

HB 2203 -1, -2 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates: 3/18

WHAT THE MEASURE DOES:

The measure directs the Oregon Health Authority (OHA) to study the safety of behavioral health workers and to submit a report to the interim committees of the Legislative Assembly related to health by September 15, 2026. Sunsets on January 2, 2027.

Fiscal impact: May have fiscal impact, but no statement yet issued

Revenue impact: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Replaces the measure.

Detailed Summary.

- **Defines settings and terms**
 - Defines "behavioral health employer" as a:
 - Residential treatment facility (RTF), residential treatment home (RTH), secure residential treatment facility (SRTF), secure residential treatment home (SRTH), adult foster home (AFH), long term care facility (LTCF), ambulatory surgical center, birthing center, outpatient renal dialysis facility, extended stay center, sobering facility, detoxification center, halfway house, mobile crisis team, or emergency shelter.
 - Defines "built environment" as a facility, vehicle, and other physical location where work is performed.
 - Defines "lone worker" as an individual working without a colleague nearby or without close/direct supervision.
- **Behavioral Health Employers**
 - *Written Safety Plan*
 - Requires a behavioral health employer to develop and implement a written safety plan. Requires the safety plan to be provided to new employees upon hire and be easily accessible to all staff.
 - Specifies what a behavioral health employer must consider when developing the safety plan, including any near-miss incidents and a risk assessment of the built environment.
 - Specifies that the safety plan must include:
 - A policy for lone workers. Specifies what must be included in the lone worker policy.
 - A policy related to the built environment. Specifies what must be included in the built environment policy.
 - Information about required safety trainings, the timeframe in which trainings must be completed for new hires, and the frequency with which trainings must be renewed.
 - *Safety Trainings*
 - Requires behavioral health employers to provide employees with comprehensive safety training, specifies what must be covered in the safety training.
 - Requires new hires to receive safety training prior to performing employment duties.
 - Directs Oregon OSHA, OHA, and the Oregon Department of Human Services (ODHS) to develop guidance for behavioral health employers in meeting training requirements and to publish a list of approved third-party organizations that offer training curriculum. Directs Oregon OSHA, OHA, and

- ODHS to maintain a list of agency and department staff who can provide required safety trainings to behavioral health employers.
 - Requires behavioral health employers to maintain training records.
 - Requires trainings to be made available to workers by January 1, 2026.
- *Near-Miss Incident Log*
 - Defines "near-miss incident" and "near-miss incident log."
 - Directs behavioral health employers to maintain a near-miss incident log and specifies information that must be included.
- *Self-Defense*
 - Defines "self-defense."
 - Restricts behavioral health employers from imposing sanctions on employees who use physical force in self-defense against an assault in certain situations.
- *Reinstatement*
 - Requires a behavioral health employer to reinstate an employee in certain situations.
- **The Oregon Health Authority (OHA)**
 - Directs OHA to develop through rule a program for administering noncompetitive grants to support behavioral health employers in implementing required changes to the built environment identified during the risk assessment. Directs OHA to adopt rules regarding the grant application and award processes, as well as purposes for which grant funds may be used.
 - Directs OHA to adopt rules to allow a behavioral health provider to consider the full history of a prospective resident when determining whether to deny admission.
 - Directs OHA to expedite exceptional service rate requests submitted by behavioral health providers.
 - Directs OHA to require coordinated care organizations (CCOs) to reimburse behavioral health providers of outpatient services based on client acuity.
 - Directs OHA to require CCOs to reimburse mobile crisis teams using prospective payments that allow for a minimum staffing level of two workers and account for the treatment of uninsured clients.
 - Directs OHA to retain an actuary to model the cost of implementing safety planning and structural security requirements.
 - *OHA Studies*
 - Directs OHA to study opportunities to increase federal funding for increased staffing and structural security requirements for behavioral health employers that serve medical assistance recipients, and reimbursement options for situations where a minimum of two workers must be present. Requires OHA to submit a report to the interim committees of the Legislative Assembly related to behavioral health and worker safety by December 1, 2025.
 - Directs OHA to study whether a behavioral health provider may issue notice to a resident when the resident's belongings have created a safety hazard for workers and to develop rules (as permitted by law) to issue notice. Requires OHA to submit a report to the interim committees of the Legislative Assembly related to behavioral health and worker safety by August 31, 2026.
- **Oregon Occupational Safety and Health (Oregon OSHA)**
 - Directs Oregon OSHA to collaborate with OHA to provide resources to support behavioral health employers in developing written safety plans, including conducting a risk assessment of the built environment.
 - Directs Oregon OSHA to establish a compliance process that includes a process for enforcing violations.
 - Directs Oregon OSHA to collaborate with the Department of Consumer and Business Services (DCBS) to develop minimum standards for behavioral health employer near-miss incident logs. Specifies what must be included in minimum standards. Requires a template log to be made available to behavioral health employers by January 1, 2026.
- **The Department of Consumer and Business Services (DCBS)**

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- Directs DCBS to study options to require carriers to reimburse for mobile crisis services as covered services not subject to coinsurance, copayments, deductibles, or other out-of-pocket costs. Requires DCBS to submit a report to the interim committees of the Legislative Assembly related to behavioral health and worker safety by December 1, 2025.
- **OHA, Oregon OSHA, and DCBS**
 - Directs OHA, Oregon OSHA, and DCBS to:
 - Review rules regarding client and worker safety. Specifies areas for issuing additional guidance.
 - Identify ways to increase coordination across the Agency/Departments when investigating incidents of violence and enforcing client and worker safety laws. Directs the Agency/Departments to solicit stakeholder feedback.
 - Develop a process for behavioral health employers to seek guidance about potentially conflicting rules regarding client and worker safety.
 - Develop guidance around compliance for behavioral health employers.
 - Report findings to the interim committees of the Legislative Assembly related to behavioral health and worker safety by August 31, 2026.
- Declares an emergency, effective upon passage.

-2 **Replaces the measure.** Specifies that certain behavioral health facilities may place reasonable limitations on a resident's access to and possession of alcohol, marijuana, and weapons, including firearms and knives. Specifies that facilities included are residential treatment facilities, residential treatment homes, secure residential treatment facilities, and secure residential treatment homes.

BACKGROUND:

The [Joint Task Force on Improving the Safety of Behavioral Health Workers](#) (Task Force) was established by the Oregon Legislative Assembly in House Bill 4002 (2024) to address concerns in the behavioral health industry about workers' exposure to violence. The Task Force was directed to develop recommendations addressing employer requirements for safety plans and worker training, physical and structural security, as well as safe staffing levels. The Task Force's [final recommendations](#) addressed four areas: written safety plans and protocols; worker rights, reporting options, and trainings; support for employer changes and compliance; and staffing requirements and related payments.

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