

Health Care



This Legislative Summary Report highlights Health Care policy measures that received a public hearing in a policy committee during the **2025** regular legislative session. The report is organized by subtopics and includes the measure number; the measure status: enacted [✓] or not enacted [✗]; and a brief description of the measure.

Health Care Subtopics:

- Access & Affordability
- Health Insurance (Including PEBB & OEBB)
- Medicaid (Oregon Health Plan & Coordinated Care Organizations)
- Other
- Pharmacy & Prescription Drugs
- Providers & Professions
- Public Health

Access & Affordability

- SB 296** ✓ The measure directs the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) to create a dashboard to improve timeframes for eligibility determinations for long term services and supports (LTSS), to expand medical assistance coverage for skilled nursing, and to study the regulatory frameworks for facilities that care for people with complex health or behavioral health needs.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 376** ✗ The measure would have defined “rural” as a geographical area with a population that is no more than 1.25 percent of Oregon’s total population for purposes of the healthcare provider incentive program.
- SB 442** ✗ The measure would have established the COFA Shared Services Office within the Department of Human Services (ODHS) and the Oregon Health Authority (OHA) to assist Compact of Free Association (COFA) citizens in accessing federal and local social support benefits.

- SB 538 A** ✗ The measure would have prohibited the Oregon Department of Human Services (ODHS) from restricting the number of care attendant service hours provided by a parent caregiver for children with very high medical and behavioral health needs.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 539 A** ✗ The measure would have restricted hospitals and health systems from applying facility fees unless on the hospital campus and with notice to the patient.
- SB 1060 A** ✗ The measure would have required hospitals to publicly disclose their standard charges for medical services, including rates negotiated with different payers and discounted cash prices.
- SB 1162 A** ✗ The measure would have required an approved certificate of need to establish, expand, or relocate a hospice program into a new program area.
- SB 1188 A** ✗ The measure would have directed the Oregon Public Guardian and Conservator (OPG) to establish a grant program for community-based and county public guardian programs to serve people with complex care needs who are being discharged from hospitals.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- HB 2216 A** ✗ The measure would have directed the Oregon Health Authority (OHA) to assess existing billing practices for community health workers (CHWs) and to provide technical assistance to organizations that employ CHWs.
- HB 2222 A** ✗ The measure would have directed the Oregon Health Authority (OHA) to establish criteria for mobile integrated health (MIH) providers to enroll as providers in the state medical assistance program and to provide technical assistance to MIH providers and employers applying to provide services through the state medical assistance program.
- HB 2292** ✓ The measure requires health benefit plans, the Oregon Health Authority (OHA), and coordinated care organizations (CCOs) to provide coverage of drugs and services for the prevention or treatment of human immunodeficiency virus (HIV) with no cost-sharing or prior authorization requirements.



- HB 3080** ✗ The measure would have established a priority list of persons who must be appointed as an incapacitated person's health care representative if such persons can be located and are willing to serve as the healthcare representative, including the incapacitated person's spouse, children, parents, adult siblings, other relatives, or an adult who meets certain requirements. It would have established procedures, limitations, and requirements related to those representatives.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Civil Law.
- HB 3326 A** ✗ The measure would have established the Seniors Emergency Dental Program within the Oregon Health Authority (OHA) for the purpose of providing specific emergency dental services to eligible seniors.
- HB 3554 A** ✗ The measure would have directed the Oregon Health Authority (OHA) to establish a primary care provider loan repayment program and a financial incentive program for primary care practices. The measure directed OHA to provide low-interest loans to primary care practices to implement and upgrade certain electronic health record systems. It would have directed OHA and the Department of Consumer and Business Services (DCBS) to establish an online reporting portal for health outcome and quality measures and created a task force to assist with the development and implementation of the centralized online portal.
- HB 3650 A** ✗ The measure would have established the Latino Health System Task Force to develop proposals for a Latino Health System that meets specified goals.
- HB 3799** ✗ The measure would have established a process by which a health care practitioner may offer to treat a patient who has a terminal disease or severe chronic disease with an investigational product not approved by the United States Food and Drug Administration (FDA).

Health Insurance (Including PEBB & OEBB)

- SB 28 A** ✗ The measure would have required health insurers to reimburse independent primary care providers at the same rate as hospital-based providers for identical services.
- SB 56 A** ✗ The measure would have required the Oregon Health Plan and health insurance plans issued in Oregon to cover computerized scans to detect calcium deposits in the coronary arteries for individuals 40 years of age or older.



