



Agenda/Notes

Office of Governor Tina Kotek

RJC Health Equity and Human Services Committee

February 18, 2026 – Zoom

3:00 – 4:30 pm

Moderator – Javier Cervantes

MEMBERS

	Annie Valtierra-Sanchez		Jackie Leung		Matt Newell-Ching
X	Bahaa Wanly	X	Jeremiah Rigsby	X	Melinda Del Rio
X	Coi Vu	X	Josie Silverman-Mendez		Tae-Sun Kim
	Dolores Martinez	X	Leslie Gregory		
X	Elizur Bello	X	Marin Arreola		

OTHER ATTENDEES

	Andre Bealer	X	Yasmin Solorio	X	Javier Cervantes
X	Kristina Narayan		April Rohman	X	Rachel Currans-Henry
X	Mariya Klimenko, ODHS	X	Max Sprague, OHA	X	Jessica Ventura, OIRA
X	Roberto Gutierrez, ODHS	X	Jessica Deas, OHA	X	Kirsten Ray

Topic/Lead	Notes/Main Points	Decisions/Action Items
Bills in Session/advocacy update—45 Total <ul style="list-style-type: none"> • Immigration related bills (Kirsten Ray)-15 min • Agency budget bills (DHS/OHA reps)-20 min <ul style="list-style-type: none"> ▪ Budget Ask ▪ Budget forecast update (if any) ▪ Budget Calendar Preview • Update Behavioral Health- 5 min • CCO rate setting bill- 5 min 	<p style="text-align: center;"><i>Meeting starts at 3:07pm.</i></p> <p>Kirsten: EO 2604. Jessica will start with context setting and why. I'll talk about the EO itself and how.</p> <p>Jessica Ventura: I am the Executive Director of the Office of Immigrant and Refugee Advancement (OIRA). Our office is to serve as a bridge between immigrant and refugee communities and state government. More than 400K immigrants live in Oregon. I started in July 2024. Have met with over 40 community partners. We've been hearing from families they want clarity, consistent information. Frontline providers want clear guidance; clinics want clarification on what can and can't be shared. They are basically supporting the crisis response while delivering those core services.</p> <p>Partners asked for one voice, so our response comes from one system and isn't contradicting. We want to reduce confusion and harm. The Executive Order (EO) establishes Interagency Council on Immigration Coordination. Want to identify gaps and that state agencies respond consistently within Oregon Law. Community engagement is the foundation of this work, to see where systems feel the strain, where confusion lies, and where coordination is needed moving forward.</p>	

We want to align action across agencies, so families experience stability.

Kirsten: Jessica gave an interview on Think Out Loud earlier today in case you want to tune in. EO is called *“ENSURING STATE COORDINATION FOR IMMIGRANT AND REFUGEE COMMUNITIES TO PROMOTE DIGNITY AND SAFETY”*. It’s to ensure state agencies remained aligned in response to increased federal immigration activity. It is in line with Oregon Sanctuary Promise law.

There are 10 agencies that have the most touch points with immigrant and refugee communities. EO establishes this council, led by Jessica. It doesn’t create new policy or adjust individual cases, it provides structures for agencies to share information and align communication.

First council meeting was on Feb 11th. Governor Kotek joined to launch the work. Existing focus is to document existing enforcement activity, identify pathways that exist across agency alignment. First six weeks council will formalize existing structure. First 3 months is to implement coordinated work plan.

Success looks like agencies are aligned in guidance, frontlines staff have clear understanding, and communities have access to stable multilingual information. No end date to EO, but within one year is to have greater predictability and alignment across state government, reinforcing public confidence and public trust with the state.

Marin: Is your office working with each agency as far as information to be presented to communities? For example, OHA you focus on health response – is that part of your agency to work on what’s going on?

Jessica Ventura: That is one of our core roles, coordinate with all state agencies and assist with communications. With this EO and the Governor’s leadership, we can bring agency directors into one space to ensure we are talking to each other in real time. The focus of these meetings is to align communication so when people we have a coordinated effort.

Josie: Where do you see opportunities for alignment with ongoing collaboration with RJC in the future?

Jessica Ventura: We see RJC as a key partner. We will

work with the Governor's Office to coordinate with RJC.

Javier: Can you provide a little clarity, I've heard it's just state inter-agency partners. Is that correct?

