

Behavioral Health and Health Care



This Legislative Summary Report highlights Behavioral Health and Health Care policy measures that received a public hearing in a policy committee during the 2023 regular legislative session. The report is organized by sub-topics and includes the measure number; the measure status: enacted [✓] or not enacted [✗]; and a brief description of the measure.

Behavioral Health and Health Care sub-topics:

- Access and Affordability
- Behavioral Health and Substance Use
- Health Data
- Health Equity
- Health Insurance (Including PEBB and OEBS)
- Medicaid (Oregon Health Plan and Coordinated Care Organizations)
- Oral Health
- Pharmacy and Prescription Drugs
- Providers and Professions
- Public Health

Access and Affordability

SB 584	✗	Would have directed the Oregon Health Authority to establish a website to schedule and pay health care interpreters. Would have required providers accepting Oregon Health Plan to use the website.
SB 704 A	✗	Would have established the Universal Health Plan Governance Board. Note: Provisions enacted as part of SB 1089 (2023).
SB 796 A	✗	Would have established the Oregon Memory Net pilot project, directing Oregon Health and Science University Alzheimer's Disease Research Center to contract with a memory assessment provider outside the Portland area. Would have required the Oregon Department of Human Services to study the effectiveness of the project.
SB 829	✗	Would have appropriated \$250,000 to Southern Coos Hospital and Health Center for engineering costs related to facility expansion.
SB 972	✓	Directs the Oregon Health Authority to procure and administer an information technology platform to operate a state health insurance marketplace beginning in 2026.
SB 1042	✗	Would have required the Oregon Health Policy Board to review legislative concepts proposed by the Oregon Health Authority, to oversee the Health Evidence Review Commission, and to report on Oregon's health care system.

- SB 1079 A ✗ Would have created the Joint Task Force on Hospital Discharge Challenges to identify strategies for placement and staffing for post-acute care.
Note: Provisions enacted as part of [HB 3396](#) (2023).
- SB 1089 ✓ Establishes the Universal Health Plan Governance Board within the Department of Consumer and Business Services, and directs it to produce a comprehensive plan for implementing universal health care.
- HB 2002 ✓ Gives people the right to make decisions about their reproductive health. Clarifies circumstances permitting a minor under the age of 15 to consent to health care services. Makes health insurance companies cover care and services that affirm a person's gender. Helps providers of abortion and gender-affirming health care services be protected from court action as a result of providing legal health care services.
- HB 2045 ✓ Exempts cost growth resulting from total compensation to frontline workers from the accountability provisions of the Health Care Cost Growth Target Program.
- HB 2279 ✓ Repeals the residency requirement for Oregon's Death with Dignity Act.
- HB 2742 ✗ Would have excluded costs incurred by a health care entity to meet a community's need for access to health care from the definition of "total health expenditures" for purposes of the Health Care Cost Growth Target program.
- HB 2743 ✗ Would have appropriated funds to the Oregon Health Authority for the Oregon Medical Coordination Center.
- HB 2878 A ✗ Would have established the Aligning for Health Pilot Program to test alternative payment methods for health care services provided in Oregon.
- HB 3320 ✓ Requires hospitals to screen specified patients for presumptive eligibility for financial assistance and imposes additional requirements on hospital financial assistance programs.
- HB 3396 ✓ Creates the Joint Task Force on Hospital Discharge Challenges. Directs the Oregon Health Authority to provide grants to support clinical education at hospitals, health care facilities, and public nursing education programs.

Behavioral Health and Substance Use

- SB 432 A ✗ Would have required the Oregon Health Authority to increase consumer involvement in decisions about behavioral health services by contracting with peer-run organizations and providing technical and financial support.
- SB 450 ✓ Exempts opioid overdose reversal nasal spray from the requirement for notation on the label when personally dispensed by a health care provider.