SB 451 A	✗	The measure would have prohibited certain health insurance carriers from imposing a deductible, coinsurance, copayment, or other out-of-pocket expense for medically necessary cervical cancer screenings and follow-up examinations.
SB 532 A	✗	The measure would have directed dental insurers to pay dental providers for claims within a specified timeframe, limited post-payment refund requests, and required direct payment from dental insurers to dental providers.
SB 535 A	✗	The measure would have required employer and individual health plans to reimburse for the cost of specified fertility treatments.
SB 699	✓	The measure expands requirements for individual and group health insurance plans to cover medically necessary prosthetic and orthotic devices, including their repair and replacement. It exempts the Public Employees' Benefit Board (PEBB) and the Oregon Educators Benefit Board (OEBB).
SB 822	✓	The measure directs the Department of Consumer and Business Services (DCBS) to adopt new rules to evaluate the adequacy of provider networks of health insurance carriers offering individual or group benefit plans.
SB 824	✓	The measure requires insurance carriers to report annually to the Department of Consumer and Business Services (DCBS) on rates and denials for medical and behavioral health claims.
SB 942 A	✗	The measure would have mandated that health benefit plans cover children under a legal guardian's care beyond the age of 26 if the child has an ongoing disability.
SB 1137	✓	The measure requires health benefit plans that cover implant-based breast reconstruction procedures to cover autologous breast reconstruction procedures with terms and conditions no less favorable than implant-based procedures.
SB 1181	✗	The measure would have prohibited insurers offering Medicare supplement (Medigap) plans from imposing preexisting condition exclusions or different terms and conditions on eligible applications. It would have required the Department of Consumer and Business Services to adopt rules specifying standards for Medigap open enrollment periods.
HB 2023	✗	The measure would have expanded health insurance coverage for applied behavior analysis (ABA) therapy to include additional diagnoses related to intellectual and developmental disabilities (IDD) in a manner consistent with existing coverage for autism spectrum disorder.



HB 2041	✗	The measure would have required health insurance policies to reimburse mental health providers and physicians at the same rate for the same services. Note: This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.
HB 2536	✗	The measure would have prohibited health benefit plans from requiring step therapy prior to providing coverage for a prescription drug to treat metastatic cancer and associated conditions.
HB 2540	✓	The measure requires some health insurers to include direct payments made to a provider toward an enrollee's out-of-pocket and deductible costs in specified situations.
HB 2564	✓	The measure makes changes to the process used by the Department of Consumer and Business Services (DCBS) to review rates for health insurance plans.
HB 2690	✗	The measure would have established the Health Insurance Mandate Review Advisory Committee (HIMRAC) to review proposed measures that require a health insurance plan to provide coverage for a specific service or reimburse specific providers and produce a report containing specified information about the proposed coverage requirement.
HB 2959	✗	The measure would have required employer and individual health plans to reimburse for the cost of certain fertility treatments. It would have directed the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to study access and barriers to fertility treatments.
HB 3064	✓	The measure requires certain health insurance plans to cover health services relating to the treatment of perimenopause, menopause, and post-menopause beginning in plan year 2026.
HB 3086	✗	The measure would have required the Public Employees' Benefit Board (PEBB) to count amounts paid by the enrollee or on behalf of the enrollee when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance, or other required prescription drug cost-sharing.
HB 3092	✗	The measure would have required the Oregon Educators Benefit Board (OEBB) to count amounts paid by the enrollee or on behalf of the enrollee when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance, or other required prescription drug cost-sharing.
HB 3134	✓	The measure requires health insurers to report certain data on prior authorizations and changes to the permitted use of prior authorization in certain circumstances.



- HB 3242** ✓ The measure requires a health insurer to reimburse a provider who is joining a provider group that is in-network with the insurer at the in-network rate during the credentialing period. It requires a provider group to reimburse a health insurer if a provider does not submit a complete application or meet the insurer's credentialing requirements.
- HB 3243** ✓ The measure prevents some insurance plans from balance billing patients for ambulance ground services in certain situations, requires ambulance service providers to report rates to the Department of Consumer and Business Services (DCBS), and directs DCBS to publish rates in a public database.
- HB 3421** ✗ The measure would have required health insurance policies, health care services contracts, the Oregon Health Authority (OHA), and coordinated care organizations (CCOs) to cover biomarker testing in specified circumstances.
- HB 3439 A** ✗ The measure would have required individual and group health benefit plans, as well as plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB), to reimburse services provided by naturopathic physicians within their scope of practice if the services are reimbursed when provided by licensed physicians, physician associates, or nurse practitioners.

Medicaid (Oregon Health Plan & Coordinated Care Organizations)

- SB 20** ✗ The measure would have required the Department of Human Services to provide medical assistance to employed individuals with medically improved disabilities regardless of their income or resources.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 61** ✗ The measure would have prohibited the Oregon Health Authority (OHA) and its contractors, when auditing Medicaid providers, from recovering reimbursement on the basis that a patient visit did not occur if the provider submits documentation verifying that the patient visit occurred.
- SB 230** ✓ The measure requires dental care organizations and oral health providers contracting with the Oregon Health Authority to provide oral health care to veterans and to complete an intake screening with enrollees within 60 days of their contact with the organization or provider.



