

## Background

HB 4070 B advances a shared vision for Oregon's behavioral health system: one that is clear, coordinated, culturally responsive, and accountable, so providers can focus on delivering quality care.

The bill's statutory updates come directly out of a legislatively directed, multi-year effort to modernize Oregon's behavioral health statutes, rules, and contracts. Behavioral health providers, hospitals, community mental health programs (CMHPs), counties, tribal representatives, coordinated care organizations (CCOs), specified Oregon Health Authority (OHA) staff, the judicial system, licensing boards, and consumer advocates all developed these recommendations collaboratively. HB 4070 B reflects consensus recommendations to address those issues through targeted statutory clarification and cleanup, not program expansion.

The amendment adopted unanimously in the Senate Committee on Early Childhood and Behavioral Health clarifies that unlicensed, out-of-state providers may not be reimbursed by Medicaid to provide telehealth services to Oregonians. When public dollars are involved, we have a responsibility to ensure those dollars flow only to providers accountable to Oregon's standards. Oregon licensure provides oversight, complaint investigation, and discipline authority. This does not eliminate telehealth access. It ensures that when Medicaid pays for telehealth, the provider is either Oregon-licensed or operating within an Oregon-approved, certified entity.

## What HB 4070 B Does

HB 4070 B makes a series of targeted, practical statutory updates to better align Oregon law with how the behavioral health system currently operates:

- 1 Explicitly authorizes federally recognized tribes to establish and operate CMHPs and directs OHA to support tribal CMHPs on the same footing as county programs.
- 2 Clarifies roles and responsibilities within Oregon's community behavioral health system for behavioral health resource networks (BHRNs) following SB 610, aligning statute with how CMHPs, CCOs, hospitals, and the state currently operate, without creating new mandates.
- 3 Updates requirement for crisis stabilization centers (CSCs) from conducting a physical health assessment to a screening.
- 4 Reinforces behavioral health parity in Medicaid by requiring OHA and CCOs to ensure access to mental health and substance use disorder treatment is no more burdensome than access to medical or surgical care.
- 5 Modernizes and standardizes outdated mental health and substance use terminology across statute, aligning statutory language with current clinical practice and Oregon's patient-centered approach to care.
- 6 Safeguards behavioral health virtual care by clarifying that unlicensed, out-of-state providers may not be reimbursed by Medicaid to provide telehealth services to Oregonians.



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