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HOUSE INTERIM COMMITTEE ON BEHAVIORAL HEALTH  
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TO: House Interim Committee on Behavioral Health  
FROM: Brian Nieuburt, LPRO Analyst  
DATE: January 14, 2026  
RE: Summary of 2026 Committee Legislative Concepts

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**LC 181 (12/15/25):** Modifies the definition of “transition aged youth residential treatment home” to clarify application to young adults beginning at age 17 rather than 17.5.

**LC 229 (1/5/26):** Requires a behavioral health employer, as defined by measure, to develop and implement a written safety plan that includes specified elements. Effective July 1, 2027.

**LC 202 (1/8/26):**

- Emergency Psychiatric Care (**Section 1**): Clarifies that a community mental health program (CMHP) is not responsible for the cost of emergency psychiatric services when state funds have been exhausted.
- Mental Health Parity (**Section 2**): Requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to ensure that access to mental health and substance use disorder (SUD) treatment and services is no more burdensome than access to medical or surgical treatment or services. Clarifies information required to be in annual CCO mental health compliance report filed with OHA.
- External Quality Review of CCOs (**Section 3**): Prohibits OHA or external quality review organization from making a negative finding or imposing a penalty on a CCO based on use of documents or templates created by OHA.
- CCO Contracts (**Section 4**): Clarifies required CCO contractual provisions regarding availability of services.
- Clarifying Behavioral Health Service Delivery Roles, Responsibilities, and Terminology (**Sections 5 – 29**): Clarifies responsibility of State to financially assist in the delivery of behavioral health services and the roles of OHA, CMHPs, and federally recognized Indian tribes in providing behavioral health services. Updates terminology.