

This Legislative Summary Report highlights health care measures that received a public hearing in a policy committee during the 2026 Regular 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 and Affordability](#)
- [Health Insurance \(Including PEBB and OEBC\)](#)
- [Medicaid \(Oregon Health Plan and Coordinated Care Organizations\)](#)
- [Omnibus](#)
- [Pharmacy and Prescription Drugs](#)
- [Providers and Professions](#)
- [Public Health](#)

Access and Affordability

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| SB 1529 | ✗ | The measure would have required state-regulated health plans and health care providers, upon an impasse in contract negotiations, to agree to participate in mediation and binding arbitration. |
| SB 1568 | ✓ | The measure makes changes to doula and lactation counselor coverage by Medicaid and health benefit plans and establishes the Oregon Perinatal Collaborative. |
| SB 1598 | ✓ | The measure requires state-regulated health plans to cover specified preventive health services, including immunizations, and authorizes the state's public health officer to make recommendations for services to be covered and issue standing orders for providers to dispense drugs and devices.

Note: This measure has a minority report (see the House minority report for SB 1598). |
| HB 4038 | ✗ | The measure would have created a 10-year moratorium on the Health Care Cost Growth Target Program and prevented the Oregon Health Authority from engaging in related enforcement activities, including determining the cause for exceeding a cost growth target, requiring performance improvement plans, and imposing financial penalties. |

- [HB 4047](#) ✓ The measure directs the Oregon Health Authority to adopt rules to allow a hospital to apply for a license to operate as a rural emergency hospital.
- [HB 4075](#) ✓ The measure directs the state treasurer to use funds from the Unclaimed Property and Estates Fund to guarantee a rural hospital stabilization loan to a hospital that meets specific criteria.
- Note:** Governor Tina Kotek issued a [signing letter for HB 4075](#).
- [HB 4107](#) ✓ The measure requires urgent care centers to make certain information publicly available, adhere to specific service standards, and provide patient records to an emergency department. It also prohibits the use of terms “urgent” or “urgent care” unless a business meets certain standards, and prohibits an urgent care center from presenting itself as a hospital emergency department.
- [HB 4127](#) ✓ The measure directs the Oregon Health Authority to adopt a fee-for-service payment mechanism to pay certain medical entities using state funds for services provided to state medical assistance recipients on or after July 4, 2025. It creates a contingency grant program to cover services provided by the entities in certain circumstances and specifies when the grant program becomes operative.
- [HCR 202](#) ✓ The measure declares a state policy goal that by 2033 all Oregonians have access to quality, affordable health care services; population health outcomes are improving; the health care system is less complex, easy to access and navigate, and enjoyable for providers and health care workers; hospitals, medical clinics, and practices operate on a stable, sustainable financial footing; the cost shift to employers is minimized; and the utilization, unit price, and total cost of care trends are below the national average.



Health Insurance (Including PEBB and OEBC)

- [SB 1527](#) ✓ The measure prohibits certain health insurance carriers from imposing deductibles, coinsurance, copayments, or other out-of-pocket expenses for medically necessary cervical cancer screenings and follow-up examinations.
- [HB 4155 A](#) ✗ The measure would have required employer and individual health plans to reimburse individuals for the cost of specified fertility treatments and exempted certain health plans from covering embryo-related services. It would have directed the Department of Consumer and Business Services to administer a program to provide reimbursement for covered fertility services for individuals with exempt plans and created the Family Building Fund to cover those services.

Medicaid (Oregon Health Plan and Coordinated Care Organizations)

- [HB 4003](#) ✗ The measure would have removed references to the Prioritized List of Health Services from statute; directed the Health Evidence Review Commission to develop and maintain clinical coverage policies; and directed the Oregon Health Authority to use rulemaking to define medical necessity, define the role of clinical coverage policies in determining health services coverage for medical assistance recipients, and prescribe an appeals process.
- [HB 4039](#) ✓ The measure directs the Oregon Health Authority to make changes to the process used to set payment rates for coordinated care organizations.
- [HB 4147 A](#) ✗ The measure would have required the Oregon Health Authority, in collaboration with the Human Services and Employment departments, to report to the legislature on the state's medical assistance trends by June 30 of each year.
- Note:** This measure has a minority report (see the [Senate minority report for HB 4147](#)).



