.**

8 **“(2) The Oregon Health Authority shall establish a program to**
9 **award grants to eligible entities. The grants awarded under this sec-**
10 **tion must be used to foster the recruitment and retention of behav-**
11 **ioral health care providers at the eligible entity.**

12 **“(3) The following entities are eligible to receive grants under this**
13 **section, if the entity provides behavioral health care to adults or**
14 **youth, of which at least 50 percent are uninsured or enrolled in the**
15 **state medical assistance program or Medicare:**

16 **“(a) Mental health disorder or substance use disorder crisis**
17 **hotlines;**

18 **“(b) Urban Indian health programs operated by an urban Indian**
19 **organization pursuant to 25 U.S.C. 1651 et seq.;**

20 **“(c) Recipients of the authority’s tribal mental health program**
21 **grants;**

1 “(d) Qualified medical providers that offer office-based medication-
2 assisted treatment services; and

3 “(e) Other entities that are not hospitals and that:

4 “(A) Have been certified by the authority to provide behavioral
5 health care;

6 “(B) Provide behavioral health care through a program contracting
7 with or administered by the Oregon Youth Authority;

8 “(C) Provide behavioral health care rehabilitation services through
9 a program contracting with or administered by the Department of
10 Human Services;

11 “(D) Are licensed opioid treatment programs; or

12 “(E) Provide withdrawal management services.

13 “(4) An entity that receives a grant under subsection (2) of this
14 section may use the funds to provide the following to behavioral
15 health care providers, in an effort to increase the recruitment and
16 retention of behavioral health care providers at the entity:

17 “(a) Scholarships for undergraduate and graduate students going
18 into the behavioral health care field;

19 “(b) Loan forgiveness and repayment incentives;

20 “(c) Housing assistance;

21 “(d) Sign-on bonuses;

22 “(e) Retention bonuses;

23 “(e) Wage increases;

24 “(f) Professional development;

25 “(g) Child care subsidies;

26 “(h) Tuition assistance;

27 “(i) Bonuses and stipends for supervisors of interns; and

28 “(j) Stipends for students enrolled in graduate behavioral health
29 care educational programs.

30 “(5)(a) An entity that receives a grant under subsection (2) of this

1 section shall report to the authority, in the form and manner pre-
2 scribed by the authority, on how the entity spent the grant and how
3 the expenditures impacted the recruitment and retention of behavioral
4 health care providers at the entity. The report must include, as appli-
5 cable to the entity, the following information:

6 “(A) The licensure, certification or position type of each behavioral
7 health care provider who received an incentive listed in subsection (3)
8 of this section;

9 “(B) The amount of grant moneys spent per behavioral health care
10 provider; and

11 “(C) The entity’s staffing vacancy rate prior to receiving the grant
12 under subsection (2) of this section and after receiving the grant under
13 subsection (2) of this section.

14 “(b) In prescribing the form and manner of the report described in
15 this subsection, the authority shall seek to minimize the administra-
16 tive burden imposed on the entities to the extent practicable.

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

18 “(a) ‘Coordinated care organization’ has the meaning given that
19 term in ORS 414.025.

20 “(b)(A) ‘Independent eligible entity’ means an entity that provides
21 behavioral health care to adults or youth, of which fewer than 50
22 percent are uninsured, enrolled in the state medical assistance pro-
23 gram or enrolled in Medicare and that is:

24 “(i) A mental health disorder or substance use disorder crisis
25 hotline;

26 “(ii) An urban Indian health program operated by an urban Indian
27 organization pursuant to 25 U.S.C. 1651 et seq.;

28 “(iii) Recipients of the Oregon Health Authority’s tribal mental
29 health program grants;

30 “(iv) A qualified medical provider that offers office-based

1 medication-assisted treatment services; or

2 “(v) Another entity that is not a hospital and that:

3 “(I) Is certified by the authority to provide behavioral health care;

4 “(II) Provides behavioral health care through a program contract-
5 ing with or administered by the Oregon Youth Authority;

6 “(III) Provides behavioral health care rehabilitation services
7 through a program contracting with or administered by the Depart-
8 ment of Human Services;

9 “(IV) Is a licensed opioid treatment program; or

10 “(V) Provides withdrawal management services.

