

Behavioral Health



This Legislative Summary Report highlights Behavioral Health policy measures that received a public hearing in a policy committee during the **2025** regular legislative session. The report is organized by subtopics and includes the measure number; the measure status: enacted [✓] or not enacted [✗]; and a brief description of the measure.

Behavioral Health Subtopics:

- [Facilities](#)
- [Finance & Reimbursement](#)
- [Other](#)
- [Substance Use Disorder \(SUD\)](#)
- [Workforce](#)
- [Youth Behavioral Health](#)

Facilities

- SB 834** ✓ The measure modifies standards for certain aspects of care delivered at the Oregon State Hospital, including prohibiting the hospital from treating patients under the age of 18, allowing psychiatric nurse partitioners to evaluate patients, and separating the roles of chief medical officer and superintendent.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Health Care.
- SB 1195** ✗ The measure would have directed the Oregon Health Authority (OHA) to study and propose reforms related to residential behavioral health services, including exploring alternatives to nurse staffing requirements, assessing new reimbursement methodologies, and evaluating alternative models for administering these services. It would have mandated the development of new rules, such as allowing conditional referrals before licensure, supporting early transition plans, and creating a separate licensing process for transition-aged youth residential treatment homes.
- Note:** Provisions of this bill enacted in [HB 2015](#).

- HB 2015** ✓ The measure directs the Oregon Health Authority (OHA) to investigate and consider certain flexibilities for administering residential treatment services, including: potential alternatives to nurse staffing requirements; methodologies for reimbursing facilities, and the Home and Community-Based Services waiver; supporting direct discharge of a resident to other types of housing; options for providing capacity payment to facilities; and appropriate actions to fill the capacity of newly licensed facilities.
- HB 2059** ✓ The measure establishes the Residential Behavioral Health Capacity Program within the Oregon Health Authority (OHA) for the purpose of funding behavioral health programs demonstrated to increase statewide capacity of residential behavioral health services. The measure appropriates \$65 million from the General Fund to carry out provisions of the measure.
- HB 2203 A** ✗ The measure would have implemented recommendations from the Joint Task Force on Improving the Safety of Behavioral Health Workers, including requiring behavioral health employers to develop and implement a written safety plan and comprehensive safety trainings. The measure would have applied to residential treatment facilities and homes, secure residential treatment facilities and homes, sobering facilities, detoxification centers, halfway houses, mobile crisis teams, and emergency shelters.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Labor and Employment.
- HB 2239 A** ✗ The measure would have defined recovery residences and allowed the Oregon Health Authority (OHA), coordinated care organizations (CCOs), and county behavioral health departments to contract with a recovery residence that is certified through a national recovery residence organization.

Finance & Reimbursement

- SB 140** ✗ The measure would have required the Oregon Health Authority (OHA) to set specific reimbursement rates for inpatient psychiatric services. It would have modified care coordination requirements for patients who are civilly committed but not admitted to the Oregon State Hospital.
- HB 2041** ✗ The measure would have required health insurance policies to reimburse mental health providers and physicians at the same rate for the same services.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Health Care.



- HB 2056 A ✗ The measure would have appropriated \$64,800,000 from the General Fund to the Oregon Health Authority (OHA) for the 2025-2027 biennium for distribution to community mental health programs (CMHPs) to be used to carry out activities related to Aid & Assist, Civil Commitment, and crisis services.
- HB 2206 A ✗ The measure would have required the Oregon Health Authority (OHA) to convene a workgroup to study the feasibility of transferring the responsibility and financial risk for administering the adult mental health residential service benefit from OHA to coordinated care organizations (CCOs).
- HB 2270 A ✗ The measure would have directed the Oregon Health Authority (OHA) to increase reimbursement rates for addiction services by 30 percent for certain providers, established the Task Force on Addiction Medicine Reimbursement Rates, and created an annual review and revision process for addiction service reimbursement rates paid by the state medical assistance program.
- HB 3197 ✗ The measure would have required the Legislative Revenue Officer to study the taxation of beer and wine sales and report to the Legislative Assembly.

Other

- SB 62 ✗ The measure would have directed the Oregon Health Authority (OHA) to implement a program to support consumer engagement in the behavioral health system, directed OHA to administer a pilot program in eastern Oregon for young adults experiencing early psychosis and substance use disorder (SUD), and created funding mechanisms for each program.
- SB 729 ✓ The measure prohibits all public bodies from denying access to mental health services on the basis that an individual of any age has an intellectual or development disability.
- SB 779 ✗ The measure would have appropriated \$2,000,000 from the General Fund to the Higher Education Coordinating Commission (HECC) for the 2025-2027 biennium for the Oregon State University Foundation Rural Mental Health Fund Endowment to support the expenses of operating the AgriStress Helpline in Oregon.
- SB 920 ✓ The measure directs the Oregon State University Extension Service to administer a behavioral health promotion project.



