



# House Bill 2235 Workgroup Charter

## HB 2235 Workgroup Oregon Health Authority

HB 2235 Workgroup  
Workgroup Charter – Approved [MONTH DAY, YEAR]

### Overview

**Objective:** The House Bill (HB) 2235 Workgroup is chartered to study the major barriers to workforce recruitment and retention in the publicly financed behavioral health system in this state and produce recommendations for improvement.

**Problem statement:**

Oregon remains near the very bottom in the United States for access to behavioral health services. One contributing factor to that rating is the high turnover of certified and licensed professionals in the state's community behavioral health services system. Low pay, administrative burden, high volume, and high acuity needs of clients are major factors in providers leaving the field. Many providers who leave community-based behavioral health practices go into private practice where the providers serve clients with lower acuity needs, clients with commercial insurance, and receive higher pay and can better control their caseloads.

**Purpose:** The HB 2235 Workgroup will bring together representatives from the behavioral health workforce to address the major barriers of behavioral health workforce recruitment and retention as outlined in HB 2235. These members will represent various specific roles within the behavioral health care workforce, represent providers of culturally specific services; additionally, the workgroup will represent the geographic, racial, ethnic, and gender diversity of Oregon. Ultimately, the HB 2235 Workgroup will provide initial formal recommendations to OHA which are to be reported to Oregon legislators.

**Please Note:** This is a DRAFT. The Final HB 2235 Workgroup Charter will be completed in collaboration with the Workgroup members.

**Authority:** The HB 2235 Workgroup is established by the State of Oregon and as directed in House Bill 2235. The HB 2235 Workgroup will be supported by OHA. This charter defines the objectives, responsibilities, and scope of activities of the HB 2235 Workgroup. The HB 2235 Workgroup will provide advice and make recommendations through a consensus-based process and will capture minority voices to inform this work. This group is not tasked with implementation, creating technical solutions, or identifying funding streams. However, the workgroup will be asked to consider the resources needed to implement the recommendations.

### OHA Panel

**Executive Sponsor:**

- Jon Collins

**HB 2235 Steering Committee:**

- Nirmala Dhar
- Sahand Kianfar
- Evelyn Salinas
- Caryn Stockwell
- Craig Mosbaek
- Neelam Gupta
- Sara Grusing
- Marc Overbeck
- Beau Rappaport
- Bret Golden

**Key Staff:**

- Jen Eisele (lead)
- Tim Nesbitt (facilitator)
- Vitalis Ogbeama (facilitator)

**Supporting Staff:**

- Kelli Taylor
- Daniel Page

**Membership:** According to HB 2235, membership must include:

- One nonmanagement peer mentor who is in active practice.
- One nonmanagement clinical social worker who is in active practice.
- One nonmanagement certified alcohol and drug counselor who is in active practice.
- One nonmanagement qualified mental health associate who is in active practice.
- One nonmanagement qualified mental health professional who is in active practice.
- Two members who carry caseloads and supervise other employees who are working to achieve hours for certification or licensure as a behavioral health provider.
- Directors or the directors' designees from:
  - Four community mental health programs; and
  - Four behavioral health providers that are not community mental health programs.
- One representative of an association of behavioral health provider employees.

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- One representative of an association of behavioral health provider organizations.
- At least one representative or designee of a mental health consumer organization.
- At least one representative or designee of a substance use disorder consumer organization; and
- Two representatives of coordinated care organizations.

The membership of the work group convened must include representatives of at least four providers of culturally specific services and, to the extent practicable, represent the geographic, racial, ethnic and gender diversity of this state.

Members will be selected based on their availability and willingness to attend HB 2235 Workgroup sessions, lived experience and subject matter expertise, and in a manner to ensure diversity of perspective and representation of the state. Members representing intersecting identities and Oregon's priority populations will be given a preference.

Language access and accessibility is a priority for the state and as such, interpretation, and access to materials in plain language and alternative formats will be provided as needed. Community and medical assistance program members will be offered compensation for their time.

### Scope

The HB 2235 Workgroup scope is to study the major barriers of recruitment and retention of the behavioral health workforce. The workgroup will provide advice and recommendations to support Oregon in reducing the major barriers to workforce recruitment and retention in Oregon's publicly financed behavioral health system.

This workgroup will develop recommendations to:

- Improve the recruitment and workforce development of the behavioral health workforce.
- Improve the retention of the behavioral health workforce.
- Reduce administrative burdens on the behavioral health workforce.
- Increase the reimbursement paid to behavioral health providers and increase the pay for the behavioral health workforce.
- Reduce the workload of the behavioral health workforce, including caseload guidelines or ratios and consider national and local studies of existing program staffing.
- Reduce burnout within the behavioral health workforce.
- Diversify the behavioral health workforce by reducing barriers and increasing opportunities.

