

# OHA Legislative Session Report 2023

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## Introduction

The 2023 legislative session was perhaps the most unpredictable in Oregon history. While at times it appeared the deadlock would never end, ultimately legislators returned to work, adopted a state budget, and passed major pieces of legislation – including many critically important investments and initiatives that will dramatically impact the health of people in Oregon and the goal of eliminating health inequity in our state by 2030.

The 2023-2025 Oregon state budget represents [a major accomplishment for Governor Kotek](#), with hundreds of millions of dollars in new investments toward her priorities to address homelessness, education, and other social determinants of health, reduce unmet behavioral health needs for people across the state, and maintain – and increase – health coverage for people in Oregon.

**Overall, the Oregon Health Authority (OHA) budget for the 2023-2025 biennium is \$35.8 billion**, an increase of about 6 percent. The total number of positions at OHA increased to 5,664, even with significant administrative reductions and the elimination of vacant positions in the agency. OHA’s primary budget bill was [SB 5525](#), with additional amounts appropriated via several other bills.

Beyond the budget, 2023 saw passage of many bills that will impact health and health equity. From strengthening Measure 110, to continuing to modernize our public health system, implementing our state’s ground-breaking 1115 Medicaid waiver, and building and maintaining a stronger health care workforce, the Governor and legislators made clear that they have high expectations and high hopes for success.

As it implements these legislative bills and budgets – and in all its work – OHA seeks to eliminate health inequities in Oregon by 2030. The vision of health equity that OHA and the Oregon Health Policy Board are working to achieve is:

*Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address the equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices.*

OHA’s legislative implementation is also guided by collaboration with community partners, especially those individuals and communities most harmed by health inequities stemming from contemporary and historical racism, oppression, discrimination, bigotry and bias.

Below are some highlights among the many investments and initiatives in health and health equity from the 2023 legislative session.

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This document does not include every bill that affects OHA or the people OHA serves. It leaves off a variety of bills that make only technical corrections to OHA programs, affect health less directly, primarily affect other state agencies with minor OHA involvement, or make non-health-related operational changes at all state agencies including OHA.

More information on all the legislative bills listed below is available on the [Oregon Legislative Information System \(OLIS\)](#). In OLIS, search for any bill by number to find the full text as approved by legislators, plus legislative analysis, testimony for and against, and how legislators voted on it.

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## Protecting and Expanding Health Coverage

Coverage of and access to health care is a critical factor in the health outcomes of individuals and communities. Research shows that health care coverage leads to better physical and mental health outcomes for people. By maintaining and expanding health coverage, we can improve the health and well-being of individuals, families and the communities they live in – and reduce health inequity.

The 2023-2025 budget and many other bills support Governor Kotek’s priority to protect and expand health coverage. They move Oregon closer to ensuring all state residents have access to health coverage and the health care they need.

- **Healthier Oregon Program (HOP):** The budget provides \$563 million General Fund to fully implement Oregon Health Plan (OHP) medical, dental and mental health benefits to eligible state residents, regardless of immigration status. Prior to this expansion, only those adults aged 19-25 or 55 and older were eligible for HOP coverage. As a result of this funding, close to 40,000 Citizenship Waived Medical (CWM) members ages 26-54 moved to HOP on July 1, 2023. Full implementation of HOP is a significant step toward the goal of eliminating health inequity and extending health care coverage to all people in Oregon.
- **Basic Health Program (BHP):** The budget supports the launch of the BHP, which will expand OHP coverage to people whose income is up to 200% of the federal poverty level (approximately \$60,000 per year for a family of four). This will cover approximately 100,000 people in Oregon, for a population that has historically had the highest uninsurance rates. If the federal government approves, Oregon would be the third state to offer a Basic Health Program. The BHP would likely launch next year.
- **Temporary Medicaid Expansion:** This program will keep people whose incomes are between 138% and 200% of the federal poverty level on Medicaid until the Basic Health Program accepts enrollees. Without this funding, current OHP members and households in this income range would be at risk of losing coverage during the OHP redetermination process, required with the end of the pandemic-driven Public Health Emergency.
- **1115 Medicaid Waiver:** The budget provides \$139 million General Fund – which also generates a large federal match, adding up to \$923 million Total Funds – to strengthen the state’s capacity to fulfill the promise of the new 1115 Medicaid Waiver. Under the waiver, OHP can offer continuous health coverage for children through age 6 and extend coverage eligibility for everyone 6 years old and up for 2 for two years (instead of needing to renew every year). With this funding, OHA also will be able to address health-related social needs, such as the waiver’s first-in-the-nation housing benefits, as well as nutritional supports, plus benefits to help medically vulnerable people who are affected by extreme heat events, wildfires, and other effects of climate change.

