

**November 3, 2025**

The Honorable Senator Kate Lieber, Co-Chair  
The Honorable Representative Tawna Sanchez, Co-Chair  
Interim Joint Committee on Ways and Means  
900 Court Street NE, H-178  
Salem, OR 97301

Re: 2025-27 Agency Reduction Options

Dear Senator Lieber and Representative Sanchez:

As requested by the Legislative Fiscal Office (LFO), OHA has prepared a list of potential reduction options totaling approximately 5 percent of the 2025–27 Legislatively Adopted Budget, or about \$916 million in state funds (\$311.7 million General Fund, \$1.3 million Lottery Funds, and \$603 million Other Funds). These options are submitted for the Committee’s consideration should a rebalancing be necessary to address projected shortfalls.

**Executive summary**

The Oregon Health Authority (OHA) respectfully submits its proposed 5 percent reduction options for the 2025–27 Legislatively Adopted Budget, totaling approximately \$916 million in state funds. These options reflect a structured, agency-wide assessment designed to minimize harm to Oregonians while maintaining core health and equity functions. Each reduction has been evaluated and prioritized according to clear rationale categories – ranging from externally imposed federal changes to administrative savings and current service-level impacts – with newer investments appearing earlier in the list and established, patient- and provider-impacting reductions later. The list also recognizes key programmatic realities, including the Oregon State Hospital’s ongoing operational and compliance challenges and preserving key investments towards improving our state’s behavioral health system. The list was developed in parallel to our agency’s ongoing prioritization exercise to address new budget and policy pressures in a strategic way. While on a far shorter timeline than that process, this reduction list still seeks to balance an appreciation for fiscal responsibility with OHA’s mission-driven obligation to protect access, equity, and population health.

## Strategic context

OHA's vision is to achieve health equity and improve health outcomes for all Oregonians. To guide both current and future budget decisions, OHA is conducting an agency-wide strategic prioritization process to align programs and investments with the goals of our strategic plan. This process is identifying which investments are most central to OHA's statutory obligations and strategic goals, which have demonstrated population-level impact, and which can be deferred or scaled back with the least harm. While this work will not be complete until the end of 2025, its early thinking has shaped our approach to this reduction exercise and will continue to inform future discussions with LFO and the Legislature.

## Approach to developing the reduction list

Given the compressed timeframe for this request, OHA applied a structured framework to identify potential reductions. The agency reviewed its budget through the following lens:

- *Alignment with core statutory responsibilities:* preserving access to essential health services.
- *Consequences for health equity:* seeking to minimize harm to communities most affected by health inequities.
- *Preserving progress towards priority initiatives:* particularly the Behavioral Health Initiative and other high-impact investments central to statewide resilience
- *Protection of the Oregon State Hospital:* recognizing its critical role in the continuum of behavioral-health care, its ongoing compliance and workforce challenges, and the risk that further reductions could compromise public-safety and patient-care obligations. None of the reductions proposed, including any administrative reductions, come from the Oregon State Hospital.
- *Relative recency of investment:* prioritizing newer or one-time appropriations before established baseline operations.
- *Ability to defer or slow expansion:* reducing scope while maintaining customer service and continuity of existing services.
- *Feasibility of administrative savings:* including vacancy management, contract adjustments, or non-essential expenditures.

This analysis produced five rationale categories, which also inform the overall ordering of the spreadsheet:

1. *Externally imposed reductions:* Items where federal or statutory changes (e.g., H.R. 1 requirements) compel funding reductions.
2. *Administrative adjustments:* Reductions in services and supplies, contract spending, and vacancy savings.
3. *New 2025-27 investments or programs:* New investments and initiatives funded only in the most recent biennium, which have not begun or are not fully underway.

4. *Deferred program expansions*: Programs planned for expansion that would now remain at current levels.
5. *Current Service Level (CSL) reductions*: Cuts to established programs or positions. These were evaluated last, using a set of guiding principles to minimize disruption to direct services and health equity-focused initiatives.

Within each category, programs were further ordered based on their relative impact and interdependencies. The result is to present reductions roughly in order from those comprising more administrative savings to those imposing significant provider, patient, and system impacts – at the same time as adhering as much as possible to the hierarchy of rationale categories enumerated above. Due to the scale of the 5% exercise for OHA's budget, difficult reductions are reflected throughout the document. OHA also sought to ensure difficult program reductions maintained a minimal level of investment where possible.

### **Guiding principles**

Across all categories, OHA applied common decision principles, to:

- Preserve access to critical health care, public health functions, and behavioral health services,
- Avoid shifting costs to other agencies or higher-cost care settings,
- Minimize disproportionate impacts on communities experiencing the greatest health inequities, and
- Pursue internal administrative savings wherever feasible before reducing direct services.

### **Conclusion**

OHA recognizes the fiscal challenges facing the state and the shared responsibility to ensure long-term financial stability. We also must underscore that each reduction option carries trade-offs for Oregon's health system. Our intent with this prioritized list is to facilitate a dialogue about those trade-offs while equipping the Committee with a clear rationale for how reductions were identified, sequenced, and aligned with OHA's strategic priorities. We look forward to working collaboratively with the Legislature and the Governor's Office as we continue our internal prioritization effort and navigate the difficult decisions ahead.

Respectfully,



Sejal Hathi, MD MBA  
Director

Oregon Health Authority (OHA)																
2025-27 Biennium																
				2025-27 LAB	6,234,247,428	25,251,941	12,018,262,521	40,000,000	23,365,295,252	118,138,409	41,801,195,551					
Detail of Reductions to 2025-27 Legislatively Adopted Budget																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.
Dept	Prgm/ Div															
1	1	OHA	030-08 BHD	Reduce Drug Treatment Recovery Services Fund to align with September 2025 Revenue Forecast decrease. This will be included in the Fall 2025 Rebalance.	0	0	(6,231,000)	0	0	0	\$ (6,231,000)	0	0.00	No	No	The Behavioral Health Division LAB budget authority for the Drug Treatment and Recovery Services Fund (DTRSF) is a combined \$192,330,671 Other Funds for the Behavioral Health Program and Behavioral Health Admin budgets. The most recent revenue forecast (September 2025) reduced projected DTRSF revenues, which are statutorily allocated to the DTRF from marijuana tax revenues, by \$6,231,000, when compared to the May 2025 revenue forecast.
1	2	OHA	030-07 MED	Reduce Disproportionate Share Hospital payments (DSH3) to align with federal allotment reduction. This will be included in the Fall 2025 Rebalance.	(3,837,565)	0	0	0	(5,314,748)	0	\$ (9,152,313)	0	0.00	No	Yes	On Oct. 3, 2025, the federal government notified OHA of reductions in DSH allotment. Reduces financial resources to hospitals serving Oregon Health Plan members. The 2025-27 Legislatively Adopted Budget for DSH-3 is \$49.3M General Fund, \$22.0M Other Funds (provider assessments) and \$109.6M Medicaid Federal Funds for a total of \$180.9M. This reduction equals approx. 7.8% of the General Fund and 5.4% of the state funds (GF+OF) in the 2025-27 LAB.
2	3	OHA	030-08 BHD	Reduce SUD Carryover funding requested but then paid out in 2023-25. This will be added to the Fall 2025 rebalance.	(10,000,000)	0	0	0	0	0	\$ (10,000,000)	0	0.00	No	Yes	Reverses a fund shift from the Spring 2025 rebalance that was not needed. No impact on operations or services.
1	1	OHA	030-08 BHD	Reduce BHD Admin's Training and Travel Budget by 50%	(204,994)	(27,427)	(168,333)	0	(457,353)		\$ (858,107)	0	0.00	Yes	Yes	May impact morale and job satisfaction due to limiting training and networking opportunities. Will limit exposure to best and emerging practices often learned in conferences and workshops. Will limit community engagement. Limiting travel will limit staff ability to provide in-person oversight, technical assistance and connection face to face and engage providers and other partners in other meetings that historically have been suited to in person meetings and interactions. These include conferences and conventions were industry and partners find value in engaging with OHA staff/Pharmacy team.
2	1	OHA	010-40 Central	Reduce telecommunications Lottery Funds support	0	(11,451)	0		0		\$ (11,451)	0	0.00	Yes	Yes	Telecommunications Lottery Funds are located in telecom across Central Services, all areas will be affected. This has the potential to increase the General Fund usage in Central for telecom through cost allocation limitations to Lottery Funds.
3	1	OHA	030-02 HPA	Reduce Other S&S	0	(1,408)	0		0		\$ (1,408)	0	0.00	Yes	Yes	This includes in person committee meeting resources such as captioning, conference room rentals, Audio/Visual equipment rentals, stipends, committee meeting refreshments, etc. This will occasionally include translation. Reducing this budget impacts in person collaboration and networking for staff, members of the public and stakeholders. HPA has been working to resume in person committee meetings over the last biennium to re-engage in collaboration and networking with stakeholders, the public, and co-workers that is not possible when you hold virtual meetings.
4	1	OHA	030-07 MED	Reduce Med Admin's Expendable Property (Including IT) Budget by 75%	(300,550)	(1,003)	(15,008)	0	(1,324,530)		\$ (1,641,091)	0	0.00	Yes	Yes	Low risk to programs and outcomes. Limits the amount of equipment to Medicaid staff.



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5	1	OHA	030-05 PH	The Operation & Policy Analyst 3 position will be moving from GF Public Health Modernization Grant to FF Equity for 11 months. The work will continue.		(121,814)	0	0		0		\$ (121,814)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
6	1	OHA	010-45 Shared Svcs	Reduces office supplies spending		0	0	(293,328)		0		\$ (293,328)	0	0.00	Yes	Yes	Low risk - reduction of office supplies available for employees to use to do their work. This is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.
7	1	OHA	010-50 SAEC	Reduce IT Direct budget		(1,000,000)	0	0		0		\$ (1,000,000)	0	0.00	Yes	Yes	Low Impact: reduction without harm.
8	2	OHA	030-08 BHD	Use Tobacco Master Settlement Agreement (TMSA) Other Funds to offset unexpected needs in the CFBH Contracts in lieu of General Fund		(1,578,267)	0	0	0	0		\$ (1,578,267)	0	0.00	Yes	Yes	Tobacco settlement funds are intended to support the administration of Children's Mental Health (one of the few that are specific to children). This is intended to support grants, offset critical unbudgeted needs and responsiveness to the system. The impact will impact OHA's ability to support key priorities in the Governor and OHA's strategic plans and urgent needs for child welfare. The current needs include Suicide Prevention, Temporary Lodging/Child Welfare lawsuit and settlement, Emergency Room Boarding, young adult suicide rate and prevention, overdose and ED utilization/high return and youth mental impacts of homelessness.
9	2	OHA	010-40 Central	Reduce Equity & Inclusion Division (E&I) spending by assigning an Office of Information Services (OIS)position to other projects for 21 months		(280,859)	0	(24,575)		(45,639)		\$ (351,073)	0	0.00	Yes	Yes	Reassigning this position would significantly reduce the Equity & Inclusion Divisions' capacity to: • Manage contract development and administration activities, and • Provide peer leadership for daily operations and maintenance, including task assignment, workload balancing, performance feedback, deliverables oversight, and support for broader development priorities.
10	2	OHA	030-02 HPA	Reduce Office Expenses		(4,500)	0	(2,013)	0	(2,187)		\$ (8,700)	0	0.00	Yes	Yes	Limited access to necessary supplies might cause delays in completing tasks. Additionally, employees may need to spend extra time sourcing supplies independently or sharing resources, which can reduce overall efficiency.
11	2	OHA	030-07 MED	Remove Veterans Dental Office Supplies		0	(8,276)	0	0	0		\$ (8,276)	0	0.00	Yes	Yes	Low risk to programs and outcomes. Limits the amount of equipment to Medicaid staff.

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12	2	OHA	030-05 PH	Use COVID Equity Federal Funds to support an Operations & Policy Analyst 3 position in lieu of Public Health Modernization General Fund for 11 months	(121,814)	0	0		0		\$ (121,814)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
13	2	OHA	010-45 Shared Svcs	Reduce spending on cellular phones	0	0	(274,520)		0		\$ (274,520)	0	0.00	Yes	Yes	Low risk-reducing cell phone upgrades that are not free, may require some staff to use devices beyond lifecycle. This is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.
14	2	OHA	010-50 SAEC	Reduces IT Direct - No end-of-biennium computer purchase	(1,577,871)	0	(538,895)		(1,345,768)		\$ (3,462,534)	0	0.00	Yes	Yes	High Impact. This budget buys the agencies computers, impacts Lifecycle Replacement
15	3	OHA	030-08 BHD	Reduce spending related to the Mink-Bowman case by switching from contracted project management to internal staffing	(781,098)	0	0	0	(781,098)		\$ (1,562,196)	0	0.00	Yes	Yes	The Behavioral Health Division (BHD) estimates that the biennial cost of an in-house, 4.00 FTE Mink Bowman team is \$1,088,082, compared to \$5,029,020 for the Deloitte model. BHD is moving project management support in-house for work associated with the Mink-Bowman case. To date advance this work, BHD contracted with Deloitte to assist with project management activities aimed at reducing admission delays for Aid and Assist individuals at the Oregon State Hospital (OSH). As this work continues, BHD has determined that hiring full-time, permanent staff with expertise in the Aid and Assist population will be a more cost effective and sustainable long-term solution. These roles are critical to the continuity and support the Aid & Assist program and ensure compliance with recent legal mandates that directly impact service delivery and timelines. In addition, these positions will play a key role in coordinating, tracking, documenting, and reporting progress on related initiatives across multiple entities, including the OHA Director’s Office, OSH, BHD, Medicaid, Data, Substance Use Disorder (SUD) services, Department of Justice (DOJ), and the Office of Developmental Disabilities Services (ODDS).
16	3	OHA	010-40 Central	Reduce Equity & Inclusion Division (E&I) spending by assigning an Office of Information Services (OIS)position to other projects for 16 months	(230,247)	0	(20,147)		(37,415)		\$ (287,809)	0	0.00	Yes	Yes	Reassigning this position will reduce the Equity & Inclusion Division’s capacity to: • Provide peer leadership for traditional project management support, • Develop and support policy option packages, • Maintain detailed project schedules, • Conduct structured change management activities, • Manage documentation effectively, and • Oversee State Gate processes