While making these recommendations the workgroup will consider:

- The historical and systemic barriers for recruiting and retaining providers who are members of communities of color, LGBTQIA2S+ communities, and rural communities.

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- How intersections of identity, privileges (real and perceived), trauma, disease, disabilities, age, and oppression that behavioral health workers can have impact effective recruitment and retention on publicly financed care settings.
- The number and types of workers needed to meet the community's demand for quality behavioral health treatment and services starting with community mental health care settings.
- The impact of the recommendations on:
  - Consumers' equitable access to behavioral health services that are culturally responsive, culturally specific, and linguistically specific
  - Providers' administrative burdens.
  - The delivery of team-based care.
  - The ability to transition to value-based payment methodologies; and
- The resources needed to implement the recommendations.
- Existing legislation or rules, workplace settings (i.e., telehealth vs. in-person care), work environment, caseload requirements, and other factors that may be negatively impacting the publicly financed behavioral health system.
- The financial burden of education and training on the provider vs. provider reimbursement rates and salaries within the publicly financed behavioral health system.
- The viability for increasing the presence of behavioral health care workers within primary care or other integrated healthcare settings.

The workgroup will provide initial recommendations to OHA by December 6, 2024, and will provide final recommendations to OHA by November 7, 2025.

As mentioned above, due to the short timelines and limited resources, state staff will be responsible for developing draft recommendations, strategies and/or plans for the HB 2235 Workgroup to review and comment on. Workgroup members may also sponsor and present topics/presentations when coordinated with OHA and when placed on the meeting agenda. These initial drafts will be based on prior community input received through various state-sponsored community engagement activities to leverage existing community input. Advice and recommendations from the HB 2235 Workgroup will then be used to make recommendations to support Oregon in reducing the major barriers to workforce recruitment and retention in Oregon's publicly financed behavioral health system.

### Topic Roadmap

The "Topic Roadmap" is the strategic organization and scheduling of core subjects based on HB 2235 and the scope section above. The purpose is to provide a course with which the workgroup will efficiently arrive to the recommendations that HB 2235 mandates. The roadmap is flexible in that it can be altered to address mandatory subjects more strategically. Changes to the road map will be made through the voting process established by this charter.

### Meetings

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The HB 2235 Workgroup is anticipated to launch in January 2024 and extend through December of 2025. The HB 2235 Workgroup will meet for one-hundred twenty minutes (with one 10-minute break) twice a month from January 2024 to June 2025 and then monthly from July 2025 – November 2025.

The scheduling of meetings will occur consistently each month on the 1<sup>st</sup> Wednesday of the month and the 3<sup>rd</sup> Wednesday of the month from 1:00PM to 3:00PM. The decision to change the meeting times initially set by the group and OHA can be changed using the process detailed in the “Decision Making Process” section of this Charter. **RSVP to meetings is required.**

**December 2023** – Appoint Members, launch and onboard workgroup, finalize charter.

January 2024 – Convene HB2235 Workgroup

**February 2024 to October 2024** – Review existing behavioral health workforce data, view presentations, hear public comment, discourse on needs/gaps, and prepare draft initial recommendations.

**November 2024** – Complete initial recommendations

**December 2024** – OHA to draft initial recommendations report.

**January 2025** – OHA will complete initial report and report will be presented to Oregon legislators no later than January 15, 2025.

**February 2025 to September 2025** – Continue to review behavioral health workforce data, hear public comment, view presentations, discourse on workforce needs/ gaps, and prepare draft final recommendations.

**October 2025** – Complete final recommendations

**November 2025** – OHA to draft final recommendations report.

**December 2025** – OHA will complete final recommendations report and report will be presented to Oregon legislators no later than December 15, 2025. Final meeting to be held to collect feedback and express appreciations.

**Topic Discussion Cadence:**

The meeting facilitators will work in tandem to keep topic discussion equitable, focused and on time. The presenter will lead the meeting until each topic's discussion phase. At the start of the discussion phase workgroup members, ~~or members of the public for public comment,~~ will raise their hand utilizing Zoom's reaction feature. The co-facilitator will be responsible for keeping track of the order in which members raise their hand and calling on them to speak. If discussion is time limited, the co-facilitator will also keep track to ensure all who wish to speak may have a chance within the established topic time by calling on members who have raised their hand (and prioritizing those who have not yet had a chance to speak). If there is not enough time, then members will be asked to place their comments or questions in the chat to be reviewed later within the current meeting or the next meeting.

