

## 2025 End-of-Session Legislative Report

The 2025 Oregon legislative session was held in the shadow of considerable uncertainty about how the federal government would – or would not – fund and oversee health care and public health in our country. Despite this, legislators managed to establish greater certainty around many of Oregon's health care priorities by securing a state budget and advancing several major pieces of health care legislation. These investments and initiatives will stabilize the health care of Oregonians and further the goal of eliminating health inequities in our state.

### Key Successes

- Medicaid funding for 1.4 million people on the Oregon Health Plan (OHP) and full funding for the 100,000 Oregonians in the Healthier Oregon program.
- A major update to the civil commitment and Aid & Assist processes.
- Modernized hospital oversight to ensure hospitals provide high quality, safe care to all patients.
- Continued funding for reproductive healthcare to support Oregonian patients and providers, as well out-of-state patients seeking care in Oregon.
- Health data sharing with the Nine Federally Recognized Tribes in Oregon and Native Services at the Oregon State Hospital.

### Oregon Health Authority's Budget

Overall, the Oregon Health Authority (OHA) budget for the 2025-2027 biennium is \$41.9 billion, with about \$6 billion in state funds and the rest in other funds or federal funds, much of it as the federal match for Medicaid. This is about a 17 percent increase over the previous biennium, mostly to cover increased medical assistance caseloads and inflation.

The legislature's approval of the 2025-2027 budget delivers a significant win for Governor Kotek's health care priorities. The budget secures billions for Medicaid stability, provides over \$100 million in new behavioral health investments, and ensures continued progress across other important health and health care initiatives.

## OHA Strategic Plan

OHA is guided by a strategic plan that begins with the goal to eliminate health inequities in Oregon by 2030. To achieve this, it focuses on five pillars:

- Transforming Behavioral Health
- Strengthening Access to Affordable Care For All
- Fostering Healthy Families and Environments
- Achieving Healthy Tribal Communities
- Building OHA's Internal Capacity and Commitment to Eliminate Health Inequities

This report is divided into one section for each pillar. In each, it lists legislation and budget investments that most directly support that pillar, including those that Governor Kotek requested on behalf of OHA. Each section also includes other legislation that address the same general topic. Finally, in some sections, this report lists notable legislation that did not pass but that are likely to be discussed during the off-session and perhaps revisited in future legislative sessions.

## Health Equity

OHA remains committed to its overall strategic goal of eliminating health inequities in Oregon by 2030.

As one expression of this, OHA will play its role in implementing the new legislation and budget in a manner designed to maximally advance health equity. Also, for legislation that could have advanced health equity but did not pass, OHA will seek to continue the discussion toward potential future legislation.

# OHA Strategic Plan Goal:

## TRANSFORMING BEHAVIORAL HEALTH

In 2025, the legislature maintained and expanded its prior investments to support Governor Kotek's behavioral health goals. Through several pieces of legislation and budget investments, it continued to make progress towards a system which serves the behavioral health needs of all people in Oregon where they are and when they need it.

### Legislation

**HB 2005, Civil Commitment and Aid & Assist:** This bill revises civil commitment laws, strengthens protections for individuals with a Declaration for Mental Health Treatment, and extends prehearing treatment diversion as an alternative to civil commitment. It also clarifies timelines and procedures for determining fitness to proceed ("aid & assist") of persons with mental illness in the criminal justice system and for managing hospital or community restoration, sets limits on commitment periods, and updates placement processes after commitment. The bill improves information sharing for continuity of care, removes some administrative hearing requirements for the state hospital, promotes collaboration with Tribal courts on commitment issues, and mandates that local governments allow siting of behavioral health treatment facilities on qualifying properties without extensive land use approvals.

**HB 2013, Outpatient Alcohol and Drug Treatment Insurance Coverage:** This bill expands the definition of mental health providers that are eligible for insurance reimbursement coverage to include licensed outpatient facilities that employ certified alcohol and drug counselors. The effect is to expand insurance coverage for persons in need of mental health, drug and alcohol services, which disproportionately are populations that experience health inequities.