- **Early and Periodic Screening and Diagnostic Treatment (EPSDT) program:** The budget provides \$1.1 million in General Fund and \$1.6 million in federal funds to implement changes to the EPSDT program, which is a federal standard that requires state Medicaid programs to cover all medically necessary services for children including but not limited to speech-language-hearing services, medical equipment and supplies, rehabilitation services and more. Effective January 1, 2023, OHA adopted important federal EPSDT requirements that protect children on the Oregon Health Plan ages 0-21.
- **Health Insurance Marketplace:** The budget provides \$2.1 million in Other Funds limitation to implement [SB 972](#) which will begin Oregon's transition to a state-based health insurance marketplace. The change will enable better service on the marketplace for people in Oregon, including increased health plan coverage, smoother transitions between plans, and improved affordability.
- **Health Care Assistance:** [HB 3320](#) creates new requirements for Oregon hospitals related to patients needing financial assistance, intended to increase access to affordable health care by creating more efficient and transparent processes for accessing financial assistance. This law has potential to greatly help low-income people seeking care in Oregon, bringing the state one step closer to eliminating medical debt, which disproportionately burdens people of color.
- **Access to Breast Exams:** [SB 1041](#) prohibits health insurance providers from imposing deductibles, co-payments, or other expenses on patients for diagnostic breast examinations after an abnormality is detected or suspected. This should eliminate a potential barrier to access for lower-income people in need of these health care services.
- **Access to PEP:** [HB 2574](#) requires all Oregon hospitals to prescribe at least a five-day supply of HIV post-exposure prophylaxis medicine (PEP) to patients at no cost to the patient. This will greatly expand the availability of PEP, especially in rural Oregon.
- **Access to Health Benefits:** [HB 2611](#) extends dental and vision benefits, in addition to medical, under PEBB and OEGB to part-time faculty members.
- **Access to Vaccines:** [HB 2278](#) lowers the age at which a pharmacist can administer the flu vaccine from 7 years old to 6 months old. This makes it easier and more convenient for families to get this important vaccine for their youngest children.
- **Access to Vaccines:** [HB 2486](#) allows pharmacy technicians to administer vaccines, just as pharmacists do now. This improves access and convenience for people seeking vaccines.

- **Access to Hearing Devices:** [HB 2994](#) requires health insurance programs, including the Oregon Health Plan, to expand coverage of hearing-related equipment and services. This will give all patients access to the assistive listening devices or other hearing technologies they need.
- **Telemedicine:** [SB 232](#) allows out-of-state physicians to provide specified care to patients in Oregon, and clarifies that the practice of medicine using telemedicine occurs where the patient is located. This means patients in Oregon can access and maintain continuity of care with an established out-of-state provider, particularly specialists and other culturally and linguistically appropriate providers that are not readily available near the patient.
- **Universal Health Coverage:** [SB 1089](#) establishes a governance board charged with designing a universal health plan, in accordance with Measure 111, which was passed by Oregon voters in 2022 and declared health care to be a fundamental right. The board is intended to address, among other things, how to provide equitable access to person-centered care and how to remove cost as a barrier to accessing health care. It has the potential to greatly alter Oregon's health care system including the Oregon Health Plan. Note that the Oregon Department of Consumer and Business Services, not OHA, is leading implementation of SB 1089.

## Maintaining and Expanding Access To Behavioral Health Services

Building on the major investments in recent years, the legislature maintained and expanded its investments to support Governor Kotek's priority to reduce deaths from unmet behavioral health needs and disrupt the pipeline that links untreated mental illness to homelessness, hospitalization, and jail.

- **988 Crisis Line:** The budget includes \$32.9 million to support the 988 crisis line, from the newly passed cell phone tax in [HB 2757](#) plus an additional \$13.2 million in general fund support to cover expenses until tax revenue is collected. These investments leverage \$29.3 million in Federal Funds, so the Total Funds amount for the 988 crisis line this biennium is \$75.6 million. Revenue generated will go first to setting up call centers, with any remaining funds used for mobile crisis centers. This dedicated funding stream will ensure that people who are experiencing a mental health crisis can connect to counseling and support, 24/7, everywhere in Oregon.
- **988 Crisis Line:** [HB 3426](#) requires 988 crisis hotline centers to have policies and train staff on serving the behavioral health needs of first responders. This will address the specialized needs of a group at high-risk of behavioral health challenges, for the benefit of both individuals who are first responders and the people and communities they serve.