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17	3	OHA	030-02 HPA	Reduce out-of-state travel	(30,770)	(3)	(893)	0	(15,463)		\$ (47,129)	0	0.00	Yes	Yes	Reducing out-of-state travel reduces staff opportunities to develop skills and experience central to their work, network and build relationships with colleagues in other states, and can impact staff morale.	
18	3	OHA	030-07 MED	Hold 4 positions vacant until 1/1/2026	(63,206)	0	0	0	(99,403)		\$ (162,609)	0	0.00	Yes	Yes	Delays in hiring (new LAB positions and backfill positions) will slow down implementation of vital new services impacting members and providers, and will also impact the responsiveness and quality oversight provided by other program and policies areas. The following work titles/bodies of work will be delayed due to this reduction: Legislative Coordinator; Provider Enrollment Specialist; Provider Enrollment Specialist; Provider Enrollment Specialist	
19	3	OHA	030-05 PH	Use COVID Equity Federal Funds to support an Operations & Policy Analyst 3 position in lieu of Public Health Modernization General Fund for 11 months	(121,814)	0	0		0		\$ (121,814)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.	
20	3	OHA	010-45 Shared Svcs	Reduces spending in all other S&S	0	0	(85,249)		0		\$ (85,249)	0	0.00	Yes	Yes	Low risk - this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.	
21	3	OHA	010-50 SAEC	Shared Services Funding - OHA's portion of Low Risk OIS S&S reductions	(736,736)	(2,197)	(121,843)		(265,050)		\$ (1,125,826)	0	0.00	Yes	Yes	Low Risk/impact. The low risk OIS shared services reductions are Administrative S&S reductions aligned with the Governor's request to slow Administrative spending. Although, it should be noted that savings that would occur here would help offset the 5% Vacancy Savings in the Leg Adopted Budget that likely will not be actualized. If these savings are chosen, OIS' ability to stay within their overall budget will likely be impacted.	
22	4	OHA	030-08 BHD	Amend Gambling Contract to relieve Lottery Funds	0	(155,408)	0	0	0		\$ (155,408)	0	0.00	Yes	Yes	In accordance with ORS 413.522, funds allocated to Problem Gambling Services (PGS) are legally restricted to use for the prevention and treatment of gambling addiction, as well as for the administration of related programs. A reduction in current funding—or the use of safety net reserves—could undermine the implementation of the new treatment payment model before it gains traction. This would jeopardize planned program expansion and diminish services available to clients.	
23	4	OHA	010-40 Central	End a job rotation 24 months early	(138,402)	0	0	(138,403)	(276,805)		\$ (553,610)	0	0.00	Yes	Yes	Eliminating this position will remove a Regional Outreach Coordinator designated to work with the North Coast communities.	
24	4	OHA	030-02 HPA	Reduce Center for Evidence-based Policy (CEbP) Contract W08 by 14% of 2025-27 contract budget	(50,000)				(50,000)		\$ (100,000)	0	0.00	Yes	Yes	Fewer coverage guidance's, less in-depth research. We would be returning to a little below the level of service we had in the 2021-2023 biennium's minus some work they did related to the Benefit Update Project	

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																Dept
25	4	OHA	030-07 MED	Hold 11 positions vacant until 2/1/2026	(375,115)	0	0	0	(375,119)		\$ (750,234)	0	0.00	Yes	Yes	Delays in hiring (new LAB positions and backfill positions) will slow down implementation of vital new services impacting members and providers, and will also impact the responsiveness and quality oversight provided by other program and policies areas. The following work titles/bodies of work will be delayed due to this reduction: Customer Service Representative; EPSDT (Children and Youth) Communications Specialist; State Plan Policy Analyst; Member Services Lead; Waiver Transition Populations Manager; Children & Youth HCBS Development Analyst; Hospital Senior Policy Analyst; Residential Services Policy Senior Analyst; Residential Services Operations Analyst; Hospital Discharge/PHEC Operations and Policy Analyst; Traditional and Maternal Health Worker Senior Policy Analyst
26	4	OHA	030-05 PH	Use COVID Equity Federal Funds to support a Fiscal Analyst 2 position in lieu of Public Health Modernization General Fund for 11 months	(108,167)	0	0		0		\$ (108,167)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
27	4	OHA	010-45 Shared Svcs	Reduces spending in Intra-Inter Agency Charges	0	0	(68,569)		0		\$ (68,569)	0	0.00	Yes	Yes	Low risk - this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.
28	4	OHA	010-50 SAEC	SSF - OHA's portion of reduction of Low Risk ODHS Shared Services reductions	(800,142)	(6,952)	(75,971)				\$ (883,065)	0	0.00	Yes	Yes	The OHA Office of Information Services (OIS) has proposed low-impact Services and Supplies reductions, such as reducing spending on office supplies, limiting in-state and out-of-state travel, and contract spending. While these items by themselves would not cause OIS or the enterprise a higher impact, these reduced expenditures would be offsetting the spending for Personal Services, which is currently set to have cost overruns due to full staffing and a Vacancy Savings equal to 5% of the Personal Services budget. The General, Other and Federal Funding in SAEC is the cost-allocated 35% of those total S&S reductions, with the remaining impact sitting on the Oregon Department of Human Services (ODHS) side, as ODHS covers the other 65% of OIS' costs due to the Enterprise governance and funding model.
29	5	OHA	030-08 BHD	Hold Housing Investments Coordinator in BH Operations & Strategy vacant 6 months	(71,998)	0	0	0	0		\$ (71,998)	0	0.00	Yes	Yes	The Behavioral Health Investments team has a large portfolio of active contracts making it difficult to absorb and stay timely on additional work. This delay of hiring will have an impact both on the current work and new work being implemented under HB2059.



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30	5	OHA	010-40 Central	Hold Supervising Physician in the Chief Medical Office open for 24 months		(477,978)	(1,049)	(56,062)		(117,096)		\$ (652,185)	0	0.00	Yes	Yes	This position was going to work with the state hospital and the director to ensure that credentialing of doctors, etc. at OSH is reviewed before director, as OSH Governing Board, signs off. In addition, the position was slated to provide a cohesive health policy and healthcare plan and strategy with various program doctors in OHA for prevention and quality purposes.
31	5	OHA	030-02 HPA	Reduce number of mailings for Mental Health Statistics Improvement Program (MHSIP) (11% reduction of 25-27 budget for contract)		(47,000)	0	0		(47,000)		\$ (94,000)	0	0.00	Yes	Yes	Reduce number of mailings for MHSIP (e.g., if someone doesn't respond to the survey, do not send as many pieces of mail to follow up).
32	5	OHA	030-07 MED	Hold 17 positions vacant until 4/1/2026		(684,007)	0	0	0	(873,507)		\$ (1,557,514)	0	0.00	Yes	Yes	Delays in hiring (new LAB positions and backfill positions) will slow down implementation of vital new services impacting members and providers, and will also impact the responsiveness and quality oversight provided by other program and policies areas. The following work titles/bodies of work will be delayed due to this reduction: Hearings Coordinator; Medicaid Eligibility Policy Analyst; Indian Managed Care Entities Administrative Specialist; TBD OS2 (HCBS Enhanced FMAP Spend Plan); HB4045 Community Violence Prevention & Intervention Analyst; Performance Data Analyst; Medicaid Eligibility Policy Analyst; Dual-Eligible Transitions Analyst; Climate Services Senior Policy Analyst; CCO Engagement & Collaboration Manager; Children & Youth HCBS Program Analyst; Complex Needs and Medically Fragile Children Prog coordinator; CCBHC Program and Policy Strategist (Medicaid Policy Analyst); MMIS Data Research Analyst; Residential Services Policy Analyst; Quality of Care and Quality Assurance Analyst; CCO Engagement Analyst
33	5	OHA	030-05 PH	Use COVID Equity Federal Funds to support a Public Health Manager 2 position in lieu of Public Health Modernization General Fund for 11 months		(142,432)	0	0		0		\$ (142,432)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
34	5	OHA	010-45 Shared Svcs	Reduces spending in agency program related S&S		0	0	(164,686)		0		\$ (164,686)	0	0.00	Yes	Yes	Low risk - this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.
35	6	OHA	030-08 BHD	Hold 4 positions in Equity, Community Partnerships & Quality Assurance vacant 6 months		(276,780)	0	0	0	(42,447)		\$ (319,227)	0	0.00	Yes	Yes	BH Committee Medicaid Specialist; Forensic Peer Delivered Services Specialist; Behavioral Health Equity Specialist; Peer Delivered Service Coordinator

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Dept	Prgm/ Div															
36	6	OHA	010-40 Central	Hold Project Manager 3 position open 5 months	(32,373)	0	0		(32,373)		\$ (64,746)	0	0.00	Yes	Yes	Without a centralized position management function, inefficiencies persist across divisions—staff are duplicating efforts, managers lack consistent support, and recruitment processes are slower and more error-prone. These inefficiencies consume more staff time than necessary and create avoidable delays in filling critical roles. While the vacancy offers immediate savings, it limits our ability to operate leanly and strategically over the long term.
37	6	OHA	030-02 HPA	Oregon Health Insurance Survey (OHIS): Change one reminder letter to a postcard (2% reduction from 25-27 contract budget)	(21,250)	0	0		(3,750)		\$ (25,000)	0	0.00	Yes	Yes	This change may reduce the number of respondents to the survey, which may reduce our ability to stratify the survey by various demographics, including in relation to priority populations. This in turn may impact our ability to monitor access to affordable coverage for all people in our state.
38	6	OHA	030-07 MED	Reduce Office of Information Services (OIS) time on project by 30%	(675,551)	0	0	0	0		\$ (675,551)	0	0.00	Yes	Yes	With the need to prioritize items that are going to be most impactful to Oregon constituents, this could impact how projects move forward within the Data Office. One of our contracts, that is highly utilized for project management and consultative work is ending December 31, 2025, without the option to extend. In turn, this may create a greater need to work with OIS on projects within this next biennium.
39	6	OHA	030-05 PH	Use COVID Equity Federal Funds to support an Operations & Policy Analyst 2 position in lieu of Public Health Modernization General Fund for 11 months	(137,547)	0	0		0		\$ (137,547)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
40	6	OHA	010-45 Shared Svcs	Reduces spending in facilities rent & taxes	0	0	(347,707)		0		\$ (347,707)	0	0.00	Yes	Yes	Low risk - this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.

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41	7	OHA	010-40 Central	Not backfilling a job rotation for 12 months	(124,304)	0	(10,877)		(20,199)		\$ (155,380)	0	0.00	Yes	Yes	This position supports the Health Equity Committee, a subcommittee of the Oregon Health Policy Board. The committee’s work operates under Oregon’s public meeting laws and requires extensive coordination, preparation, and follow-up to ensure transparency and public participation. ☐ Without dedicated staffing, this responsibility will have to be absorbed by other unit members who are already managing key agency initiatives such as the Community Engagement Framework, the Health Equity Impact Assessment tool, and support to the DELTA Program. ☐ Another area of impact is the work of finalizing the Coordinated Care Organization (CCO) Health Equity Plan final report template and accompanying guidance document, due Q2 2026, as well as preparing equity-related contract requirements for the 2027 CCO contract reinstatement, due Q1 2026.
42	7	OHA	030-02 HPA	Reduce Environmental influences on Child Health Outcomes (ECHO) Grant (no inflation) 23% reduction from 2025-27 grant budget	(80,000)	0	0		0		\$ (80,000)	0	0.00	Yes	Yes	The reduction to the OHSU ORPRN ECHO grant will reduce the number of sessions and/or staffing to the sessions, which provide professional development to clinicians in Oregon.
43	7	OHA	030-07 MED	Hold new HB 2059 Residential BH Capacity Program in ODSO vacant for 6 months	(13,905)	0	0	0	0		\$ (13,905)	0	0.00	Yes	Yes	While a six month pause on hiring new employees may not be greatly impactful, we have increasing workloads that may require additional employees over time. Therefore, while this could be managed by looking at and prioritizing projects, with continuing unknowns from differing initiatives and federal mandates, we are having the number of urgent priority projects increasing. Therefore, the impact for six months may be minimal, but could cause issues the longer a hiring freeze is in effect.
44	7	OHA	030-05 PH	The Operations & Policy Analyst 2 position will be moving from GF Public Health Modernization Grant to FF Equity for 11 months. The work will continue.	(143,212)	0	0		0		\$ (143,212)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
45	7	OHA	010-45 Shared Svcs	Reduces spending in expendable properties	0	0	(404,063)		0		\$ (404,063)	0	0.00	Yes	Yes	Low risk - limits ability to provide equipment to staff in OIS, this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.

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	Dept	Prgm/ Div														
46	8	OHA	010-40 Central	Hold the REALD & SOGI Equity Data and Policy Analyst (Operations & Policy Analyst 4) position vacant for 24 months	(228,904)	0	(20,029)		(37,197)		\$ (286,130)	0	0.00	Yes	Yes	Eliminating the position will affect the following functions: • Using REALD & SOGI data from the REALD & SOGI repository to conduct health equity focused analysis and develop metrics to inform agency-wide performance towards achieving our strategic goal to eliminate inequities. • While the functions of this position could be distributed among other team members, each member is already carrying full workloads and would not have the capacity to focus on this priority and hence, further delay our plan to use REALD & SOGI data to develop equity focused metrics and measurements.
47	8	OHA	030-02 HPA	Drop last two deliverables for WO2 (60% reduction of 25-27 contract budget)	(18,946)	0	0		(18,946)		\$ (37,892)	0	0.00	Yes	Yes	Impact is minimal, however, we will need to renegotiate this with contractor.
48	8	OHA	030-07 MED	Remove ODSO's Office Supplies	(45,161)	0	(15,272)	0	0		\$ (60,433)	0	0.00	Yes	Yes	This will have minimal impact to the Data Office Team. However, we do have meetings that may periodically require supplies, to aid with their success.
49	8	OHA	030-05 PH	The Operations & Policy Analyst 3 position will be moving from GF Public Health Modernization Grant to FF Equity for 11 months. The work will continue.	(149,319)	0	0		0		\$ (149,319)	0	0.00	Yes	Yes	During the close-out of the Epidemiology Laboratory Capacity (ELC) grant year, some expenses originally charged to the CDC COVID-19 Health Equity grant were shifted to the ELC grant. This adjustment freed up COVID Equity funds, which this reduction would redirect to support staff currently funded by Public Health Modernization General Fund. The COVID Equity funds are time-limited and must be used by May 2026, when the grant will be fully expended or expire. Without this shift, the funds could have been used to expand efforts to address COVID-19-related disparities through contracts with organizations working directly in communities.
50	8	OHA	010-45 Shared Svcs	Reduces spending in In-State Travel	0	0	(228,831)		0		\$ (228,831)	0	0.00	Yes	Yes	Low risk - this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.