- SB 624 A ✗ Would have directed the Oregon Health Authority to certify community behavioral health clinics to receive payment at prospective rates. Would have allowed certified clinics to provide certain services, including outpatient mental health and substance use disorder services, 24-hour mobile crisis services, screening and risk assessment, treatment planning, case management, and peer support.
- SB 629 ✓ Changes the composition of the Oregon State Hospital Advisory Board by reducing seats for advocates from three to two, reducing seats for health care professionals from three to two, increasing the number of seats for consumers of mental health services from two to three, and increasing seats for family members from one to two.
- SB 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 and discharged to an unlicensed setting. Directs the Oregon Health Authority to facilitate access to opioid overdose reversal medications.
- SB 1044 A ✗ Would have appropriated a combined total of \$79.7 million for programs, services, and facilities that provide behavioral health care.
- HB 2235 ✓ Requires the Oregon Health Authority to convene a work group to study the major barriers to workforce recruitment and retention in the state's publicly financed behavioral health system.
- HB 2395 ✓ Makes long-acting opioid antagonist medications more accessible in Oregon and establishes standards for reporting opioid overdose deaths.
- HB 2445 A ✗ Would have authorized independent behavioral health certification entities that meet specified requirements to certify addiction peer support specialists to work with coordinated care organizations.
- HB 2455 A ✗ Would have imposed requirements and limitations on audits conducted by insurers, coordinated care organizations, and the Oregon Health Authority of claims for reimbursement for behavioral health services.
- HB 2463 ✗ Would have required the Oregon Health Authority to convene two work groups to study the statutory and regulatory framework for the state's publicly funded behavioral health systems and make recommendations to reduce administrative burdens on behavioral health care providers and increase system efficiencies.
- HB 2485 ✗ Would have appropriated funds to Portland State University to increase the number of graduates from social work and certified drug and alcohol counselor programs.



- HB 2513 ✓ Makes changes to the implementation of Ballot Measure 110, the Drug Addiction Treatment and Recovery Act, including clarifying the responsibilities of the Oregon Health Authority and Oversight and Accountability Council.
- HB 2539 A ✗ Would have authorized the issuance of \$50 million of lottery bonds to assist in the construction of facilities for the Oregon Center for Child, Family, and Community Health.
- HB 2542 A ✗ Would have required substance use disorder treatment programs to obtain accreditation from a national accrediting body.
- HB 2543 A ✗ Would have required the Oregon Health Authority to study, every four years, the funding required by community mental health programs to provide statutorily required services and supports in their communities.
- HB 2544 ✗ Would have appropriated funds to the Oregon Health Authority for costs related to increasing the statewide capacity of licensed residential facilities serving individuals with substance use disorders or mental health concerns.
- HB 2651 A ✗ Would have appropriated \$75 million to the Oregon Health Authority for specified purposes related to expanding the state's behavioral health workforce.
- HB 2652 ✗ Would have authorized counties to declare a shortage of health care and human services personnel and apply to the Oregon Health Authority for grant funds for worker and educator benefits to help alleviate the shortage.
- HB 2757 ✓ Creates the 9-8-8 Trust Fund and establishes continuing funding for improving the statewide coordinated crisis system, including maintaining and improving the 9-8-8 suicide prevention and behavioral health crisis hotline.
- HB 2977 A ✗ Would have required the Oregon Health Authority and Higher Education Coordinating Commission to establish programs to help develop and increase the state's behavioral health workforce.
- HB 3126 A ✗ Would have piloted system-level coordination similar to the state's Trauma Program by establishing the Emergency Behavioral Health Services for Children program in the Oregon Health Authority.
- HB 3274 ✗ Would have appropriated funds to Southern Oregon University to increase the number of mental health practitioners who graduate in southern Oregon, and to teach behavioral and mental health competencies through alternative academic pathways.

Health Data

- SB 216 ✓ Allows the Oregon Health Authority and the Department of Human Services to collect data related to national origin and prohibits disclosure, upon request for



public records, of data related to race, ethnicity, language, disability, sexual orientation, and gender identity.

- SB 303 ✓ Directs psilocybin service centers to make quarterly reports to the Oregon Health Authority with deidentified information about clients served, average dose of psilocybin, and adverse reactions.
- SB 559 ✗ Would have allowed veterinarians to report to and receive information from Oregon's Prescription Drug Monitoring Program.
- SB 573 ✓ Allows for modification of an original record of live birth to add or change the name of a biological parent.
- HB 2420 ✓ Requires the Oregon Health Authority to designate a work group to propose options for equitable access to birth and death certificates throughout the state, propose options for equitable fee revenue to maintain and improve the state and county vital records system, and deliver a report to the Legislative Assembly by January 1, 2025.
- HB 3040 ✗ Would have required coordinated care organizations to share patient claims and encounter data with community providers.

