

2026 End-of-Session Legislative Report

On Friday, March 6, the Legislature adjourned, bringing the 2026 short session to a close. Despite being a five-week sprint, the Legislature weighed many important policy bills and rebalanced the state budget.

Oregon Health Authority (OHA), like other state agencies, does not request legislation in short sessions. However, many introduced bills have potential to impact the health and health equity of people in Oregon. OHA tracks such bills—totaling about half of all bills each session—and analyzes them so it can provide the Legislature with information about those impacts.

This end-of-session report highlights key bills the agency tracked, along with an overview of changes to OHA’s budget.

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 categorizes bills based on which strategic plan pillar each one relates to most directly – not necessarily because the Legislature intended it that way,

but to better understand how bills could affect health in Oregon and affect OHA's work on each pillar.

In some sections, this report lists notable bills that did not pass but that are likely to be discussed 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 advance, OHA will seek to continue the discussion toward potential future legislation.

Oregon Health Authority's Budget

When the session started in February, the Legislature anticipated a budget deficit exceeding \$600 million and a need to make painful cuts. A more positive budget forecast emerged midway through the session, along with changes to Oregon's taxation linkages to the federal government, greatly reduced the forecasted budget hole.

Still, the Legislature took a close look at OHA's budget. OHA and other agencies presented requests for significant investments to implement federal changes due to [H.R.1](#) (also known as the One Big Beautiful Bill Act). In the end, [HB 5204](#)—the agency's budget bill—appropriated a total of \$57.1 million General Fund and adjusted expenditure limitations to rebalance OHA's 2025-27 budget, including funding related to the impacts of H.R.1.

OHA budget additions include:

- \$6.3 million General Fund (\$12.4 million Total Funds) and 18 positions to implement H.R.1.
- \$345.2 million Federal Funds expenditure limitation and 35 new positions for the [Rural Health Transformation Program](#).

Other notable decisions regarding the OHA budget include:

- Administrative reductions for one-time savings, such as from holding positions vacant and reducing services and supplies budgets. This does not include any cuts to existing positions or programs.
- Budget rebalance adjustments primarily related to Oregon Health Plan (OHP) caseload forecast; coordinated care organization (CCO) capitation rates growth and offsetting quality incentive pool changes; updates to federal funding match rates for Medicaid; reallocation of additional insurers' assessment revenue from the Department of Consumer and Business Services (DCBS) to support OHP; and updates to Healthier Oregon program costs.
- There was not funding for OHA's requested investment for communications and partner engagement in support of H.R.1

implementation. While this outcome changes the scale of what OHA can deliver, it does not change the commitment to clear and proactive communications and partner engagement, and to implementing H.R. 1 effectively so members, employers and partners understand the new requirements, timelines, and expectations.

While navigating a very challenging budget environment, the Legislature continued to prioritize budget stability for OHA and the people we serve.

OHA Strategic Plan Goal:

TRANSFORMING BEHAVIORAL HEALTH

As OHA works to build a behavioral health system that works for every child, teen, adult and family experiencing a mental illness or harmful substance use, the 2026 legislative session contained fewer behavioral health policy bills than past sessions. Most bills either reflected recommendations from policy councils or other bodies previously established by the Legislature or were technical updates to previous legislation.

Bills

HB 4043, Community Restoration Technical Fix

This bill is a technical fix to [HB 2005 \(2025\)](#), clarifying how and when Community Mental Health Programs (CMHPs) and other entities report to courts about the aid & assist patients they serve.

HB 4068, Young Adults in Transition Residential Treatment Home Technical Fix

This bill is a technical fix to [HB 2015 \(2025\)](#), changing the lower age in statute from 17.5 to 17 (to match prior practice) and ensuring that young adults who need extra help transitioning into adulthood can get support, safe housing, and other appropriate services.

HB 4069, Safety of Behavioral Health Workers

This bill requires behavioral health employers of various types to provide comprehensive, written safety plans for their employees, outlines training requirements, and contains specific provisions to ensure the safety of providers who work alone. The bill is a result of recommendations from the 2024 Joint Task Force on Improving the Safety of Behavioral Health Workers and aims to retain more behavioral health workers.