Jessica Ventura: Correct, its state agency focused. But it will partner with Association of Oregon Counties to ensure we hear from local government entities.

Kirsten: Council will finalize charter in next few weeks, a website on the Governor's website will be made available. A charter will also be made available there.
<https://www.oregon.gov/gov/eo/eo-26-04.pdf>

Marin: They created a fund in Salem for families impacted by immigration issues which is great. 30 cities signed the letter supporting the immigrant community.

Jessica Ventura: Everyone has a part to play. The Governor and her leadership are in the executive. Counties have a role to play with community partners, along with judicial and legislative process. Community and local partners were the first to respond to immigration response efforts.

Immigration bills

Kirsten: HB4114 protect your door made it through

Agency budget bills (DHS/OHA reps)-20 min

Rachel: We shared materials and letters re HR1. Want to make sure we hear from agency a well. Roberto and Mariya have been presenting on budget ask. We know you asked for more info and just a status update on where we are, how are things looking. Roberto will give leadership discussion, and Mariya details on SNAP provisions.

Roberto: I work on the Government Relations team for Oregon Department of Human Services (ODHS). SNAP is one of the programs we administer across state of Oregon. Biggest changes are impacts implied with HR1 relating to rule changes. There are more express changes and eligibility around non citizenship requirements. Today it's a 50/50 split but will alter on October 1st.

In December we submitted our formal ask to the legislature. We presented on HR1 in January to the legislature. Right now current staffing is funded at 50%, we need more eligibility case workers with SNAP.

Our team administers for TANF, employment related daycare, and also SNAP. Significant ask for our team with HR1 changes.

Mariya Klimenko: Will speak to our engagement, and boarder situation in Oregon. SNAP is not only one of the most effective antihunger programs, its also an extremely helpful nonpoverty tool. There may be concerns on the payment error rate, part of that is because we max various state options to ensure the most amount of access for people participating on SNAP. Which is why we have 1 out of 6 people participating in this program. That includes using up to 200% of the federal poverty line, we have a significant percentage of working families, given budget asks.

Shifting about 75/25 to the state vs 50/50. Staffing and technology is important to ensure we can drive down our error rates. With HR1 implementation, work has essentially quadrupled to ensure someone is qualified. For the most part, our legislative engagement has been going well. Haven't seen a lot of pushback on the staffing piece.

Josie: Is there funding embedded in the \$350M OHA/ODHS ask for CBO's helping people navigate SNAP and OHP changes on the ground?

Mariya: No specific COB funding in the budget. Its specific to agency but our internal agency is working closely with partners like work requirements and other needed changes. Up to 70% error rate right now is client caused; people don't always understand when to report certain changes. Theres's work being done right now with partners to have tools and language to help CBOs and parters communicate those changes. As of now, no specific funding directly to CBOs.

Rachel: We do have two teams and two asks. Kristina and Max can speak to dollars in the budget that are on OHA side of the house. DHS is focused on eligibility workers, but maybe colleagues can answer on OHA side.

Max: I know we have asked for specific funding and are evaluating scenarios, not sure of current status of it. Don't want to freelance numbers but its something we have requested and heard from parters and others on administrative burden being put on folks. Glad to follow up with specific on numbers.

Max to provide numbers on any funding specified directly for CBO's re: HR1 implementation

Kristina: There are two buckets, like phone trees, printing stuff. Then the stuff we have to do in terms of people applying and conforming with changes. Then, the work we want to do on requirements and obligations.

Marin: CBOs have a lot of connections and engagement with communities. From a business prospective, the state can connect with CBO's and it may cost less over time. During covid they proved themselves and were cost efficient. Highly recommend looking at CBOs as part of this work.

Max: Absolutely. We know from past experience, when it comes to speaking on impact on the ground in Oregon CBOs are a huge help. We're looking at a few different scenarios, we have absolutely factored in that with our ask. Ya'll know communities better than everybody.

Josie: Having more specifics around scenarios and what your asking for can help us as advocates voice that with the legislature. Hoping we can get that information earmarked for CBOs and we can help advocate that too.

OHA Presentation

Jessica screenshares "2026.2.18 OHA HR1 RJC" slides

Jessica Deas: We have a different agenda item planned.

Josie: Update on your budget bill is what we are looking for.

Max: Us getting into that granularity is important and we'll know after short session. Know the agenda is packed.

