

2024 Legislative End of Session Report

The 2024 Oregon Legislative Session lasted only 33 days, concluding on March 7th, 2024. The decisions state lawmakers made during the 2024 legislative session will profoundly impact the health of people in every part of Oregon. These include the decision to make major new investments in two of Governor Kotek’s key priorities: behavioral health and housing.

As in any session, lawmakers faced hard choices. However, through it all, they demonstrated that the health of people in Oregon remains a top bipartisan concern.

The Oregon Health Authority (OHA) is committed to distributing newly appropriated funds quickly and to implementing new legislation transparently, promptly, and in close collaboration with behavioral health partners, health care partners, Tribal and other governmental partners, community-based organizations, criminal justice system partners, and others to advance health equity and meet the urgent health challenges facing people across the state.

Bills by Topic

Click on a bill for further information.

Behavioral Health

[HB 4002 – Addiction Crisis Response](#)

[HB 5024 – Funding for Addiction Crisis Response](#)

[HB 4092 – Community Mental Health Program Costs and Administrative Burden Studies](#)

[SB 1530 – Funding for Recovery Housing, Air Conditioners and Filters, and Healthy Homes](#)

[SB 1553 – Drug Possession on Public Transportation](#)

Prescription Drugs

[HB 4010 – Health Care Omnibus Bill \(multiple topics\)](#)

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Children and Youth

[HB 4086 – Oregon Department of Human Services \(ODHS\) Studies: Child Abuse Investigations and Problematic Sexual Behaviors](#)

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[SB 1552 – Education Omnibus \(multiple topics\)](#)

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Public Health

[HB 4081 – Emergency Medical Services Modernization](#)

[SB 1503 – Firearm Suicide Prevention](#)

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[SB 1561 – Environmental Restoration Fund and Council](#)

Licensing and Health Professionals

[HB 4010 – Health Care Omnibus Bill \(multiple topics\)](#)

[HB 4045 – State Hospital Employee Benefits](#)

[HB 4122 – Fingerprint Retention for Licensing and Employment](#)

[HB 4129 – In-Home Service Providers](#)

[HB 4136 – Access to Emergency Care, Lane County Pilot](#)

[SB 1521 – Enhanced Supports to Employers of Personal Support Workers](#)

[SB 1578 – Health Care Interpreter Management System, and Retention and Training Program](#)

Other Health Topics

[HB 4010 – Health Care Omnibus Bill \(multiple topics\)](#)

[SB 1508 – Prohibiting Use of Discriminatory Evidence in OHP Coverage Decisions, Reducing Insulin Out-of-Pocket Costs](#)

[SB 1523 – Birth Certificate Changes](#)

[SB 1552 – Education Omnibus Bill \(multiple topics\)](#)

Funding Bills

[HB 5024 – Funding for Addiction Crisis Response](#)

[SB 1530 – Funding for Recovery Housing, Air Conditioners, and Healthy Homes](#)

[SB 5701 – Funding Omnibus Bill \(multiple topics\)](#)

Note that several other bills on this list include funding for their own implementation.

Health Related Bills Passed in 2024

[HB 4002 – Addiction Crisis Response](#)

Prior to the 2024 session, the state legislature created the [Joint Committee on Addiction and Community Safety Response](#) specifically to consider bills relating to the overdose epidemic in Oregon. Over 2,000 members of the public shared their thoughts with the committee either in writing or at one of two public hearings. Ultimately, the committee proposed and legislators passed HB 4002, which includes provisions relating to misdemeanors, drug treatment programs, prescriptions, behavioral health workers, and more.

The bill repeals the Class E violation that previously applied to possession of small amounts of a controlled substance and replaces it with a new misdemeanor crime of unlawful possession of a controlled substance.

Counties and Tribal governments are encouraged, but not required, to create deflection programs. Persons suspected of unlawful possession may be referred to a local deflection program which, if completed, leads to no criminal charges being filed.