HB 4070, Tackling Administrative Burden

Building on the Tackling Administrative Burden in Behavioral Health workgroup established in [HB 4092 \(2024\)](#), this bill modernizes terminology related to mental health, substance use disorder and intellectual or developmental disabilities; removes stigmatizing language; and helps clarify responsibilities and align laws with current practice in the behavioral health system. The bill further strengthens mental health parity, adds fixes to the administration of Crisis Stabilization Centers, clarifies Tribes' establishment of Community Mental Health Programs, and updates telehealth reimbursement requirements.

HB 4083, Cutting Red Tape for Behavioral Health Workers

A priority of Governor Tina Kotek, this bill represents the first set of legislative actions identified by the Governor's [Behavioral Health Talent Council](#): streamlining credentialing for behavioral health workers, reducing administrative burden, and expanding supervision pathways. By adopting a centralized credentialing process and directing licensing boards to allow for various licensees to receive supervision from any qualified mental health licensed professional, workers will more quickly become qualified to provide care and bill for services. Collectively, these efforts aim to help more mental health and substance use providers enter and stay in the workforce.

HB 4099, Task Force on Responding to Veterans in Crisis

This bill establishes a 14-member Task Force on Responding to Veterans in Crisis, to be staffed by the Oregon Department of State Police. The task force will develop a proposal to ensure each county in Oregon has a veteran crisis response team consisting of at least two individuals properly trained in responding to veterans in crisis. It will submit its proposal in time to consider legislation in the 2027 session.

SB 1546, Artificial Intelligence Chatbots

This bill creates new requirements for operators of artificial intelligence platforms that simulate human-like relationships or companionships—so called “AI companions”—to include protocols for detecting suicidal ideation or intent or self-harm ideation or intent. Among other safety requirements, the bill requires operators of AI chatbots to refer users to an appropriate crisis lifeline and additional intervention informed by clinical best practices and expertise, including information on the 988 Suicide & Crisis Lifeline as well as a YouthLine for users under 25 years of age.

SB 1547, Licensed Behavioral Health and Wellness Practitioners

From a recommendation in [HB 4151 \(2024\)](#), this bill creates a new category of health professional—Licensed Behavioral Health and Wellness Practitioner—to be licensed by the Oregon Board of Psychology. These will be bachelor’s level practitioners who focus on behavioral health promotion, prevention, and brief interventions and screening. While the new practitioners will not diagnose nor independently provide behavioral health treatment, there will be a licensure pathway for graduates of the Ballmer Institute for Children’s Behavioral Health and other institutions that meet specific requirements, potentially expanding the behavioral health workforce.

Budget

Budget changes affecting behavioral health include:

- Adjusting the allocation of funds from the Drug Treatment and Recovery Services Fund to reflect lower projected marijuana tax revenues, which will lead to reduced funding for Behavioral Health Resources Networks.
- Not approving OHA’s proposal to reallocate \$10.7M in General Fund savings to support [HB 2005 \(2025\)](#) implementation.

Notable Bills Not Passed

HB 4106, Transport for Involuntary Commitment

This bill would have set civil and criminal liability standards for law enforcement officers while transporting patients subject to involuntary medication, which includes patients transported to or from the Oregon State Hospital.

HB 4110, Ibogaine

This bill would have authorized physicians to provide ibogaine to patients to treat various behavioral health concerns, under certain conditions.

SB 1583, Behavioral Health Resource Networks

This bill would have transferred administration of the Behavioral Health Resource Network program from OHA to the Criminal Justice Commission.

OHA Strategic Plan Goal:

STRENGTHENING ACCESS TO AFFORDABLE CARE FOR ALL

OHA is committed to ensuring that 100 percent of people in Oregon have easy access to affordable health care, prioritizing communities most harmed by health inequities

Bills

[HB 4040](#), Healthcare Omnibus

This is omnibus bill that addresses a variety of health care issues. Provisions most relevant to OHA's work include:

Section 5-Medicaid, Carceral Settings

This section allows for pre-release health services to certain eligible populations currently in carceral settings. This helps OHA comply with the Federal Consolidated Appropriations Act of 2023 (FCAA), which requires state Medicaid programs to provide certain benefits to individuals in carceral settings who are under 21, or under 26 if formerly served in a foster care setting. It will enhance the state's capacity to make sure people who receive Medicaid benefits have the services and support they need to successfully reenter their community and reduce recidivism.