**HB 2015, Residential Behavioral Health Studies:** This bill directs OHA to study and adopt rules relating to behavioral health residential treatment programs including Secure Residential Treatment Facilities and Home and transition-aged youth residential treatment homes. OHA must report on its findings on alternative reimbursement methodologies for residential facilities, direct discharge, and nurse

staffing requirements. The bill has significant potential to advance health equity by improving access to care, supporting vulnerable populations, and addressing systemic barriers.

**HB 2024, Behavioral Health Workforce Incentives:** This bill establishes a grant program with about \$5 million to recruit and retain behavioral health providers in Oregon. Incentives may include scholarships, tuition assistance, loan forgiveness/repayments, and stipends for students enrolled in graduate behavioral health programs. It includes about \$1 million for the United We Heal Medicaid Payment Program that focuses on behavioral health workforce recruitment and retention strategies. It also creates new behavioral health workplace safety requirements and protections. The aim is to reduce barriers to entry for the behavioral health workforce and strategically prioritize historically underserved communities.

**HB 2059, Behavioral Health Residential Capacity – Adults:** This bill appropriates \$65 million to increase the bed capacity in adult behavioral health residential treatment facilities throughout the state. These strategic investments will create an estimated 196 new beds to improve the continuum of care for adult mental health services, substance use disorder residential treatment, and withdrawal management. It will also preserve over 100 existing beds through facility upgrades.

**SB 834, Oregon State Hospital Technical Fixes:** This bill makes several technical fixes in statutes relating to the state hospital, including: clarifying that the state hospital does not admit youth; removing a requirement that the hospital superintendent, if they are a physician, must also serve as the hospital medical director; and updating medical terminology in statute.

## Investments

**Behavioral Health Residential Capacity – Youth:** \$10.0 million to expand youth behavioral health residential treatment and support services. The funding is intended to increase the capacity of residential programs by adding new psychiatric residential treatment facilities and substance use disorder treatment beds, focusing on mandated populations as well as regional and cultural diversity.

**Behavioral Health Permanent Supportive Housing:** \$5.2 million for grants to organizations that oversee behavioral health permanent supportive housing programs.

The funding is intended to address financial challenges for programs that are at risk of facility closures, preventing individuals served from becoming homeless.

**Flexible Housing Fund for Discharging Patients:** \$3.0 million to allow Oregon State Hospital to provide housing transitional assistance to aid and assist patients when exiting the state hospital to reduce the possibility of becoming homeless.

**Culturally Specific Youth Suicide Prevention:** \$1.0 million for ongoing suicide prevention efforts especially among culturally specific communities. This investment supports tribal and culturally specific initiatives and strengthens efforts by the Black Youth Suicide Prevention Coalition.

**Community Behavioral Health Treatment Investments for Youth:** \$7.0 million to expand community-based treatment for youth with high-acuity needs and to integrate substance use disorder (SUD) treatment into the Intensive In-home Behavioral Health Treatment (IIBHT) model.

**Aid and Assist County Funding:** \$10.0 million to support community restoration (“aid & assist”) services for people with mental illness in the criminal justice system.

**Adult Mental Health Residential Rate Increase:** \$24.0 million for the Medicaid costs associated with an update to adult mental health residential rates.

**Deflection / Diversion Funding:** \$13.2 million to continue funding for deflection, as established in [HB 4002 \(2024\)](#), and diversion programs, for distribution to Community Mental Health Programs.

**Save Lives Oregon Harm Reduction Clearinghouse:** \$10.0 million to distribute harm reduction supplies to community-based organizations and expand access to medications such as naloxone, which help prevent overdoses, infections, and injuries.

**Certified Community Behavioral Health Centers:** Nearly \$48 million to expand Certified Community Behavioral Health Center capacity across the state to improve access to behavioral health services, better integrate that care with primary care, and provide a comprehensive set of services from crisis to outpatient to ensure Oregonians get access when they need it. This funds the expansion called for in [HB 4002 \(2024\)](#). OHA plans to integrate around 15 additional clinics in 2026, expanding beyond the existing 12, to ensure statewide reach.

