

2023 Legislative Summary Brief

# Behavioral Health and Health Care



## Access and Affordability

In the 2023 Regular Session, the Legislative Assembly continued efforts to make health care accessible and affordable for Oregonians. Some of this work advances policies initiated in previous sessions. For example, [Senate Bill 1089](#) carries forward work initiated by [Senate Bill 770](#) (2019) and establishes the Universal Health Plan Governance Board within the Department of Consumer and Business Services (DCBS). The Board will produce a comprehensive plan for implementing universal health care in Oregon. While this measure seeks a path to universal health care, other legislation passed during the session is intended to improve access to health care coverage already available in the state. [Senate Bill 972](#) directs the Oregon Health Authority (OHA) to procure and administer an information technology (IT) platform to operate a state-based health insurance marketplace beginning in 2026, transitioning the state from reliance on the federal IT platform in administering the Oregon Health Insurance Marketplace.

In addition to addressing access broadly, the Legislative Assembly also passed measures aimed at specific services or settings. [House Bill 3396](#) creates the [Joint Task Force on Hospital Discharge Challenges](#). The 22-member Task Force is charged with developing recommendations to improve hospitals’ ability to discharge patients to appropriate post-acute care settings to help alleviate the problem of patients “boarding” in hospitals as they await placement in more suitable settings. [House Bill 2002](#) proclaims as a fundamental right the ability for a person to make decisions about their own

## Contents

<a href="#">Access and Affordability</a>	<a href="#">1</a>
<a href="#">Behavioral Health and Substance Use</a>	<a href="#">2</a>
<a href="#">Health Data</a>	<a href="#">2</a>
<a href="#">Health Equity</a>	<a href="#">3</a>
<a href="#">Health Insurance</a>	<a href="#">3</a>
<a href="#">Medicaid</a>	<a href="#">3</a>
<a href="#">Oral Health</a>	<a href="#">4</a>
<a href="#">Pharmacy and Prescription Drugs</a>	<a href="#">4</a>
<a href="#">Providers and Professions</a>	<a href="#">5</a>
<a href="#">Public Health</a>	<a href="#">5</a>

See the **2023 Legislative Summary Report for Behavioral Health and Health Care**, which highlights policy measures that received a public hearing during Oregon’s 202 Regular Legislative Session.

reproductive health. That measure also clarifies the rights of minors to obtain health care services, including abortion, and requires health insurers to provide coverage of services that affirm a person’s gender.

As they looked to improve Oregonians’ access to necessary health care services, lawmakers also considered how to help make care more affordable for individuals and the state. [House Bill 3320](#) builds upon legislation passed in 2018 ([House Bill 4020](#)), 2019 ([House Bill 3076](#)), and

2021 ([House Bill 2360](#)) to clarify requirements for the provision of financial assistance to eligible patients by hospitals. [House Bill 2045](#) exempts increases in costs associated with paying frontline workers from the state's [Health Care Cost Growth Target Program](#).

## Behavioral Health and Substance Use

The state's behavioral health system has received specific attention from the Legislative Assembly in recent years. National rankings indicate that Oregon is among the worst in the nation for prevalence of mental illness and access to care for adults and youth. This attention was sustained during the 2023 Regular Session as the state continued to deal with the impacts of the COVID-19 pandemic. The challenging rollout of the Drug Addiction Treatment and Recovery Act ([Measure 110](#)) passed by Oregon voters in November 2020 coupled with the continuing national opioid epidemic made addressing drug addiction a specific priority issue for legislators.

[House Bill 2513](#) attempts to improve ongoing implementation of Measure 110 by clarifying the roles of the Oregon Health Authority (OHA) and the Oversight and Accountability Council. [House Bill 2395](#) aims to curb the recent surge in drug overdose deaths by making opioid antagonist medications more available and exempting drug testing equipment from drug paraphernalia prohibitions. Similarly, [Senate Bill 1043](#) requires hospitals, detoxification facilities, and residential treatment facilities to provide two doses of opioid overdose reversal medication to patients treated for opioid use disorder. [Senate Bill 450](#) exempts opioid overdose reversal nasal sprays from labeling requirements if a health care provider personally dispenses them.

A number of measures aimed at increasing behavioral health workforce and facilities were considered during the session but did not pass. These include: [House Bill 2651 A](#) (*not enacted*),

which would have appropriated \$75 million to OHA for expanding the state's behavioral health workforce; [House Bill 2544](#) (*not enacted*), which would have appropriated funds to OHA to help increase the statewide capacity of licensed residential facilities to treat individuals with substance use or behavioral health issues; and [House Bill 2485](#) (*not enacted*) and [House Bill 3274](#) (*not enacted*), which would have appropriated funds to Portland State University and Southern Oregon University to increase capacity for students in behavioral health fields. Although these measures did not pass, [House Bill 2235](#) requires OHA to convene a workgroup to study the major barriers to workforce recruitment and retention in the state's publicly financed behavioral health system.