Section 7-Medicaid, Advisory Boards

This section aligns Oregon law with new federal rules governing the composition of the Medicaid Advisory Committee (MAC) and its relation to the Beneficiary Advisory Council (BAC). Specifically, state Medicaid programs are required to incrementally increase the percentage of MAC members who are member of the BAC—reaching 25% by 2027. This will

make sure more Medicaid beneficiaries inform the policy and decision-making activities of these two advisory committees.

HB 4039, Coordinated Care Organization Rate Setting

This bill increases collaboration between OHA and Coordinated Care Organizations (CCOs), which serve most Oregon Health Plan enrollees, related to annual rate setting. It requires OHA to reconcile its base data with that provided by the CCOs, identify cost impacts of changes, share information on outlier trends, provide advance notice of discretionary changes when feasible, and report on these efforts to the Oregon Health Policy Board. The aim is to increase transparency, understanding, and information sharing between the agency and CCOs in the annual rate setting process.

HB 4047, Rural Emergency Hospital Licensure Requirements

This bill allows existing rural hospitals, as well as rural hospitals that closed after December 27, 2020, to apply to be a Rural Emergency Hospital (REH). Converting to a REH enables them to be paid by Medicare for emergency department and other outpatient services. Under federal requirements, REHs may not provide acute care inpatient services, must not exceed annual per patient length of stay of 24 hours, must have transfer agreements with Level I or II trauma centers, and must maintain a staffed emergency department, as well as meet state licensing requirements and federal requirements for emergency services.

HB 4053, Emergency Medical Services Fund and License Requirements

This bill authorizes OHA to develop programming related to emergency medical services (EMS) workforce development, training and innovation, and establishes the EMS Program Fund to support these efforts. It also makes technical amendments to [HB 4081 \(2024\)](#), and establishes minimum educational requirements for EMS providers.

HB 4115, Health Caregivers Background Checks

This bill changes how often OHA and the Oregon Department of Human Services may require health caregivers to get a new criminal records background check. This includes making background checks on certain caregivers last for three years and making certain checks portable to other employers (so the caregiver can change jobs without an additional check). The aim is to make the background check process faster and easier for caregivers and employers.

HB 4156, Supplemental Payments to Emergency Medical Services

This bill directs OHA to develop and implement a funding mechanism to increase reimbursement for emergency medical services (EMS). It restricts how General Fund monies may be used in this regard, stipulates provider/agency agreements for covering administrative costs, and directs the agency to specify reimbursement amounts paid by CCOs to providers. The objective is to create a viable mechanism to better leverage federal funds to foster sustainable EMS services in Oregon.

HB 4107, Urgent Care Center Requirements

This bill sets minimum standards for urgent care centers and services. These include establishing what information urgent care centers must make publicly available at entrances and online, defining what services must be provided and available, and requiring centers to have at least one licensed health care provider on site during operation (with some exceptions). The standards are designed to provide clarity in what services are available at urgent care centers and reduce confusion in advertising between urgent care and emergency department services.

HB 4142, Cannabis in Hospice, AKA “Ryan’s Law”

This bill provides for medical marijuana to be used in hospice, palliative, comfort, or other symptom management care settings. To do this, it expands the definition of “debilitating medical condition” for the medical use of marijuana, requires hospice programs to create and maintain written policies for storage and disposal of medical cannabinoid products, requires training for certain staff, and protects the organizations and facilities providing the care from certain criminal liabilities. This legislation seeks to provide alternative options for hospice recipients experiencing quality of life and end-of-life care.

SB 1575, Hospice Program Licenses

This bill establishes new requirements to operate hospice programs in Oregon. Among other things, it clarifies that individuals who have been subject to exclusion from providing federal Medicaid or Medicare services or found liable for health care fraud or abuse may not hold ownership interest in a hospice program. The standardized protections in the bill are intended to ensure the safety of those who rely on hospice programs.

Budget

Budget changes affecting Medicaid include:

- Approving \$5.4M General Fund and 12 new positions (5.97 FTE) for H.R. 1 implementation.
- Reallocating \$47M of insurers’ assessment from the Department of Consumer and Business Services to OHA to support the Oregon Health Plan.

Notable Bills Not Passed

HB 4003, Benefit Update Project (Prioritized List)

This bill was part of ongoing work to comply with federal requirements to make changes to Oregon's Prioritized List of services. It would have removed the funding line and ranking system currently in place, and implemented recommendations of the Benefit Update Project Workgroup that met over the course of 2025. Though the bill did not move forward, OHA has committed to executing the requirements of the legislation and ensuring Oregon complies with Federal requirements.

