

HB 4070 B STAFF MEASURE SUMMARY

Carrier: Sen. Anderson

Senate Committee On Early Childhood and Behavioral Health

Action Date: 02/26/26

Action: Do pass with amendments to the A-Eng bill. (Printed B-Eng.)

Vote: 5-0-0-0

Yeas: 5 - Anderson, Gelser Blouin, Linthicum, Patterson, Reynolds

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

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Meeting Dates: 2/24, 2/26

WHAT THE MEASURE DOES:

The measure takes specified actions to help reduce the administrative burden of behavioral health providers and modernizes terminology related to mental health, substance use disorder, and intellectual or developmental disabilities. It takes effect on the 91st day following adjournment sine die.

Detailed Summary:

- Requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to ensure that access to mental health and substance use disorder treatment and services is no more burdensome than access to medical or surgical services, and requires OHA to prescribe form and manner for how CCOs can demonstrate compliance
- Prohibits OHA or a contracted external quality review organization from penalizing a CCO based on the CCO's use of templates created by OHA
- Modernizes terminology related to mental health, substance use disorder, and intellectual or developmental disabilities, including adding definitions for "alcohol use disorder" and "substance use disorder"
- Specifies that crisis stabilization centers must have the capacity to screen individuals' physical health needs
- Specifies the duty of a Tribal community mental health program (CMHP) to have a mental health advisory committee, and clarifies OHA's obligations to assist a federally recognized Tribe in establishing a CMHP
- Removes the requirement that CMHPs collaborate with behavioral health resource networks on programs and activities to help individuals with substance use disorder
- Repeals statutory provisions regarding drug and alcohol dependence as illnesses, substance use disorder prevention grants, and CMHP program evaluation
- Modifies provisions regarding the eligibility requirements for reimbursement by insurers or the state medical assistance program for providers of telehealth behavioral health services, effective January 1, 2027

ISSUES DISCUSSED:

- Licensed versus qualified behavioral health providers
- Telehealth behavioral health service provision
- Certificate of Approval (COA) application requirements
- COA renewal timelines
- Quality and availability of virtual intensive behavioral health care

EFFECT OF AMENDMENT:

The amendment modifies provisions relating to telehealth behavioral health services and adds an effective date to the measure.

BACKGROUND:

The Community Mental Health Act of 1963 ushered in a movement away from institutionalizing individuals with mental illness in state-run hospitals by establishing a system of community-based care. The Oregon legislature has

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echoed this preference for community-based care, finding, “[t]o the greatest extent possible, mental health and developmental disabilities services shall be delivered in the community where the person lives in order to achieve maximum coordination of services and minimum disruption in the life of the person” (see [ORS 430.610\(3\)](#)). The state should further “encourage, aid, and financially assist” county governments to develop programs that treat mental illness, developmental disabilities, and substance use disorder (see [ORS 430.610\(4\)](#)). In implementing this preference for community-based mental health programs, the legislature has also required local mental health authorities to develop “a comprehensive local plan for the delivery of mental health services for children, families, adults and older adults that describes the methods by which the local mental health authority shall provide those services” (see [ORS 430.630\(9\)\(b\)](#)). The local plan is required to identify how the local mental health authority will coordinate and provide specified services (see [ORS 430.630\(9\)\(c\)](#)).

[House Bill 4092](#) (2024) directed OHA to conduct a study with the Oregon Council for Behavioral Health to evaluate existing statutes, administrative rules, and contracts related to local behavioral health programs; identify contradictions and/or redundancies in the statutes; and make recommendations to support reducing the administrative burden on local behavioral health programs. A report on preliminary findings was submitted to the legislature in December 2024; it included the recommendation that terms related to funding-dependent treatment services should be streamlined and applied consistently throughout ORS Chapters 414 and 430.