Kirsten: Apologies, we can provide this in writing.

Jessica Deas: Lack your specificity, this is more intro and doesn't specify low, medium or high.

Kristina: Defer to cochairs on spending time.
<https://olis.oregonlegislature.gov/liz/202511/Downloads/CommitteeMeetingDocument/311115>

OHA Presentation is truncated from meeting.

Budget Calendar Preview (Javier)

Javier: We've been working with the Office of Cultural Change and budget analysts, working with members of RJC. Right now, we have two more meetings to develop a revised process in how we will engage with agencies and community engagement. Right now, will share some dates:

- March budget instructions published
 - Budget instructions published March 17
 - Kick off meeting with agencies March 17
- May-July REIS presentations
- September: Agency request budget due
- September – November: REIS review and advising
- January Governor's Budget

Marin: Our hope is that people will have a better tool to develop budgets with an equity standpoint.

Josie: Can you share those dates?

Javier: Yes, mind you those dates may be adjusted.

Update Behavioral Health

April's written in update: The Governor's HB 4083, Cutting Red Tape for Behavioral Health Workers, was amended on the House side to address concerns raised by stakeholders. The primary change was the removal of the provision that would have moved the Board of Licensed Social Workers under the administrative umbrella of the Mental Health Regulatory Agency, which the Board of Licensed Social Workers had expressed significant discomfort with.

Document "HB 4083 Cutting Red Tape for Behavioral Health Workers.pdf" is shared.

CCO Rate Setting

Kristina: HB4039. Amended pretty significantly, still needs to go through Senate. Not sure it necessarily addresses data and core issues between CCO experience and data the state saw. We are supportive of current version of rate setting bill.

Opportunities for our committee to provide feedback/advocate-15 min (Advisors)

Josie: Anything you want to highlight for this committee regarding advocacy?

Kristina: Taking a step back, we are halfway through legislative session. Largest item, the budget, isn't yet clear. Not unusual but would appreciate major

decisions need to come together in last 3.5 weeks of session. Budget advocacy is important, when agencies put forward with HR1 request, any further reductions to that (mailers in communication or staffing realm) we can only do as good of a job as we are prepared and funded for. Budget is main area of advocacy as RJC thinks about where and how to show up in session. Believe Governor's priority bills have strong support.

Marin: Where do you see some of the cuts happening or potential cuts that are iffy or not strong?

Kristina: It's a moving target and is unclear at this point.

Leslie: Was interested to hear Governor Newsom is looking at unique fundraising opportunities. For ex taxing billionaires 5% to cover healthcare. There are people who really benefited from Oregon resources. Would wonder about that? There are a lot of people with a lot of resources. Is anyone talking about that?

Kristina: There is a bill by Rep. Walters to mirror some of the studies Washington has in terms of looking at employers who receive tax breaks and also have a good chunk of their employees on OHP. That is a study bill, meant to pull the list. Advocates of that bill are looking at it as a transparency bill. Just want to call out that conversation.

Leslie: Would be interested in pursuing that further if there is any info anyone wants to share with me.

Josie: Wondering if Marin and I can draft a letter and if this agency is interested in reviewing?

Javier: Would draft as fast as possible. We want to have something within a page, no longer, if you move forward.

Present committee members approve Marin and Josie drafting letter.

Co-chairs to draft advocacy letter

Updates where we are same topics from December possible reductions—15 min

- Medicaid Table High-Level Review
- SNAP Update
- 5% Reduction

Kristina: In order to have a more intentional approach, the Governor has set up an advisory group set to come up with recommendations to help address immediate funding gap. Been surprising to see how little utilization offers for low value care. In April we will have convos on hospitals and care visits. Where is there potential on incentive alignment based on past performance. Governor is getting a point in time briefing in March.