## Other Legislation: Behavioral Health

**HB 3211, Nonopioid Directive Form:** This bill allows someone who wishes to avoid being offered, prescribed, or administered opioids to make those wishes known and to have them legally recognized by completing a nonopioid directive. This is especially important if, for medical reasons, the patient is not able to communicate this directly. It has potential to support individuals with substance use disorders who want to succeed in abstaining from using opioids.

**SB 610, Behavioral Health Resource Network Grants:** This bill transfers decision-making authority over the Behavioral Health Resource Network (BHRN) grants established by Measure 110 from the Oversight & Accountability Council (OAC) to OHA. OAC becomes an advisory committee to OHA, and gains several new members. The Measure 110 phone line is discontinued; services will transfer to other help lines.

**SB 729, Expansion of Mental Health Services for Intellectual/Developmental Disabilities:** This bill expands the prohibition to all public bodies from denying mental health services for individuals with Intellectual and Developmental Disabilities (I/DD). It also removes the previous age limitations (under 21 years). Codifying these requirements is expected to result in fewer denials for mental health services, assessments, and treatment for individuals with I/DD, ensuring they are not turned away based on disability or age.

**SB 920, OSU Extension Services Behavioral Health Project:** This bill directs Oregon State University (OSU) Extension Services to administer a behavioral health promotion project to facilitate community conversations about improving mental health and substance use disorder services throughout Oregon. It will focus specifically on Oregon's rural communities to convene community leaders, providers, and other community members to share experiences, discuss existing behavioral health services, identify gaps, and create action plans.

## Notable Legislation Not Passed

**SB 529, Direct Contracts with Community Health Workers:** This bill would have established requirements for OHA and Coordinated Care Organizations to contract directly with Traditional Health Workers, Community Health Registered Nurses, and Community Based Organizations to provide services to Medicaid members.

**SB 691, Expanding Services for Pregnant People with a Substance Use**

**Disorder:** This bill would have expanded Project Nurture so there could be additional sites that provide perinatal care and substance use disorder treatment to people who are pregnant or parents to newborns or infants. It would have also required the coverage of peer support services in all clinical settings. Additionally, it would have required the coverage of an inpatient hospital stay for stabilization from opioid use during pregnancy for as long as medically necessary and appropriate.

**SB 909, Expansion of Community-Based Services for Youth with Complex**

**Needs:** This bill would have required OHA to establish guidance to determine eligibility for medical assistance and to adopt Level of Care (LOC) criteria/needs assessment tools related to admission of individuals under 21 to psychiatric facilities. It was intended to expand access to Home and Community-Based Services (HCBS) and supports for qualifying individuals under 21 with complex needs for living in community-based settings, at home, or with their families.

# OHA Strategic Plan Goal:

## STRENGTHENING ACCESS TO AFFORDABLE CARE FOR ALL

Despite the great uncertainty at the federal level about health care coverage policies, the Oregon legislature, at the urging of Governor Kotek, was resolute in continuing funding and policies to maintain Oregon's historically high rate of health care coverage. As of 2023, 97% of people in Oregon had health insurance.

### Legislation

**HB 2010, Medicaid Funding Package:** Early in the session, the legislature passed HB 2010 to ensure that more than 1.4 million people on the Oregon Health Plan (OHP) maintained their health coverage. This bill renews the hospital assessment program, allowing the state to leverage additional federal matching funds. It also aligns the program's sunset dates with the insurer assessment program and extends each for six years, until December 31, 2032. Including the federal match that comes with it, this assessment generates about 30% of the state share of Medicaid funding in Oregon.

**HB 3942, Expedited Licenses for Health Care Facilities:** This session, legislators were interested in preventing health care facility closures. This bill establishes an expedited licensure process for health care facilities that have recently experienced a closure so they can quickly reopen. In a rapidly changing health care landscape, this has the potential to ensure that health care facilities remain open and accessible in communities with limited healthcare options.

### Investments

**Full funding for Healthier Oregon:** The legislature funded the Healthier Oregon program at current service levels for the next biennium, ensuring continued coverage for more than 100,000 people living in Oregon.

