

Background

HB 4070 advances a shared vision for Oregon's behavioral health system: one that is clear, coordinated, culturally responsive, and grounded in current practice, so providers can focus on delivering care and Oregonians can more easily access the services they need.

The bill's statutory updates come directly out of the HB 4092 Workgroup, a legislatively directed, multi-year effort to review and 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 participated in developing these recommendations collaboratively.

For decades, Oregon's behavioral health statutes have functioned as a catchall for new policy changes without corresponding updates to existing language. As the publicly funded behavioral health system has grown more complex, the regulatory structure has not kept pace — contributing to administrative burden, inefficiencies, and confusion about roles and responsibilities. HB 4070 reflects consensus recommendations to address those issues through targeted statutory clarification and cleanup, not program expansion.

What HB 4070 Does

HB 4070 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 Limits duplicative or punitive oversight of CCOs by preventing penalties tied to templates or documents created by OHA.
- 6 Modernizes and standardizes outdated mental health and substance use terminology across statute, aligning statutory language with current clinical practice and Oregon's patient-centered approach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.

Why This Bill Matters

Eliminating unnecessary administrative burden and increasing efficiency is long overdue and essential to support the behavioral health workforce, reduce system waste, and improve access to timely, equitable care. When statutory language is outdated or inconsistent, it creates confusion in billing, documentation, and oversight — pulling providers away from service delivery.

HB 4070 is a straightforward, important bill that improves clarity and consistency in Oregon's behavioral health statutes without expanding programs, increasing costs, or reopening past policy debates. By aligning statute with current practice, recognizing tribal authority, reinforcing parity, and updating outdated language, the bill strengthens the foundation of Oregon's behavioral health system and supports more consistent implementation statewide.



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