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Dept	Prgm/ Div																
51	9	OHA	010-40 Central	Hold the REALD & SOGI Interpreter Services Utilization Data Analyst (Research Analyst 3) position vacant for 9 months		(40,067)	0	0		(45,181)		\$ (85,248)	0	0.00	Yes	Yes	Eliminating the position or delays in hiring will affect the following functions: • Improving language access for members who use non-English languages for communication during their health care appointments was adopted as the agency's health equity metric therefore the position duties are key to meeting our strategic goal to eliminate inequities. • Analyzing language access data from CCO and provider contract reporting requirements. • Developing surveys and conducting ongoing research to inform changes to CCO language access requirements in contract. • A recent DAS language access audit identified major gaps the need to be addressed urgently in 2026 and the person in this position will be trained to implement the audit findings and lead ongoing data analysis and research to inform measurement of language access. o If not filled on time, our request would be for leadership support to delay the implementation of about 8 specific audit findings that would be led or supported by Kweku Wilson, the REALD & SOGI data analytics manager.
52	9	OHA	030-02 HPA	Eliminate the 4 contracted Clinical Transformation Consultants (CTC) (primary care providers) from the Patient-Centered Primary Care Home (PCPCH) program. (100% reduction for 4 contracts)		(36,503)	0	0	(7,433)	(6,642)		\$ (50,578)	0	0.00	Yes	Yes	Eliminate the contracted Clinical Transformation Consultants (primary care providers) from the PCPCH program. This will impact primary care practices that receive site visits (audits) and technical assistance from CTCs.
53	9	OHA	030-07 MED	Reduce Office of Data Strategy and Operations (ODSO) data processing by 75%		(77,040)	0	(18,501)	0	0		\$ (95,541)	0	0.00	Yes	Yes	Over the past biennium, we have not utilized the data processing budget as has been allocated. However, more projects are becoming cloud forward, which can greatly start to increase consumption and processing costs at a high incremental rate. With this budget impact, there could be impact to moving future projects into cloud environments.
54	9	OHA	030-05 PH	Hold an Operations & Policy Analyst 2 position vacant for the biennium		(312,464)	0	0		0		\$ (312,464)	0	0.00	Yes	Yes	Will not fill the position for the biennium. The work will continue to the best of our ability with the staff we currently have. Some services may not be able to be provided. PPDB1019636 WD132108. This position supports community-based organizations (CBOs) providing culturally and linguistically responsive services in the community. This position supports and helps to maintain grant agreements, activity and expense reporting as well as attending community events and supporting partners via regular meeting. Additionally, this position helps to identify and relieve barriers to CBOs accessing the supports they need from OHA, local public health and state agencies so they can effectively serve their communities. Without this position, PHD will have decreased support for community grant management and contract oversight.



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55		9	OHA	010-45 Shared Svcs	Reduce spending in Dues and Subscriptions	0	0	(601,356)		0		\$ (601,356)	0	0.00	Yes	Yes	Low risk - limits ability to fund consulting services or to provide support to tools in our environment. this is in current spend plan to address PS overspend projection, as we do not have vacant positions to cover the need through vacancy savings beyond the dollars that were held at LAB.
56		10	OHA	010-40 Central	Hold Communications position open 24 months	(249,972)	0	(21,872)	(40,620)	(312,464)		\$ (624,928)	0	0.00	Yes	Yes	Eliminating this position will remove a bilingual public affairs specialist position to support in-house translation and transcreation of materials.
57		10	OHA	030-02 HPA	Reduce CIE Unite Us and Find Help contracts (36% reduction for combine Find Help & Unite Us 25-27 contract budgets)	(370,215)	0	0		(1,622,731)		\$ (1,992,946)	0	0.00	Yes	Yes	This reduces the total scope of services offered by the CIE vendors. Including eliminating purchasing of 1) an insurance eligibility verification interface for HRSN providers to check OHP status in CIE rather than MMIS, 2) any custom interfaces (e.g., case mgmt. platforms to CIE), 3) public facing resource directory. Also, reduced the number of custom forms and technical support for customization by vendors.
58		10	OHA	030-07 MED	Cut FFY 2027 MMIS Change Request Pool by 30%	(455,625)	0	0	0	0		\$ (455,625)	0	0.00	Yes	Yes	The last time we had to cut the CR budget; our contractor was forced to release several experienced resources who had multiple years of Medicaid experience and losing that institutional knowledge greatly impacted MMIS CR work for quite some time and still does today. The collateral damage will be a crippling of the ability to move quickly and uninhibited in getting changes moving through the system. The current budget has allowed us to take on more work and plan out for projects that both enhance the MMIS and create new changes to the system that meet both federal and state requirements. A cut in budget will mean choosing to be out of compliance and make some hard choices around which system updates need to be made. We will lose the ability to be nimble and flexible in prioritizing system work. Currently, we can take on multiple projects with our budget to make updates and modifications to the MMIS that some have waited years to see accomplished. HR1-related changes will impact MMIS and without proper CR budget funding we will be faced with some difficult choices that will not allow us to be compliant with federal requirements.
59		10	OHA	030-05 PH	Hold an Operations & Policy Analyst 2 position in the Finance Unit vacant for 5 months	(49,168)	0	0		0		\$ (49,168)	0	0.00	Yes	Yes	The Finance Unit will hold this vacancy for savings of 5 months. Without this position, the Finance Unit will have less collaboration between PHD fiscal staff, as well as coordination of processes, in addition to decreased development and implementation of fiscal trainings.

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Dept	Prgm/ Div															
60	11	OHA	010-40 Central	Hold an Administrative Specialist 2 position vacant for 15 months that supports the Equity & Policy section	(118,002)	0	(10,325)		(19,175)		\$ (147,502)	0	0.00	Yes	Yes	The decision to not backfill this position will result in a gap and a lower overall administrative service level for the largest section of the division between December and ~March. With this section being the largest of all sections in the division, it has the most externally-facing demands/requests related to travel, contracts, invoices and event planning and support connected to legislatively mandated statewide committees (Health Care Interpreters Council, Traditional Health Worker Commission, OHPB Health Equity Committee, Cultural Competence Continuing Education Committee) and grantees (Regional Health Equity coalitions). While the division is in the process of launching a centralized administrative team where will be more flexibility with providing coverage for vacant positions such as this AS2, this new model is still in the process of getting solidified and two ESS2 vacancies are in process of being filled. There is institutional knowledge and expertise that the incumbent in the Equity & Policy section AS2 position holds that will be lost if the position is not backfilled to hire a replacement before they end working in December. Given the known, routine demands for administrative support with travel, invoices, contracts and committee-related work, it is not advisable to leave a gap after the employee retires in December. Additionally, in October, a new section director will start and has a lot of work ahead of them to get oriented to support the teams and work of the section; leaving a gap in executive support between January – March 2026 (calendar, support with meetings, etc.) will impact their ability to get caught up and provide executive leadership to the section, division, agency and state. Assisting with
61	11	OHA	030-02 HPA	Eliminate Health Information Technology Oversight Council (HITOC) consultant contract (100% reduction)	(18,177)	0	0		(3,208)		\$ (21,385)	0	0.00	Yes	Yes	Eliminating the HITOC consultant contract will decrease the number of retreats the Health IT Oversight Council will hold this biennium, reducing their ability to do in-depth work and make progress on their health IT workplan in support of Oregon's Strategic Plan for health IT.
62	11	OHA	030-07 MED	Hold 3 positions vacant for 6 months (HB 2267 - Coordinated Care Organizations Reinsurance (CCO 2.0) OPA4; Medicaid Waiver Actuary & FA2)	(118,499)	0	0	0	(118,499)		\$ (236,998)	0	0.00	Yes	Yes	Holding vacant positions for 6 months will reduce our capacity to respond to priorities and maintain service levels
63	11	OHA	030-05 PH	Fiscal Team Vacant Fiscal Analyst 3 position Savings of 5 months. Planning to fill. 30%GF, 15%OF and 55%FF.	(22,150)	0	(11,074)		(40,607)		\$ (73,831)	0	0.00	Yes	Yes	The Finance Unit will hold this vacant for savings of 5 months. Without this position, the Unit's Budget Team have decreased capacity for developing, implementing, and monitoring Division budgets. There will be a decreased ability to respond timely to rebalance and fiscal impact statement (FIS) requests during legislative sessions.

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Dept	Prgm/ Div															
64	12	OHA	010-40 Central	Hold a Digital Accessibility Project Analyst (Operations & Policy Analyst 3) position vacant for 9 months	(79,732)	0	(6,977)		(12,957)		\$ (99,666)	0	0.00	Yes	Yes	Currently, OHA has 1.00 regular FTE and 3.00 FTE limited duration positions dedicated to digital accessibility. Once the limited duration positions end, OHA will have only 1.0 FTE doing this work. Filling the vacant OPA3 with a Digital Accessibility Project Analyst would have provided OHA with a second person dedicated to this required work. One example of the work the person in this position would do is creating digitally accessible immunization forms used annually by every student enrolled in the over 4,000 schools. E&I is proposing to create nine-months’ of vacancy savings by delaying filling this position. Nine months was identified as the maximum time OHA could reasonably delay filling the position or risk certain non-compliance with DOJ’s digital accessibility regulatory requirements. With two FTE focused on this mandated and foundational work, OHA has a more credible position that the agency is making reasonable good-faith efforts toward full compliance to grow internal capacity to produce compliant web resources and remediate existing non-compliant resources.  OHA currently has over 80,000 public-facing documents on the forms server and over 130,000 documents in total on OHA’s website that must be manually remediated in order for OHA to be in compliance with the U.S. Department of Justice (DOJ) new rule on digital accessibility under Title II of the Americans with Disabilities Act (ADA). That rule goes into effect on April 24, 2026. What that means is that people in Oregon who are Blind, have limited sight, or other disabilities who rely on augmentative and assistive technology cannot currently independently access necessary information or services.
65	12	OHA	030-02 HPA	Reduce incentives from \$10 to \$5 for Mental Health Statistics Improvement Program (MHSIP) (50% reduction)	(44,000)	0	0				\$ (44,000)	0	0.00	Yes	Yes	This change may reduce the number of respondents to the survey, which may reduce our ability to stratify the survey by various demographics, including in relation to priority populations. This in turn may impact our ability to monitor access to affordable coverage for all people in our state. This change also has an equity impact for respondents, in that there is a greater level of uncompensated time for respondents, which will have a greater impact on people with lower incomes.
66	12	OHA	030-07 MED	Reduce the Office of Actuarial and Financial Analytics (OAFA) Services & Supplies budget	(24,882)	0	0	0	(31,653)		\$ (56,535)	0	0.00	Yes	Yes	Removing the operations budget will limit access to printing and publications, but we will rely on digital alternatives to minimize impact.

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Dept	Prgm/ Div															
67	12	OHA	030-05 PH	Operations Team will hold Operations & Policy Analyst 3 vacant for the biennium.	(265,775)	0	0		0		\$ (265,775)	0	0.00	Yes	Yes	Operations Team will hold vacant for the biennium. PPDB1025485 WD161531. This position is intended to facilitate clear and consistent communication across programs, sections, and centers within the division, develop and implement a centralized communication strategy to align with public health goals and modernization efforts, build communication capacity and infrastructure to support branding, marketing governance, and crisis communication, enhance coordination and collaboration across internal and external partners, including local public health authorities. The impact of not hiring for this position is that programs and sections will continue to communicate in silos. This is not only inefficient but also results in conflicting messaging from one program to another. This can erode trust with partners and the public.
68	13	OHA	010-40 Central	Reduce Other Services & Supplies	(25,000)	0	0	0	0		\$ (25,000)	0	0.00	Yes	Yes	This will result in a reduction of supplies for ongoing programming and community regional convenings.
69	13	OHA	030-02 HPA	Drop residential group survey from the Mental Health Statistics Improvement Program (MHSIP) (2% of 25-27 budget for contract)	(6,700)	0	0		(6,700)		\$ (13,400)	0	0.00	Yes	Yes	This optional component (residential group survey) is not required by the block grant. The proposed reduction the MHSIP incentive will result in fewer respondents, which means analyses for certain subgroups of interest may no longer be possible. Omitting the non-required survey sections will mean that updated annual and trend data for people in residential group settings will not be available moving forward.
70	13	OHA	030-07 MED	Reduce the Office of Actuarial and Financial Analytics (OAFA) Office Supplies budget by 90%	(237,196)	0	(4,276)	0	(119,848)		\$ (361,320)	0	0.00	Yes	Yes	A 90% reduction in office supplies will constrain purchases, though OAFA will prioritize essential needs and extend current resources
71	13	OHA	030-05 PH	Hold Program Analyst 2 position in the Equity Office vacant for the biennium	(236,003)	0	0		0		\$ (236,003)	0	0.00	Yes	Yes	Equity Office willing to hold vacant for the biennium. This position supports and helps to maintain grant agreements, activity and expense reporting as well as attending community events and supporting partners via regular meeting. Additionally, this position helps to identify and relieve barriers to CBOs accessing the supports they need from OHA, local public health and state agencies so they can effectively serve their communities. The focus of this Community Engagement Coordinator position is supporting grant operations and management support. Without this position, PHD would have decreased support to maintain grant agreements and grant oversight of community contracts.
72	14	OHA	010-40 Central	Reduce Professional Services	(233,293)	0	(20,413)		(37,910)		\$ (291,616)	0	0.00	Yes	Yes	These funds have been used to hire contractors to meet emergent, special project needs out of the Directors Office/Leadership Team to meet a high priority need of the Governor/Director of OHA.
73	14	OHA	030-02 HPA	Reduce Professional Services spending by pulling REALD/SOGI out of Human Services Research Institute (HSRI) contract (4% of 2025-27 contract budget)	(81,600)	0	0		(14,400)		\$ (96,000)	0	0.00	Yes	Yes	APAC would not move forward with collecting REALD data during this biennium. Staff had put a lot of work into preparing for this data collection, but it has been on pause for several months.