HB 4002 addresses the addiction crisis from a health perspective in numerous ways:

- Creates a certified community behavioral health clinic (CCBHC) program to expand CCHBCs to all areas of the state. These clinics provide primary care integrated with comprehensive mental health and substance use disorder services and 24/7 crisis care to all no matter their diagnosis or insurance status.
- Prohibits health insurers and Coordinated Care Organizations (CCOs) from imposing prior authorization or other utilization review for reimbursement of medications for substance use disorder treatment.
- Authorizes pharmacists to dispense early refills of medications for substance use treatment, and to install drug lockers.
- Creates the United We Heal Medicaid Payment Program to provide supplemental payments to behavioral health providers for enhanced apprenticeship and training programs for their behavioral health workers.
- Creates the Opioid Use Disorder Medication Grant Program to provide grants for opioid use disorder treatment and transition planning services in local and Tribal correctional facilities.
- Directs the Alcohol and Drug Policy Commission to study barriers and best practices for youth substance use disorder (SUD) treatment, increasing medication-assisted treatment (MAT), and increasing SUD providers in the state.
- Establishes a Joint Task Force on Regional Behavioral Health Accountability to make recommendations on improving governance of behavioral health systems and strengthening evidence-based funding decisions.

- Establishes a Task Force on Improving the Safety of Behavioral Health Workers to make recommendations on safety concerns for workers.
- Authorizes members of a mobile crisis intervention team to take persons who are intoxicated or under the influence of controlled substances to a sobering center or other appropriate facility, just as police officers already can.

[HB 5204](#) appropriates \$221.2 million to fund various parts of HB 4002.

The new misdemeanor goes into effect September 1, 2024. Other provisions take effect immediately.

More details about HB 4002 and HB 5204, including on OHA’s role in implementing both bills, are available [here](#).

[HB 4010](#) – Health Care Omnibus Bill

HB 4010 addresses a range of health topics:

- Specifies that flavoring of a prescription drug is not compounding.
- Exempts the Oregon State Hospital from certain hospital staffing committee requirements.
- Defines “primary care provider” to include clinics or teams of providers, not just individuals, for certain insurance purposes.
- Removes the requirement that an applicant for licensure as a licensed professional counselor or therapist submit a professional disclosure statement.
- Updates the Protected Health Information form.
- Changes the term “physician assistant” to “physician associate”.
- Updates the information insurers must report to state agencies related to behavioral health.

The bill takes effect on June 6, 2024.

[HB 4012](#) – Clinician Administered Drugs (White Bagging)

This bill changes the Insurance Code to limit how health plans treat the distribution, reimbursement, and cost-sharing applied to clinician-administered drugs. The changes will positively affect Oregonians undergoing clinician-administered drug treatment, such as chemotherapy infusion.

HB 4012 also requires insurance providers to make accommodations for necessary last-minute changes in the choice of medicines to be administered. This allows for immediate treatment,

rather than forcing patients to return for treatment later after insurance coverage has been determined.

The bill takes effect on January 1, 2025.

[HB 4045](#) – State Hospital Employee Benefits

This bill increases retirement benefits and lowers the retirement age under the Public Employee Retirement System for several categories of public employees, to match what police officers and firefighters receive. This applies to, among others, workers at the Oregon State Hospital who provide direct care to patients. This will allow hospital staff who perform extremely difficult jobs with high needs patients to be eligible for the increased retirement benefits.

The change for hospital staff takes effect on January 1, 2030. Prior to that date, the Public Employees Retirement Board will report to the legislature on recommendations for implementing the benefits.

[HB 4081](#) – Emergency Medical Services (EMS) Modernization

This bill creates the Emergency Medical Services Advisory Board, which will develop a comprehensive statewide emergency medical services (EMS) system, to be administered by OHA. The board is directed to convene advisory committees focused on developing a fully coordinated, integrated and comprehensive approach to EMS regulation. Among other efforts, it will create an EMS data system and analysis that does more to help EMS providers recognize problems early during prehospital care, determine which services a patient needs, and then deliver the patient to those services.

A modernized system will provide better EMS to people throughout the state, with fewer disparities in the treatment of time-sensitive medical emergencies.

The bill takes effect on June 6, 2024, with some elements becoming operative on January 1, 2027.