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In recognizing that members from dominant cultures and places of power have greater access to information and historically dominate conversation spaces in past state mandated workgroup, counsel, and committee meetings: OHA will prioritize and create space for feedback from providers of culturally and linguistically specific services, members with lived experience, and non-management workgroup members.

Additionally, there may be circumstances in which OHA will bypass raised hands and ask directly for responses from members based on the perspective of their workgroup role (e.g., directly asking those with non-management roles to provide feedback on the topic of workload reduction).

**Workgroup Member, Participant, Staff, and Attendee safety:**

Explicit aggressive communication meant to cause a person or group of people harm will not be tolerated and any Workgroup participant or attendee (including OHA staff) who engages in any such aggression will be promptly removed from the public meeting.

Microaggressions (whether intended or not) will not be tolerated. If any participant or attendee engages in such a communication, then OHA will briefly pause the meeting to generally identify the microaggression and indicate that the communication will not be used at that point forward. If a participant or attendee continues to use the communication or a similar microaggression despite a demand for correction, then the participant or attendee will be removed from the public meeting. If a microaggression has occurred and OHA has failed to intervene, then members and other participants may contact any HB 2235 OHA "Key Staff" (see page 1 of this Charter) individually or contact the HB 2235 inbox to report the microaggression so that OHA may address the communication during the next meeting.

**Zoom Participation Etiquette:**

Workgroup Members and members of the public should ensure they are muted when not speaking. Those wishing to speak will use zoom's "raise hand" feature and wait to be called upon to speak. Those speaking shall speak respectfully and keep responses as brief as possible to ensure all who wish to speak may have opportunity to do so. Members and attendees should not interrupt anyone when speaking; If you wish to provide feedback or response you should do so in the chat. All comments and discussions should be respectful.

**Quorum:**

A quorum is the minimum number of members that must participate for the workgroup to be representative enough of membership to make decisions. A public workgroup cannot meet without meeting a quorum. Generally, a quorum is considered met when a "majority" (over half) of the members are present. **For this workgroup to reach quorum there will need to be 11 workgroup members.**

**Public Comment:**

Public comment will be accepted verbally (spoken word) during workgroup meetings for a duration of 10 minutes total. Each commenter will be allotted 2 minutes maximum for their comment. The public comment section will typically be scheduled

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at the beginning of workgroup meetings following the member roll call. Individuals seeking to participate with verbal public comment will be asked to announce with the Zoom hand feature that they have comment. The facilitator will work to go in order of when hands were raised; however, priority will be given to individuals who have a comment of opposition to or a comment of new information relevant to the workgroup's business. If there are more comments than time allows for, then individuals will be invited to return to the next meeting for verbal comment or to provide comment in written (email) form.

Public comment will also be accepted via email through the HB 2235 general inbox [hb2235.workgroup@oha.oregon.gov](mailto:hb2235.workgroup@oha.oregon.gov)

**Proposals:**

Proposals are essential for Workgroup members and OHA to share ideas, concerns, or to bring up topics in general. Proposals and proposal materials (if applicable) are to be prepared in advance of meetings. Proposer(s) are responsible for leading the conversation regarding the proposal. Proposals may also be suggested for the next meeting during an occurring meeting. OHA will provide a template for proposals.

Proposals and materials are to be submitted 7 days before a scheduled Workgroup meeting to be placed on the agenda for OHA and members to have ample time to prepare for the upcoming meeting. For example, if the meeting is scheduled on a Tuesday, then proposals would be due by 11:59PM the previous Tuesday. Please email proposals and materials to [hb2235.workgroup@oha.oregon.gov](mailto:hb2235.workgroup@oha.oregon.gov).

**Check-ins:**

The workgroup may participate in scheduled "check-ins" during regular meetings to identify progress of recommendations or take inventory of barriers to completing work.

**Absence:**

If a member cannot attend a meeting, they can provide input via email or by talking with an OHA staff person. Members can send proxies to participate in meetings on their behalf to assist in maintaining quorum. Members should consider an individual's expertise and intentions when selecting a proxy. **Proxies cannot participate in decision making/voting.**

**Decision-Making Process**

The HB 2235 Workgroup agrees to make any decisions through a majority-based decision-making process whenever possible. Topics requiring decisions will be presented and discussed. Decisions must be made only when a quorum is present.

Decisions will be voted on by roll call where each member will vote yes/for, no/against, or abstain.