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74	14	OHA	030-07 MED	Cut the Office of Program Integrity's Office Supplies budget by 65%	(205,600)	0	(293)	0	(193,409)		\$ (399,302)	0	0.00	Yes	Yes	This cut will have minimal impact on the Office Supplies operations of OPI. However, other OPI budget lines may be compromised. Line 4325 "Attorney General Legal Fees" budget line is in constant month-to-month fluxuation, and savings in other OPI budget lines (such as Office Supplies), are used to address the upward fluxuations. In the first two months of 25 - 27, line 4325 has spent nearly \$25,000 of the budgeted \$171,926, or 15% (nearly twice the on-pace spending), and with five audit cases referred to and pre-hearing conferences set with the Office of Administrative Hearings, it is predicted (due to previous cost analysis), OPI will have spent nearly 40% of line 4325 in the first six months of the 25 - 27 biennium. The potential financial recoupement from those current audits in appeal is over \$40 million, hence the investment in DOJ is imperative.
75	14	OHA	030-05 PH	Use Preventive Health and Health Services Block Grant Federal Funds to support a Public Health Manager 2 position in lieu of Public Health Modernization General Fund for 15 months	(240,117)	0	0		0		\$ (240,117)	0	0.00	Yes	Yes	Use Preventive Health and Health Services Block Grant Federal Funds to support a Public Health Manager 2 position in lieu of Public Health Modernization General Fund for 15 months. Without this shift, the funds could have been used on other activities within the scope of the block grant.
76	15	OHA	010-40 Central	Reduce Professional Services in the Equity & Inclusion Division (E&I)	(468,668)						\$ (468,668)	0	0.00	Yes	Yes	This reduction in Professional Services will have the following significant impacts: <ul style="list-style-type: none"><li>• Constrain the new Division Director’s ability to resource a needs assessment for the division and to implement actions to address those needs within the division and the agency.</li><li>• Limit the new Division Director’s ability to develop and implement a new strategic vision and direction that provides better care to all people in Oregon, more effectively and that reduces costly inequities.</li><li>• There will like be a return on investment that will be lost if the E&amp;I division is constrained financially in this area.</li><li>• Key summary from <a href="https://www.deloitte.com/us/en/insights/industry/health-care/health-equity-economic-impact.html">https://www.deloitte.com/us/en/insights/industry/health-care/health-equity-economic-impact.html</a></li><li>• Closing health equity gaps in the U.S. could add \$2.8 trillion to GDP by 2040.</li><li>• Corporate profits could rise by \$763 billion due to a healthier, more productive workforce.</li><li>• Reducing disparities could prevent 5 million people from leaving the workforce due to premature death or disability.</li></ul>



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77	15	OHA	030-02 HPA	Reduce All Payer All Claims (APAC) Technical Assistance contract by 50%	(113,475)	0	0		(20,025)		\$ (133,500)	0	0.00	Yes	Yes	Health Policy and Analytics (HPA) planned to use these funds for a strategic planning contract focused on data equity for the APAC program. We intended to use a contractor to complete a scan of how All Payer Claims Dataset (APCD) programs shared data with community groups and other ways to promote data equity, conduct interviews and focus groups with interested parties within OHA, across other agencies, and in the community, and provide strategic recommendations for how the APAC program can analyze and share data in a more equitable, useful way for a wider audience in the future. With 50% of the funding, we can still complete necessary, urgent data mitigation projects, but will not be able to complete this larger data equity strategic planning project.
78	15	OHA	030-07 MED	Reduce Innovator Agency's Office Supplies budget by 50%	(35,751)	0	0	0	(41,146)		\$ (76,897)	0	0.00	Yes	Yes	As staff are 100% remote and located throughout the state, removing or reducing this budget would require putting undue burden on staff to acquire their own supplies in remote locations. This could hinder effectiveness of communication and collaboration.
79	15	OHA	030-05 PH	Hold Public Health Nurse 2 position vacant	(53,650)	0	(53,650)		(250,368)		\$ (357,668)	0	0.00	Yes	Yes	This reduction holds a Public Health Nurse 2 position vacant that is currently in the process of being reclassified. The position is 15% supported by Public Health Modernization General Fund.
80	16	OHA	010-40 Central	Reduce Office Expenses in the External Relations Division (ERD)	(200,000)	0	0	0	0		\$ (200,000)	0	0.00	Yes	Yes	This will result in a reduction of office supplies for basic administrative functions.
81	16	OHA	030-02 HPA	Reduce Professional Services spending by dropping two of four Governance Group presentation deliverables for Work Order 4 (WO4) (4% of 2025-27 WO4 budget)	(57,812)	0	0		(57,812)		\$ (115,624)	0	0.00	Yes	Yes	Minimal. This is not required, but was something that Health Policy and Analytics had planned to ensure internal awareness of the 1115 Independent Evaluator's book of business. A contract amendment will be needed.
82	16	OHA	030-07 MED	Remove Innovator Agency's Publicity & Publications Budget	(13,736)	0	0	0	(22,883)		\$ (36,619)	0	0.00	Yes	Yes	To stay up to date with local, national, and broader best practices the Innovator Agency may need to engage in publication activities or research websites, journals, or other publications.
83	16	OHA	030-05 PH	Reduce the Health Care Regulation & Quality Improvement (HCRQI) section budget within the Public Health Division by reducing Department of Justice (DOJ) costs for its Hospital Staffing program; reducing travel for Emergency Medical Services (EMS), and reducing Inter-Agency (IAA) payment to the Oregon Patient Safety Commission (OPSC)	(225,000)	0	0		0		\$ (225,000)	0	0.00	Yes	Yes	Health Care Regulation & Quality Improvement (HCRQI) Hospital Staffing program will see a reduction in DOJ services of \$100,000; Emergency Medical Services (EMS) will see a reduction of \$15,000 in travel such as eliminating in-person board/advisory committee meetings; HCRQI's Inter-Agency Agreement (IAA) with Oregon Patient Safety Commission (OPSC) will be reduced by \$110,000 which can lead to reduction in services such as in-person educational offerings.
84	17	OHA	010-40 Central	Reduce administrative contracting in the External Relations Division (ERD)	(141,558)	0	0	0	0		\$ (141,558)	0	0.00	Yes	Yes	This will result in less available resources to support ERD contracts for tracking community feedback, partner engagement, government relations, and OHP member support.
85	17	OHA	030-02 HPA	Reduce Professional Services spending by reducing the frequency of "Evaluation update for CMS quarterly report" to biannual for Work Order 4 (WO4) (9% of WO4 budget for 2025-27)	(127,227)	0	0		(127,227)		\$ (254,454)	0	0.00	Yes	Yes	Minimal; CMS has changed reporting requirement to be annual. We developed this contract when reporting was required quarterly. Contract amendment will be needed.

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86	17	OHA	030-07 MED	Eliminate the Strategic Action Team's (SAT) Expendable Property (Including IT) budget	(5,488)	0	(11)	0	(5,969)		\$ (11,468)	0	0.00	Yes	Yes	Eliminating the SAT's expendable property budget would have minimal impact on services or outcomes. The likely impact would be to staff time in needing to secure items available elsewhere in the agency that would not require a purchase.
87	17	OHA	030-05 PH	Temporarily switch payment of the Center for Health Protection Drinking Water Services (DWS) section's technical assistance to public water systems contract from General Fund to Other Funds annual water system fee grant	(110,000)	0	0		0		\$ (110,000)	0	0.00	Yes	Yes	This reduction would move the technical assistance to public water systems contract from General Fund to Other Funds. This contract has not historically been funded through the Drinking Water Services (DWS) annual water systems fee grant, and making the change permanent could potentially impact the integrity of that grant.
88	18	OHA	030-02 HPA	Reduce Oregon Health Insurance Survey (OHIS) incentives (50% reduction)	(70,000)	0	0		0		\$ (70,000)	0	0.00	Yes	Yes	This change may reduce the number of respondents to the survey, which may reduce our ability to stratify the survey by various demographics, including in relation to priority populations. This in turn may impact our ability to monitor access to affordable coverage for all people in our state. This change also has an equity impact for respondents, in that there is a greater level of uncompensated time for respondents, which will have a greater impact on people with lower incomes.
89	18	OHA	030-07 MED	Eliminate the Strategic Action Team's (SAT) In-State and Out-of-State Travel budgets	(14,893)	0	(20)	0	(15,841)		\$ (30,754)	0	0.00	Yes	Yes	Without receiving travel reimbursement or being able to use a state vehicle whose use would be charged back to SAT, staff may not be able to attend in-person meetings. This limitation would present challenges to building trust and relationship in project teams that need to form quickly and produce outcomes on a timeline.
90	18	OHA	030-05 PH	The Center for Health Protection (CHP) in the Public Health Division's Environmental Public Health (EPH) Consumption of Contaminated Fish program will reduce spending by reducing contract/IAA amounts for sampling and testing services.	(205,000)	0	0		0		\$ (205,000)	0	0.00	Yes	Yes	The EPH Consumption of Contaminated Fish program will see a reduction in sampling and testing to identify contaminated fish for health risks.
91	19	OHA	030-02 HPA	Postpone implementation of Healthcare Effectiveness Data and Information Set (HEDIS) – contract costs (20% of 2025-27 contract budget)	(150,000)	0	0		(150,000)		\$ (300,000)	0	0.00	Yes	Yes	Postpone contracting with a HEDIS-certified vender will result in a corresponding delay in meeting full CMS reporting requirements and reduced analytical capacity for other projects. Other projects include: tracking the effects a reduced Quality Pool amount, implementing SOGI analysis and CAHPS dashboarding, detailing the experience of non-Medicaid OHP populations (BHP, HOP and FFS), and various other research projects suggested by OHPB and other parts of OHA.
92	19	OHA	030-05 PH	Family and Child Health will reassign a Public Health Educator to a Centers for Disease Control (CDC) grant Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)	(99,034)	0	0		(201,069)		\$ (300,103)	0	0.00	Yes	Yes	Public Health Educator capacity for the Family and Child Health (FCH) Program will be reduced.
93	20	OHA	030-02 HPA	Reduce sample size for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey of Medicaid members (17% of 2025-27 budget for contract)	(150,000)	0	0		(150,000)		\$ (300,000)	0	0.00	Yes	Yes	HPA will not be able to analyze data for as many subgroups of Medicaid recipients.
94	20	OHA	030-05 PH	Reduce Universally Offered Home Visiting contracts	(200,000)	0	0		0		\$ (200,000)	0	0.00	Yes	Yes	Reduced communication campaign for generating utilization of Family Connects services.

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95	21	OHA	030-02 HPA	Reduce in-state travel	(14,287)	0	(600)	0	(9,210)		\$ (24,097)	0	0.00	Yes	Yes	Limiting travel will limit staff ability to connect face to face and engage providers and other partners in other meetings that historically have been suited to in person meetings and interactions. These include conferences and conventions were industry and partners find value in engaging with OHA staff/Pharmacy team. Includes marketing for the ArrayRx program which could impact potential added revenue
96	21	OHA	030-05 PH	Reduce Family and Child Health Services & Supplies	(111,627)	0	0		0		\$ (111,627)	0	0.00	Yes	Yes	Reduction in oral health supplies, baby blankets and scales, local travel to sites for site reviews, meetings to promote work coordination, impacting program partners with less assistance in planning and executing program operations, less technical assistance and less support with necessary purchases
97	22	OHA	030-02 HPA	Hold Project Manager 1 position vacant 24 months	(236,003)	0	0		0		\$ (236,003)	0	0.00	Yes	Yes	Without this PM1 position, the operations team will be limited in our ability to manage process improvement projects that would result in efficiency gains, reduced process turnaround times, lowered amount of rework and opportunity costs of existing staff members who will be working within processes that are less effective
98	22	OHA	030-05 PH	Reduce Professional Services spending in the Reproductive Health Program in the Public Healht Division by postponing a strategic planning contract that was set to go out for bid in fall 2025	(500,000)	0	0		0		\$ (500,000)	0	0.00	Yes	Yes	<p>The Reproductive Health (RH) Program was planning to engage a contractor to guide the program from a strategic planning process that would result in a 3-5 year Strategic Plan for the program that centers equity, community engagement, and is trauma-informed in its approach to staff, communities, and partners.</p> <p>The following were the identified benefits of a Strategic Plan, which would now be compromised or limited without the Plan.</p> <p>-People in Oregon will have fortified access to RH services as a result of activities mapped to strategic priorities in the strategic plan.</p> <p>- Staff, community partners, and internal and external stakeholders will have renewed clarity on RH mission, vision, and strategic priorities for the years ahead.</p> <p>-The RH Program budget will be better leveraged to achieve outcomes for people in Oregon.</p> <p>-RH Program staff and agency leadership will have a road map for future decision making about which projects and activities to prioritize given capacity and resources.</p> <p>-The RH Program priorities will be in alignment with key OHA strategic priorities, such as Oregon Health Forward and Public Health Modernization.</p>
99	23	OHA	030-02 HPA	Hold Operations & Policy Analyst 3 position vacant 24 months	(177,191)	0	0		(177,191)		\$ (354,382)	0	0.00	Yes	Yes	The work of this OPA3 was intended to be focused on operations data development, dashboard development and a focus on human capital management for the HPA division.
100	23	OHA	030-05 PH	Program intended to allocate anticipated biennial surplus (due to School Based Health Center (SBHC) closure and grantee underspending) to support Community Based Organization (CBO)/SBHC partnership and capacity building grants. Plans for this grant are currently in the development stage and have not been publicly announced.	(600,000)	0	0		0		\$ (600,000)	0	0.00	Yes	Yes	There was an identified need to support local partnership development between CBOs and School-based Health Centers (SBHCs) to increase culturally specific services in SBHCs for target youth populations. Cuts to this program may impact CBO/SBHCs' ability to better serve and increase services for youth of color and LGBTQIA2S+ youth.