- HB 2005** ✓ The measure changes and clarifies the criteria for civil commitment, makes modifications to the civil commitment process, and modifies processes for Declarations of Mental Health Treatment. It expands civil commitment of extremely dangerous persons to include attempts when those attempts created an actual or extreme risk of grave or potentially lethal physical injury to another person. It directs a study and Task Force on the intersection of tribal and state courts regarding forensic behavioral health.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Reports on Civil Law and Criminal Justice. Governor Tina Kotek issued a signing letter – see the [signing letter for HB 2005](#).
- HB 2202 A** ✗ The measure would have clarified language and made a variety of changes throughout Oregon Revises Statutes (ORS) Chapters 414 and 430, including changes that would have impacted the Oregon Health Authority (OHA), Oregon Department of Human Services (ODHS), and the nine Federally recognized American Indian Tribes in Oregon, among others.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- HB 2208** ✓ The measure requires coordinated care organizations (CCOs) to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs); directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP; and permits the Oregon Health Authority (OHA) to use rule to align reporting requirement timelines.
- HB 2311** ✗ The measure would have added the Oregon Health Authority to the list of agencies that are exempt from the requirement to use administrative law judges assigned by the Office of Administrative Hearings to conduct contested case hearings when the hearing is for the purpose of a contested case hearing involving the Oregon State Hospital.
- Note:** Similar provisions amended into [HB 2005](#). This measure is cross-listed in the Summary of Legislation Summary Reports on Civil Law and Criminal Justice.
- HB 2365** ✗ The measure would have expanded the types of health provider licensees that qualify for the rural provider income tax credit.
- HB 2467 A** ✗ The measure would have modified the criteria qualifying a person to be hospitalized involuntarily and would have listed factors the court may consider when determining whether someone meets those criteria.
- Note:** Similar provisions amended into [HB 2005](#). This measure is cross-listed in the Summary of Legislation Summary Report on Civil Law.



- HB 2470** ✗ The measure would have required the Oregon Health Authority to expand capacity at the Oregon State Hospital to meet projected needs. It would have required the Oregon Public Guardian and Conservator to have developed and administered a program to provide guardianship services to defendants who are in the aid and assist process. The measure would have permitted the use of jail-based restoration of fitness to proceed and would have imposed certain requirements on community restoration. It would have defined "qualifying mental disorder" and would have expanded the kinds of eligible crimes for commitment of a person as an "extremely dangerous person" under ORS 426.701.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Criminal Justice. Similar provisions amended into [HB 2005](#).
- HB 2480** ✗ The measure would have directed the Oregon Health Authority to study behavioral health and to submit a report to the legislature.
- Note:** This measure was introduced as a placeholder.
- HB 2481 A** ✗ The measure would have facilitated the use of the Office of the Public Guardian and Conservator in aid and assist cases and would have modified the procedure for appointing counsel for a person facing civil commitment.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Reports on Civil Law and Criminal Justice.
- HB 2488** ✗ The measure would have required the Oregon Health Authority to study civil commitment criteria.
- Note:** This measure was introduced as a placeholder. This measure is cross-listed in the Summary of Legislation Summary Report on Civil Law.
- HB 3146 A** ✗ The measure would have directed the Oregon Health Authority (OHA) to establish a pilot program to provide grants to fund low-barrier, emergency housing for unhoused individuals who are waiting for placement in a residential substance use disorder (SUD) treatment or withdrawal management program.
- HB 3817 A** ✗ The measure would have defined ibogaine and directed the Oregon Health Authority (OHA) to collaborate with the Department of Veterans' Affairs (ODVA) to study the consumption of ibogaine by individuals with specific behavioral health conditions for the purpose of treating those conditions.



Substance Use Disorder (SUD)