- SB 388** ✗ The measure would have required the Oregon Health Policy Board (OHPB) to produce a report on the Oregon Integrated and Coordinated Health Care Delivery System, also known as coordinated care or the “CCO model.”
- SB 549** ✓ The measure defines "complex rehabilitation technology" and requires the Oregon Health Authority (OHA) or a coordinated care organization to respond to prior authorization requests for its repair within 72 hours.
- SB 609 A** ✗ The measure would have established minimum reimbursement rates for primary care, behavioral health, dental care, and optometry services covered by the Oregon Health Plan (OHP).
- SB 692** ✓ The measure directs the Oregon Health Authority (OHA) to support and fund community-based perinatal services. It expands coverage of community-based perinatal services for people receiving medical assistance and requires coverage of community-based perinatal services by private health insurers.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Early Childhood.
- SB 695 A** ✗ The measure would have directed the Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) to create whole person mental health programs, to include early childhood partners in the development of community health assessments (CHA) and community health improvement plans (CHP), and to support investments in maternal and early childhood health.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Early Childhood.
- SB 778** ✗ The measure would have required the Oregon Health Authority (OHA) and coordinated care organizations to use a specified methodology to set reimbursement rates for air ambulance services.
- SB 846** ✓ The measure directs the Oregon Health Authority (OHA) to monitor work with communities and community programs to improve access to care for children in coordinated care organization service areas. It directs OHA to report findings to the Legislative Assembly by December 31 of each even-numbered year.



- SB 909 A** ✗ The measure would have required parental income to be disregarded when determining eligibility for medical assistance for individuals under age 18 who require a hospital or nursing home level of care. The measure would have required the Oregon Health Authority to develop level of care criteria for admission to psychiatric facilities for individuals under age 21 and provided for home and community-based services as alternatives to institutional placement for individuals who meet those criteria.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Reports on Human Services and Behavioral Health.
- SB 945** ✓ The measure provides medical assistance eligibility to individuals under age 26 who live in Oregon, have aged out of foster care, and were previously enrolled in medical assistance in any state.
- SB 1029 A** ✗ The measure would have prohibited the Department of Human Services or Oregon Health Authority from recovering medical assistance payments from a recipient's estate or surviving spouse if the recipient's surviving child provided care for the recipient in their home and has inherited or received legal interest in the home.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 1197 A** ✗ The measure would have required respite care services to be provided through the state medical assistance program to children and youth who have complex behavioral health needs or an intellectual or developmental disability and their caregivers. The measure would have required the Oregon Health Authority to support the availability of respite care services and to apply for federal approval to provide respite care services through the state medical assistance program.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- HB 2010** ✓ The measure extends assessments on specified entities to support funding the Oregon Reinsurance Program and Oregon Health Plan.
- HB 2205** ✓ The measure specifies that contracts between the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) shall be for an initial term of no less than five years and that the contract length shall be the same for all CCOs. It clarifies that OHA may extend CCO contracts that are set to expire on July 27, 2023, to December 31, 2026, or unless further extended by OHA.



HB 2206 A	✗	The measure would have required the Oregon Health Authority (OHA) to convene a workgroup to study the feasibility of transferring the responsibility and financial risk for administering the adult mental health residential service benefit from OHA to coordinated care organizations (CCOs).
HB 2208	✓	The measure requires coordinated care organizations (CCOs) to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs); directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP; and permits the Oregon Health Authority (OHA) to use rule to align reporting requirement timelines.
HB 2209	✗	The measure would have modified the criteria permitting amendments to contracts between the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) and would have established a process for the adoption of amendments.
HB 2211	✓	The measure establishes a statutory definition for "dental subcontractor" and directs the Oregon Health Authority (OHA) to create requirements for dental subcontractors to contract with coordinated care organizations (CCOs).
HB 2212 A	✗	The measure would have established the Task Force on the Prioritized List of Health Services staffed by the Legislative Policy and Research Office (LPRO) and the Oregon Health Authority (OHA) to study and make recommendations regarding the impacts of phasing out the use of the Prioritized List.
HB 2214	✗	The measure would have updated the minimum financial requirements for coordinated care organizations (CCOs) to align with federal law.
HB 2215 A	✗	The measure would have established a process for the Oregon Health Authority (OHA) to determine global budgets for coordinated care organizations (CCOs).
HB 2224	✗	The measure would have required bodies providing guidance and advice to coordinated care organizations (CCOs) to include specified public health representatives.
HB 2239 A	✗	The measure would have defined recovery residences and allowed the Oregon Health Authority (OHA), coordinated care organizations (CCOs), and county behavioral health departments to contract with a recovery residence that is certified through a national recovery residence organization.
HB 2317	✗	The measure would have required the governing body of a coordinated care organization (CCO) to include at least one representative of a federally qualified health center (FQHC) and at least one senior public health official.
HB 2597	✗	The measure would have directed the Oregon Health Authority (OHA) to increase the reimbursement rate for dental care organizations.