Omnibus

- [HB 4040](#) ✓ The health care omnibus measure includes 17 discrete provisions. It makes changes to hospital presumptive eligibility, clarifies education requirements for residential care facility administrators, allows the Oregon Health Authority to enroll eligible individuals in prerelease medical assistance benefits, updates public engagement processes for the Health Evidence Review Commission, updates language around insurance coverage of prosthetic and orthotic devices, and makes changes to the Medicaid Advisory Committee. The measure allows parent providers to be employed as a direct support worker without being employed by an agency, allows out-of-state dental students to rotate in Oregon, prohibits an insurer from placing time limits on anesthesia, creates protections for dental providers under commercial insurance plans, creates a pilot program to review health insurance mandates, and repeals statute requiring the automatic assignment of primary care providers. Finally, the measure clarifies language regarding pharmacy services administrative organizations, modifies rules for the Prescription Drug Affordability Board, makes changes to who can be licensed as a psilocybin facilitator, lowers the retirement age for naturopathic physicians, and makes changes to who can see a workers' compensation patient after 180 days.

Pharmacy and Prescription Drugs

- [SB 1504](#) ✓ The measure allows students and school staff to administer a premeasured dose of epinephrine via auto-injector, nasal spray, or other method.
- [SB 1528 A](#) ✗ The measure would have expanded annual drug manufacturer reporting requirements to include information about all patient assistance programs.
- [HB 4131](#) ✓ The measure directs the Oregon Board of Pharmacy to issue licenses to mobile pharmacy outlets and sets operational criteria for those outlets.

Providers and Professions

- [SB 1570](#) ✓ The measure directs hospitals to establish designated public and nonpublic areas and designate an administrator to respond when law enforcement authorities arrive.



- [SB 1575](#) ✓ The measure temporarily prohibits the Oregon Health Authority from issuing new hospice licenses pending rulemaking for new licensure review requirements, to be completed within 24 months. It provides exceptions for existing licensees expanding into new service areas, licensed health care or long-term care providers adding hospice for current patients, and applicants serving underserved areas or populations.
- [HB 4048](#) ✗ The measure would have expanded the rural health care income tax credit to include pharmacists, beginning January 1, 2027, and required the Oregon Office of Rural Health to establish criteria for certifying pharmacists as eligible for the credit.
- [HB 4074](#) ✗ The measure would have made changes to hospital nurse staffing committees and plans, increased the direct care nurse staffing ratio to one-to-five, and made changes to complaint processes and civil penalties for violations.
- [HB 4142](#) ✓ The measure expands the definition of “debilitating medical condition” for medical uses of marijuana to include the need for hospice, palliative care, comfort care, or other symptom management, including comprehensive pain management. It requires specified care providers to allow the medical use of marijuana on their premises, develop policies, and provide training. It also prohibits the Oregon State Board of Nursing from disciplining a nurse who discusses the medical use of marijuana with a patient.
- [HB 4179](#) ✓ The measure specifies that any nonprofit entity created or maintained by Oregon Health and Science University (OHSU) includes an entity organized under Oregon’s nonprofit corporation statutes, so long as OHSU is a corporate member of the entity. It provides that any physician, naturopathic physician, or dentist who provides patient care, under an entity created or maintained by OHSU to provide patient care, is acting within that individual’s state employment or duties for the purposes of tort action against public bodies (ORS 30.267). It ensures that any nonprofit created or maintained by OHSU is considered a public employer for the purposes of the Public Employees Collective Bargaining Act. It also specifies that the provisions of ORS 58.500 and 58.503, which describe the requirements for professional corporations organized to practice medicine, do not apply to the entity created or maintained by OHSU to provide patient care.



Public Health

- [HB 4053](#) ✓ The measure continues Emergency Medical Services (EMS) modernization by establishing the EMS Program Fund, directing the Oregon Health Authority to create programming for EMS workforce development and training, and making changes to the EMS program and associated advisory boards.
- [HB 4135](#) ✓ The measure designates March 4 of each year as HPV Awareness Day and encourages public education and outreach activities on human papillomavirus (HPV).
- [HB 4156](#) ✓ The measure modifies language in existing statute related to the emergency services intergovernmental transfer program, replacing the term “intergovernmental transfer program” with “funding mechanism,” and permits the use of General Fund dollars to certify a program expenditure.

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