- **Community Acute Psychiatric Facility Capacity:** The budget includes \$50 million in lottery bonds dedicated to expanding residential treatment beds for people with severe mental illness.
- **Transition Case Management Services:** The budget includes \$6 million General Fund to ensure more effective community-based placements that will help patients leave the Oregon State Hospital once they no longer need hospital-level care. Such placements give them better support to live safely, independently, and successfully in the community.
- **Community Mental Health Programs:** The budget includes \$7 million General Fund to expand community-based treatment for people with severe psychiatric illness.
- **Jail Diversion Through Community Mental Health Programs:** The budget includes \$4.9 million General Fund (\$6.5 million Total Funds) to ensure more people with mental health disorders receive treatment in the community, instead of being held in jail.
- **Substance Use Disorder Facilities:** The budget includes \$15 million General Fund to help reduce current gaps in residential treatment beds.
- **Opioid Use Prevention:** [HB 2395](#) increases access to naloxone, the overdose reversal drug, in several ways. Among other things, it authorizes emergency responders to distribute naloxone to people at risk of opioid overdose, and authorizes naloxone to be made available in buildings open to the public.
- **Opioid Use Prevention:** [HB 2645](#) makes possession of certain amounts of fentanyl a criminal offense. It also provides immunity from prosecution if the offense was discovered as the result of a person requesting medical assistance.
- **Opioid Use Prevention:** [SB 1043](#) requires hospitals and other health care facilities to provide two doses of naloxone to outgoing patients at high risk of overdose. This will increase the likelihood of naloxone being available where and when it is critically needed.
- **Opioid Use Prevention:** [SB 238](#) requires OHA, with other agencies, to develop a school curricula on the dangers of synthetic opioids and the legal protections for people who report substance use or who seek medical treatment for overdoses for themselves or others. Education of young people about opioids will have long term benefits in lowering overdoses.
- **Opioid Use Prevention:** [SB 450](#) exempts drugs that reverse opioid overdose that are dispensed by physicians from many labeling requirements. This enables providers to

dispense these life-saving drugs with a less complicated process, making them more accessible for those at risk of overdose.

- **Opioid Settlement Investment in the Clearinghouse (anticipated):** The budget increases OHA's Other Funds limitation by \$40 million to pave the way for additional opioid settlement funds to support life-saving overdose prevention efforts, such as the distribution of naloxone kits across Oregon.
- **Measure 110:** [HB 2513](#) clarifies the roles and responsibilities of OHA and the Oversight and Advisory Council for the Measure 110 grants process, updates the operations of the council, and creates a director position to oversee implementation. These technical fixes will allow for smoother implementation of efforts under Measure 110 to reduce substance abuse.
- **Pain Management:** [SB 607](#) requires a study of the membership of the Pain Management Commission, which develops best practices on helping people manage chronic pain, in particular related to prescription opioids. The study is an opportunity to understand some community concerns, as well as how pain management issues impact health inequities.
- **Excessive Alcohol Use:** [HB 3610](#) creates a task force to study alcohol addiction, prevention, and treatment, the social cost of alcohol addiction, funding for alcohol treatment programs, and additional funding options, including the possibility of adjusting alcohol taxes. The task force is an opportunity to craft recommendations for future legislative action to reduce excessive alcohol use in Oregon.
- **Substance Use Recovery:** [HB 2767](#) directs the Oregon Department of Education, with OHA and other agencies, to create recovery high schools. These schools will provide educational and health care services for students in recovery from substance use disorders, so they can get their high school degrees and build healthier futures.
- **Health Care Provider Incentive Program:** The budget includes \$6 million General Fund to address workforce gaps, especially in behavioral health programs.
- **Behavioral Health Workforce:** The budget includes \$3.1 million to provide incentives to recruit and retain behavioral health counselors and other staff serving children, youth and their families.
- **Behavioral Health Workforce:** [HB 2235](#) convenes a work group to study workforce recruitment and retention in the behavioral health system. This work group should lay the groundwork for future legislative action to address this major challenge.

- **Behavioral Analysts:** [HB 2421](#) expands the scope of applied behavior analysis professionals to include substance abuse treatment and mandatory reporting for child abuse.