- HB 2789** ✓ The measure prohibits the Oregon Health Authority (OHA) from requiring an order from a primary care provider for a nurse to be reimbursed for certain care management services. It directs OHA to establish and maintain a list of covered care management services for which a registered nurse may seek reimbursement.
- HB 2917** ✗ The measure would have directed the Oregon Health Authority (OHA) to study potential changes to the prioritized list of health services from the Health Evidence Review Commission (HERC) and to submit a report to the Legislative Assembly by September 15, 2026.
- HB 2942** ✓ The measure requires the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to reimburse pharmacists and pharmacies in the same manner as other health care providers for the prescription, dispensation, and administration of pre-exposure (PrEP) and post-exposure (PEP) prophylactic antiretroviral therapies. It requires OHA and CCOs to reimburse pharmacists for the service provided.
- HB 2955 A** ✗ The measure would have required the state medical assistance program to provide coverage of continuous glucose monitors (CGMs) in specified circumstances.
- HB 3229 A** ✗ The measure would have required the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to take specified actions aimed at expediting behavioral health providers to enroll in the Oregon Health Plan.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.
- HB 3245 A** ✗ The measure would have required the Oregon Health Authority (OHA) to study a methodology for calculating a coordinated care organization's (CCO) global budget that considers the CCO's investments in improving health outcomes, quality, access, and community health as well as reducing inefficient and ineffectual care. It would have required OHA to submit a report to the Legislative Assembly.
- HB 3923** ✗ The measure would have removed Oregon Health Authority (OHA) discretion to approve the transfer of 500 or more members of a coordinated care organization (CCO) to another CCO if specified conditions are met and the transfer does not diminish patient care. It would have required the transfer of 500 or more members of a dental care organization (DCO) to another DCO under the same conditions as the transfer of CCO members.



Other

- HB 2029 A ✗ The measure would have established parameters for claim audits conducted by insurers, the Oregon Health Authority, and coordinated care organizations (CCOs).
- HB 2208 ✓ The measure requires coordinated care organizations (CCOs) to collaborate with community mental health programs (CMHPs) and local planning committees when developing their community health improvement plans (CHIPs); directs CMHPs, CCOs, and local public health authorities to include specific behavioral health plans in their CHIP; and permits the Oregon Health Authority (OHA) to use rule to align reporting requirement timelines.
- HB 2365 ✗ The measure would have expanded the types of health provider licensees that qualify for the rural provider income tax credit.
- HB 2457 ✗ The measure would have established the Rare Disease Advisory Council in the Oregon Health Authority.
- HB 2573 ✓ The measure modifies the responsibilities of the Senior Emergency Medical Services Innovation Program and Senior Emergency Medical Services Council. It extends the sunset on the program and the prohibition on local government regulation of long-term care facilities or residential care facilities subject to regulation by the Oregon Department of Human Services (ODHS).
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- HB 3214 A ✗ The measure would have expanded the definition of "debilitating medical condition" for the medical use of marijuana. It required specified organizations and residential care facilities to maintain written policies and provide staff education regarding the medical use of marijuana.
- HB 3221 A ✗ The measure would have defined urgent care centers and allowed all urgent care centers operating within Oregon to register with the Oregon Health Authority (OHA), established a minimum standard for on-site services that an urgent care center must provide, and directed OHA to maintain a website to provide public information about registered urgent care centers.
- HB 3294 ✓ The measure clarifies certain aspects of the requirement that hospitals establish staffing committees and adopt staffing plans for specified employee groups, including nurses.



- HB 3324** ✗ The measure would have established that a health care facility is a not a manufacturer, distributor, seller, or lesser of a product for the purposes of a civil action for product liability if the facility was not involved in the design or manufacturer of the product.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Civil Law.
- HB 3572 A** ✗ The measure would have directed the Emergency Medical Services (EMS) Program to develop and implement a 10-year strategic plan, created the EMS Program Fund to provide funds to regional EMS advisory boards, permitted the Governor and the State Fire Marshal to order EMS resources and equipment be made available in response to an emergency, and allocated money from the General Fund to support EMS Program activities.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Emergency Preparedness.

Pharmacy & Prescription Drugs

- SB 1** ✗ The measure would have allowed students or staff to administer a pre-measured dose of epinephrine via inhaler. It would have updated liability protections and training requirements to cover proper administration methods.
- SB 289** ✓ The measure allows Oregon's Prescription Drug Affordability Board to report annually instead of quarterly and to identify fewer than the nine drugs currently required for affordability review.
- SB 295** ✓ The measure repeals the sunset on the provision allowing pharmacists to test for and treat COVID-19.
- SB 448** ✗ The measure would have directed the Oregon Health Authority to study tardive dyskinesia and other related involuntary movement disorders.
- SB 533** ✗ The measure would have prohibited drug manufacturers from restricting access to or imposing utilization review on 340B drugs to be acquired by a pharmacy contracted with a covered entity.

Note: Provisions of this bill enacted as part of [HB 2385](#).