**Basic Health Plan – Bridge Medicaid for Tribal Members:** \$14.5 million for state support of OHP Bridge – Basic Medicaid providing an open card option for American



Indian and Alaska Native members that is similar to the standard OHP Bridge plan but is authorized under a section 1115 waiver and is funded like traditional Medicaid.

**CCO Rate Adjustment:** \$30.0 million in state funds, which will leverage \$70.0 million in federal matching funds, to provide a mid-year 2025 Coordinated Care Organization (CCO) rate adjustment to address recent cost pressures, particularly due to higher utilization of behavioral health services.

**Graduate Medical Education Program:** \$9.0 million for a Medicaid program to reimburse hospitals for the cost of educating medical residents at hospital systems with more than 200 residents or interns. Current funding supports 816 residents and interns at eight teaching hospitals.

## Other Legislation: Health Coverage

**HB 2292, Expanding Access to HIV Medications:** This bill requires health benefit plans and medical assistance managed plans to provide coverage with no cost-sharing for additional treatment for human immunodeficiency virus (HIV), and prohibits requiring prior authorization to improve access to these medications. The intent is to enhance access to HIV prevention and treatment.

**HB 2385, Protecting 340B Drugs:** This bill protects pharmacies and drug outlets that acquire, deliver, or dispense 340B drugs. 340B protections are needed to ensure equal access to life-saving drugs for people with HIV and to continue working towards ending inequities in other parts of the care continuum.

**SB 537, Workplace Violence Prevention in Healthcare Settings:** This bill aims to reduce instances of workplace violence in hospitals and home care settings. It requires ambulatory surgery centers, hospitals, home health agencies, and hospice programs to implement visual and electronic flagging systems to identify potential threats of violence or disruptive behavior by patients. Keeping hospitals and home care settings safe may impact workforce retention and the quality of care patients receive in these settings.

**SB 699, Health Insurance Coverage of Prosthetics and Orthotics:** This bill ensures that health insurance must cover medically necessary prosthetics and orthotics. (It does not apply to PEBB and OEBB coverage.)

## Other Legislation: Medicaid and CCOs

Significant time and energy was devoted to numerous legislative proposals related to Coordinated Care Organizations (CCOs). Two of those proposals passed, as described below. The majority did not, but may resurface as policy discussions for the future.

**HB 2205, CCO Contracts:** This bill requires that contracts between OHA and CCOs shall be for an initial term of no less than five years and that contract length shall be the same for all CCOs. It also clarifies that OHA may extend CCO contracts set to expire 12/31/26.

**HB 2208, Community Health Improvement Plans:** This bill requires CCOs to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs). It directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP.

## Other Legislation: Health Care Professionals and Services

Legislators also focused on expanding the education, scope of practice, and support for different types of health care providers and interpreters to ensure equitable access to care for Oregonians.

**HB 2380, Provisional Certificate for Cosmetology:** This bill requires the Board of Cosmetology to adopt rules for a provisional certificate which would allow an individual to perform in a field of practice under supervision of a certified practitioner in the same field of practice if no school offers a program of study in the field of practice within 50 miles of the individual's residential address. This makes it easier for individuals to gain experience in cosmetology, which could lead to full certification, which generally promotes job opportunities. This may especially assist individuals in rural communities where cosmetology schools are not readily available.

**HB 2932, Ethics Rules on Teaching by Public Employees:** This bill amends ethics rules to allow state employees to work second jobs as teachers in their professional field. Previously, such teaching had been prohibited as a form of gaining outside

financial benefit from their public employment. In the health realm, this will allow nurses at Oregon State Hospital to also be instructors at nursing schools.

**HB 3824, Physical Therapy Scope of Practice:** This bill brings Oregon's statutes on physical therapy to par with the American Physical Therapy Association recommendations.

**SB 296, Study of Long-Term Care Eligibility:** This bill directs the Oregon Department of Human Services and OHA to improve timeframes for eligibility determinations for long term services and supports, to expand medical assistance coverage for skilled nursing and medical respite (including extending PHEC benefit to 100 days), and to study the regulatory frameworks for facilities that care for people with complex health or behavioral health needs.

**SB 549, Right to Repair:** This bill defines "complex rehabilitation technology" and requires OHA and CCOs to respond to prior authorization requests for its repair within 72 hours.