## Advancing Health Equity

OHA's strategic goal is to eliminate health inequities in Oregon by 2030. Without directly addressing health inequities, it is simply impossible to address the health care needs of all people in Oregon. This session, the legislature approved several important investments and initiatives to advance health equity.

- **REALD and SOGI Data:** The budget includes \$15.7 million Total Funds, of which \$12.7 million is General Fund, to address the requirements of House Bill 4212 and House Bill 3159 to better collect Race, Ethnicity, Language and Disability (REALD) and Sexual Orientation and Gender Identity (SOGI) data from providers and insurers.
- **REALD and SOGI Data:** [SB 216](#) ensures that REALD and SOGI data stays confidential. Such data is generally not a protected health record, so this law provides assurance that individually-identifiable data shared with government agencies remains private, while allowing aggregated data to be used for health studies.
- **OHA Staff Support for Health Equity:** The legislature allowed OHA to swap vacant positions to fund six key positions and provided \$400,000 to expand OHA's Equity & Inclusion Division. With this investment, OHA will have more capacity to embed health equity in major new initiatives and strengthen its diversity, inclusion, training, civil rights, and universal accessibility programs.
- **Oregon State Hospital Equity Program:** The budget includes \$1.9 million General Fund to develop and implement policies and strategies that enhance equity for patients at the state hospital.
- **Health Care Interpreters:** [HB 2696](#) requires sign language interpreters that work in medical settings to obtain a license and meet certain standards. This will help ensure accurate interpretation of critical health information for patients who use sign language.

## Building a Stronger Post-Pandemic Public Health System

While OHA has focused for several years on building a stronger foundation for the overall state and local public health system, COVID-19 exposed remaining gaps. It also demonstrated the success of new approaches to public health that are more inclusive of community. The



legislature approved numerous additional measures to improve various aspects of public health.

- **Public Health Modernization:** The budget includes \$50 million General Fund to accelerate the modernization of Oregon’s public health system. While Oregon has made it through the pandemic better than nearly all other states, the COVID-19 response highlighted the inequities and gaps that continue to mark our public health system. This funding package funds state, community, tribal and local efforts that will directly mitigate health inequities related to communicable disease, chronic disease, emergency preparedness, and reproductive health.
- **Reproductive Health:** [HB 2002](#) expands the scope of reproductive health and gender-affirming care that Medicaid and private insurance is required to cover. It also establishes protections for those seeking and those providing care. Such protections are especially important for people who have been economically and socially marginalized when it comes to reproductive health and gender-affirming care.
- **Climate Change:** [HB 3409](#) is a climate resilience package that will provide \$613 million to expand renewable energy projects, address ground water quality, and expand wildfire mitigation and protection efforts. Part of this funding also supports continued work around health and environmental justice, including providing air filtration devices, air conditioners, and clean water to individuals and communities at higher risk of climate-related health impacts.
- **Domestic Well Safety:** The budget includes \$3 million General Fund for public health interventions in the Lower Umatilla Basin Groundwater Management Area (LUBGWMA) including outreach for domestic well screening and testing and, where indicated, water treatment, as well as other efforts to protect the safety of well water across the state.
- **Inequities in Public Health:** [HB 2925](#) gives an existing task force an additional two years to complete their work related to the public health needs of communities that face health inequities. The extension will allow the task force sufficient time to develop recommendations in conjunction with, not merely on behalf of, these communities.
- **Universally Offered Home Visiting:** The budget includes \$6.1 million Total Funds to expand Oregon’s home visiting program to scale up the next phase of universally offered home visiting in Oregon. The program connects families of newborns with local resources that are individualized to support family connections, including community parenting resources and other services and supports to impact early childhood outcomes.