HB 4028, Auditing Protocols for Behavioral Health Providers

This bill would have changed how OHA's Office of Program Integrity (OPI) conducts audits on behavioral health providers. Though the bill did not move forward, OPI plans to convene an interim workgroup with providers and community partners to find a consensus approach that allows OPI to meet its federal auditing obligations while providing support to small behavioral health providers working to comply with the relevant rules and regulations.

HB 4038, Cost Growth Target Program Changes

This bill would have prohibited OHA enforcement actions against health care providers or insurers that exceed the state's health care cost growth target until January 1, 2036. It also would have adjusted rules related to performance improvement plans and enforcement actions regard the cost growth target. Conversations are expected to continue toward another bill in 2027.

HB 4147, Employer Employee Medicaid Data Report

This bill would have directed OHA, with the Oregon Department of Human Services and the Oregon Employment Department, to report annually on large employers that have workers or dependents receiving medical assistance through Oregon's Medicaid program. This was designed to inform future legislative decisions about Medicaid and employer coverage of health care.

HB 4074, Hospital Nurse Staffing Plans

This bill would have set new requirements for hospitals to implement nurse staffing plans including amending staffing ratios, allowing type C hospitals further flexibilities in registered nurse to patient ratios, and changing timelines for complaints.

SB 1558, Hospital Nurse Staffing Plans

This bill would have changed existing hospital staffing laws, including requiring a vote to adopt a nurse staffing plan by hospital nurse staffing committees, changing nurse staffing ratios for medical-surgical units, and imposing violations for failure to comply with registered nurse-to-patient ratios.

OHA Strategic Plan Goal:

FOSTERING HEALTHY FAMILIES AND ENVIRONMENTS

This session, legislators approved several bills that will advance Oregon's commitment to fostering healthy families and environments, by strengthening access to essential public health services, providing additional options for healthcare delivery in educational and community settings, and strengthening protections from the harmful impacts of tobacco and nicotine.

Bills

Expanding access to preventative services and screenings

HB 4135, HPV Awareness Day

This bill designates March 4th of every year as Human Papillomavirus (HPV) Awareness Day in Oregon, aligning with the International Papillomavirus Society's global campaign. It encourages state agencies, schools, healthcare providers, and community groups to promote education on HPV prevention, vaccination, and routine cancer screening to reduce HPV-related cancers.

SB 1527, Cervical Cancer Screening Coverage

This bill requires many health insurance plans in Oregon to fully cover cervical cancer screenings and related follow-up exams. It prohibits insurers, including the Public Employee Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB), from charging deductibles, copays, coinsurance, or other out-of-pocket costs for these services. The goal is that Oregonians can get screening and follow-up care for cervical cancer without cost being an issue.

Expanding options for healthcare delivery in educational and community settings

HB 4088, Oregon's Shield Law

This bill expands protections for people who provide or receive reproductive health care and gender-affirming treatment. This includes limiting cooperation with out-of-state or federal investigations that try to penalize activities that are lawful in Oregon, as well as strengthening privacy protections to keep certain information about patients and providers confidential, including records related to name or gender marker changes. The bill helps protect patients, providers, and helpers from legal actions coming from other states and keep sensitive health-related information private.

SB 1504, Administration of Epinephrine in Schools

This bill allows students and school staff to administer premeasured doses of epinephrine in schools via auto-injector, nasal spray, or other methods. The intent is to allow for new technologies and make epinephrine more readily available in schools, which could increase access to life saving emergency medications when responding to allergic reactions.

SB 1570, Law Enforcement in Health Care Settings “Health Care Without Fear Act”

This bill requires hospitals to adopt policies for how they respond when law enforcement arrives at a health care facility. Hospitals must designate which areas are open to the public and which are restricted, and identify an administrator responsible for handling interactions with law enforcement. It also limits when hospitals can share certain information, such a patient’s immigration status or country of birth, by treating it as protected health information. The intent of the bill is to strengthen patient privacy and help ensure people can seek medical care without fear of immigration enforcement.

SB 1598, Coverage of Preventive Health Services

This bill requires most health benefit plans to pay for coverage of preventive health services such as immunizations, without imposing cost-sharing on patients, when those services are recommended by the state Public Health Officer. It also sets certain requirements for the Public Health Officer for issuing standing orders related to drugs or devices for public health concerns. The bill will help reduce barriers in responding to public health emergencies.