**SB 951, Corporate Practice of Medicine:** This bill creates firm guidelines related to who within a management services organization is allowed to direct the management of, or participate in managing, a professional medical entity.

## Notable Legislation Not Passed

**HB 2209, CCO Contracts:** This bill would have created new protocol for how changes and amendments get made to CCO contracts. OHA issued a memorandum to identify commitments to affect this process without need for statutory change.

**HB 2212, Prioritized List Taskforce:** This bill would have changed the Prioritized List to align with new federal requirements. OHA will convene a work group in the interim to inform legislation for the 2026 session.

**HB 2216, Community Health Workers:** This bill would have addressed payment pathways for community health workers (CHWs). Building capacity for CHWs will likely continue as a pressing issue.

**HB 2367, Telemedicine Study:** This bill would have required OHA to study issues related to telemedicine and provide recommendations to the legislature. Due to a

challenging healthcare environment and Oregon's geographic diversity, there will likely be continued interest in alternative service delivery models such as telemedicine.

**[HB 3212](#), Pharmacy Dispensing Fees:** This bill would have regulated what Pharmacy Benefit Managers are required to pay for dispensing fees. It contributed to a robust conversation about pharmacy access in Oregon, which will likely carry into the 2026 session.

**[HB 3572](#), EMS Modernization Part 2:** This was a companion bill to [HB 4081 \(2024\)](#) which aimed to create a fully coordinated, integrated, and comprehensive approach to emergency medical services (EMS) regulation, regionalization of care, and EMS data systems and analysis. Conversations about modernizing the EMS system will likely continue into 2026 session.

**Certificate of Need:** Several bills aimed to amend the certificate of need process at the OHA, including [HB 1162](#), [HB 2021](#), [HB 2022](#), [HB 3547](#), and [HB 3574](#). None passed, but conversations aimed at changing the certificate of need process in Oregon will likely continue.

# OHA Strategic Plan Goal:

## FOSTERING HEALTHY FAMILIES AND ENVIRONMENTS

Several bills this session aimed to improve access to health care for newborns, children and their families. Many of these bills focused on environmental and public safety, as well as expanding testing, treatment, and coverage for various health conditions.

### Legislation

**HB 2741, Improving Care for Newborns and Their Families:** Preventative and supportive care for newborns and their families were major topics this session. There were several bills to update Newborn Bloodspot Screening, a program that screens for various conditions in newborns. HB 2741 modernizes aspects of OHA's Newborn Bloodspot Screening Program, brings statute in line with current practice, updates the language around diseases identified by the program, and enables OHA to follow-up with families to provide education and resources when and if their child is diagnosed. An additional funding bill to expand the list of diseases tested for did not pass this session (HB 3192), but conversations are expected to continue around expanding the list of diseases tested for.

**HB 3940, Oral Nicotine Tax for Wildfire Funding:** This bill creates a tax on oral nicotine products, with the proceeds directed to wildfire prevention. Taxes on nicotine products help reduce consumption of, and addiction to, these products, especially among youth.

**SB 842, Modernizing Hospital Oversight:** This bill increases hospital licensing fees at Oregon's 60+ hospitals by \$2.8 million per biennium so that OHA's Health Facility Licensing and Certification Program can ensure hospitals provide high quality, safe care to all patients. This program is responsible for enforcing new laws, conducting initial licensing surveys, and investigating patient safety incidents. Fees had not been increased in over 15 years, and the modest increase for each hospital was needed to ensure quality oversight of patient safety at hospitals.

**SB 844: Public Health Technical Fixes:** This bill makes technical changes to programs within the Public Health Division. The changes include: updating the due date of the overdose report; modifying the definition of hemodialysis technician; promoting safety and confidentiality in psilocybin investigations; broadening the registration qualifications for the Environmental Health Registration Board; aligning state regulations of clinical laboratories with federal law; and adding youth to the list of partners who organize School-Based Health Centers.

## Investments

The legislature funded several key public health needs of the state, including increasing funding for reproductive health to protect against federal changes.