**Members**

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The following individuals will serve as HB 2235 Workgroup members:

Belindy Bonser

- Committee Role – Non-management Peer Mentor
- Organization Affiliation – Columbia Care
- Location – Medford

Clark Hazel

- Committee Role – Non-management Clinical Social Worker
- Organization Affiliation – Health Allies Counseling
- Location – Portland

Michael Spencer

- Committee Role – Non-management Certified Alcohol and Drug Counselor
- Organization Affiliation – Volunteers of America of Oregon
- Location – Portland

Sarah Conyers

- Committee Role – Non-management Qualified Mental Health Associate
- Organization Affiliation – Clatsop Behavioral Healthcare
- Location – Clatsop County

Deanna Cor

- Committee Role – Non-management Qualified Mental Health Professional
- Organization Affiliation – Portland State University
- Location – Portland

Diane Bocking

- Committee Role – Clinical Supervisor
- Organization Affiliation – OYEN Emotional Wellness Center
- Location – Woodburn

Tony Lai

- Committee Role – Clinical Supervisor
- Organization Affiliation – Yamhill County Family and Youth Programs
- Location – McMinnville

Shyra Merila

- Committee Role – Community Mental Health Program Director
- Organization Affiliation – Clatsop Behavioral Healthcare
- Location – Clatsop County

Jenn Inman

- Committee Role – Community Mental Health Program Director
- Organization Affiliation – Jackson County Health and Human Services
- Location – Jackson County

[Shari Selander](#)

- [Committee Role – Community Mental Health Program Director](#)
- [Organization Affiliation –](#)
- [Location –](#)

David Geels

- Committee Role – Community Mental Health Program Director
- Organization Affiliation – Coos Health and Wellness
- Location – Coos County

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- Kelli Bosak
  - Committee Role – Non-CMHP Director
  - Organization Affiliation – North Bend Medical Center
  - Location – North Bend
- Lorie DeCarvalho
  - Committee Role – Non-CMHP Director
  - Organization Affiliation – Aviva Health
  - Location – Roseburg
- Melinda Del Rio
  - Committee Role – Non-CMHP Director
  - Organization Affiliation – Mind Solutions LLC
  - Location – Portland
- Lucia Mendoza-Meraz
  - Committee Role – Non-CMHP Director
  - Organization Affiliation – Fortaleza Atravez Barreras
  - Location – Salem
- Anthony Cordaro, Jr.
  - Committee Role – Representative: Association of Behavioral Health Employees
  - Organization Affiliation – Oregon Council for Child and Adolescent Psychiatry
  - Location – Clackamas
- Diane Benavides Wille
  - Committee Role – Representative: Association of Behavioral Health Provider Organizations
  - Organization Affiliation – Tri-County Behavioral Health Providers Association
  - Location – Beaverton
- Chris Bouneff
  - Committee Role – Representative: Mental Health Consumer Organization
  - Organization Affiliation – NAMI Oregon
  - Location – Portland
- Jose Luis Garcia
  - Committee Role – Representative: Substance Use Disorder Consumer Organization
  - Organization Affiliation - Juntos
  - Location – Portland
- Cheryl Cohen
  - Committee Role – Representative: Coordinated Care Organization
  - Organization Affiliation – PacificSource Health Plans
  - Location – Central Oregon, Columbia Gorge, Lane County, Marion & Polk counties
- Qurynn Hale
  - Committee Role – Representative: Coordinated Care Organization
  - Organization Affiliation – CareOregon
  - Location – Portland

**The National Governors Association’s Next Generation of the Healthcare Workforce Policy Academy**

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OHA has been selected to participate in this academy from February to October 2024 to design, implement and strengthen Oregon’s strategy on recruiting and retaining the next generation of the healthcare workforce. OHA applied for this academy to receive technical assistance and strategic planning support for the HB 2235 workgroup. As part of the academy, OHA was asked to create a Policy Academy Team comprised of a representative from the Governor’s Office, OHA staff and community leaders and community-based providers. OHA reserved two of the six Policy Academy Team spots for HB 2235 workgroup members. Two workgroup members will be nominated and voted on by the workgroup to participate in the academy.

The two Workgroup members selected to participate in the Policy Academy are:

- Melinda Del Rio
- Shyra Merilla

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### Guiding Principles

The following principles and definitions will guide the work of the HB 2235 Workgroup

- Oregon’s strategic goal to end health inequities by 2030.
- Oregon’s health equity definition: Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.
- Using existing community input as a starting point – the community has already told us much and we should use that information.
- Centering those most impacted – seeing lived experience and community wisdom as valid and valued sources of data

### Group Commitments

Each member of the HB 2235 Workgroup agrees to the following commitments:

1. Prioritize attending HB 2235 Workgroup meetings.
2. Review meeting materials ahead of time and come prepared to participate.
3. Take the time we need to make sure everyone has the information they need to participate and understand the material.
- 3.4. Maintain a high awareness of biases (i.e. ethnocultural and intersectional identities), language, and references used in order to eliminate

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aggressions and/or microaggressions against all Workgroup participants and attendees.