SB 598	✓	<p>The measure requires any entity that provides health care coverage for prescription drugs to ensure that the drug formulary provides coverage for at least one clinically appropriate nonopioid prescription drug as an alternative for each opioid prescription drug.</p> <p>Note: This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.</p>
HB 2011	✗	<p>The measure would have required health insurers and pharmacy benefit managers (PBMs) to cover prescription drugs filled at any pharmacy regardless of whether the dispensing pharmacy is a participating pharmacy.</p>
HB 2057	✗	<p>The measure would have specified the circumstances in which a pharmacy benefit manager (PBM) or insurer would be prohibited from requiring a 340B pharmacy to submit a claim for reimbursement with a modifier or other indicator that the drug is a 340B drug.</p> <p>Note: Provisions of this bill enacted in HB 3409.</p>
HB 2149	✗	<p>The measure would have required pharmacy services administrative organizations (PSAOs) to be licensed by the Department of Consumer and Business Services (DCBS)</p>
HB 2252	✗	<p>The measure would have required a person intending to apply for a pharmacy benefit manager (PBM) license to demonstrate to the Director of the Department of Consumer and Business Services (DCBS) that the person is not owned or operated by an insurer or an affiliate of an insurer.</p>
HB 2253	✗	<p>The measure would have required pharmacy benefit managers (PBMs) to act as enrollees' fiduciary when negotiating the price of prescription drugs. It would have required the Department of Business Services (DCBS) to adopt rules explaining fiduciary duty requirements and establishing a complaint process that would allow PBMs to be reported for a breach of fiduciary duty.</p>
HB 2318	✗	<p>The measure would have directed the Oregon Health Authority (OHA) to conduct a literature review of studies looking at how extreme temperature changes during shipping can affect mail-order medicines.</p>
HB 2385	✓	<p>The measure makes it an unlawful trade practice for drug manufacturers to take specified actions that limit or interfere with a pharmacy's ability to acquire or dispense 340B drugs.</p> <p>Note: Governor Tina Kotek issued a signing letter – see the signing letter for HB 2385.</p>



- HB 3082** ✗ The measure would have required prescription drug manufacturers to report to the Department of Consumer and Business Services (DCBS) by March 15 of each year on the total number of consumers who participated in every patient assistance program offered by the manufacturer.
- HB 3211** ✓ The measure requires the Oregon Health Authority (OHA) to develop a nonopioid directive form that is available electronically to the public.
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.
- HB 3212** ✗ The measure would have expanded rules governing pharmacy benefit managers (PBMs) and prescription drug coverage in Oregon.
- HB 3226** ✓ The measure includes pharmacy services administrative organizations (PSAOs) in the definition of "pharmacy." It requires PSAOs to register with the Department of Consumer and Business Services (DCBS) as third-party administrators (TPAs), exempting specified PSAOs that are not owned by pharmacy benefit managers.
- HB 3409** ✓ The measure specifies the circumstances in which a pharmacy benefit manager (PBM) or insurer is prohibited from requiring a 340B pharmacy to submit a claim for reimbursement with a modifier or other indicator that the drug is a 340B drug.

Providers & Professions

- SB 24 A** ✗ The measure would have required the Department of Administrative Services (DAS), in consultation with the Department of Corrections (DOC) and labor unions, to conduct a market study. It would have set minimum staffing requirements and staffing ratios at DOC institutions.
Note: This measure is cross-listed in the Summary of Legislation Summary Report on Criminal Justice.
- SB 27 A** ✗ The measure would have appropriated funding to the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) for various health care workforce initiatives, including workforce training, healthcare program expenses, and clinical education reimbursements.



- SB 283 A** ✗ The measure would have directed the Oregon Department of Human Services (ODHS) to reimburse clinical education at long-term, residential, memory care, and assisted living facilities, with requirements for clinical placements and training. It would have directed the Oregon Health Authority (OHA) to reimburse hospitals participating in a labor-management training trust and federally qualified health centers for workforce initiatives, and to establish a task force within the agency to review the sustainability of the Oregon Essential Workforce Health Care Program.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 293 A** ✗ The measure would have mandated the Department of Corrections (DOC) to meet certain requirements when providing medical care to adults in custody (AIC).
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Criminal Justice.
- SB 476** ✓ The measure expands culturally responsive training requirements for professional licensing boards, requires professional licensing boards to publish guidance for internationally educated individuals, and permits the Oregon Medical Board to provide for provisional licensure for qualified internationally trained physicians.
- SB 531** ✗ The measure would have distributed \$1,600,000 from the General Fund through the Oregon Department of Administrative Services to the Oregon Wellness Program.
- SB 536** ✓ The measure expands the types of providers who may serve as medical examiners to include licensed physician associates and nurse practitioners. It clarifies that physicians serving in this role must be licensed.
- SB 537** ✓ The measure creates workplace violence prevention requirements in health care settings, directs the Oregon Department of Consumer and Business Services (DCBS) to track data regarding incidents of workplace violence, and requires certain health care settings to take action to protect workers from safety risks.
- SB 683** ✗ The measure would have directed the Oregon Health Authority (OHA) to study access to primary care physicians and report findings to the Legislative Assembly every two years.
- SB 693 A** ✗ The measure would have established the Task Force on the Perinatal Workforce.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Early Childhood.