[HB 4086](#) – Oregon Department of Human Services (ODHS) Studies: Child Abuse Investigations and Problematic Sexual Behaviors

This bill requires the Oregon Department of Human Services (ODHS) to commission two studies related to children’s services to be conducted by contracted facilitators. The first study will focus on the scope of child abuse investigations in Oregon, while the other will focus on Oregon's response to children exhibiting problematic sexual behaviors. The result will be better

understanding of the current system of care related to children services, with recommendations for improvements in the state’s work on these topics.

Preliminary reports to the legislature on both studies are due on September 30, 2024, and final reports are due on September 15, 2025.

[HB 4092](#) – Community Mental Health Program Costs and Administrative Burden Studies

This bill directs OHA to complete two studies related to behavioral health systems. The first one requires OHA to consult with counties and Community Mental Health Programs (CMHPs) to determine the funding required to provide all the behavioral health services required of them under state law, given increasing local demands for services. The second study, under contract with the Oregon Council for Behavioral Health, will evaluate existing statutes, administrative rules, and contracts related to local behavioral health programs, identify redundancies or contradictions, and make recommendations to reduce the administrative burden on these programs.

Oregon's behavioral health system needs a systemic review of regulatory requirements, administrative improvements, and system of care efficiencies. This bill provides an opportunity to identify the estimated costs associated with CMHP services and inform potential future investments.

Two reports on different elements of CMHP funding are due to the legislature on January 1, 2025, and January 2, 2025, respectively, with follow up reports every five years thereafter. Preliminary recommendations on administrative burdens are due to the legislature on December 15, 2024, with final recommendations due December 15, 2025.

[HB 4113](#) – Pharmacy Costs – Co-Pay Accumulator

This bill changes the insurance code to require insurers offering health plans which provide pharmacy benefits, to the extent permitted by federal law, to count payments made by an enrollee or paid by another person on behalf of an enrollee toward the cost of a covered prescription drug when calculating the enrollee’s contribution to an out-of-pocket maximum, deductible, copayment, coinsurance, or other cost-sharing requirement.

The result is that people could reach their out-of-pocket maximum sooner and pay less out of pocket. Once these maximums are reached the insurer would be responsible for covering the costs of care.

The bill takes effect on January 1, 2025.

[HB 4122](#) – Fingerprint Retention for Licensing and Employment

This bill allows state or local government agencies that conduct background checks for employment and licensing purposes to subscribe to the FBI's Record of Arrest and Prosecution (RAP) Back system, which uses and retains fingerprints for the background check. Criminal background checks are required for various health professionals to be licensed or employed, including many in-home care workers.

HB 4122 will streamline the hiring and licensing process for people in these professions. Also, those people may no longer need to pay a separate background check fee at the time of licensure renewal or employment.

The opportunity for agencies to participate in the RAP Back system becomes available on January 1, 2025.

[HB 4129](#) – In-Home Service Providers

This bill creates a new model of co-employment for direct support workers who serve older adults, individuals with physical disabilities, and individuals with behavioral health needs.

Currently, people who receive in-home or community-based services can either delegate entirely to a home care agency that employs the worker, or take on full responsibility themselves as the employer. The bill creates a new “hybrid” model that allows individuals to retain the hiring, training, and managing of the workers who provide them with services, while home care agencies manage administrative duties such as payroll and benefits. The bill specifies the requirements and responsibilities of licensed agencies, client rights, employment conditions, reimbursement structures, and contract provisions under this new system.

The bill requires the Oregon Department of Human Services and OHA to adopt rules and then to contract with up to two agencies to provide this new model of service by January 1, 2026.

[HB 4136](#) – Access to Emergency Care, Lane County Pilot

This bill provides \$4.5 million to Lane County Public Health to fund emergency medical care, including a basic life support unit, as well as a health care access innovation fund to improve access to same-day health services while decreasing costs.

Following the closure of the only hospital emergency department in the City of Eugene in late 2023, people in the greater Eugene area face increased travel times to emergency health care. This can lead to worse patient outcomes, particularly for patients with life-threatening injuries

and people who use emergency departments for urgent or same-day care, such as those who are uninsured, underinsured, experiencing homelessness, or undocumented.