- **Healthy Homes:** [HB 2987](#) implements recommendations from the Healthy Homes task force. This including removing the cap for nonprofit administrative costs, which will make it more financially feasible for community based organizations to take on healthy homes work.
- **Student Health:** [HB 2656](#) requires school districts to participate in the Oregon Student Health Survey. Data from this survey helps OHA, the Oregon Department of Education, and school districts from all corners of the state better understand the health needs of their students, so they and their local partners can better meet those needs.
- **Psilocybin Services:** The budget includes \$7.3 million in fees and General Fund to support OHA work to develop and implement the first-in-the-nation psilocybin services regulatory framework.
- **Psilocybin Services:** [SB 303](#) requires psilocybin services providers to collect data related to customers, including on the number and demographics of people served and any adverse reactions experienced. This is intended to better understand the psilocybin industry, to allow for better regulation.
- **Tobacco Prevention and the Oregon Health Plan:** [HB 2128](#) requires tobacco companies that are not already part of the Tobacco Master Settlement Agreement to make direct payments to help fund the Oregon Health Plan, which will partially offset the healthcare costs caused by tobacco use.
- **E-cigarette/Vaping Cessation:** The budget includes \$4.4 million from the JUUL e-cigarette settlement to be used for vaping cessation, particularly focused on supporting young people to quit or never start.
- **Alcohol:** [HB 3308](#) authorizes home delivery of alcohol, with certain health and safety regulations.
- **Cannabis:** [HB 2931](#) establishes a cannabis reference laboratory, to support enforcement of cannabis regulations. OHA would be able to independently require a marijuana item to be tested at a licensed laboratory.
- **Toxic Chemicals:** [HB 3043](#) allows OHA to cover entire classes of chemicals under the Toxic Free Kids Act, so manufacturers cannot simply replace one toxic substance with another nearly identical one. It also makes the reporting on toxics more user friendly and publicly accessible.

- **Toxic Chemicals:** [SB 546](#) prohibits the sale of cosmetic products that contain certain toxic chemicals, and requires manufacturers to disclose the presence of other chemicals to consumers. This will reduce toxic exposure to people who use cosmetics.
- **Vital Records:** [HB 2420](#) creates a work group to propose options for equitable access to birth and death certificates throughout the state and for equitable fee revenue to maintain and improve the state and county vital records system.
- **Vital Records:** [SB 573](#) allows a biological parent’s name to be added to the original birth record through an application process in certain circumstances, rather than through a court determination. This makes it simpler and quicker to update a birth certificate.
- **Death with Dignity:** [HB 2279](#) removes the residency requirement for patients to access services under the Death with Dignity Act, in accordance with recent legal decisions. Health care providers would still need to be licensed in Oregon.
- **Food Health:** [SB 545](#) allows consumers to bring and use their own containers for refilling with food at restaurants, under certain rules. This will reduce the need for single-use take-home containers, while raising some public health concerns.
- **Food Health:** [SB 643](#) authorizes foods prepared in home kitchens to be sold in retail stores under certain conditions. This allows more opportunities for home-based food preparers, though less public health oversight.

## Hospital Staffing Package and Health Care Workforce

The legislature passed several measures to address hospital staffing ratios and other health care workforce challenges, to maintain and build a strong, sustainable, and high-quality workforce for today and for the future.

- **Hospital Staffing Ratios:** [HB 2697](#) requires hospitals in Oregon to follow minimum staffing standards for nurses and some other hospital staff, and requires hospital staff and management to work together to develop staffing plans. It makes Oregon one of the first states to cap how many patients can be assigned per nurse, to better ensure quality care.
- **Health Care Workforce Incentives:** [HB 3396](#) provides \$26.5 million General Fund for OHA to develop and administer a new reimbursement training program for hospital clinical education, nursing education programs, apprenticeship opportunities, and other programs that support the development of health care professionals. It also creates a task force to address the challenges faced by hospitals in discharging patients to

appropriate post-acute care settings, such as nursing facilities, including maintaining a quality work force in these settings.

- **Cost Growth Target:** [HB 2045](#) exempts certain frontline labor costs from the Cost Growth Target, which health care providers are required to stay below. This change means providers can pay higher wages to their frontline health workers without it penalizing them for exceeding the cost growth target.
- **Health Care Workforce:** [HB 2665](#) directs OHA to set rate caps for temporary health staffing agencies, based on geography, personnel education, qualifications, and more. Many health care systems in Oregon rely heavily on these agencies.
- **Health Care Workforce:** [HB 2921](#) requires Oregon hospitals to submit reports on the demographics of their health care workforce. This will provide better understanding of the makeup and diversity of that workforce, in support of efforts to better serve their diverse patients.
- **Health Care Workforce:** [SB 226](#) allows a registered nurse in certain health facilities to execute a medical order from a physician licensed in another state. This is especially important when physicians cross state lines in response to an emergency.
- **Pharmacists:** [SB 410](#) authorizes temporary licenses for pharmacy technicians. This is designed to address staff shortages in pharmacies.

## Tribal Health

The legislature approved measures to support health-related efforts of the Nine Federally Recognized Tribes of Oregon for their Tribal members.