Health Equity

- SB 520 A ✗ Would have established the Medical Release Advisory Committee within the Oregon Board of Parole and Post-Prison Supervision to review applications for early release based on a terminal medical condition.
- SB 564 ✗ Would have funded five additional regional health equity coalitions and two additional full-time staff for each new and existing coalition.
- SB 1076 ✗ Would have required hospitals to maintain a discharge planning policy and individualized discharge plans for homeless patients.
- HB 2918 ✗ Would have appropriated funds to provide grants to continue the mobile health unit pilot program established by [HB 4052](#) (2022).
- HB 2925 ✓ Extends the deadlines for the Oregon Advocacy Commissions Office affinity group task forces and the Oregon Health Authority to submit recommendations required by [HB 4052](#) (2022) to the Legislative Assembly.
- HB 2927 A ✗ Would have established a Statewide Steering Committee on Sickle Cell Disease and tasked the Steering Committee, along with the Oregon Health Authority, to study and provide services and supports to individuals with sickle cell disease.



Health Insurance (Including PEBB and OEBB)

SB 463	✓	Further clarifies insurance coverage requirements for proton beam therapy by prohibiting the imposition of prior authorization or other utilization review requirements that do not also apply to the coverage of radiation therapy.
SB 491 A	✗	Would have required health benefit plans to cover infertility treatment.
SB 497 A	✗	Would have required Oregon Health Plan and health benefit plans to cover computerized tomography coronary calcium score scans.
SB 628	✓	Requires health benefit plans to cover the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS).
SB 797	✓	Directs the Department of Consumer and Business Services to adopt and update a list of orthotic and prosthetic devices that must be covered by health plans in Oregon, along with services including fitting, instruction, and repair.
SB 1041	✓	Prohibits health benefit plans from imposing out-of-pocket expenses for diagnostic or supplemental breast examination.
SB 1046 A	✗	Would have directed the Department of Consumer and Business Services to adopt rules to evaluate provider networks for provider ratio, geographic distribution, and wait time in evaluating network adequacy requirements for all enrollees.
HB 2538	✗	Would have required health insurance coverage of health care interpretation services when those services are legally mandated.
HB 2555	✗	Would have required individual and group health benefit plans to reimburse naturopathic physicians at the same rate as physicians if the services provided by the naturopathic physician were covered by the plan when provided by a physician.
HB 2994	✓	Modifies the health insurance coverage requirements for hearing-related items and services and extends coverage requirements to the Public Employees' Benefit Board (PEBB), Oregon Educators Benefit Board (OEBB), and medical assistance recipients 18 years of age and younger.
HB 3008	✓	Eliminates the requirement for health insurance plans to cover at least three primary care visits without copays and requires dental providers to opt-in when a third party makes a material change to a network contract.
HB 3140	✓	Removes the requirement that the Public Employees' Benefit Board and Oregon Educators Benefit Board solicit new bids for actuarial or technical support every three years.



- HB 3157 A ✗ Would have established the Health Insurance Mandate Review Advisory Committee to develop a process to review and provide a report on proposed legislative measures mandating health insurance coverage.

Medicaid (Oregon Health Plan and Coordinated Care Organizations)

- SB 191 ✗ Would have allowed Oregon Health Plan enrollees to request an external review of adverse benefit determinations.
- SB 486 ✗ Would have directed the Oregon Health Authority to pay a reasonable per diem rate for Medicaid patients who remain in inpatient hospital care due to circumstances beyond the hospital's control.
- SB 492 A ✗ Would have directed the Oregon Health Authority to study the policies and practices of the Health Evidence Review Commission, including the use of quality-of-life measures and the prioritized list of health services.
- SB 966 ✓ Directs the Oregon Health Authority to study processes to select quality incentives for coordinated care organizations. Adds sexual orientation and gender identity to the types of data collected for the All Payer All Claims (APAC) database.
- SB 967 ✗ Would have allowed the Oregon Health Authority to reimburse coordinated care organizations using payment methods in addition to global budgets.
- HB 2128 ✓ Replaces the escrow program with a direct payment program for tobacco manufacturers who did not participate in the Tobacco Master Settlement Agreement and directs deposit of payments be made to the Oregon Health Authority Fund for Oregon Health Plan expenses.
- HB 2286 ✓ Codifies the 100 percent federal medical assistance percentage (FMAP) Tribal Savings and Reinvestment Program by requiring the Oregon Health Authority to maintain a process to identify claims eligible for enhanced federal match and return a portion of that enhanced funding to the Indian care provider who provided the service.
- HB 2446 ✗ Would have required a two-year extension of contracts between the Oregon Health Authority and coordinated care organizations.
Note: Provisions enacted as part of [HB 3396](#) (2023).
- HB 2537 ✗ Would have required the Oregon Health Authority and coordinated care organizations to pay hospitals a reasonable per diem rate for Oregon Health Plan enrollees whose discharge is delayed due to circumstances beyond control of the hospital.
- HB 2741 ✗ Would have modified requirements for coordinated care organization contracts.