The new basic life support unit within the City of Eugene will address the immediate need for life-saving emergency health care services in the city, while the innovation fund will look at longer term solutions that could be models for other communities. Many hospitals across the nation, including in Oregon, are reviewing their maternity and emergency services programs in the face of rising program costs, increased staffing shortages, lower numbers of births, and decreases in utilization. These hospitals are frequently in rural or low-income areas and serve a diverse population. The bill could reveal innovative opportunities to increase access to urgent and immediate health care by decreasing dependence on emergency rooms.

The bill also enables employers to hire nurses currently licensed in good standing in another state once they apply for an Oregon license, while their application and credentials are being reviewed for Oregon.

The bill takes effect immediately.

[HB 4149 – Pharmacy Benefit Manager Registration](#)

Pharmacy Benefit Managers (PBMs) serve on behalf of health insurers to negotiate with pharmacies over discounts, rebates, and other financial arrangements. This bill requires PBMs to be licensed, changes the definition of a PBM, changes the way PBMs can audit drug stores, and requires PBMs to report certain information each year to the state. It also increases protections for the coverage of 340B drugs. The federal 340B Drug Pricing Program allows hospitals and clinics that treat low-income and uninsured people to buy outpatient prescription drugs at a large discount.

PBMs have been subject of much concern from consumers and pharmacies in recent years. This bill will help regulators better understand and manage what PBMs are doing in Oregon and who they are working with.

The main provisions of the bill become operative on January 1, 2025.

[HB 4150 – Prescription Drug Monitoring Program Overdose Notification](#)

This bill allows the Prescription Drug Monitoring Program to provide electronic notification to a practitioner in certain circumstances when the practitioner's patient has a fatal or nonfatal overdose. Such notice can increase providers' awareness of their patients' previous use of substances that have caused an overdose (including illicitly manufactured fentanyl and

methamphetamine). In turn, this could open more opportunities for potential diagnoses of, and conversations with patients about, substance use disorders.

The main provisions of the bill become operative on January 1, 2025, but are repealed January 1, 2028, which gives the legislature an opportunity to review the impacts of the bill.

[HB 4151](#) – System of Care Advisory Council Subcommittee on Youth Behavioral Health Workforce

This bill directs the System of Care Advisory Council (SOCAC) to establish a subcommittee on the youth behavioral health workforce. The subcommittee will identify state-issued professional authorization options for existing and new behavioral health workforce, identify existing and emerging professions, provide recommendations to establish state-issued professional authorizations, identify strategies for creating pathways into the behavioral health professions specific to youth, and report back to the legislature.

Like many states, Oregon continues to struggle to meet behavioral health needs of young people. It ranks last in prevalence of youth mental illness and lower rates of access to care. One factor contributing to the problem has been maintaining and growing our youth behavioral workforce. HB 4151 will help identify current challenges to Oregon's youth behavioral health workforce and provide systemic review and recommendations for improvement.

An initial report is due to the legislature on September 15, 2024, and a final report is due on December 15, 2025.

[HB 5204](#) – Funding for Addiction Crisis Response

This bill appropriates \$221.2 million for various elements of [HB 4002](#), plus several related efforts, including:

- \$20.7 million for counties and federally recognized Tribal governments to fund deflection programs, via the Oregon Criminal Justice Council (CJC).
- \$26 million for specialty courts, via CJC and the Oregon Judicial Department.
- \$4 million restorative justice grants, via CJC.
- \$9.8 million for Community Mental Health Programs to expand jail diversion and deflection programs, via OHA.

- \$3.2 million to implement the Certified Community Behavioral Health Clinic program, via OHA.
- \$12.2 million to provide legal representation for financially eligible persons, via the Public Defense Commission.
- \$85.4 million for specific behavioral health residential beds, crisis stabilization centers, sobering centers, and overall substance use disorder treatment capacity investments statewide, via the Department of Administrative Services.
- \$4.7 million for the United We Heal Medicaid Payment Program, via OHA.
- \$10 million for the Opioid Use Disorder Medication Grant Program, via CJC.
- \$7.5 million for “aid and assist” services, via OHA.
- \$4.7 million for youth outreach and prevention programs, via the Oregon Department of Education.
- \$3.2 million for the Nurse Family Partnership Program, via OHA.
- \$4 million for behavioral health workforce education and training, via community colleges.

The bill takes effect immediately.

More details about HB 4002 and HB 5204, including OHA’s role in implementing each bill, are available [here](#).