SB 716 A	✗	The measure would have increased reimbursement for services rendered at eligible urgent care centers.
SB 772 A	✗	The measure would have created the Indian Health Scholarship Program which would have been administered by the Oregon Health and Science University (OHSU).
SB 834	✓	<p>The measure modifies standards for certain aspects of care delivered at the Oregon State Hospital, including prohibiting the hospital from treating patients under the age of 18, allowing psychiatric nurse partitioners to evaluate patients, and separating the roles of chief medical officer and superintendent.</p> <p>Note: This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.</p>
SB 842	✓	The measure increases the annual license fees that hospitals pay to the Oregon Health Authority (OHA); makes information obtained during an intake, triage, or investigation of a complaint confidential; allows OHA to accept federal certifications and accreditations in lieu of in-person inspections if a facility provides summary documentation within a specified timeframe; and appropriates funds from the General Fund to OHA for the payment of increased hospital licensing fees for the Oregon State Hospital.
SB 873	✓	The measure repeals the Oregon Medical Board's Volunteer Emeritus License, which allows out-of-state physicians to practice medicine on a volunteer basis in Oregon.
SB 874	✓	The measure defines "Traditional Eastern medicine" as the practice of acupuncture and traditional Chinese medicine, as regulated by the Oregon Medical Board.
SB 943	✗	The measure would have defined "audiologist" and would have specified requirements for licensure, practice, and investigation procedures under the State Board Examiners for Speech Language Pathology and Audiology.
SB 951	✓	<p>The measure restricts individuals who are not licensed medical providers from owning or controlling medical practices and prohibits noncompetition and non-disparagement agreements between practices and licensees.</p> <p>Note: This measure is cross-listed in the Summary of Legislation Summary Report on Business and Consumer Protection.</p>



- SB 957 A** ✗ The measure would have made a noncompetition agreement void and unenforceable as between a business and a licensee of the Oregon Medical Board (OMB) except if the licensee had provided direct patient care services, had at least a five percent ownership interest in the business, and the agreement would have otherwise been valid under Oregon law. The measure would have applied to noncompetition agreements entered into before, on, or after the measure's effective date.
- Note:** Similar provisions of this bill enacted as part of [HB 3410](#). This measure is cross-listed in the Summary of Legislation Summary Report on Business and Consumer Protection.
- SB 1000** ✗ The measure would have appropriated \$10,000,000 from the General Fund to the Oregon Department of Administrative Services to support the Bay Area Hospital in Coos Bay for the 2025-2027 biennium.
- SB 1001 A** ✗ The measure would have allocated \$5,000,000 from the General Fund to the Oregon Department of Administrative Services (DAS) for distribution to the Coast Community Health Center or a successor healthcare entity for the 2025-2027 biennium to support health care services and apprenticeship programs.
- SB 1050** ✗ The measure would have appropriated \$2,200,000 from the General Fund to the Oregon Department of Administrative Services (DAS) for the 2025-2027 biennium for distribution to Southern Coos Hospital and Health Center to expand access to primary, specialty, and pharmacy services.
- SB 1073** ✗ The measure would have established the Family Home Health Aide Program within the Oregon Health Authority (OHA) to enable family caregivers to become certified as family home health aides.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.
- SB 1161** ✓ The measure includes licensed organ transport vehicles among emergency services vehicles that may use lights, use sirens, and require other vehicles to yield.
- SB 1168** ✓ The measure modifies a prohibition on per-visit compensation by home health agencies and hospice programs to apply to home health care staff and home hospice care staff, rather than nurses.
- Note:** This measure is cross-listed in the Summary of Legislation Summary Report on Human Services.



SB 1173	✓	The measure exempts a health care facility, a hospital-affiliated clinic, a professional corporation formed to practice medicine or provide health care services, or a residential care facility from a product liability civil claim arising from a product provided to a patient, so long as the facility or entity did not manufacture or design the product or offer it for sale to the public. The measure clarifies that a physician is exempt from product liability in providing a product as part of health care services as opposed to a medical procedure. Note: This measure is cross-listed in the Summary of Legislation Summary Report on Civil Law.
SB 1174 A	✗	The measure would have established licensure requirements for nutritionists and defined the scope of practice for nutritionists and dietitians.
HB 2016	✓	The measure directs the Oregon Board of Licensed Professional Counselors and Therapists to create a schedule of violations and to remove the information related to the discipline of some licensees after three and five years based on the violation.
HB 2143	✓	The measure defines "five-needle protocol," requires the Oregon Medical Board (OMB) to establish a registry of individuals qualified to provide the protocol, and directs OMB to adopt rules establishing qualifications for registration.
HB 2204	✗	The measure would have added podiatric physicians and podiatric surgeons, known as podiatrists, to the list of provider types eligible for the rural provider income tax credit beginning in 2026. The measure would also have removed the requirement that an optometrist have hospital consulting privileges in order to qualify for a tax credit.
HB 2210 A	✗	The measure would have established the Task Force on Provider Credentialing to develop recommendations related to the provider credentialing database maintained by the Oregon Health Authority.
HB 2357	✗	The measure would have enacted the interstate Occupational Therapy Licensure Compact and Audiology and Speech-Language Pathology Interstate Compact to allow occupational therapists and audiologists and speech-language pathologists licensed in other compact states to practice in Oregon without obtaining a license through the Oregon Board of Licensed Professional Counselors and Therapists or State Board of Examiners of Speech-Language Pathology and Audiology.
HB 2365	✗	The measure would have expanded the types of health provider licensees that qualify for the rural provider income tax credit.
HB 2390	✗	The measure would have increased the amount of the rural provider income tax credit and removed the annual income limit for credit eligibility for rural medical providers.