**Enhanced Hospital Maternity Rates:** \$25.0 million in state funds, which will leverage \$64.3 million in federal funds to support enhanced hospital maternity payment rates to ensure statewide access to hospital maternity services.

**Domestic Well Safety:** \$2.25 million to support activities in the Lower Umatilla Basin Groundwater Management Area (LUBGWMA) in response to high levels of nitrate in their domestic well water and rural residents experiencing water insecurity due to contaminated drinking water from their domestic wells.

**School and Community-Based Primary Prevention:** An increase of \$6.0 million is provided to address school and community-based primary prevention activities. The funding will provide payment adjustments to school-based health centers to expand mental health services, SUD screenings, and prevention services to youth in school settings.

**Reproductive Health:** \$2.5 million to Seeding Justice for patient navigation services and for providers to upgrade facilities in response to a potential influx of out-of-state patients seeking care in Oregon. Also, \$10.0 million for distribution to reproductive health providers in response to reductions in federal funding for health care services. The intent of the funding is to prioritize the highest volume providers operating across multiple counties in the state.

## Other Legislation: Clean Water

**HB 2169, Water Reuse Team:** This bill establishes an interagency water reuse team led by the Oregon Department of Environmental Quality (DEQ), which includes OHA and other agencies. The interagency team will identify and propose rule changes to expand water reuse with the goal of increasing the supply of water available for use in agricultural, industrial, and commercial operations.

**HB 3525, Domestic Well Testing:** This bill requires that landlords test domestic well water on their rental properties for E. Coli, arsenic, nitrate, and lead on a regular schedule. It requires testing laboratories to report results electronically to OHA, and landlords to report results to tenants and prospective tenants. Additionally, landlords must retest and report results to tenants on a schedule set by OHA if E. Coli is present, and if other contaminants test at high concentrations.

**SB 1154, Ground Water Management Updates:** This bill updates the state's legal and programmatic framework for identifying and carrying out actions to address areas with ground water quality issues and directs state agencies to take certain actions to declare and respond to ground water quality areas of concern and ground water quality management areas. The bill streamlines the state's response and aims to ensure that drinking water is free of nitrates, arsenic, and bacteria in communities across Oregon.

## Other Legislation: Public Health

**HB 2387, Psilocybin Technical Changes:** This bill makes multiple technical changes to the Oregon Psilocybin Services Act and other statutes relating to psilocybin services. These changes aim to ensure that psilocybin services remain regulated, safe, and equitable for those seeking services or for those licensed as facilitators.

**HB 2508, Student Data Centralization and Availability of Medicaid Billing Data:** This bill requires the Oregon Department of Education to create one standardized student data system that also includes electronic health records. The intent is to facilitate and maximize Medicaid billing for school-based health services.



**HB 2685, Screening Protocol for Cytomegalovirus:** This bill establishes a clinical screening protocol for cytomegalovirus (CMV), which increases access to early diagnosis and treatment of CMV. As a result, all babies born in Oregon hospitals and birthing centers who meet the clinical screening criteria will be tested for CMV and, if positive, referred for further testing and any indicated medical treatment and developmental services. Oregon families, pregnant patients, and childcare providers will have access to educational materials about CMV transmission, prevention, and risks.

**HB 3127, Access and Equity in Vital Records:** This bill requires all death records to be reported electronically using the state's electronic reporting system, OVERS. This will allow families to receive death records as quickly as possible.

**HB 3294, Hospital Staffing Law Changes:** This bill clarifies pieces of HB 2697 (2023), Oregon's Hospital Staffing Law, to streamline implementation and improve efficiency in complaint investigations. These changes support the health care workforce, which in turn impacts quality of care in hospital settings.

**HB 3506: Housing for Seniors and Individuals with Disabilities:** This bill appropriates \$3 million to the Healthy Homes Repair Fund for housing improvements that help seniors and individuals with disabilities stay in their homes, including through installation of accessibility modifications. This investment impact housing stability for seniors and individuals with disabilities.

**SB 139, Sharps Containers:** This bill allows sharps and waste pharmaceuticals to be mixed in the same container provided that the container does not contain hazardous waste. This would streamline the disposal for sharps, which could enhance accessibility and affordability of safe disposal options for individuals and communities, particularly those with limited resources.