11 “(B) ‘Independent eligible entity’ does not include any entity de-
12 scribed in this paragraph that operates an outpatient or residential
13 facility, provides term-based care or that serves individuals with acute
14 behavioral health needs, as defined by the authority by rule.

15 “(b) ‘Medical assistance’ has the meaning given that term in ORS
16 414.025.

17 “(2) The Oregon Health Authority shall develop and implement an
18 incentive payment to be paid to all entities that are eligible to receive
19 grants under section 1 of this 2025 Act, regardless of payment meth-
20 odology, under the state medical assistance program. The incentive
21 payment must be designed to allow eligible entities to increase em-
22 ployee wages to levels commensurate with employee wages for inde-
23 pendent eligible entities.

24 “(3) A coordinated care organization may reimburse the cost of
25 services provided by independent eligible entities to medical assistance
26 recipients at rates up to 10 percent below the fee-for-service re-
27 imbursement rates paid by the authority.

28 “(4) The authority shall seek any necessary approval from the
29 Centers for Medicare and Medicaid Services to secure federal financial
30 participation in the costs of the incentive payments described in sub-

1 **section (2) of this section.**

2 **“SECTION 3.** Section 20, chapter 70, Oregon Laws 2024, is amended to
3 read:

4 **“Sec. 20.** (1) The United We Heal Medicaid Payment Program is estab-
5 lished in the Oregon Health Authority. The goal of the program is to in-
6 crease the available behavioral health care workforce in this state. The
7 authority shall provide supplemental medical assistance payments to eligible
8 behavioral health care providers to enable the providers to access enhanced
9 apprenticeship and training programs and opportunities by participating in
10 a labor-management training trust.

11 **“(2)** The authority shall prescribe by rule eligibility criteria for receiving
12 the payments consistent with the goal of the program expressed in subsection
13 (1) of this section.

14 **“(3)** To participate in the program, a behavioral health provider must
15 enter into a memorandum of understanding with the authority specifying
16 how the payments will be used. The authority shall terminate payments if
17 the provider fails to abide by or violates the terms of the memorandum of
18 understanding. A provider may request a contested case proceeding to chal-
19 lenge a termination.

20 **“(4) The authority shall, in consultation with a labor-management**
21 **training trust in this state, continually study how to improve re-**
22 **tention among the behavioral health care workforce through improved**
23 **wages, health care benefits, safety standards and other changes. Not**
24 **later than December 31 of each year, the authority shall submit a re-**
25 **port, in the manner provided in ORS 192.245, to the interim commit-**
26 **tees of the Legislative Assembly related to behavioral health care, that**
27 **includes the findings of the study described in this subsection for the**
28 **immediately preceding calendar year.**

29 **“SECTION 4.** There is appropriated to the Oregon Health Authority,
30 **for the biennium beginning July 1, 2025, out of the General Fund, the**

1 amount of \$20,000,000 for the purpose of carrying out the provisions
2 of section 1 of this 2025 Act.

3 **“SECTION 5.** There is appropriated to the Oregon Health Authority,
4 for the biennium beginning July 1, 2025, out of the General Fund, the
5 amount of \$20,000,000 for the purpose of carrying out the provisions
6 of section 2 of this 2025 Act.

7 **“SECTION 6.** There is appropriated to the Oregon Health Authority,
8 for the biennium beginning July 1, 2025, out of the General Fund, the
9 amount of \$5,000,000 for the purpose of carrying out section 20, chapter
10 70, Oregon Laws 2024, as amended by section 3 of this 2025 Act.

11 **“SECTION 7.** This 2025 Act being necessary for the immediate
12 preservation of the public peace, health and safety, an emergency is
13 declared to exist, and this 2025 Act takes effect on July 1, 2025. ”.

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