HB 2549	✗	The measure would have expanded the types of health provider licensees that would qualify for the rural provider income tax credit to include pharmacists. It would have directed the Office of Rural Health to establish criteria for certifying tax credit eligibility.
HB 2554	✗	The measure would have enacted the interstate Social Work Licensure Compact to allow social workers licensed in other states to practice in Oregon without obtaining a license through the State Board of Licensing Social Workers.
HB 2591 A	✗	The measure would have permitted the Oregon Health Authority (OHA) to adopt rules to expand the Health Care Provider Incentive Program to include physicians who practice, or are in training to practice, anesthesiology, and certified registered nurse anesthetists (CRNAs), or those in training to become CRNAs.
HB 2594	✓	The measure requires dental laboratories operating in Oregon to register with the Health Licensing Office (HLO), specifies registration requirements, and directs dental laboratories to provide material content disclosures for work orders completed on behalf of Oregon dentists.
HB 2676	✗	The measure would have enacted the interstate Dentist and Dental Hygienist Compact to allow dentists and dental hygienists licensed in other states to practice in Oregon without obtaining a license through the Oregon Board of Dentistry.
HB 2748	✓	The measure prohibits nonhuman entities from using specified titles used by licensed professionals in the practice of nursing.
HB 2794	✗	The measure would have directed health care facilities to establish a procedure to obtain, track, and retain complaints from staff persons regarding medical supplies or equipment that the staff person believed to be faulty or dangerous.
HB 2948	✓	The measure specifies that a school nurse, or registered nurse with school nursing coordination responsibilities, must coordinate school nursing activities to the extent that the care is within the nurse's scope of practice. It clarifies that an administrator or other staff member may supervise or direct a nurse's work only for purposes related to the nurse's role as a school employee, but may not direct the nurse in the practice of nursing.
		Note: This measure is cross-listed in the Summary of Legislation Summary Report on Education.
HB 3042	✓	The measure clarifies the reasons for which the Oregon Board of Naturopathic Medicine may impose discipline on licensees to include engaging in sexual misconduct, failing to maintain confidentiality, and providing substandard care.



HB 3043	✓	The measure makes changes to the impaired health professional program.
HB 3044	✓	The measure clarifies definitions for terms related to the practice of nursing and makes changes to the authorities of the Oregon State Board of Nursing.
HB 3045	✓	The measure allows the State Board of Pharmacy to require a person under investigation undergo a mental, physical, chemical dependency, or competency evaluation if the Board believes that the person is or may be unable to practice pharmacy with reasonable skill and safety. It clarifies the Board's authority to set certain fees.
HB 3046	✗	The measure would have clarified a pharmacist's role in prescribing, dispensing, administering, and storing medications for opioid use disorder (MOUD). Note: Provisions included in SB 236 . This measure is cross-listed in the Summary of Legislation Summary Report on Behavioral Health.
HB 3060	✗	The measure would have enacted the PA Licensure Compact to allow physician associates (PAs) licensed in other states to practice in Oregon without obtaining a license through the Oregon Medical Board.
HB 3127	✓	The measure requires medical certifiers and medical examiners to complete death certificates using the state electronic reporting system, the Oregon Vital Events Registration System (OVERS).
HB 3220	✗	The measure would have required the Oregon State Board of Nursing to adopt rules to require a specified student-to-faculty ratio in the clinical component of nursing education programs.
HB 3225	✗	The measure would have specified additional qualifications physician shareholders must meet to comply with laws governing the corporate practice of medicine.
HB 3227	✗	The measure would have made noncompetition agreements, nondisclosure agreements, nondisparagement agreements, and nonsolicitation agreements between specified corporate entities and health professional licensees void and unenforceable with specified exceptions.
HB 3339	✗	The measure would have enacted the Psychology Interjurisdictional Compact (PSYPACT) to allow psychologists licensed in other states to practice in Oregon without obtaining a license through the Oregon Board of Psychology.
HB 3351	✗	The measure would have enacted the interstate Counseling Compact to allow counselors licensed in other states to practice in Oregon without obtaining a license through the Oregon Board of Licensed Professional Counselors and Therapists.