**SB 243, Firearm Injury & Violence Prevention:** This bill aims to reduce firearm injury and violence across the state by allowing municipalities to restrict firearm access in public spaces and by banning rapid fire activators such as Glock switches. Continue discussions around community violence intervention and suicide prevention are likely in future sessions.

**SB 690, Housing for Newborns, Pregnant, and Perinatal People:** This bill requires a court to reschedule a trial date for eviction if a tenant is a parent of child under 12



months and approved to receive Health Related Social Needs (HRSN) housing supports under Oregon's 1115 Medicaid waiver. This aims to create greater housing security for newborns and parents.

**SB 692, Culturally Competent Perinatal Service Providers:** This bill establishes a community-based perinatal services access program and fund to support access to culturally specific and culturally competent services during the perinatal period and up to 12 months postpartum. Additionally, it establishes distinct qualification criteria for birth doulas, postpartum doulas, lactation counselors, and lactation educators. Black, Indigenous, and People of Color communities experience disproportionately higher rates of material and infant mortality. This bill creates greater access to culturally specific providers, including doulas, which has been shown to improve health outcomes for Black, Indigenous, and People of Color communities.

**SB 1161, Licenses to Drive an Organ Transport Vehicle:** This bill specifies that an organ transport vehicle may not operate in Oregon unless licensed by OHA. This ensures safe transport of organs across the state.

## Notable Legislation Not Passed

**Youth, Nicotine and Vaping:** Several bills this session aimed to reduce youth access to synthetic nicotine and tobacco-derived products such as Zyn and flavored vapes.

HB 2528 would have regulated synthetic nicotine products and closed two other loopholes allowing retailers to sell these products to minors through cash prize machines and online delivery systems. SB 702 sought to ban the sale of flavored tobacco in Oregon. SB 1198 would have updated the requirement that packaging of vapor products not be attractive to youth. Future conversations about this topic are likely, especially given recent court cases regarding county-level flavor bans across Oregon.

**Youth Access to Beer, Cider, and Wine:** HB 3197 proposed a 2% retail tax on the sale of malt beverages, cider, and wine, with 85% of these funds directed to the Youth Development Division Fund and 15% of the funds transferred to Oregon counties. The proposal also would have increased the tax by two percent every two years until it reached eight percent of retail sales price. More conversations are likely in the future related to malt beverages, cider, and wine to address youth access.

**Promoting Climate Resilience and Emergency Preparedness:** Several bills on the state's emergency preparedness system did not pass, including [HB 2700](#), [HB 2723](#), [HB 2761](#), and [HB 2885](#), but there are likely to be conversations before next session on ways to integrate volunteer databases to streamline the volunteer process and ensure buildings and communities are prepared for major environmental disasters.

# OHA Strategic Plan Goal:

## ACHIEVING HEALTHY TRIBAL COMMUNITIES

The legislature was attuned to the needs of Tribal communities by passing key OHA budget and policy requests.

**SB 841, Sharing Health Data with Tribes:** This bill authorizes OHA to enter into agreements with the Nine Federally Recognized Tribes in Oregon and affiliated regional Tribal Epidemiology Center (TEC) for the purpose of sharing data and investigating reportable diseases or outbreaks as well as data collected as part of the Prescription Drug Monitoring Program (PDMP). It will require data sharing agreements that ensure secure access and data confidentiality protections are met while honoring tribal sovereignty.

**Native Services program at Oregon State Hospital:** \$211,729 is budgeted to establish a permanent Native Services program at Oregon State Hospital, by establishing positions providing native services spiritual and recovery practices on both the Salem and Junction City campuses.

### Notable Legislation Not Passed

**HB 3198, Missing and Murdered Indigenous People (MMIP):** This bill would have directed OHA to establish programming for victim services, community outreach/education, maintenance of data, collaboration with partners including law enforcement, development of interagency agreements with Tribal governments and prevention services related to MMIP, as part of efforts to address the public health crisis of violence against American Indian and Alaska Native (AI/AN) women.