- SB 236** ✓ The measure proposes statutory clarifications and updates to HB 4002 (2024).
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.
- SB 493** ✗ The measure would have allowed emergency responders to draw up and give one or more doses of a fast-acting medicine to reverse an opioid overdose from a vial that has multiple doses.
- SB 598** ✓ The measure requires any entity that provides health care coverage for prescription drugs to ensure that the drug formulary provides coverage for at least one clinically appropriate nonopioid prescription drug as an alternative for each opioid prescription drug.
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Health Care.
- SB 610** ✓ The measure modifies the administration of the Behavioral Health Resource Network (BHRN) grant program to make the Oversight and Accountability Council (OAC) an advisory body to the Oregon Health Authority (OHA). It modifies the membership of OAC and requires OHA to adopt rules establishing a process to appeal BHRN grant application decisions.
- SB 691 A** ✗ The measure would have expanded a project for improved maternal and neonatal outcomes and changed medical assistance coverage requirements for pregnant women and women with infants who have a substance use disorder.
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Early Childhood.
- SB 702 A** ✗ The measure would have prohibited the distribution or sale of flavored tobacco products at all locations other than at stores as established by the Oregon Liquor and Cannabis Commission (OLCC). It would have banned the free distribution of any tobacco products (i.e., promotional giveaways, free samples), required all tobacco product sales to occur at licensed retailers, and allowed local governments to impose stricter regulations than state law.
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Business and Consumer Protection.
- SB 782** ✗ The measure would have increased the minimum amount of grant funds that a county may receive to fund a behavioral health deflection program from \$150,000 to \$500,000.



SB 881	✗	The measure would have transferred the responsibilities of the Oversight and Accountability Council (OAC) for providing grants to help fund behavioral health resource networks (BHRNs) to the Oregon Criminal Justice Commission (CJC).
HB 2506 A	✗	The measure would have directed the Alcohol and Drug Policy Commission (ADPC) and Oregon Health Authority (OHA) to take specified actions to increase access to substance use disorder (SUD) treatment in Oregon.
HB 2528 B	✗	The measure would have added nicotine derived from any sources to the definitions of inhalant delivery system and tobacco products. The measure would have repealed the criminal prohibition of sales to those under 21 and replaced it with a civil prohibition enforced by the Oregon Health Authority (OHA). It would have prohibited the distribution, offering, or providing, without compensation, of inhalant delivery systems or tobacco products. The measure would have allowed OHA to adopt rules for the regulation of tobacco and inhalant delivery system sales. It would have required any sale of cigarettes, inhalant delivery systems, or smokeless tobacco products to have occurred at licensed premises.
HB 2929	✓	The measure modifies the membership, functions, and powers of the Alcohol and Drug Policy Commission (ADPC), including clarifying the role of state agencies in assisting to implement ADPC policies regarding substance use prevention, treatment, and recovery support.
HB 2954	✗	The measure would have appropriated funds to the Oregon Health Authority for distribution to local health departments and federally recognized Indian Tribes in Oregon for establishing or expanding primary prevention programs for addiction.
HB 3046	✗	The measure would have clarified a pharmacist's role in prescribing, dispensing, administering, and storing medications for opioid use disorder (MOUD). Note: Provisions included in SB 236 . This measure is cross-listed in Summary of Legislation Summary Report on Health Care.
HB 3211	✓	The measure requires the Oregon Health Authority (OHA) to develop a nonopioid directive form that is available electronically to the public. Note: This measure is cross-listed in the Summary of Legislation Summary Report on Health Care.
HB 3321	✓	The measure requires the Alcohol and Drug Policy Commission (ADPC) to develop and implement a state strategy on primary prevention to prevent the onset of substance abuse. It requires the ADPC to biennially report to the Legislative Assembly on the implementation of the state strategy.



- HB 3576** ✗ The measure would have required the Oregon Criminal Justice Commission (CJC) to develop a formula to support the awarding of grants to counties for deflection programs that would take into account specified factors regarding each county.

Workforce

- SB 142 A** ✗ The measure would have directed the Higher Education Coordinating Commission (HECC) and the Oregon Health Authority (OHA) to administer grant programs to support the behavioral health workforce and would have appropriated funds from the General Fund for the 2025-2027 biennium to support the grant programs.
- SB 527 A** ✗ The measure would have directed the Oregon Health Authority (OHA) to create a grant program to fund programs through local workforce development boards for students to receive training to enter the behavioral health workforce. It would have appropriated \$3,500,000 to OHA from the General Fund for the 2025-2027 biennium for grant awards.
- SB 789** ✓ The measure allows the Oregon Board of Psychology to require a person who receives disciplinary action to pay the costs associated with that action.
- HB 2013** ✓ The measure changes the definition of "provider," for purposes of insurance coverage, to include outpatient substance use disorder programs that employ certified alcohol and drug counselors.
- HB 2024** ✓ The measure directs the Oregon Health Authority (OHA) to establish grant and incentive payment programs to support the recruitment and retention of behavioral health workers at certain eligible entities, makes changes to the United We Heal Medicaid Payment Program, and appropriates money from the General Fund to carry out provisions of the measure.
- HB 2147** ✗ The measure would have appropriated funds to the to the Higher Education Coordinating Commission (HECC) for a grant program to award funding for addiction medicine fellowship programs.
- Note:** This measure is cross-listed in Summary of Legislation Summary Report on Education.
- HB 2387** ✓ The measure modifies provisions regarding the provision of psilocybin services, including clarifying the ability of specified licensed health care professionals to serve as psilocybin service facilitators and the ability of state licensing boards to share information.