- **Tribal Health:** [HB 2286](#) formally codifies an existing program that provides 100% federal funding match for Medicaid services for Tribal members in Oregon. This change makes the program permanent so Tribes can depend on it for funding health-related services.
- **Tribal Health:** [SB 189](#) authorizes OHA to update rules on the disposal of human body parts and other human pathological waste. This is intended to align state law with the cultural practices of many Tribal members in Oregon.

## Health System Costs

The legislature passed several bills that address different aspects of controlling health care costs, in both the Oregon Health Plan and the broader health care system.

- **Coordinated Care Organizations:** [HB 2445](#) extends existing CCO contracts by two years. This will free up resources for OHA and CCOs to implement several major initiatives, including OHP redeterminations, the 1115 Medicaid Waiver and the Basic Health Program, without needing to simultaneously work on new CCO contract procurement.
- **Coordinated Care Organizations:** [SB 966](#), in addition to several technical fixes to OHA programs, requires a study of the CCO quality incentive program. The study will be co-created with community and focus on centering health equity in the quality incentive program.
- **Prescription Drugs:** [SB 192](#) directs the Prescription Drug Affordability Board to develop a plan for establishing upper payment limits on certain drugs. The report must include analysis of potential savings or costs for the state, insurers, hospitals, pharmacies, and consumers.
- **Prescription Drugs:** [HB 2725](#) prohibits pharmacy benefit managers from imposing fees on rural pharmacies after point of sale, to help keep the cost of prescription drugs lower.
- **Prescription Drugs:** [HB 3258](#) implements recommendations of a recent audit of the Prescription Drug Monitoring Program, to better achieve the goal of reducing abuse of prescription drugs. It also permits the program to share data with the federal government to get federal matching funds. In addition, OHA was provided \$1.5 million General Fund to address a funding gap in the Prescription Drug Monitoring Program.
- **Prescription Drugs:** [SB 608](#) prohibits health insurers from imposing certain requirements on claims for reimbursement for prescription drugs. The result is that patients will reach their out-of-pocket maximum sooner and ultimately pay less.
- **PEBB and OEBC:** [HB 3140](#) removes the requirement that Public Employees' Benefit Board and Oregon Educators Benefit Board solicit new bids for actuarial or technical support every three years. This will require fewer staff resources be devoted to procurement, to help keep costs down.

## Oregon State Hospital

In addition to initiatives to create more behavioral health treatment options in communities for patients who could be served in a less intensive setting than the Oregon State Hospital (listed in the section on behavioral health above), the legislature also passed several measures to support the hospital directly.

- **Complex Case Management:** The budget includes \$9.2 million General Fund to develop a specialized unit at the Oregon State Hospital to treat patients who are not responding to current treatment and require intensive services.
- **Fitness to Proceed:** [HB 2405](#) requires courts, when an aid and assist defendant's case is dismissed, to order transport of the defendant back to the jurisdiction where charges were initiated. This provides a mechanism to ensure that patients discharged from the Oregon State Hospital are returned to their home county, rather than be discharged in Marion County.
- **Oregon State Hospital Advisory Board:** [SB 629](#) changes the membership of the Oregon State Hospital Advisory Board to remove geographical limitations and increase the representation of patients and family. The goal is that the board can operate more effectively and better represent everyone interested in hospital policies.

## Reducing Homelessness

In the closing days and hours of the session, legislators approved key initiatives that support Governor Kotek's priority to reduce homelessness. These initiatives align with OHA's efforts to address the social and environmental factors that impact people's health.

- **Affordable Housing:** The budget includes \$650 million to expand affordable housing, supporting Governor Kotek's goal to build 36,000 new housing unit each year for the next decade.
- **Emergency Housing:** The budget includes \$200 million for emergency housing and homelessness prevention, including funding for rent assistance, shelter expansion, specific initiatives to prevent and protect youth experiencing homelessness, and funding to spur housing development.

## Looking Ahead to 2024

As OHA prepares for the 2024 and 2025 legislative sessions, the agency is committed to working with partners to advance the goal of eliminating health inequities in Oregon by 2030. It also commits to thoroughly and meaningfully engaging with communities, especially those experiencing health inequities, on policies that impact them.

OHA is focused on systemic and transformational change. This includes continuing to reduce the number of Oregonians who are uninsured, underinsured, or lack access to health care; creating a behavioral health care system that is responsive, effective, and meaningful in

meeting the needs of all Oregonians; continuing to strengthen the public health system; and addressing the widest range of social determinants of health.

**For more information, including contact information for team members, please see the [OHA Government Relation team website](#).**