[SB 1503](#) – Firearm Suicide Prevention

This bill establishes the Task Force on Community Safety and Firearm Suicide Prevention, and funds research on this issue. The task force will study various topics, including suicidal ideation among youth and people in rural Oregon, best practices in community safety and suicide prevention, and rates of success and barriers to implementation of extreme risk protection orders (ERPOs).

SB 1503 should lead to better understanding of the impact of community firearm violence and of preventing suicide by firearms among all individuals in Oregon, especially those who are disproportionately impacted by community firearm violence and suicide, including young Black men and LGBTQIA2S+ individuals.

The task force is to submit reports to the legislature on September 15, 2024, and September 15, 2025.

[SB 1506](#) – COVID Test to Treat in Pharmacies

This bill allows pharmacists to test for COVID and provide COVID treatment, including drug therapy, for members of the Oregon Health Plan (OHP). These services are already covered by OHP, but making them available directly from pharmacists, without requiring a physician, could increase the availability of tests and treatment through local pharmacies.

The main provisions of the bill become operative on October 1, 2024.

[SB 1508](#) – Prohibiting Use of Discriminatory Evidence in OHP Coverage Decisions, Reducing Insulin Out-of-Pocket Costs

This bill directs the Health Evidence Review Commission (HERC) and the Pharmacy and Therapeutics Committee (P&T) to eliminate any use of or influence from the Quality Adjusted Life Years (QALYs) research tool from their decision-making on which medical treatments and medications are covered by the Oregon Health Plan. QALYs are widely seen as discriminatory towards people with disabilities or chronic conditions. The bill will preserve Herc's and P&T's access to all medical evidence, but cause QALY-related research to be identified and removed from consideration.

SB 1508 also limits co-pays or cost sharing for insulin to \$35 for a 30-day supply or \$105 for a 90-day supply. This will have a dramatic positive financial impact on people with diabetes.

The bill takes effect on January 1, 2025.

[SB 1521](#) – Enhanced Supports to Employers of Personal Support Workers

This bill makes several changes related to care for individuals in residential settings:

- Requires Oregon Department of Human Services (ODHS) to contract with at least one organization to provide enhanced supports to employers of personal support workers and describes the supports that must be provided by the organization.
- Requires OHA to hire one position for Medicaid program integrity and enforcement actions.
- Offers additional supports related to personal support workers providing in-home services, using a person-centered approach to ensure the person being cared for is at the center of the decision-making process.

- Further defines what agencies that employ staff who provide direct support services may and may not do to promote fair workplace and "agency of choice" practices.
- Establishes compliance standards to mitigate Medicaid fraud.
- Updates timeline requirements for residential/adult foster home automatic sprinkler systems.

The bill takes effect immediately.

[SB 1523](#) – Birth Certificate Changes

This bill allows an adult who was adopted as a child to add or change the name of an identified biological parent to their original birth certificate.

The bill takes effect immediately.

[SB 1529](#) – Air Conditioners and Filters

This bill authorizes OHA s to distribute air conditioners and air filters to community partners, who in turn will distribute them to individuals who face heightened medical needs during a climate emergency, such as a heat wave or wildfire smoke. SB 1530 provides \$3.5 million for the air conditioners and air filters.

SB 1529 continues the program started under SB 1536 in 2022. It allows OHA to provide air conditioners and air filtration devices in advance of the formal declaration of a climate emergency. With the funding in SB 1530 (see next bill below), OHA is expected to provide 4,000 air conditioners to eligible Oregonians. This is in addition to the estimated 1,300 air conditioners through the 1115 waiver climate supports program.

The bill takes effect immediately.

[SB 1530](#) – Funding for Recovery Housing, Air Conditioners, and Healthy Homes

This bill provides funds for various housing initiatives, including affordable housing production and homelessness prevention. Health-related initiatives include:

- \$18 million for twelve community partners to provide recovery housing.
- \$15 million for the Healthy Homes Repair Fund
- \$3.5 million for air conditioners and air filters to help people with medical needs during climate emergencies (see SB 1529 above).

The bill takes effect immediately.

[SB 1552](#) – Education Omnibus Bill

This bill makes many changes to education laws. There are two key health-related provisions.