<p>Impacts</p>	<p>Rachel: SNAP update - You heard from Mariya early on the budget ask. Tomorrow morning on early childhood house side, DHS will present info on benefit fraud and benefits being stolen. Will highlight modernization to ensure that doesn't happen. The budget is our priority so we can maintain services for people.</p> <p>We're continuing to navigate data sharing requests with federal government. Want to acknowledge we're still navigating an inquiry that is a high-profile request. Getting clear on what the data elements everyone agrees are appropriate to share vs additional elements that are not so much. We hear you in terms of making sure if any of that data needs to be shared, how do we work on engagement and sharing that so everyone knows. Just wanted to share that since that came up in the last meeting.</p> <p>Another thing that came up in our roundtable overall, we prioritized funding for SNAP to keep it going. Food and hunger advocates are fighting for food programs as well (example- meals for schools).</p> <p>Marin: When Roberto talked about the ask for DHS, is that the money DHS needs because of HR1 impacts on additional work being created to implement?</p> <p>Rachel: It's a combination.</p> <p>Leslie: In the way that healthcare and food are tied together, is there some way we can use HIPPA to say we can't release information about SNAP?</p> <p>Rachel: Appreciate you sharing that. You're raising great points and that is why the state is fighting back. Advocacy is important right now.</p>	
<p>Remember to update contact information—5 min</p>	<p><i>Javier provides reminder to members to update contact information via google form:</i> https://docs.google.com/forms/d/e/1FAIpQLSeMA5o4VfTIhVmOE5gGN4-y7BjnR_8WisLijwmv5ofkRMaFwQ/viewform?usp=preview</p> <p>Javier: Members who have terms concluding will get an email, requesting a response to either extend or conclude their service. Please be sure to reply.</p> <p><i>Meeting ends at 4:26pm</i></p>	

Meeting Materials



2026.2.18 OHA HR1
RJC.pdf



HB 4083 Cutting
Red Tape for Behavi

Zoom Chat

14:58:03 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

HEHS Committee Agenda

o Bills in Session/advocacy update—45 Total

Immigration related bills (Kirsten Ray)-15 min

Agency budget bills (DHS/OHA reps)-20 min

•Budget Ask

• Budget forecast update (if any)

• Budget Calendar Preview

Update Behavioral Health- 5 min

CCO rate setting bill-5 min

o Opportunities for our committee to provide feedback/advocate-15 min (Advisors)

o Updates where we are same topics from December possible reductions—15 min

Medicaid Table High-Level Review

SNAP Update

5% Reduction Impacts

o Remember to update contact information—5 min

15:06:24 From Rachel Currans-Henry, she/she, Governor Kotek to Hosts and panelists:

brb

15:07:16 From Javier Cervantes, Gov. Office (El, He, Him, His) to Hosts and panelists:

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Medicaid Table High-Level Review

SNAP Update

5% Reduction Impacts

o Remember to update contact information—5 min

15:12:40 From Rachel Currans-Henry, she/she, Governor Kotek to Hosts and panelists:

Welcome to Roberto and Mariya from ODHS who are here for the ODHS budget presentation which is next on the agenda. Thanks. Rachel

15:18:51 From Kirsten Ray, Office of Governor Tina Kotek to Hosts and panelists:

<https://www.oregon.gov/gov/ceo/ceo-26-04.pdf>

15:26:55 From Jessica Ventura | Oregon OIRA to Hosts and panelists:

thank you all!

15:27:06 From Roberto Gutierrez (ODHS) to Hosts and panelists:

thank you, Jessica!

15:29:19 From Mariya Klimenko (she/her) ODHS to Hosts and panelists:

750K

15:33:44 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:

Question: Is there funding embedded in the \$350mil OHA/ODHS ask for CBOs helping people navigate SNAP & OHP changes on the ground? If yes, how much, and how will it be administered?

15:40:07 From Mariya Klimenko (she/her) ODHS to Hosts and panelists:

I should have clarified that I am speaking only to the ODHS portion

15:44:16 From Roberto Gutierrez (ODHS) to Hosts and panelists:

Thank you, everyone!

15:44:54 From Mariya Klimenko (she/her) ODHS to Hosts and panelists:

Thank you

15:45:05 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:

Thanks Mariya & Roberto

15:48:53 From Jessica Deas (she/her) to Hosts and panelists:

I can share the more introductory materials we've prepped electronically in lieu of the presentation while we work to get you the information you need.

15:49:25 From Josie Silverman-Mendez (she/her), Willamette Health Council to Hosts and panelists:

Thanks Jessica

15:49:52 From kristina narayan* OR Gov to Hosts and panelists:

Here is the HR 1 request: <https://olis.oregonlegislature.gov/liz/202511/Downloads/CommitteeMeetingDocument/311115>

There is at least \$1.75m for community engagement work. Community engagement funding will support an established network of community partners to understand and meet the new Medicaid requirements. The funding will support the increased demand for navigation, outreach, education, and application assistance—especially for underserved populations and those with barriers to care. Drawing on lessons learned during the public health emergency, community-based organizations are uniquely positioned to build trust and provide culturally and linguistically appropriate support. Community engagement grant funding will support person-centered engagement in over sixty languages in regions across the state, typically provided by community health workers.