Protecting Oregonians from the harmful effects of tobacco and nicotine

SB 1571, Regulation of Oral Nicotine

This bill allows Oregon's Tobacco Retail License program to inspect retailers to make sure they are not selling oral nicotine products to people under the age of 21. It ensures that oral nicotine pouches, lozenges and other synthetic or tobacco-derived nicotine products are all included in Oregon's tobacco regulations, to promote consistent oversight and reduce youth access to these products.

HB 4120, Smoke-Free Residences

This bill allows residential landlords of multifamily housing to ban smoking within their rental units or in common areas. This is designed to reduce renters' exposure to secondhand smoke, which is a significant public health concern. The bill requires notification to tenants at least 180 days before a landlord changes their housing policy, to ease transitions and reduce concerns about evictions.

Notable Bills Not Passed

HB 4146, Cocktails in Cans

This bill would have authorized the sale of mixed drinks containing distilled spirits to be sold in cans. It would have been the first way to sell distilled spirits in grocery stores and other locales outside of liquor stores.

HB 4155, Expanding Infertility Treatment Coverage

This bill would have required health insurance plans in Oregon to cover diagnosis and treatment for infertility, including services provided by reproductive endocrinology specialists.

SB 1548, Safe Access to Marijuana Act

This bill would have required single-unit, child-resistant packaging, in addition to labels with clear health warnings and information, all designed to reduce the number of children in Oregon who are poisoned by cannabis edibles.

OHA Strategic Plan Goal:

ACHIEVING HEALTHY TRIBAL COMMUNITIES

In honoring the relationships with the Nine Federally Recognized Tribes of Oregon, Urban Indian Health Program, and other health partners, OHA works to support healthy Tribal communities. While a number of bills were identified as having potential impacts on Tribes, the topic of out-of-state placements of Tribal children saw notable health-related legislative action in the 2026 session.

Bills

SB 1532, Out-of-State Placements. Among other changes to Oregon Department of Human Services (ODHS) licensure of Child-Caring Agencies, this bill adds new exceptions for children and young adults to access out-of-state placements or treatment. Specifically, the bill contains a fix under the Indian Child Welfare Act, which requires Tribes to be involved in placement decisions involving Tribal children. It also describes the conditions needed for ODHS to place a child in its custody in an out-of-state eating disorder treatment program. These changes may allow some children to access medically necessary treatment, especially if unavailable in Oregon, and for those services to be potentially covered by Medicaid.

OHA Strategic Plan Goal:

BUILDING OHA'S INTERNAL CAPACITY AND COMMITMENT TO HEALTH EQUITY

Building on the 2025 legislative session, legislators brought several bills in 2026 that aim to provide more culturally responsive care and create a more diverse healthcare workforce. Many of these bills strengthen OHA's ability to improve health equity within its own internal systems, workforce practices, and operational decision-making.

Bills

SB 1568, Technical Fix to SB 692 (2025) to Expand Access to Doulas and Lactation Counselors

In 2025, the Legislature passed a package of bills to expand support for Oregon mothers and infants. This bill updates one of those bills, [SB 692 \(2025\)](#), by clarifying insurance coverage and other processes for birth and postpartum doulas. Additionally, the bill creates a new non-clinical provider called a lactation counselor, which will be overseen by OHA's Traditional Health Worker program.

SB 1595, Culturally Responsive Training Requirements for Professional Licensing Boards

This bill extends the deadline for all professional licensing boards to publish clear guidance on pathways for internationally educated individuals to obtain licensures and certifications, from July 1, 2026 to January 1, 2028. It also extends the requirement for licensing boards to provide approved culturally responsive training of staff who interact with internationally educated individuals. This should improve implementation of [SB 476 \(2025\)](#), which amended requirements for licensure of international health care providers.

Notable Bills Not Passed

HB 4118, Food Access of Oregonians

This bill would have addressed barriers in accessing food services such as the Supplemental Nutrition Assistance Program (SNAP) and Oregon Women, Infants, and Children (WIC).

SB 1581, Universal School Meals

The bill would have expanded access to school breakfast and lunches, to improve food access for children in Oregon.

Next Steps

Though the 2026 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 Bills Not Passed* headings above.
- **Preparing for the 2027 session:** 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.

If you are interested in engaging with OHA on implementation of bills from 2026 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 or (971)372-9887. We accept all relay calls.

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