While the state continues to grapple with increasing access to behavioral health services and supports for Oregonians, the Legislative Assembly continued funding for the [9-8-8 Suicide and Crisis Hotline](#) through the passage of [House Bill 2757](#). This builds on the passage of [House Bill 2417](#) in 2021, which created the statewide coordinated crisis system consistent with establishing 9-8-8 as the national crisis hotline to help ensure people have access to behavioral health supports through an easy-to-remember telephone number.

## Health Data

Data plays an important role in allowing the state and legislators to evaluate the health of Oregon and its residents. A recent example is state's new initiative: the Psilocybin Mushroom Services Program Initiative ([Measure 109](#)), which passed in November 2020. Measure 109 authorized the Oregon Health Authority to create a program to permit licensed service providers to administer psilocybin to individuals 21 years of age or older. With applications for licensure commencing in January 2023, the Legislative Assembly passed [Senate Bill 303](#), requiring psilocybin service centers to make quarterly reports to OHA with deidentified



information about clients served, average doses of psilocybin administered, and adverse reactions.

## Health Equity

Oregon and the federal government have established goals to eliminate health inequities by 2030. These goals have been informed by data demonstrating the pivotal role of social determinants of health, or the nonmedical factors that influence health (e.g., race, climate, political systems). In 2022, [House Bill 4052](#) was enacted to provide grants to two culturally and linguistically specific mobile health pilot units. The measure also requires the [Oregon Advocacy Commissions Office](#) (OACO) to convene task forces to develop recommendations on funding robust intervention programs for communities that have historically experienced inequitable and negative health outcomes. [House Bill 2925](#) extends the deadlines for submitting the OACO task force recommendations.

## Health Insurance

As health care advances and new treatments emerge, the Legislative Assembly routinely considers proposals requiring health insurers to provide coverage of specified services or items. In the 2023 Regular Session, new or updated insurance coverage mandates were enacted for proton beam therapy ([Senate Bill 463](#)), treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS) ([Senate Bill 628](#)), orthotic and prosthetic devices ([Senate Bill 797](#)), and hearing-related items and services ([House Bill 2994](#)). Legislators also heard measures related to mandated coverage of infertility treatment ([Senate Bill 491 A](#), *not enacted*), computerized tomography coronary calcium score scans, ([Senate Bill 497 A](#), *not enacted*), and health

care interpretation services ([House Bill 2538](#), *not enacted*). Similarly, [House Bill 2555](#) (*not enacted*), which would have required health insurers to reimburse naturopathic physicians at the same rate as physicians, did not pass. Similar measures also failed in 2019 ([Senate Bill 734 A](#)), 2021 ([Senate Bill 772/House Bill 2673](#)), and 2022 ([House Bill 4006](#)).

As the cost of new coverage mandates can lead to increased premiums, legislators were interested in establishing a process to evaluate mandate proposals. [House Bill 3157 A](#) (*not enacted*) would have established the Health Insurance Mandate Review Advisory Committee to develop a process to review and provide reports on health insurance mandate proposals.

## Medicaid

The Medicaid program is a federal/state partnership that provides health care coverage for adults and children with limited income and resources. Oregon's Medicaid program, the Oregon Health Plan (OHP), is administered according to the parameters of a five-year agreement between the state and the federal government, known as the Section 1115 Waiver. In 2022, the waiver was renewed through September 30, 2027. The new agreement brings additional flexibilities to OHP, including: allowing members age six and older to have two years of continuous eligibility (previously one year), covering more preventative services, and covering more health-related social needs (e.g., food, housing, and climate-related resources).

The Oregon Health Authority administers OHP with the assistance of coordinated care organizations (CCOs) – community-governed organizations that bring together physical, behavioral, and oral health providers to deliver covered care and services. OHA's contracts with CCOs are also on a five-year cycle that began on January 1, 2020. Since CCOs will be



responsible for administering the new flexibilities given to OHP, the Legislative Assembly sought to align OHA contracting for OHP, the 1115 waiver, by requiring a two-year extension of CCO contracts to December 31, 2026. This extension was included in [House Bill 3396](#) (see [Access and Affordability](#)). Finally, [Senate Bill 966](#) directs the Oregon Health Authority to study processes to select quality incentives for coordinated care organizations.

## Oral Health

The Oregon Board of Dentistry (Board) provides oversight of dental professions, including licensure of dentists and certification of dental assistants. [House Bill 3223](#) allows the Board to require, for dental assistant certification, a written examination approved by the Board and offered in English, Spanish, and Vietnamese. The measure also directs the Board to convene an advisory committee, with the majority of members having experience as dental assistants, to advise on workforce issues.

Additional measures to address workforce were considered, including [Senate Bill 441](#) (*not enacted*) and [House Bill 2979 A](#) (*not enacted*), which would have funded incentive programs, trainings, and scholarships to increase the number of dental care providers in the state. [Senate Bill 487 A](#) (*not enacted*) would have added dental case management to Oregon's dental sealant program. [Senate Bill 412 A](#) (*not enacted*) would have required dental laboratories to register with the Health Licensing Office.