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101	24	OHA	030-02 HPA	Hold Operations & Policy Analyst 1 position vacant 21 months	(141,759)	0	0		(90,632)		\$ (232,391)	0	0.00	Yes	Yes	The work previously assigned to this position will have to be redistributed to other staff members. This is work that is required by statute. This work includes rules coordination, managing the rules advisory committee processes, legislative coordination during session, and webpage development.
102	25	OHA	030-02 HPA	Hold Project Manager 2 position vacant 15 months	(216,173)	0	0		(138,209)		\$ (354,382)	0	0.00	Yes	Yes	By not filling this position, SHNAP will have to absorb significant analytics work with a new data source among existing staff, which will reduce capacity for current work (especially HRSN analytics and special Medicaid projects). May slow response times for internal requests and externally published data
1	1	OHA	030-08 BHD	Hold Research Analyst 4 position vacant for 3 months	(28,239)	0	0		0		\$ (28,239)	0	0.00	Yes	Yes	Holding open the only ADPC Research Analyst position is not ideal, given the upcoming launch of the next state SUD comprehensive plan. This position is solely responsible for developing the data tracking, metrics development and analysis for the ADPC. The ADPC is planning to keep this vacancy to the shortest duration possible.
1	1	OHA	030-08 BHD	Reduce travel for staff	(5,000)	0	0		0		\$ (5,000)	0	0.00	Yes	Yes	The 20% reduction in this line item will result in reduced personalization with the SOCAC onboarding process. We originally planned, based on feedback from Council members, to create 3 onboarding models - one for people with lived experience (PWLE), one for professionals, and one for local System of Care coordinators who work with CCOs, since each role is quite different within our work. We will have to eliminate the 'professional' track from this onboarding process, and use either the Local SOC or PWLE models for those council members.
2	2	OHA	030-08 BHD	Reduce onboarding content creators: at least 3 versions - PWLE, professionals, L-SOCs	(20,000)	0	0		0		\$ (20,000)	0	0.00	Yes	Yes	This reduction will cost the SOCAC staff team a 1 day staff retreat. The work planned for that retreat was to build relationships with one another in person, which helps ensure our remote work environment is not disrupted by misunderstandings based on lack of 'face time' with one another. We will attempt to close this gap by meeting for a few hours in person on a bimonthly basis.

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3	3	OHA	030-08 BHD	Reduce Travel, Job Coaching, Web Design, Translation & Interpretation, Stipends and Council/Facilitation Support for Members	(109,084)	0	0		0		\$ (109,084)	0	0.00	Yes	Yes	Reductions to our job coaching line item will prevent the SOCAC Executive Director from hiring a job coach, which has been a priority of the SOCAC co-chairs for the past 3 years. This reduction also hits our translation/interpretation budget, meaning that we will have fewer resources to have SOCAC documents and events translated into Spanish to improve accessibility for our constituents who prefer/need Spanish language interpretation to participate in our work. Finally, this reduction also decreases the amount of funding set aside for stipends for eligible members, meaning we may not be able to compensate people for their work on the SOCAC pursuant to ORS 292.495. There is no legal risk - we are only required to provide compensation when our budget allows for that - but there is a real risk of disrupting relationships as those who have been paid in the past are no longer able to rely on SOCAC for that compensated work. There is a significant likelihood that previously compensated individuals will reduce or stop their SOCAC participation altogether as a result of our inability to compensate them for that work.
1	5	OHA	030-02 HPA	Reduce Health Insurance Marketplace Services & Supplies by 30% for 12 months	0	0	(1,292,431)	0	0	0	\$ (1,292,431)	0	0.00	No	Yes	This depletion in resources will have a significant negative impact on OHIM and its current and potential enrollees as the launch of the State-based Marketplace technology and consumer assistance center is during the 2025-27 biennium. This legislatively mandated deliverable requires significant outreach, education, community engagement, partner training, and advertising to ensure that Oregon residents know where to go, how to do it, and how to access transferring their enrollments from the federal marketplace to Oregon’s marketplace. Further, there are additional risks related to compliance with federal provisions as required by H.R. 1 and the new CMS Marketplace Integrity Rule, including a shortened open enrollment period starting in November 2026 and ending automatic re-enrollment starting in November 2027. OHIM Other Funds are from per-member per-month fees charged to insurance companies for medical palns and dental plans purchased through the marketplace.
3	6	OHA	030-08 BHD	Reduce Residential Treatment Facilities Inspections by removing new investment	(301,014)	0	0	0	(301,014)	0	\$ (602,028)	(3)	(2.25)	No	No	Eliminating this new investment impacts the amount of staff available for timely inspections. 100% of new investment.
1	7	OHA	030-05 PH	Reduces monitoring & enforcement of hospital safety requirements by removing new investment	(394,554)	0	0	0	0	0	\$ (394,554)	(2)	(1.50)	No	No	Removes a new investment that added staffing in PHD's Health Care Regulation and Quality Improvement Division to implement SB 537. It includes one Client Care Surveyor to monitor compliance and enforce new requirements and an Operations and Policy Analyst to provide outreach and support to impacted facilities
1	8	OHA	010-40 Central	Postpone REALD & SOGI outreach and OIS support for registry (as of 7/1/2026)	(3,171,692)	0	0	0	(863,111)	0	\$ (4,034,803)	(18)	(11.25)	No	Yes	Savings due to delay in the development of the race, ethnicity, language, disability and sexual orientation and gender identity (REALD & SOGI) registry.
9	9	OHA	All	Agency wide program streamlining and consolidation	(6,250,000)	0	0		0		\$ (6,250,000)	(50)	(25.00)	No	Yes	If this option is selected, OHA will work to identify specific FTE reductions that minimize impact on the agency's strategic goal and operational effectiveness.



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Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.
Dept	Prgm/ Div															
2	10	OHA	030-05 PH	Eliminate Advance Directive program effective 7/1/26 (12 months)	(25,745)	0	0	0	0	0	\$ (25,745)	0	0.00	No	No	These funds would eliminate the ability to continue staffing and facilitating the Advance Directive Adoption Committee and would limit educational materials development related to the Oregon Advance Directive Form.
3	11	OHA	030-05 PH	Reduce Oregon Medical Marijuana Program (OMMP) spending	0	0	(1,124,509)	0	0	0	\$ (1,124,509)	0	0.00	No	Yes	Reduces services & supplies spending for the Oregon Medical Marijuana Program (OMMP). The program is funded by fees for issuing medical marijuana cards to qualifying patients and registration fees for grow sites, dispensaries, and processing sites.
4	12	OHA	030-05 PH	Reduce PDES contractor billing Other Funds limitation	0	0	(668,850)	0	0	0	\$ (668,850)	0	0.00	No	Yes	Lower level spending for Public Health Division research and evaluation services.
5	13	OHA	030-05 PH	Reduce all other funded programs (grants and fee based) by 10% for 12 months	0	0	(18,007,811)	0	0	0	\$ (18,007,811)	0	0.00	No	Yes	Decreases the ability to cover costs for fee-based programs' contracts and staffing, particularly in Special Payments. Other Funds revenues are typically generated specifically to cover the expenditures for the programs.
6	14	OHA	030-05 PH	Reduce remaining Healthy Homes Grants budget	(2,500,000)	0	(2,500,000)	0	0	0	\$ (5,000,000)	0	0.00	No	Yes	This would eliminate all remaining funding available to award grants to achieve 1) safe and healthy homes for low income communities; 2) increase climate resilience and reduce greenhouse gas emissions; and 3) leverage third party federal and state funding for housing improvement. Healthy Homes funding originates from the General Fund, is deposited into the Healthy Homes Repair Fund, and is then spent by the agency as Other Funds.
2	15	OHA	030-07 MED	Reduce Essential Workforce Health Care Program	(17,000,000)	0	0	0	(25,500,000)	0	\$ (42,500,000)	0	0.00	No	No	Removes new investment in the Essential Workforce Health Care Program Trust established to provide health insurance to the long-term care workforce.
3	16	OHA	030-07 MED	Reduce Disproportionate Share Hospital payments (DSH3). Start 7/1/26 - priced for 1 year.	(34,097,345)	0	0	0	(47,222,342)	0	\$ (81,319,687)	0	0.00	No	Yes	Reduced reimbursement could lead to a corresponding provider reduction of expenditures to adjust for the reduced amount of reimbursement, potentially leading to overall changes in the level of care or other service levels provided by hospitals to Medicaid clients. The 2025-27 Legislatively Adopted Budget for DSH-3 is \$49.3M General Fund, \$22.0M Other Funds (provider assessments) and \$109.6M Medicaid Federal Funds for a total of \$180.9M. This reduction equals approx. 69% of the General Fund and 48% of the state funds (GF+OF) in the 2025-27 LAB.
4	17	OHA	030-07 MED	Reduce Graduate Medical Education (GME) program. The agency would reduce Medicaid payments to teaching hospitals that help offset costs associated with their GME programs. Start 7/1/26, 1 year	(4,000,000)						\$ (4,000,000)	0	0.00	No	Yes	Oregon’s teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these ten teaching facilities and would de-incentivize hospitals from training new physicians. Discontinuing GME payment will also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality health care. The 2025-27 Legislatively Adopted Budget for this program is \$34.4M General Fund, \$145M Other Funds (leverage), and \$253.8M Federal Funds for a total of \$433.3M. This reduction equals approx. 12% of the General Fund and 2.2% of the state funds (GF+OF) in the 2025-27 LAB.

Oregon Health Authority (OHA)																
2025-27 Biennium																
				2025-27 LAB	6,234,247,428	25,251,941	12,018,262,521	40,000,000	23,365,295,252	118,138,409	41,801,195,551					
Detail of Reductions to 2025-27 Legislatively Adopted Budget																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.	
																Dept
4	18	OHA	030-08 BHD	Reduce Intensive In-home Behavioral Health Treatment effective 1/1/27 (6 months)	(3,000,000)	0	0		0		\$ (3,000,000)	0	0.00	No	Yes	Reduction of funds to support expansion of Intensive In-home Behavioral Health Treatment (IIBHT) and substance use disorder/mental health (SUD/MH) pilot. IIBHT has been identified by the System of Care Advisory Committee (SOCAC), Ombuds and the Oregon Department of Human Services (ODHS) as a priority model to support children and funds. Impact may slow reduction of emergency department (ED), boarding, temporary lodging, and suicide rate.
5	19	OHA	030-07 MED,	Postpone Long-Term Care Services and Supports expansion	(1,870,452)	0	0	0	(2,474,207)	0	\$ (4,344,659)	(3)	(1.88)	No	Yes	<p>Savings due to delay of new investment will halt implementation of the expanded post-hospital extended care benefit, which was intended to increase the covered stay from 20 to 100 days for individuals recovering after hospitalization. The expansion aimed to support individuals enrolled in the Oregon Health Plan and the Healthier Oregon Program, with an expected increase in utilization.</p> <p>It will also eliminate three positions that were intended to:</p> <ul style="list-style-type: none"><li>- Support implementation and serve as a subject matter expert for coordinated care organizations (CCOs)</li><li>- Research and report on regulatory governance of adult foster homes and residential care facilities; and</li></ul> <p>Collect and analyze data for a medical respite study. The investment was designed to improve care transitions, inform future policy, and potentially reduce hospital readmissions</p>
6	20	OHA	030-07 MED	Reduce Healthier Oregon (HOP) budget by switching from managed care (CCOs) to Fee For Service (FFS) effective 1/1/2027 (6 months)	(21,205,125)	0	0	0	(7,068,375)	0	\$ (28,273,500)	0	0.00	No	No	The Centers for Medicare and Medicaid Services (CMS) released guidance that will force changes to how OHA administers the Healthier Oregon (HOP) program. One of the changes under consideration, subject to policy approval, would be moving the administration of the HOP program to Fee-For-Service (FFS) away from the current model of administration through CCOs. OHA estimates that this change would have budgetary savings by this change. OHA also feels that the current FFS network is adequate as the majority of claims from HOP members are from FFS
5	21	OHA	030-08 BHD	Reduce lottery-funded gambling treatment funding by 8%	0	(1,047,597)	0	0	0	0	\$ (1,047,597)	0	0.00	No	Yes	Problem Gambling Services reductions will impact Oregonians and Tribal community members through decreasing grants for research, prevention and education, and treatment services for people struggling with gambling. Per ORS 413.522, these Lottery Funds are dedicated to problem gambling prevention and treatment. To use these funds for other purposes, a statutory change would be needed.

Oregon Health Authority (OHA)																
2025-27 Biennium																
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Detail of Reductions to 2025-27 Legislatively Adopted Budget																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.	
																Dept
7	22	OHA	030-07 MED	Reduce Quality Pool for CY 2025 from 3.48% to 2%. (paid Jun 2026)	(34,400,000)	0	0	0	(81,200,000)	0	\$ (115,600,000)	0	0.00	No	Yes	The CCO Quality Incentive Program (QIP) provides financial incentives to CCOs for year-over-year performance improvements on a set of quality metrics. Over its ten-year history, the QIP has incentivized 32 different metrics, most of which are incentivized for several years. Many CCOs use these incentive payments to reinvest in resources and programs that facilitate achievement of the quality metrics, including pass forward to their providers through value-based payments. So fewer incentive dollars may also impact the scale, scope or effectiveness of the efforts that CCOs have in place for pursuing these quality outcomes. This change would cut the CY 25 quality pool from 3.48% to 2%.
2.5% Subtotal					(162,198,960)	(1,262,771)	(33,510,840)	(186,456)	(180,255,108)	0	\$ (377,414,135)	(76)	(42)			
8	23	OHA	030-07 MED	Reduce Quality Pool for CY 2026 from 4.25% to 2%. (paid Jun 2027)	(52,200,000)	0	0	0	(123,500,000)	0	\$ (175,700,000)	0	0.00	No	Yes	The CCO Quality Incentive Program (QIP) provides financial incentives to CCOs for year-over-year performance improvements on a set of quality metrics. Over its ten-year history, the QIP has incentivized 32 different metrics, most of which are incentivized for several years. Many CCOs use these incentive payments to reinvest in resources and programs that facilitate achievement of the quality metrics, including pass forward to their providers through value-based payments. So fewer incentive dollars may also impact the scale, scope or effectiveness of the efforts that CCOs have in place for pursuing these quality outcomes. This change would cut the CY 26 quality pool by more than half from 4.25% to 2%.
24	24	OHA	All	Agency wide program streamlining and consolidation	(6,250,000)	0	0		0	0	\$ (6,250,000)	(50)	(25.00)	No	Yes	If this option is selected, OHA will work to identify specific FTE reductions that minimize impact on the agency's strategic goal and operational effectiveness.
7	25	OHA	030-05 PH	Reduce Public Health Division funding by removing 50% General Fund inflation	(1,547,362)	0	0	0	0	0	\$ (1,547,362)	0	0.00	No	Yes	Impacts local public health and other public health pass through operations.
6	26	OHA	030-08 BHD	Reduce Behavioral Health Division funding by removing 30% General Fund inflation	(8,000,000)	0	0	0	0	0	\$ (8,000,000)	0	0.00	No	Yes	Impacts local behavioral health and county pass through operations.