HB 3380	✗	The measure would have increased the size of the Oregon Rural Volunteer Emergency Medical Services Provider Tax Credit from \$250 to \$1,000 beginning in tax year 2026 and extended the Tax Credit sunset to January 1, 2030.
HB 3410	✓	The measure makes changes to the noncompetition agreements, management services organization, and effective date provisions of SB 951 (2025). Note: This measure is cross-listed in the Summary of Legislation Summary Report on Business and Consumer Protection.
HB 3727	✓	The measure permits a physician or physician associate to use telemedicine to provide health care service to a patient who is temporarily out of state.
HB 3824	✓	The measure makes changes to laws regulating the practice of physical therapy, including modifying the scope of practice of physical therapists. Note: Governor Tina Kotek issued a signing letter – see the signing letter for HB 3824 .
HB 3902 A	✗	The measure would have required the Oregon State Board of Nursing (OSBN) to form advisory committees to provide advice and recommendations regarding nursing faculty staff shortages and nursing workforce recruitment and retention.
HB 3912	✓	The measure requires an individual who uses the title "doctor" in connection with their health care practice to identify the health care profession in which they earned a doctoral degree on all material.
HB 3942	✓	The measure requires the Oregon Health Authority (OHA) and Oregon Department of Human Services (ODHS) to provide an expedited licensure process for health care facilities in specified circumstances.

Public Health

SB 42 A	✗	The measure would have appropriated \$6,800,000 from the General Fund to the Oregon Health Authority (OHA) for the 2025-2027 biennium to support the Vaccine Access Program.
SB 161	✗	The measure would have appropriated \$5 million to the Oregon Health Authority to issue grants to specified entities to provide workforce training programs for local health officials.
SB 528 A	✗	The measure would have appropriated funds to the Oregon Health Authority (OHA) to add three additional Regional Health Equity Coalitions (RHECs) and to RHEC staff, facilities, members, and partners for services provided.



SB 529 A	✗	The measure would have directed the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to contract directly with Traditional Health Workers (THWs), Community Health Registered Nurses (CHRNs), and Community Based Organizations (CBOs) to provide services to Medicaid members.
SB 530 A	✗	The measure would have required the Oregon Health Authority (OHA) to use a specific index when adjusting grants to Regional Health Equity Coalitions (RHECs) for inflation.
SB 597	✗	The measure would have directed the Oregon Health Authority (OHA) to award grants to school-based dental sealant programs to provide oral health care coordination.
SB 718	✗	The measure would have created a registry system to collect data on Parkinson's disease in Oregon.
SB 835 A	✗	The measure would have directed the Oregon Health Authority (OHA) and Oregon Department of Human Services (ODHS) to work with the nine federally recognized American Indian Tribes in Oregon to adopt rules and standards pertaining to the collection, storage, and use of Tribal affiliation data as part of the collection of the data on race, ethnicity, language, disability (REALD).
SB 837	✓	The measure allows non-licensed volunteers, including administrative personnel, to join the State Emergency Registry of Volunteers in Oregon (SERV-OR).
SB 841	✓	The measure allows federally recognized American Indian Tribes in Oregon and the Northwest Tribal Epidemiology Center to enter into an agreement with the Oregon Health Authority (OHA) for the purpose of sharing public health data, including data regarding reportable diseases and outbreaks and the Prescription Drug Monitoring Program (PDMP).
SB 844	✓	The measure changes the due date for the Oregon Health Authority's (OHA) overdose reporting, refines the definition of hemodialysis technician, makes complaint investigations about psilocybin services confidential, changes the definition and licensing of environmental health professionals, changes certification processes for clinical laboratories, and expands school-based health center contracting.
SB 1030	✗	The measure would have required community-based care facilities to host at least one on-site vaccine clinic between October 1 and March 1 of each year. It would have required facilities to make available vaccines for, at minimum, influenza, COVID-19, and pneumonia.



HB 2685	✓	The measure requires the Oregon Health Authority (OHA) to create a targeted screening protocol for and provide information on congenital cytomegalovirus (cCMV) to Oregon hospitals and birth centers. It requires state-regulated health plans to cover cCMV testing consistent with the targeted screening protocol.
HB 2741	✓	The measure directs the Oregon Health Authority (OHA) to maintain a state public health laboratory that is capable of performing analyses related to public health and the newborn bloodspot screening program.
HB 2940	✓	The measure requires the Oregon Health Authority (OHA), subject to the availability of funds, to implement a program to provide real-time notifications in hospital emergency departments that identifies patients with hemoglobinopathies and provides information on how to contact a hematologist.
HB 2943 A	✗	The measure would have required the Oregon Health Authority (OHA) to establish a pilot program where participating hospitals screen individuals who have blood samples drawn in the hospital emergency department for hepatitis C, human immunodeficiency virus (HIV), and syphilis.
HB 3192	✗	The measure would have appropriated \$4 million from the state General Fund to support newborn bloodspot screening for five additional diseases through the Northwest Regional Newborn Bloodspot Screening Program.
HB 3916 A	✗	The measure would have required the Oregon Health Authority (OHA) to award grants to address and support specified workforce development needs and activities.

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