SB 1552 establishes a Youth Advisory Council representing communities historically or currently underrepresented and underserved, youth who are LGBTQ2SIA+, youth who are English learners, youth with disabilities, youth navigating poverty, youth who are foster children or have a parent involved in the criminal justice system, and youth who experience education inequities. Educational opportunities are strongly connected to health outcomes. Creating a forum for historically marginalized youth in Oregon to express their voice in educational policymaking will also lead to long-term health improvements.

Also, SB 1552 permits an individual to petition a licensing board to learn whether a criminal record is likely to prevent them from receiving an occupational or professional license, prior to them entering an educational program for that license. The purpose of this provision is to increase the health workforce by removing uncertainty around getting a license in the future.

The bill takes effect immediately.

[SB 1553](#) – Drug Possession on Public Transportation

This bill heightens criminal charges for possession of a controlled substance on public transit. These charges are not connected to the deflection programs or other community safety provisions of HB 4002.

The bill takes effect on January 1, 2025.

[SB 1557](#) – Home and Community-Based Services for Youth Under 21

This bill includes various provisions to improve home and community-based wraparound services to children and youth under the age of 21 with disabilities or chronic illnesses:

- Directs OHA and the Oregon Department of Human Services (ODHS) to pursue federal funds to provide youth who have complex health needs with access to medically appropriate care, including behavioral health care at home and in the community.
- Directs OHA and ODHS to investigate the services provided through the federal CMS State Plan Community First Choice Option (K-Plan) and present reports with findings to legislature.
- Appoints a rules advisory committee with representation of youth with lived experience.

- Disregards parental income for services for those children and youth who meet eligibility requirements.
- Clarifies that an order directing a young person receive restorative services does not commit the young person to the custody of OHA or alter guardianship.
- Prohibits the denial of mental health assessment, treatment, or services to individuals on the basis that the individuals have intellectual or developmental disabilities.
- Limits when a young person may be removed from a current placement to a new placement to receive restorative services.

The intent of the bill is to maximize the use of state and federal funds to expand services that are more responsive to meeting the needs of highly vulnerable children and their families in the most appropriate and least restrictive settings possible.

The bill takes effect immediately.

[SB 1561](#) – Environmental Restoration Fund and Council

This bill establishes the state Environmental Restoration Fund to house the nearly \$700 million received in a legal settlement related to pollution associated with products made by the agriculture company Monsanto. The funds will be managed by the newly established Environmental Restoration Council and will be allocated to the Disproportionately Impacted Community Fund, Tribal Nation Natural Resource Program Fund, and State Agency Program Fund to support environmental remediation of water, land, and air pollution.

SB 1561 aims to undo environmental pollution related to Monsanto's forever chemical, PCB. Undoing these harms will lead to cleaner and healthier water, land, and air for every person in Oregon, especially those living in areas most impacted by environmental pollution.

The bill takes effect immediately.

[SB 1578](#) – Health Care Interpreter Management System, and Retention and Training Program

This bill requires OHA to establish and administer a Health Care Interpreter Management System for scheduling and billing of Health Care Interpreters who serve Oregon Health Plan (OHP) members. It also establishes a training and retention program for health care interpreters through a non-profit.

SB 1578 makes it easier for non-English speaking OHP members to access health care interpreters, so they can better share and receive health care information. It also bolsters and sustains the health care interpreter workforce through training and retention programming.

The bill takes effect on June 6, 2024. It directs OHA to take all steps necessary to secure federal financial participation in reimbursing health care interpreters by January 1, 2025.

[SB 5701](#) – Fund Omnibus Bill

This bill funds for many state government activities, including several health-related investments:

- \$9.94 million for water infrastructure projects addressing public health risks related to emerging contaminants.
- \$92.6 million for distribution of payments to hospitals under the Disproportionate Share Hospital program.
- \$1.6 million for a Summer Electronic Benefits Transfer program (summer-time school meals for students).

The bill takes effect immediately.

OHA Government Relations Team

The OHA Government Relations team would be pleased to answer questions about any of the bills in this report. You can select which team member to contact based on the portfolio in the first column or, if in doubt, any one of us can help get you to the right place.

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