Oregon Health Authority (OHA)																	
2025-27 Biennium																	
2025-27 LAB					6,234,247,428	25,251,941	12,018,262,521	40,000,000	23,365,295,252	118,138,409	41,801,195,551						
Detail of Reductions to 2025-27 Legislatively Adopted Budget																	
1	2	3	4	5		6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.	
Dept	Prgm/ Div																
8	27	OHA	030-05 PH	Reduce Public Health Modernization funding	(10,000,000)	0	0	0	0	0	\$ (10,000,000)	0	0.00	No	Yes	Reduces the Local support to CBOs by 5%, and decreases LPHA and OHA contracts and staffing for the balance. This reduction will greatly impact the critical work both the state and local partners are completing. A focus area of public health modernization is to transform governmental public health in the area of health equity and cultural responsiveness through internal and community policy and program change. This reduction would impact local public health work with the BIPOC community. The locals will have to reduce staff and be unable to address emerging events, provide critical support to Oregonians and will impact the work done to modernize the public health system. State level reductions will impact PHD's equity work with various communities and data collection. All health equity and learning collaborative work addressing health disparities will not occur and staffing will be reduced. Public Health is a critical component in ensuring Oregonians are healthy, safe and informed. Reducing any portion of these funds will greatly impact the ability of public health to be effective in Oregon.	
9	28	OHA	030-07 MED	Reduce Medicaid spending by removing Performance Based Reward (PBR) from 2027 rates	(7,000,000)	0	0	0	(14,000,000)	0	\$ (21,000,000)	0	0.00	No	Yes	PBR funding reflects historical Flexible Services (formerly HRS) spending and helps fund future Flexible Services. Reduced PBR funding for 2027 rates may occur naturally through reductions in 2025 Flexible Services spending. However, OHA does not recommend a specific PBR target for 2027 until actual 2025 Flexible Services spending is known, and all other actuarial and budgetary factors are estimated; PBR amounts can then be decided in balance between these factors.	
10	29	OHA	030-07 MED	Reduce the Graduate Medical Education (GME) program budget. The agency would reduce Medicaid payments to teaching hospitals that help offset costs associated with their GME programs. CMS APPROVAL REQUIRED. Effective 7/1/26 (12 months)	(8,221,253)	0	0	0	(16,925,546)	0	\$ (25,146,799)	0	0.00	No	Yes	Oregon's teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these ten teaching facilities and would de-incentivize hospitals from training new physicians. Reducing GME payment will also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality health care. The 2025-27 Legislatively Adopted Budget for this program is \$34.4M General Fund, \$145M Other Funds (leverage), and \$253.8M Federal Funds for a total of \$433.3M. This reduction equals approx. 24% of the General Fund and 4.6% of the state funds (GF+OF) in the 2025-27 LAB.	

Oregon Health Authority (OHA)																
2025-27 Biennium																
2025-27 LAB					6,234,247,428	25,251,941	12,018,262,521	40,000,000	23,365,295,252	118,138,409	41,801,195,551					
Detail of Reductions to 2025-27 Legislatively Adopted Budget																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.	
																Dept
11	30	OHA	030-07 MED	Reduce Quality Pool for CY 2026 from 2% to 1%. (paid Jun 2027)	(23,500,000)	0	0	0	(54,900,000)	0	\$ (78,400,000)	0	0.00	No	Yes	The CCO Quality Incentive Program (QIP) provides financial incentives to CCOs for year-over-year performance improvements on a set of quality metrics. Over its ten-year history, the QIP has incentivized 32 different metrics, most of which are incentivized for several years. Many CCOs use these incentive payments to reinvest in resources and programs that facilitate achievement of the quality metrics, including pass forward to their providers through value-based payments. So fewer incentive dollars may also impact the scale, scope or effectiveness of the efforts that CCOs have in place for pursuing these quality outcomes. This change would cut the CY 26 quality pool from 3.48% to 1%.
2	31	OHA	030-02 HPA	Reduce funding for the Health Care Incentive Fund by 35%	(10,776,139)	0	(7,221,845)	0	0	0	\$ (17,997,984)	0	0.00	No	Yes	The Health Care Incentive program provides financial and non-financial incentives to providers of physical, oral and behavioral health in underserved areas. The program has successfully established primary care providers in 20 of the 25 rural service areas that were lacking primary care services altogether. The program focuses on culturally competent health care - 36% of the providers receiving loan repayments speak a language other than English or come from a racial/ethnically diverse background. This reduction option would decrease funding by over 35%, significantly impacting multiple contracts currently in place and greatly reducing the intended outcomes of the program. Other Funds originated as General Fund that were deferred to support multiple biennial payouts.
12	32	OHA	030-07 MED	Reduce OHP Medicaid Leverage programs to hit Other Funds targets	0	0	(113,423,775)	0	0	0	\$ (113,423,775)	0	0.00	No	Yes	Medicaid Leverage programs allow another organization to cover the state share of Medicaid costs, which is budgeted as Other Funds. This funding is then used to draw down additional Federal Funds that wouldn't otherwise be available, potentially expanding benefits and improving access to care for members
33	33	OHA	All	Agency wide program streamlining and consolidation	(6,250,000)	0	0	0	0		\$ (6,250,000)	(50)	(25.00)	No	Yes	If this option is selected, OHA will work to identify specific FTE reductions that minimize impact on the agency's strategic goal and operational effectiveness.
13	34	OHA	030-07 MED	Reduce Quality Pool for CY 2026 from 1% to 0.33%. (paid Jun 2027)	(15,769,125)	0	0	0	(36,839,361)	0	\$ (52,608,486)	0	0.00	No	Yes	Eliminating the CCO Quality Incentive Pool (QIP) will directly cut incentive payments to providers and FQHCs across the state. The QIP provides financial incentives to CCOs for year-over-year performance improvements on a set of quality metrics. Over its ten-year history, the QIP has incentivized 32 different metrics, most of which are incentivized for several years. Many CCOs use these incentive payments to reinvest in resources and programs that facilitate achievement of the quality metrics, including pass forward to their providers through value-based payments. So fewer incentive dollars may also impact the scale, scope or effectiveness of the efforts that CCOs have in place for pursuing these quality outcomes.



Oregon Health Authority (OHA)																
2025-27 Biennium																
2025-27 LAB					6,234,247,428	25,251,941	12,018,262,521	40,000,000	23,365,295,252	118,138,409	41,801,195,551					
Detail of Reductions to 2025-27 Legislatively Adopted Budget																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Priority (ranked most to least preferred)		Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Gov. Reduction Target Yes / No	One-Time Yes / No	Describe the reduction and associated impact on services and outcomes. Please identify the source of Other Funds reductions.
Dept	Prgm/ Div															
1	35	OHA	030-04 OEGB	OEGB plan reductions - Mid year 2026 plan reductions & 2027 plan year reductions by ~15%, price for 12 months of savings		0	(195,869,651)	0	0	0	\$ (195,869,651)	0	0.00	No	Yes	Oregon Educators Benefit Board (OEGB) contracts with insurance carriers for employee benefit plans. OEGB program budget is dedicated funding for payment of fully insured benefit plans. Reductions at any level may potentially default OEGB in its contractual obligations with carriers. Premium shifts to members will not change the pass-through budget dollars needed to meet contractual obligations with carriers. The primary source of Other Funds revenue is the invoicing and collection of employee benefit premiums.
1	36	OHA	030-03 PEBB	PEBB fully insured and self-insured plan reductions. Mid year 2026 plan reductions & 2027 plan year reductions by ~15%, price for 12 months of savings	0	0	(250,883,254)	0	0	0	\$ (250,883,254)	0	0.00	No	Yes	The Public Employees' Benefit Board (PEBB) contracts with insurance carriers for employee benefit plans. PEBB program budget is dedicated funding for payment of self-insured and fully insured benefit plans. Reductions at any level may potentially default PEBB in its contractual obligations with carriers. Major plan design changes could possibly hit the reduction targets, but it would take a major reduction in medical plan coverage and would jeopardize the stabilization of the statewide risk pool. A major shift in cost sharing between employee, and employer could also potentially hit the reduction target but the reductions would have to be taken at the state agency budget level, as it passes employee benefit dedicated dollars through to PEBB.
TOTAL					(311,712,839)	(1,262,771)	(600,909,365)	(186,456)	(426,420,015)	-	\$ (1,340,491,446)	(176)	(91.88)			
Target (2.5%)					(155,856,186)	(631,299)	(300,456,563)									
Target (5%)					(311,712,371)	(1,262,597)	(600,913,126)									
Difference					(468)	(174)	3,761									

Oregon Health Authority (OHA) 2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	010-40	2021-23	1-Jul-21	HB 5024, HR 6, POP 402	Health Equity Infrastructure	5,500,000	0	500,000	0	900,000	0	\$ 6,900,000	17	15.08	Complete
OHA	010-40	2021-23	1-Jul-21	HB 5024, HB 2088, POP 404	Tribal Traditional Health Worker	288,000	0	24,000	0	47,000	0	\$ 359,000	1	0.75	Complete
OHA	010-40	2021-23	1-Jul-21	HB 5024, POP 403	Indian Managed Care Entities	1,400,000	0	0	0	13,500,000	0	\$ 14,900,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 5024, HB 2086, POP 431	Residential Treatment, Services and Housing	65,000,000	0	0	0	65,000,000	0	\$ 130,000,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 5024, POP 409	Certified Community Behavioral Health Clinics (CCBHCs)	24,500,000	0	0	0	96,500,000	0	\$ 121,000,000	6	5.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 5024	Behavioral Health System Alignment	50,000,000	0	0	0	0	0	\$ 50,000,000	0	0.00	Complete
OHA	030-06	2021-23	1-Jul-21	HB 5024, POP 445	Patient Capacity	31,000,000	0	0	0	0	0	\$ 31,000,000	110	110.00	Complete
OHA	030-06	2021-23	1-Jul-21	HB 5024, POP 411	Aid & Assist	19,200,000	0	0	0	2,300,000	0	\$ 21,500,000	0	0.00	Complete
OHA	030-06	2021-23	1-Jul-21	HB 5024	Staffing	20,000,000	0	0	0	0	0	\$ 20,000,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 5024, SB 755	Meaure 110	0	0	302,000,000	0	0	0	\$ 302,000,000	12	12.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB 5024, POP 417	Public Health Modernization	45,000,000	0	0	0	0	0	\$ 45,000,000	24	24.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB 5024, POP 418	Universally Offered Home Visiting	4,600,000	0	0	0	3,200,000	0	\$ 7,800,000	4	3.50	Complete
OHA	030-05	2021-23	1-Jul-21	HB 5024	Psilocybin	2,200,000	0	0	0	0	0	\$ 2,200,000	14	5.52	Complete
OHA	030-05	2021-23	1-Jul-21	HB 5024	Oregon WIC Program	1,200,000	0	0	0	0	0	\$ 1,200,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 2417	Crisis Care System	15,000,000	0	0	0	0	0	\$ 15,000,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 2949	Behavioral Health Workforce	80,000,000	0	0	0	0	0	\$ 80,000,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 2980	Peer Respite	6,000,000	0	0	0	0	0	\$ 6,000,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 3046	Mental Health Parity	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB 2074, POP 453	Prescription Drug Monitoring Program	0	0	658,000	0	0	0	\$ 658,000	0	0.00	Complete
OHA	030-06	2021-23	1-Jul-21	SB 72	Technical Corrections: Commitment List and Outpatient Services	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB 2261	Prohibit Remote Sales of Inhalant Delivery Systems	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB 2072, POP 451	Home Health Care	0	0	51,000	0	0	0	\$ 51,000	0	0.00	Complete
OHA	030-05	2021-23	1-Jul-21	HB2842	Healthy Homes	10,000,000	0	10,000,000	0	0	0	\$ 20,000,000	4	3.08	Complete
OHA	030-05	2021-23	1-Jul-21	HB 2075, POP 448	Radiation Protection Services	0	0	1,408,000	0	0	0	\$ 1,408,000	3	2.25	Complete
OHA	030-05	2021-23	1-Jul-21	HB 2077	Lead Remediation	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2021-23	1-Jul-21	SB 64	Technical Corrections: School based health, lead based paint remediation, definition clarification	0	0	0	0	0	0	\$ -	0	0.00	Complete