**SB 835, Collection and Protection of Tribal Affiliation Data:** This bill would have authorized OHA to collect tribal affiliation data and share it at the discretion of the Tribe it belongs to. Data governance policies and procedures would be developed, agreed to, and in place prior to any data collection. It would have updated the Race, Ethnicity, Language, Disability model to REALDT, with T for Tribal Affiliation.

# OHA Strategic Plan Goal:

## BUILDING OHA'S INTERNAL CAPACITY AND COMMITMENT TO HEALTH EQUITY

In 2025, legislators continued to have meaningful conversations about health equity, as reflected in both the bills they passed and the discussions they publicly had about the importance of centering equity in our collective work for people in Oregon. OHA's bill and budget requests addressing its internal capacity related to health equity did not pass; nonetheless, OHA remains committed to eliminating health inequities in Oregon by 2030, including by implementing all bills that did pass in a way that best advances health equity.

### Other Legislation: Health Equity

**SB 731, Pay Differentials for Sign Language Interpreters:** This bill requires public employers to provide pay differentials for sign language skills in the same manner that they provide pay differentials for other bilingual or multilingual skills. This may improve access to sign language interpretation at state agencies.

**SB 950, Sign Language Interpreter Rules:** This bill allows a sign language interpreter from another state to provide sign language interpretation in Oregon without obtaining a license from the State Board of Sign Language if their license is in good standing and from a state that the Board recognizes. This may increase the sign language interpreter workforce in Oregon and improve the speed at which someone can request an interpreter.

### Notable Legislation Not Passed

**HB 3650, Latino Health System Task Force:** This bill would have established a Latino Health System Task Force to develop proposals for a self-selecting health system for any medical recipient and use Spanish as a primary language with translation services available in other languages and English. The aim was to better address the cultural health values of Latino/a/x patients. Conversations on how to best support the Latino/a/x community will continue.

**SB 528, Funding & Expanding Regional Health Equity Coalitions:** Regional Health Equity Coalitions (RHECs) are coalitions of grassroots community leaders and representatives from culturally specific community-based organizations who come together to address the most important health equity issues in their community through policy and programmatic solutions. This bill would have created three additional RHECs, provided funding to enable each existing coalition to hire two additional full-time staff, and provided funding to support programmatic and staffing costs.

**SB 530, Adjusting Regional Health Equity Grants for Inflation:** This bill would have adjusted grants to RHECs for inflation, to help ensure equitable funding for RHECs and support their work to address the most pressing health equity issues across the state.

**SB 850, Expanding Regional Health Equity Coalitions:** This bill would have expanded RHECs to cover more counties in Oregon. OHA will continue to work to expand Regional Health Equity Coalitions across Oregon and seek to ensure they receive the funding needed to address health equity issues.

# Next Steps

Though the 2025 legislative session has ended, OHA's legislative work continues in several ways:

- **Implementing new legislation:** OHA staff now turn to the task of implementing the many bills that affect the agency and the health and health equity of people in Oregon. Some bills call for minor updates, while others create major new programs or fundamentally change existing ones. Throughout this work, OHA remains committed to implementing bills in ways that best advance health equity. OHA also seeks to engage with the widest range of community and partners in this work, in rulemaking, program design, and more.
- **Continuing discussion on legislation that did not pass:** Legislative bills often take more than one session to reach a final form that gains sufficient legislative support. OHA expects conversations to continue on many of the bills discussed under the *Notable Legislation Not Passed* headings above.
- **Preparing for the 2027:** It may seem far away, but the opening of next long legislative session in January 2027 is right around the corner. Before then, OHA will work to identify legislative budget and policy requests that will best advance health equity and the entire OHA strategic plan. Again, the agency seeks to engage broadly with community and partners to craft future priority requests. (The legislature will meet for a short session starting in February 2026, but OHA and other state agencies do not normally request legislation then.)

If you are interested in engaging with OHA on implementation of bills from 2025 or potential legislative requests for 2027, or want to keep up-to-date on OHA's legislative work, please contact the OHA Government Relations team through [their website](#).

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at [Sarah.Herb@oha.oregon.gov](mailto:Sarah.Herb@oha.oregon.gov) or (971)372-9887. We accept all relay calls.

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