15:55:52 From kristina narayan* OR Gov to Hosts and panelists:

I am prepared to give a rate setting update

16:04:21 From Elizur Bello to Hosts and panelists:

Big tech companies who are polluting Umatilla waters would also be great to tax

16:05:37 From Elizur Bello to Hosts and panelists:

Too bad they do not have shame, seemingly

16:08:49 From Elizur Bello to Hosts and panelists:

Thank you!

16:13:44 From Elizur Bello to Hosts and panelists:

Thank you all for another good meeting. I need to hop off, but look forward to the next one. Take care everyone!



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February 18, 2026

House Resolution 1 Implementation: Partner Engagement and Communications Planning Update

Racial Justice Council

Jessica Deas – Oregon Health Plan Community Engagement Director
Max Sprague – OHA Communications Director

What is House Resolution 1 (HR1)?

A federal bill passed by Congress and signed into law by the president.

HR1 **reduces funding** for Medicaid and **requires changes**, including:

- Stricter rules for eligibility and more frequent renewals
- Work or other activity requirements for some Oregon Health Plan (OHP) members
- Changes to eligibility for Marketplace financial assistance

Eligibility rules for Oregon Health Plan have not changed yet

Oregon Health Authority's goals



Keep people covered



Reduce inequities and harm to the people we serve



Adhere to federal rules

More frequent renewals

Most Oregon Health Plan (OHP) members renew every two years.

Starting in 2027 at the earliest:

- Some adult OHP members will need to renew every six months.
- All other OHP members will need to renew every year.
- OHP benefits can end sooner if people report changes that mean they no longer qualify.

Work or activity rules



Starting in January 2027



People ages 19-64 in
“adult expansion group”
and some YSHCN



Renewal will generally
happen every six months

**When some adults apply or renew,
they will need to show:**

- An exemption, or
- Qualifying activity (one or in combination)
 - Work
 - Volunteer activities
 - Education or training

Medical frailty and clinical exemptions



Final guidance from Centers for Medicare & Medicaid Services is expected by June 2026.



This includes where states will have flexibility in defining medically frail and where the federal government will establish the expectations.

Non-citizen eligibility changes



Starting October 2026



Affects people with asylee or refugee status



Affects survivors of domestic violence and human trafficking



Affects permanent residents / green card holders of less than 5 years

- These Oregon Health Plan (OHP) members will automatically move from federally funded OHP to Healthier Oregon.
- Healthier Oregon is a mostly state-funded OHP program.

Communications and engagement approach



- Focus on simple and direct messages for members with clear calls to action.
- Make information available in accessible formats, in plain language and in multiple languages.



- Engage partners who are directly impacted, providing training and spaces for dialogue and questions.
- Engage medical providers during implementation and provide clear, tailored messages.
- Begin engaging non-traditional partners who provide essential supportive services in communities.



- Whenever possible, incorporate input from members, community partners, providers and others.

Communications Phases

A phased approach to communications provides clear messages and calls to action throughout implementation.

Phase	Timeframe	Key Message
Phase 1	Dec. 2025 – Feb. 2026	Eligibility rules have not changed; work and other requirements won't be introduced until 2027.
Phase 2	Feb. 2026 – April 2026	Changes are coming in 2027. OHA is looking for community feedback and working with partners.
Phase 3	May 2026 – Aug. 2026	Here are the changes & when (when work/hours are needed) + here's how OHP members will receive additional information.
Phase 4	Sept. 2026 – Nov. 2026	Here's how to stay covered.
Phase 5	Dec. 2026 – Feb. 2027	Here is how to stay covered + where to find additional information or find help.

Member Communications

- Informational member outreach required to begin six months prior to implementation of activity rules, also called work requirements.
- Informational notices will be sent in October to members who may be affected by activity rules.
- ONE system module, member notices, website expansion, and plain language outreach materials are currently being developed.
- Key messages: Members should keep contact information up to date, respond to renewal letters when they get one, and can learn more at OHP.Oregon.gov/HR1.