Oregon Health Authority (OHA)															
2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	030-01	2021-23	1-Jul-21	HB 3352	Cover All People (NOW: Healthier Oregon)	100,000,000	0	0	0	0	0	\$ 100,000,000	0	0.00	Complete
OHA	010-40	2021-23	1-Jul-21	HB 3159	REALD SOGI	9,448,000	0	5,624,000	0	2,794,000	0	\$ 17,866,000	43	32.25	Complete
OHA	030-01	2021-23	1-Jul-21	HB 2508	Telehealth	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	010-40	2021-23	1-Jul-21	HB 2359	Language Access and Health Care Interpreters	670,000	0	67,000	0	118,000	0	\$ 855,000	2	1.50	Complete
OHA	010-40	2021-23	1-Jul-21	SJR 12	Declare Access to Health Care a Right	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2021-23	1-Jul-21	HB 2081	Cost Growth Target	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	HB 2528	Dental Therapy Licensure	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2021-23	1-Jul-21	SB 65, POP 437	Leveraging Purchasing Power of the Marketplace	1,516,000	0	18,048,000	0	0	0	\$ 19,564,000	18	18.00	Complete
OHA	030-02	2021-23	1-Jul-21	HB 2362, POP 454	Review Health Care Mergers and Acquisitions for Access and Equity (NOW: Healthcare Market Oversight)	758,000	0	0	0	0	0	\$ 758,000	4	2.84	Complete
OHA	030-02	2021-23	1-Jul-21	HB 2910	Support Ground Emergency Medical Transport Services	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2021-23	1-Jul-21	HB 2078	Technical Corrections: Credentialing program, curriculum reviews, amending PEBB statute	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	POP 405	CWM ESRD Outpatient Dialysis Coverage	1,143,000	0	0	0	1,757,000	0	\$ 2,900,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	POP 407	Operate Fee-For-Service Like a CCO	12,057,000	0	0	0	20,137,000	0	\$ 32,194,000	9	6.75	Complete
OHA	030-01	2021-23	1-Jul-21	POP 412	Expansion of Capacity for HSD Contract Development	238,000	0	10,000	0	248,000	0	\$ 496,000	2	1.50	Complete
OHA	030-01	2021-23	1-Jul-21	POP 414	Compass Modernization	2,321,000	0	0	0	5,408,000	0	\$ 7,729,000	0	0.00	Complete
OHA	030-01	2021-23	1-Jul-21	POP 419	CCO 2.0 Quality Assurance & Improving Data Collection	870,000	0	0	0	1,153,000	0	\$ 2,023,000	4	4.00	Complete
OHA	030-06	2021-23	1-Jul-21	POP 421	Deferred Maintenance	0	0	1,710,000	0	0	0	\$ 1,710,000	0	0.00	Complete
OHA	030-06	2021-23	1-Jul-21	POP 422	Asset Replacement	0	0	570,000	0	0	0	\$ 570,000	0	0.00	Complete
OHA	030-06	2021-23	1-Jul-21	POP 423	Oregon State Hospital Capital Improvement	0	0	7,990,000	0	0	0	\$ 7,990,000	0	0.00	Complete
OHA	030-02	2021-23	1-Jul-21	POP 424	Health IT Programs Support	2,047,000	0	0	0	2,644,000	0	\$ 4,691,000	6	6.00	Complete
OHA	030-02	2021-23	1-Jul-21	POP 426	Benefit Management System Replacement Project for PEBB/OEBB	0	0	8,183,000	0	0	0	\$ 8,183,000	0	0.00	Complete
OHA	010-45	2021-23	1-Jul-21	POP 206	Integrated Eligibility Supporting the Post-Implementation System and Major Enhancements	0	0	10,961,000	0			\$ 10,961,000	39	39.00	Complete
OHA	010-45	2021-23	1-Jul-21	POP 207	Maintenance & Operations of Provider Time Capture	0	0	814,000	0	0	0	\$ 814,000	3	3.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4035	Maintaining Health Care Coverage Gains	120,000,000	0	0	0	0	0	\$ 120,000,000	12	6.56	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4052	Mobile Health Units	1,600,000	0	0	0	300,000	0	\$ 1,900,000	3	1.89	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4095	Veterans Dental Care	0	1,000,000	0	0	0	0	\$ 1,000,000	1	0.25	Complete
OHA	030-01	2021-23	1-Mar-22	SB 1538	COFA Dental Care	300,000	0	0	0	1,200,000	0	\$ 1,500,000	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 5202	Expanded Citizenship Waived Medical	5,400,000	0	0	0	8,800,000	0	\$ 14,200,000	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4134	Covering Out of Network Labor and Delivery	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 5202	Extended Postpartum Eligibility	2,400,000	0	0	0	6,400,000	0	\$ 8,800,000	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4004	Behavioral Health Staffing Support	132,300,000	0	0	0	0	0	\$ 132,300,000	1	0.52	Complete
OHA	030-01	2021-23	1-Mar-22	HB 5202	Behavioral Health Rate Increases	3,000,000	0	0	0	9,000,000	0	\$ 12,000,000	0	0.00	Complete
OHA	030-06	2021-23	1-Mar-22	HB 5202	OSH Staffing	10,800,000	0	0	0	0	0	\$ 10,800,000	228	188.52	Complete

Oregon Health Authority (OHA)															
2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	030-01	2021-23	1-Mar-22	HB 5202	9-8-8 Crisis Services System	1,800,000	0	0	0	400,000	0	\$ 2,200,000	8	7.16	Complete
OHA	030-01	2021-23	1-Mar-22	HB 5202	Behavioral Health Housing	100,000,000	0	0	0	0	0	\$ 100,000,000	2	1.26	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4012	Child Services Rates	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4098	Substance Use Addiction, Prevention, Treatment and Recovery	0	0	85,000	0	0	0	\$ 85,000	2	0.26	Complete
OHA	030-01	2021-23	1-Mar-22	HB 4070	Oregon Consumer Advisory Council	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	HB 5202	Measure 110	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2021-23	1-Mar-22	SB 1545	Future Ready Oregon	164,000	0	0	0	0	0	\$ 164,000	1	0.63	Complete
OHA	n/a	2021-23	1-Mar-22	SB 1529	Volunteer Health Care Providers, and Primary Care Coverage	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	n/a	2021-23	1-Mar-22	HB 4003	Nursing Workforce	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02 / 030-05	2021-23	1-Mar-22	SB 1549	Temporary Staffing Agencies	690,000	0	0	0	0	0	\$ 690,000	3	1.50	Complete
OHA	n/a	2021-23	1-Mar-22	HB 4150	Community Information Exchanges	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	n/a	2021-23	1-Mar-22	HB 4002	Farm Worker Overtime Pay	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2021-23	1-Mar-22	SB 1536	Extreme Heat Emergencies	5,000,000	0	0	0	0	0	\$ 5,000,000	2	1.16	Complete
OHA	030-05	2021-23	1-Mar-22	SB 1554	Reviewing the Public Health Response to COVID-19	890,000	0	0	0	0	0	\$ 890,000	0	0.00	Complete
OHA	030-05	2021-23	1-Mar-22	HB 5202	Healthy Homes	5,000,000	0	0	0	0	0	\$ 5,000,000	0	0.00	Complete
OHA	030-05	2021-23	1-Mar-22	HB 5202	Reproductive Health Equity	15,000,000	0	0	0	0	0	\$ 15,000,000	0	0.00	Complete
OHA	030-05	2021-23	1-Mar-22	HB 4045	Community Violence Prevention	1,000,000	0	0	0	0	0	\$ 1,000,000	1	0.63	Complete
OHA	030-05	2021-23	1-Mar-22	HB 4077	Environmental Justice	124,000	0	0	0	0	0	\$ 124,000	1	0.46	Complete
OHA	030-02	2023-25	1-Jul-23	SB 5525	Healthier Oregon Program (HOP)	366,800,000	0	0	0	0	0	\$ 366,800,000	0	0.00	Complete
OHA	030-02	2023-25	1-Jul-23	POP 202	Basic Health Program (BHP)	110,181,000	0	774,000	0	637,472,000	0	\$ 748,427,000	59	50.42	Complete
OHA	030-02	2023-25	1-Jul-23	SB 5525	Temporary Medicaid Expansion	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	POP 201	1115 Medicaid Waiver	138,500,000	0	2,640,000	0	781,730,000	0	\$ 922,870,000	131	104.68	Complete
OHA	030-01	2023-25	1-Jul-23	POP 414	Early and Periodic Screening, Diagnostic & Treatment (EPSDT)	1,054,000	0	0	0	1,570,000	0	\$ 2,624,000	9	6.75	Complete
OHA	030-02	2023-25	1-Jul-23	SB 972, POP 416, POP 430	Health Insurance Marketplace	0	0	2,000,000	0	0	0	\$ 2,000,000	5	4.75	Complete
OHA	030-01	2023-25	1-Jul-23	HB 3426, POP 429	988 Crisis System Payor Parity	191,000,000	0	0	0	0	0	\$ 191,000,000	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	HB 2757, HB 3426, POP 404	988 Call Centers & CSC	11,000,000	0	0	0	24,600,000	0	\$ 35,600,000	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	HB 3426	Community Acute Psychiatric Facility Capacity	0	0	50,000,000	0	0	0	\$ 50,000,000	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	HB 3426	Transitional Case Management Services	6,000,000	0	0	0	0	0	\$ 6,000,000	0		Complete
OHA	030-01	2023-25	1-Jul-23	HB 4092	Community Mental Health Programs	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	HB 3426	SUD	15,000,000	0	0	0	0	0	\$ 15,000,000	0	0.00	Complete
OHA	030-01	2023-25	1-Jul-23	HB 2395, HB 2645, SB 1043, SB 238, SB 450	Opioid Prevention	0	0	0	0	0	0	\$ -	0	0.00	Complete

Oregon Health Authority (OHA)															
2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	010-40	2023-25	1-Jul-23	SB 216, POP 403	REALD/SOGI	12,351,000	0	1,080,000	0	2,000,000	0	\$ 15,431,000	8	6.50	Complete
OHA	010-40	2023-25	1-Jul-23	POP 402	OSH Equity Program	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	010-40	2023-25	1-Jul-23	HB 2696	Health Care Interpreters	2,000,000	0	0	0	0	0	\$ 2,000,000	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	POP 406	Public Health Modernization	50,000,000	0	0	0	0	0	\$ 50,000,000	30	20.69	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2002	Reproductive health	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2409	Climate Change	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	POP 432	Domestic Well Safety	3,000,000	0	0	0	0	0	\$ 3,000,000	4	2.65	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2925	Inequities in Public Health	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	POP 425	Universally Offered Home Visiting	5,924,000	0	0	0	0	0	\$ 5,924,000	5	3.75	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2987	Healthy Homes	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2656	Student Health	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	SB 303, POP 449	Psilocybin Services	3,100,000	0	0	0	4,100,000	0	\$ 7,200,000	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2128	Tobacco Prevention	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 5506	E-cigarette/Vaping Cessation	0	0	4,400,000	0	0	0	\$ 4,400,000	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2931	Cannabis	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 3043, SB 546	Toxic Chemicals	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2420, SB 573	Vital Records	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2279	Death with Dignity	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	SB 545, SB 643	Food Health	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	010-40	2023-25	1-Jul-23	HB 2286	Tribal Health	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	POP 413	Complex Case Management	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Jul-23	HB 2405	Aid and Assist	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-06	2023-25	1-Jul-23	HB 2697	Hospital Staffing	404,000	0	0	0	0	0	\$ 404,000	3	2.25	Complete
OHA	030-01	2023-25	1-Jul-23	SB 410	Pharmacy	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2023-25	1-Mar-24	POP 434	Marketplace Outreach & Operations	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2023-25	1-Mar-24	POP 403	REALD/SOGI	348,000	0	0	0	0	0	\$ 348,000	(1)	1.00	Complete
OHA	030-05	2023-25	1-Mar-24	SB 5526, POP 440	Oregon Environmental Laboratory Accreditation Program	0	0	1,039,000	0	0	0	\$ 1,039,000	0	0.00	Complete
OHA	030-05	2023-25	1-Mar-24	SB 5526, POP 437	Newborn Bloodspot Screening Program	0	0	8,252,000	0	0	0	\$ 8,252,000	0	0.00	Complete
OHA	030-06	2023-25	1-Mar-24	POP 439	OSH Asset & Equipment Replacement	0	0	8,000,000	0	0	0	\$ 8,000,000	0	0.00	Complete
OHA	030-05	2023-25	1-Mar-24	SB 1523	Birth Certificate Changes	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	n/a	2023-25	1-Mar-24	HB 3396, HB 2045, HB 2665, HB 2921, SB 226	Health Care Workforce	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Mar-24	SB 1552	Licensure	136,000	0	0	0	0	0	\$ 136,000	1	0.63	Complete
OHA	030-01	2023-25	1-Sep-24	HB 4002, HB 5204	Addiction Crisis Response	19,356,000	0	0	0	1,064,000	0	\$ 20,420,000	0	0.00	Complete



Oregon Health Authority (OHA) 2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	n/a	2023-25	6-Jun-24	HB 4010	Budget Bill - Omnibus							\$ -	0	0.00	Complete
OHA	n/a	2023-25	1-Jan-25	HB 4045	OSH Employee Benefits	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-02	2023-25	1-Mar-24	POP 435	Benefits Management System Replacement	0	0	6,600,000	0	0	0	\$ 6,600,000	3	2.25	Complete
OHA	n/a	2023-25	6-Jun-24	HB 4081	EMS Modernization	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Mar-24	SB 1503	Suicide Prevention	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Mar-24	HB 4092	Community Mental Health Program	1,372,000	0	301,000	0	0	0	\$ 1,673,000	3	1.00	Complete
OHA	030-01 / 030-02	2023-25	1-Mar-24	HB 4113, SB 1508	Pharmacy Costs	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Jan-26	HB 4129	In-Home Service Provders	927,000	0	0	0	1,003,000	0	\$ 1,930,000	6	0.30	Complete
OHA	030-01 / 030-02	2023-25	1-Mar-24	HB 4149	Pharmacy Benefit Manager Registration	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01 / 030-02	2023-25	1-Mar-24	HB 4012	Clinician Administered Drugs	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-01	2023-25	1-Mar-24	HB 4151	SOCAC - Youth BH Health	196,000	0	0	0	0	0	\$ 196,000	0	0.00	Complete
OHA	030-01	2023-25	1-Mar-24	SB 1529, SB 1530	Climate change	36,000,000	0	0	0	0	0	\$ 36,000,000	0	0.00	Complete
OHA	030-01	2023-25	1-Mar-24	SB 1557	HCBS	315,000	0	0	0	0	0	\$ 315,000	1	0.50	Complete
OHA	030-05	2023-25	1-Mar-24	SB 1561	Environmental Restoration Fund & Council	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	010-40	2023-25	1-Mar-24	SB 1578	HCI	280,000	0	0	0	280,000		\$ 560,000	2	1.00	Complete
OHA	010-40	2023-25	1-Mar-24	POP 401	Eliminating Health Inequities	1,374,000	0	103,000	0	193,000	0	\$ 1,670,000	6	5.01	Complete
OHA	010-45 / 010-50	2023-25	1-Mar-24	POP 203	Mainframe Migration/provider & Client payment system	1,986,000	0	4,229,000	0	1,088,000	0	\$ 7,303,000	21	14.50	Complete
OHA	030-02	2023-25	1-Mar-24	POP 438	ACA Employer Reporting	0	0	665,000	0	0	0	\$ 665,000	0	0.00	Complete
OHA	n/a	2023-25	1-Mar-24	HB 3320	Health Care Assistance	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-05	2023-25	1-Mar-24	POP 417	Environmental Justice Mapping	192,000	0	1,927,000	0	0	0	\$ 2,119,000	1	0.75	Complete
OHA	030-05	2023-25	1-Mar-24	POP 422	Regional Response Hospitals for Disaster Response	0	0	187,000	0	0	0	\$ 187,000	1	0.75	Complete
OHA	030-08	2023-25	31-Dec-23	HB 2235	Behavioral Health Workforce Study	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-08	2023-25	1-Apr-24	HB 5030	Community Grants for Acute Psychiatric Facilities	0	50,000,000	0	0	0	0	\$ 50,000,000	0	0.00	Complete
OHA	030-08	2023-25	31-Jul-23	SB 5525	Substance Use Disorder Facilities	15,000,000	0	0	0	0	0	\$ 15,000,000	0	0.00	Complete
OHA	030-08	2023-25	4-Apr-24	SB 1530	SUD Housing & Services Grants	18,000,000	0	0	0	0	0	\$ 18,000,000	0	0.00	Complete
OHA	030-08	2025-27	1-Jan-26	HB 2005	Civil Commitment and Aid & Assist	5,400,000	0	0	0	0	0	\$ 5,400,000	0	0.00	Executive Branch Planning Underway
OHA	n/a	2025-27	1-Jan-26	HB 2013	Outpatient Alcohol and Drug Treatment Insurance Coverage	0	0	0	0	0	0	\$ -	0	0.00	Complete
OHA	030-07 / 030-08	2025-27	15-Sep-26	HB 2015	Residential Treatment Services Study	1,300,000	0	0	0	1,000,000	0	\$ 2,300,000	7	5.25	Public-Facing Implementation Underway
OHA	N/A	2025-27	1-Oct-25	SB 834	Oregon State Hospital Technical Fixes	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-08	2025-27	1-Nov-25	HB 5025	Behavioral Health Permanent Supportive Housing	5,200,000	0	0	0	0	0	\$ 5,200,000	0	0.00	Public-Facing Implementation Underway
OHA	030-08	2025-27	1-Nov-25	HB 5025	Flexible Housing Fund for Discharging Patients	3,000,000	0	0	0	0	0	\$ 3,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-08	2025-27	1-Jan-26	HB 5025	Community Behavioral Health Treatment Investments for Youth	7,000,000	0	0	0	0	0	\$ 7,000,000	0	0.00	Executive Branch Planning Underway