- HB 3229 A** ✗ The measure would have required the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to take specified actions aimed at expediting behavioral health providers to enroll in the Oregon Health Plan.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Health Care.
- HB 3760** ✗ The measure would have required art therapists who obtain licensure through the Health Licensing Office (HLO) to complete two years of supervised mental health practice. It would have enabled HLO to issue provisional licenses to art therapists who meet certain criteria prior to finishing their supervised practice.
- Note:** Provisions of this bill enacted as part of **HB 3761**.
- HB 3761** ✓ The measure requires art therapists who obtain licensure through the Health Licensing Office (HLO) to complete two years of supervised mental health practice, enables HLO to issue provisional licenses to art therapists who meet certain criteria before they have completed the supervised mental health practice, and requires the Oregon Health Authority and coordinated care organizations to reimburse art therapists licensed through the HLO for behavioral health services provided to recipients of the state medical assistance program.

Youth Behavioral Health

- SB 909 A** ✗ The measure would have required parental income to be disregarded when determining eligibility for medical assistance for individuals under age 18 who require a hospital or nursing home level of care. The measure would have required the Oregon Health Authority to develop level of care criteria for admission to psychiatric facilities for individuals under age 21 and provided for home and community-based services as alternatives to institutional placement for individuals who meet those criteria.
- Note:** This measure is cross-listed in Summary of Legislation Summary Reports on Human Services and Health Care.



- SB 989** ✗ The measure would have permitted a child's parent or guardian to admit the child, with or without the child's consent, to an inpatient treatment facility or program licensed by the Oregon Health Authority (OHA) or Department of Human Services (DHS) for treatment of a mental, emotional, or behavioral health condition or substance use disorder. The measure would have required DHS and OHA to publish information online about available providers and resources for parents and guardians who are seeking treatment for a minor child.
- Note:** This measure is cross-listed in Summary of Legislation Summary Report on Human Services.
- SB 1112** ✗ The measure would have specified requirements for the Department of Human Services (DHS) to admit a child in its care or custody in an inpatient or residential facility for treatment, including additional requirements for out-of-state treatment and exceptions for long-term residential placements.
- Note:** This measure is cross-listed in Summary of Legislation Summary Report on Human Services.
- SB 1113** ✗ The measure would have modified the laws governing the prohibited and allowable use of restraint and involuntary seclusion in public education programs and regulated entities that provide care for children, including secure transportation providers. It would have specified the actions that constitute abuse or neglect of a child in care and would have modified the process for the Department of Human Services (DHS) to investigate reports of abuse and neglect. It would have modified DHS's authority to take regulatory actions and impose civil penalties on child-caring entities, and it would have specified exceptions to laws regulating out-of-state placements of children in care.
- Note:** Similar provisions in [HB 3835](#). This measure is cross-listed in Summary of Legislation Summary Report on Human Services.
- SB 1198** ✗ The measure would have prohibited the distribution, sale, or allowance of sale, of an inhalant delivery system that is packaged inconsistent with rules adopted by the Oregon Health Authority (OHA) that have the purpose of protecting minors from the negative health effects of inhalant delivery systems.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Business and Consumer Protection.
- HB 2502 A** ✗ The measure would have required the Oregon Department of Education to award grants to approved recovery schools to offset screening costs, provide capacity for recovery services and treatment, and fund other start-up or operating costs.
- Note:** This measure is cross-listed in Summary of Legislation Summary Report on Education.



- HB 3631** ✗ The measure would have required the Oregon Health Authority (OHA) to partner with a statewide community-based organization (CBO) to establish a pilot program to provide substance use prevention education and specialized mental or behavioral health services to youth in 20 counties in the state, focusing on remote or underserved communities.
- HB 3835 B** ✗ The measure would have modified laws related to the use of restraint and seclusion on children in care settings. The measure would have defined abusive restraint and abusive seclusion, outlined when restraint or seclusion may be used, and established procedures for investigating instances of abusive restraint or seclusion. It would have modified provisions regarding investigations of child abuse in certain settings and changed the definition of abuse. The measure would have modified the regulatory and enforcement authority of the Department of Human Services (DHS), allowed DHS to place children in out-of-state agencies under certain circumstances, and exempted secure medical transport from certain licensing requirements. The measure would have directed DHS to submit quarterly narrative reports to the System of Care Advisory Council (SOCAC), required SOCAC to submit reports to the Legislative Assembly, and made clarifying and conforming amendments.

Note: This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.

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