- ~~4-5.~~ Continually support and remain focused on the OHA core values of health equity, service excellence, integrity, leadership, partnership, innovation, and transparency. In this, we will best be able to achieve the outcomes of this group.
- ~~5-6.~~ Maintain professional workplace behavior. It is the policy of Oregon state government that mutual respect between all individuals is integral to the efficient conduct of business. Such behaviors include:
- a. Building positive relationships with others.
  - b. Communicating in a respectful manner.
  - c. Holding oneself accountable.
  - d. Maintaining a space which is free from discrimination, harassment, or erosion of employee morale.
- ~~6-7.~~ Encourage diversity of opinion on all topics. Each member commits to the diversity of person and opinion, even when they may clash with one another. Every person's opinion matters. Hence, each suggestion is taken seriously and noted to be referred to later.
- ~~7-8.~~ Keep other team members informed. Communication is vital to the success of the work. Communication leads to building up of trust between committee members and partners. No one should work in silos.
- ~~8-9.~~ Be clear and concise. This will save time as well as promote better understanding among team members.
- ~~9-10.~~ Keep acronyms and unnecessary jargon to a minimum.
- ~~10-11.~~ Practice active listening skills. These include respectful questioning, paraphrasing, as well as summarizing to bring out ideas.
- ~~11-12.~~ Refrain from any private or professional activity that would create a conflict between personal interests and the interests of the State of Oregon.
- ~~12-13.~~ Maintain commitment to this work. Be accountable and responsible for the team and to the team. Alert members of absences and illnesses with as much notice as possible.
- ~~13-14.~~ Be honest as well as open. Honesty is vital in the assurance of committee success.
- ~~14-15.~~ Keep side conversations in the chat to a minimum – remember all meeting materials and discussion are a part of public record.

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### Workgroup Member Agreements

The following agreements were developed by the HB 2235 Workgroup Members. These are treated as living and breathing agreements and as such can be revisited or changed as the workgroup agrees.

- Remember that these are treated as living and breathing so revisiting them, editing them is part of the process!
- Open mindedness, thinking outside the box
  - Be mindful when we are following dominant procedures and get creative. Tap into our collective experiences to come up with new solutions. Honor others' experiences.
- Offer reminders regarding engagement
- Engaging non-judgmentally, with respect, inclusively, and with validation brings trust.
- Learn (in process) to trust that when we talk about this group outside of group, we hold non-judgment, respect, inclusiveness, validation in mind
  - Differentiate me from what I say in this setting. Bring in ideas knowing we won't be judged for them.
- Work to make conversations accessible; give context and don't assume
- Acknowledge rupture; Focus on repair:
  - Give time; ask if someone's ready to repair
  - Know the rupture has occurred; all take responsibility to raise awareness around the rupture
  - Call in versus call out
- We need to show up with humility and a place of vulnerability that we are all perfectly imperfect
- Trauma-informed engagement
  - Be mindful of our impact when tension arises
  - If we need to be made aware of a rupture we facilitated, please check in to see if we're ready for the work. A commitment to returning to the conversation.
    - Be aware of power dynamics
- We don't have to convince others to agree with us
- Depersonalize ourselves from our seats so we can be constructively critical
  - Share historical context
- Assume best intentions
- Honor everyone's lived experiences and expertise

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- Being mindful and informing folx when we can't be present (e.g. to meetings and in meetings)
- Titanium rule: treat others how they interpret respect
  - Utilize curiosity, empathy, understanding, compassion
- Bring needs and concerns to OHA, Shyra, Melinda
  - Need more process and connectedness?
- Flexibility to pivot given the group's needs

#### Application in a Zoom Format:

- Ideas:
  - Start meetings with a brief check in?
  - Open communication as often as possible (i.e. informing when going off camera, missing a meeting)
  - Utilizing the chat often, especially if speaking out verbally isn't your jam
  - Keeping video on or informing group members when this isn't possible
    - Continue engaging via chat or unmuting
    - Helps to see others' faces
  - Acknowledging others' contributions
    - Nose tap
    - Sign language for agreement or celebrating
  - Group members take ownership of the group process- not just the OHA leaders
  - Use of polls
    - Interact with one another

**Commented [DP1]:** Do we even need this considering our above zoom etiquette section?

#### Background

For more information on the work of this committee, see [Oregon House Bill 2235](#)