Oregon Health Authority (OHA)															
2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	030-08	2025-27	1-Jul-25	HB 5025	Aid & Assist County Funding	10,000,000	0	0	0	0	0	\$ 10,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025	Adult Mental Health Residential Rate Increase	9,600,000	0	0	0	14,400,000	0	\$ 24,000,000	0	0.00	Complete
OHA	030-08	2025-27	1-Jul-25	HB 5025	Deflection / Diversion Funding	13,200,000	0	0	0	13,200,000	0	\$ 26,400,000	0	0.00	Public-Facing Implementation Underway
OHA	030-08	2025-27	24-Jul-25	HB 5025, POP 551	Save Lives Oregon Harm Reduction Clearinghouse	10,000,000	0	0	0	0	0	\$ 10,000,000	0	0.00	Executive Branch Planning Underway
OHA	030-07	2025-27	1-Oct-25	HB 5025, POP 556	CCBHC Expansion	14,100,000	0	0	0	33,700,000	0	\$ 47,800,000	2	1.50	Public-Facing Implementation Underway
OHA	030-07	2025-27	1-Jan-26	HB 2010, HB 5025, POP 421	Hospital Tax Renewal	(1,386,200,000)	0	2,062,300,000	0	1,719,900,000	0	\$ 2,396,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-07	2025-27	1-Jan-26	HB 2010, HB 5025, POP 422	Insurers' Tax Renewal	(144,700,000)	0	193,300,000	0	98,400,000	0	\$ 147,000,000	0	0.00	Public-Facing Implementation Underway
OHA	N/A	2025-27	1-Jan-26	HB 3942	Expedited Licenses for Health Care Facilities	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025, POP 417	Healthier Oregon: Reinvesting OHP Bridge Savings	(42,900,000)	0	0	0	42,900,000	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025	Basic Health Plan - Bridge Medicaid for Tribal Members	10,900,000	0	0	0	3,600,000	0	\$ 14,500,000	0	0.00	Public-Facing Implementation Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025	Graduate Medical Education Program	4,000,000	0	0	0	5,000,000	0	\$ 9,000,000	0	0.00	Public-Facing Implementation Underway
OHA	N/A	2025-27	1-Nov-25	HB 2741	Improving Care for Newborns and Their Families	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025	Enhanced Hospital Maternity Rates	25,000,000	0	0	0	64,300,000	0	\$ 89,300,000	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	24-Jul-25	HB 5025, POP 415	Domestic Well Safety - LUBGWMA	2,225,000	0	0	0	0	0	\$ 2,225,000	3	3.00	Complete
OHA	030-05	2025-27	31-Oct-25	HB 5025	School and Community-Based Primary Prevention	7,000,000	0	0	0	0	0	\$ 7,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-05	2025-27	24-Jul-25	HB 5025	Seeding Justice - Reproductive Health Grant	2,500,000	0	0	0	0	0	\$ 2,500,000	0	0.00	Public-Facing Implementation Underway
OHA	030-05	2025-27	24-Jul-25	HB 5025	Reproductive Health - Provider Response	10,000,000	0	0	0	0	0	\$ 10,000,000	0	0.00	Complete
OHA	N/A	2025-27	1-Dec-25	SB 841	Sharing Health Data with Tribes	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-06	2025-27	1-Jan-26	HB 5025, POP 414	Native Services Program at Oregon State Hospital	200,000	0	0	0	0	0	\$ 200,000	6	2.93	Public-Facing Implementation Underway
OHA	010-45 / 010-50	2025-27	1-Feb-26	HB 5025, POP 201	Mainframe Modernization	700,000	0	6,000,000	0	200,000	0	\$ 6,900,000	0	0.00	Executive Branch Planning Underway
OHA	030-06	2025-27	24-Jul-25	HB 5025, POP 409	EHR and Information Technology (AVATAR)	3,100,000	0	0	0	0	0	\$ 3,100,000	0	0.00	Public-Facing Implementation Underway
OHA	030-07	2025-27	24-Jul-25	HB 5025, POP 418	Child Behavioral Health, Home and Community Based Services	400,000	0	0	0	500,000	0	\$ 900,000	3	2.25	Public-Facing Implementation Underway
OHA	030-06 / 010-50	2025-27	7-Aug-25	HB 5006, POP 419	OSH Facility Conservation and Development	1,700,000	0	4,870,000	0	0	0	\$ 6,570,000	0	0.00	Public-Facing Implementation Underway

Oregon Health Authority (OHA) 2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	010-50 / 030-02 / 010-45	2025-27	24-Jul-25	HB 5025, POP 424	State-Based Marketplace Eligibility Phase II	0	0	25,000,000	0	0	0	\$ 25,000,000	9	6.75	Public-Facing Implementation Underway
OHA	030-02	2025-27	24-Jul-25	HB 5025, POP 423	PEBB OEGB Program Integrity & Development	0	0	5,300,000	0	0	0	\$ 5,300,000	0	0.00	Executive Branch Planning Underway
OHA	030-08 / 030-07	2025-27	4-Aug-25	HB 5025, HB 2059, POP 552	BH Residential+ Study and Residential Behavioral Health	75,000,000	0	100,000	0	700,000	0	\$ 75,800,000	6	6.00	Executive Branch Planning Underway
OHA	030-08 / 030-07	2025-27	1-Jul-25	HB 2024, POP 550	Behavioral Health Provider Grants	6,000,000	0	0	0	1,100,000	0	\$ 7,100,000	2	1.50	Executive Branch Planning Underway
OHA	030-08	2025-27	24-Jul-25	HB 5025, POP 557	Alcohol and Drug Policy Commission Sustainability	800,000	0	0	0	100,000	0	\$ 900,000	3	2.25	N/A - ADPC
OHA	030-08	2025-27	24-Jul-25	HB 5025, POP 559	Strengthening the SOCAC	600,000	0	0	0	0	0	\$ 600,000	3	2.25	N/A - SOCAC
OHA	030-07	2025-27	24-Jul-25	HB 5025	Maximize DSH3 Program	49,300,000	0	0	0	53,200,000	0	\$ 102,500,000	0	0.00	Executive Branch Planning Underway
OHA	030-07 / 030-05/ 010-40 / 010-50 / 030-02	2025-27	1-Jan-26	SB 692	Community Based Perinatal Services Access Fund	3,800,000	0	1,200,000	0	2,200,000	0	\$ 7,200,000	9	6.50	Public-Facing Implementation Underway
OHA	030-07 / 030-08 / 030-02	2025-27	1-Jan-26	SB 296	Long Term Care Services & Supports	1,900,000	0	0	0	2,500,000	0	\$ 4,400,000	3	1.88	Executive Branch Planning Underway
OHA	030-08	2025-27	1-Jan-26	HB 3321	Substance Use Youth Prevention	900,000	0	0	0	0	0	\$ 900,000	0	0.00	N/A - ADPC
OHA	030-08	2025-27	1-Aug-25	HB 5025	CIVIL Staff Buy Back	1,500,000	0	0	0	1,800,000	0	\$ 3,300,000	7	7.00	Executive Branch Planning Underway
OHA	030-08	2025-27	1-Jan-26	SB 739	Residential Treatment Facilities Inspections	300,000	0	0	0	300,000	0	\$ 600,000	3	2.25	Executive Branch Planning Underway
OHA	030-07	2025-27	1-Sep-25	HB 5006	Essential Workforce Health Care Program	17,000,000	0	0	0	25,500,000	0	\$ 42,500,000	0	0.00	Public-Facing Implementation Underway
OHA	030-08 / 030-06	2025-27	1-Jan-26	HB 2005	BH Community Navigators	2,900,000	0	0	0	0	0	\$ 2,900,000	1	1.00	Executive Branch Planning Underway
OHA	030-06	2025-27	24-Jul-25	HB 5025	Adult Mental Health Technicians / Posting Factor	17,400,000	0	0	0	0	0	\$ 17,400,000	13	136.00	Public-Facing Implementation Underway
OHA	030-06	2025-27	24-Jul-25	HB 5025	Carry-forward of CMS response package from Fall 2024 rebalance	21,800,000	0	0	0	0	0	\$ 21,800,000	76	76.00	Complete
OHA	030-06	2025-27	24-Jul-25	HB 5025	Enhanced Security Contracts	5,800,000	0	0	0	0	0	\$ 5,800,000	0	0.00	Public-Facing Implementation Underway
OHA	030-06	2025-27	24-Jul-25	HB 5025	Patients Vitals Monitoring	3,000,000	0	0	0	0	0	\$ 3,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-06	2025-27	24-Jul-25	HB 5025	Reclassification of LPN positions to RN positions	500,000	0	0	0	0	0	\$ 500,000	0	0.00	Complete
OHA	030-06	2025-27	24-Jul-25	HB 5025	Forensic Evaluator Contracts	700,000	0	0	0	0	0	\$ 700,000	0	0.00	Complete
OHA	030-06	2025-27	1-Oct-25	SB 842	Hospital License Fees	100,000	0	0	0	0	0	\$ 100,000	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-26	SB 537	Monitoring & Enforcement of Hospital Safety Requirements	400,000	0	0	0	0	0	\$ 400,000	2	1.50	Public-Facing Implementation Underway

<b>Oregon Health Authority (OHA)</b> 2025-27 Biennium															
Appropriation detail by biennium of programs that have been established or expanded since 2021-23															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Agency	SCR	Program Establishment / Expansion			Program Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Implementation Status
		Biennium	Effective Date	Authorization											
OHA	030-05	2025-27	1-Jan-26	HB 3506	Healthy Homes Repair	3,000,000	0	3,000,000	0	0	0	\$ 6,000,000	0	0.00	Public-Facing Implementation Underway
OHA	030-05 / 010-45 / 010-50	2025-27	1-Jan-26	SB 163	Vital Records System	600,000	0	1,600,000	0	0	0	\$ 2,200,000	5	4.09	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-26	SB 1161	Organ Transport Vehicles	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-26	SB 1154	Groundwater Quality Concern Areas	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-27	HB 3525	Drinking Water Notifications	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	26-Sep-25	HB 3294	Healthcare Staffing	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-26	HB 3211	Non-Opioid Directives	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-05	2025-27	1-Jan-26	HB 2685	Cytomegalovirus Screening	0	0	0	0	0	0	\$ -	0	0.00	Public-Facing Implementation Underway
OHA	030-05	2025-27	1-Jan-26	HB 2387	Psilocybin Services	0	0	0	0	0	0	\$ -	0	0.00	Public-Facing Implementation Underway
OHA	030-08 / 030-05	2025-27	25-Sep-25	HB 3761	Provisional Art Therapist Licenses	0	0	0	0	0	0	\$ -	0	0.00	Executive Branch Planning Underway
OHA	030-03 / 030-04	2025-27	1-Jan-27	SB 598	PEBB & OEGB non-opioid RX alternatives	0	0	800,000	0	0	0	\$ 800,000	0	0.00	Complete
OHA	030-03 / 030-04	2025-27	1-Jan-26	HB 3064	PEBB & OEGB expanded coverage for menopause	0	0	1,400,000	0	0	0	\$ 1,400,000	0	0.00	Complete
OHA	030-03 / 030-04	2025-27	1-Jan-26	HB 2292	PEBB & OEGB expanded coverage for HIV drugs	0	0	1,500,000	0	0	0	\$ 1,500,000	0	0.00	Complete
				TOTAL											

### **Limitations**

OHA does not have a Program Totals Table which tracks investments and programs at this level of detail.  
The funding provided via statute as noted in this exercise does not align directly with OHA budget structure.

### **Assumptions**

Funding is the amount appropriated at session. Total current investments not available at the program level.  
Investments from prior biennia have been marked as complete as that funding is assumed to have been spent.  
Funding is expanded amount, does not include CSL (base budget).  
Amounts listed include expansion or new programs (not differentiated).  
Implementation dates for past biennia investments were assumed based on session investment was appropriated: 7/1/2021  
Funding may be one-time or ongoing.  
Capital improvements, inflation, caseload and other technical budget build adjustments are not included.  
The funding levels provided here are not intended to be additive to provide an overall sum of investments or expansions.  
Unfunded mandates are cited as they may still necessitate program investment (staff time and resources).

### **Implementation Status Definitions**

**Executive Branch Planning Underway:** Staff have initiated planning internally, and may have consulted with DAS and the GO  
**Public-Facing Implementation Underway:** Staff have undertaken public-facing activities related to implementation of the re  
**Complete:** All requirements set forth in statute have been completed and/or the appropriated amount has been expended.

If the requirements entail ongoing operations, OHA has structures in place to sustain the requirements.