## Pharmacy and Prescription Drugs

Building on [House Bill 4005](#) (2018) and [Senate Bill 844](#) (2021), the Legislative Assembly passed measures to improve price transparency and affordability across the prescription drug supply chain. [Senate Bill 192](#) directs Oregon's

[Prescription Drug Affordability Board](#) (PDAB) to develop a methodology for upper payment limits; a maximum price for drugs purchased by the state Medicaid program and public and private health insurance plans. The PDAB is directed to report back to the legislature with recommendations in advance of the 2025 Legislative Session. [Senate Bill 192](#) also requires pharmacy benefit managers or PBMs to report rebates, fees, price protection payments, and any other payments received from drug manufacturers. [House Bill 2725](#) further clarifies allowable PBM practices after adjudicating a pharmacy claim for reimbursement, including prohibiting imposing fees on pharmacies after the point of sale. [Senate Bill 608](#) directs the Oregon Health Authority to survey retail pharmacies for their costs to dispense medications for the state Medicaid program and to request a state plan amendment from the federal government if needed.

Extending the expanded scope of practice for pharmacists during the public health emergency, [House Bill 2278](#) allows pharmacists to administer the influenza vaccine to children six months of age and older, and [House Bill 2486](#) allows pharmacy technicians to administer vaccines under the supervision of a pharmacist. [Senate Bill 410](#) increases licensure requirements for pharmacy technicians, allowing them to practice on a temporary license with a one-time renewal before they must pass the national certification exam to obtain a license.

Based on a [2018 report and findings](#) of the Audits Division of the Secretary of State, [House Bill 3258](#) expands Oregon's prescription drug monitoring program to include drugs classified as schedule V and requires pharmacists to report information about controlled substances prescribed to animals.





## Providers and Professions

Health care providers and professionals in Oregon are licensed and certified under public, independent boards and commissions, including the Oregon Medical Board (doctors and physician assistants), the Oregon State Board of Nursing (nurses and nursing assistants), and the 18 boards, councils, and programs overseen by the State of Oregon's Health Licensing Office.

The legislature acted to statutorily authorize some of the policies that provided flexibility during the public health emergency. [Senate Bill 226](#) allows registered nurses in long term care and in-home care settings to execute medical orders from physicians licensed in other states. [Senate Bill 227](#) extends the renewal period from 30 to 90 days for a nurse licensed in another state to practice in Oregon. [Senate Bill 232](#) clarifies the circumstances allowing out-of-state physicians and physician assistants to care for Oregon patients.

In 2023, the Legislative Assembly also clarified and expanded standards for hospitals in staffing specified categories of health care professions. [House Bill 2697](#) built upon standards created in 2015 for hospitals' staffing of nurses by clarifying those specifications and extending similar expectations to professional, technical, and service staff. Hospitals are now required to develop and maintain staffing committees and staffing plans for nurses, professional staff, technical staff, and service staff. The measure also requires the Oregon Health Authority to issue civil penalties for hospital staffing plan violations beginning June 1, 2025.

Each session, the legislature considers measures to expand or limit the scope of practice of various professions. [House Bill 2584](#) clarifies the permitted scope of practice for physician assistants (PAs), reducing requirements for PAs to practice under collaboration agreements with physicians. [House Bill 2817](#) clarifies the area of the leg to

which the practice of podiatry applies. [Senate Bill 408](#) (*not enacted*) would have established a committee to review requests to change the scope of practice for licensed health care professions.

Finally, the Legislative Assembly passed several measures to remove barriers to licensure and practice for health care professionals, including eliminating licensure requirements to sell hearing aids ([Senate Bill 558](#)), and allowing for:

- provisional registration for behavior analysis interventionists ([House Bill 2048](#));
- applied behavioral analysis professionals to provide certain kinds of behavioral health care ([House Bill 2421](#));
- the Oregon State Board of Nursing to license nurse anesthetists ([House Bill 3425](#));
- limited permits and easing renewal requirements for counselors and therapists ([House Bill 3300](#)); and,
- surgical technicians to be certified by completing an apprenticeship program ([House Bill 3596](#)).

## Public Health

Public health includes policies and programs designed to protect and promote the health of Oregonians and the communities where they live, work, play, and learn. The Legislative Assembly considered a diverse set of public-health-related measures, and took action to expand sites for disposal of drugs to include hospital incinerators ([Senate Bill 411](#)), to allow patients discretion to make choices about the final disposition of their amputated limbs and other pathological waste ([Senate Bill 189](#)), to clarify requirements for the Public Health Division of the Oregon Health Authority to investigate and regulate certain health care facilities ([Senate Bill 965](#)), and to guarantee access to HIV exposure drugs ([House Bill 2574](#)).



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