Partner engagement

- Four-part training series for OHP-certified assisters
 - Starting April 2026, English and Spanish
 - Multiple formats: Live, recorded videos, and on-demand learning platform
- ODHS | OHA Forward Together Oregon partner webinars
 - Updates and discussion on HR1 and other federal changes
- Oregon Health Update office hours
 - HR1, OHP, SNAP and ONE system updates, with question time

Responding to feedback

Questions about communications and engagement

- Sharing how to stay informed and get involved.
- Incorporating feedback into communications, outreach and engagement planning.

Eligibility-related concerns

- Using feedback to inform website content, informational materials like factsheets, and webinars.
- Providing clear messages on who is impacted, what they need to do, and when.

Questions about activity requirements

- Highlighting timelines, when changes will become effective, and when additional information will be available.
- Engaging impacted partners as well as partners who want to build supportive community networks.

How to stay informed

Web page: Oregon Health Plan Changes Coming Soon

[OHP.Oregon.gov/HR1](https://www.oregon.gov/HR1)

Newsletter: Oregon Health News

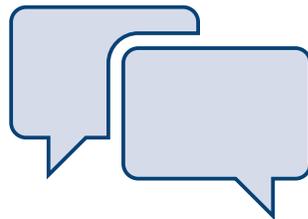
www.oregon.gov/oha/erd/pages/oregon-health-news.aspx

Social Media

- Instagram: [@oregonhealthauthority](https://www.instagram.com/oregonhealthauthority)
- Facebook (English): [facebook.com/OregonHealthAuthority](https://www.facebook.com/OregonHealthAuthority)
- Facebook (Spanish): <https://www.facebook.com/OHAespanol/>
- LinkedIn: [linkedin.com/company/oregon-health-authority](https://www.linkedin.com/company/oregon-health-authority)

Working together to support people in Oregon

1. How can we best connect with you?
2. What information do you need from us?
3. How can we help you share info with your friends, neighbors, and community?
4. What types of tools or support would be most helpful?





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Questions/Discussion



HB 4083: Cutting Red Tape for Behavioral Health Workers

Background

Oregon faces a behavioral health workforce crisis. The HECC surveyed 14 behavioral health profession types and found that 9 have alarmingly high turnover risk - more than two-thirds of workers intend to quit.¹ When professionals leave, Oregonians in crisis go without care.

Last May, Governor Kotek established the Behavioral Health Talent Council to address this crisis. The council is chaired by First Lady Aimee Kotek Wilson, a former social worker. Working with frontline providers, licensing authorities, and experts across the state, the Council developed a comprehensive set of recommendations for improving training and education pathways into the workforce, streamlining licensing and credentialing, and strengthening recruitment and retention for providers.

House Bill 4083 implements three critical legislative actions the Council identified:

Streamline Credentialing for Behavioral Health Workers

Currently, workers are required to be validated through the Oregon Health Authority (OHA) to bill Medicaid and then credentialed and reported on separately through different entities including each payer that their provider bills for their services. This causes unnecessary delays that keep qualified professionals from serving patients who are waiting for care and requires providers to pay workers who are not yet able to provide care.

HB 4083 will require OHA to adopt a centralized credentialing process for behavioral health workers, allowing qualified workers to begin providing care sooner and reducing administrative burden on providers.

Reduce Administrative Burden to Give Workers More Time to Care for Patients

Behavioral health workers report that increasing administrative requirements – including duplicative reporting – take time away from patient care and contribute to burnout.

HB 4083 directs OHA to minimize unnecessary administrative burden as part of their mission, and report to the Legislature and Governor every two years on steps they have taken to reduce administrative burdens on providers.

¹ [Oregon Behavioral Health Talent Assessment](#)

Implement Cross-License Supervision to Expand Access to Clinical Supervision

Prospective master's level licensees need supervised hours to attain their license, but a lack of qualified clinical supervisors has created a bottleneck. Current rules for some behavioral health licensees allow for supervision by "any qualified mental health professional," while others are more restrictive.

HB 4083 directs the licensing boards to draft and implement rules allowing for any prospective master's level qualified mental health licensee to receive supervision from any qualified mental health licensed professional, regardless of whether they and their supervisor possess the same type of license. This will reduce barriers for qualified workers obtaining their license.

For more information, contact:

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