- HB 3007 ✗ Would have directed the Oregon Health Authority to establish an Office of Oral Health and Oral Health Advisory Committee.
- HB 3380 A ✗ Would have required the state's medical assistance program (Oregon Health Plan) to include coverage of continuous glucose monitors prescribed for recipients under specified circumstances.

Oral Health

- SB 412 A ✗ Would have required dental laboratories to maintain active registration with the Health Licensing Office and to identify a qualified employee who is a dentist or certified as a dental laboratory technician.
- SB 441 ✗ Would have funded incentive programs, trainings, and scholarships for dental care providers, including dentists, dental hygienists, and dental assistants.
- SB 487 A ✗ Would have funded grants for oral care coordination to be provided by dental sealant programs in coordination with the Oregon Office of Rural Health.
- HB 2979 A ✗ Would have provided direction and funds to the Higher Education Coordinating Commission, Oregon Department of Education, and Oregon Health Authority for programs and initiatives designed to increase the number of dental professionals in Oregon.
- HB 2996 A ✗ Would have prohibited the Oregon Board of Dentistry and Oregon Health Authority from requiring dental assistants and dental assistant applicants to pass written examinations related to radiological proficiency and X-ray machine operation.
- HB 3223 ✓ Allows the Oregon Board of Dentistry (Board) to require, for dental assistant certification, a written examination approved by the Board and offered in English, Spanish, and Vietnamese. Directs the Board to convene an advisory committee of at least seven members, most of whom have practiced as dental assistants, to advise on workforce issues.

Pharmacy and Prescription Drugs

- SB 192 ✓ Requires pharmacy benefit managers to report rebates, fees, price protection payments, and any other payments received from drug manufacturers. Directs the Prescription Drug Affordability Board to develop a methodology for upper payment limits for prescription drugs.
- SB 404 A ✗ Would have required pharmacy benefit managers to report on payments received from drug manufacturers. Would have directed the Prescription Drug Advisory Board to develop a methodology for upper payment limits.



SB 410	✓	Allows the Oregon Board of Pharmacy to adopt rules to issue a temporary pharmacy technician license before a technician must pass the national certification examination to obtain a license.
SB 565	✗	Would have required insurers to count payments made by another person on behalf of an enrollee when calculating out-of-pocket maximum and other cost-sharing accumulators.
SB 608	✓	Requires the Oregon Health Authority to survey retail pharmacies for dispensing costs associated with the state medical assistance program and to request a state plan amendment if needed.
SB 970	✓	Updates statutory definitions of "wholesale distributor drug outlet" and "third-party logistics provider" to be consistent with federal law.
SB 1085	✗	Would have allowed pharmacists to test and provide treatment for short-term health conditions that are generally managed with minimal treatment or drugs that are not controlled substances.
HB 2278	✓	Authorizes pharmacists to administer influenza vaccinations to children six months of age and older.
HB 2486	✓	Allows pharmacy technicians to administer vaccines under the supervision of a pharmacist.
HB 2642	✗	Would have required practitioners to query the electronic prescription monitoring system prior to issuing an initial prescription, or renewing a previously issued prescription, for drugs that are subject to reporting to the prescription drug monitoring program.
HB 2715	✗	Would have prohibited insurers and pharmacy benefit managers from restricting the coverage of physician-administered drugs obtained by a participating provider from a pharmacy that is not a participating pharmacy.
HB 2716	✗	Would have prohibited specified practices by pharmacy benefit managers and insurers in providing reimbursement for prescription drugs.
HB 2725	✓	Clarifies allowable pharmacy benefit manager practices after the adjudication of a pharmacy claim for reimbursement, including prohibiting the imposition of fees on pharmacies after the point of sale.
HB 3012	✗	Would have required pharmacy benefit managers to report specified prescription drug costs, rebates, fees, and claims information to the Department of Consumer and Business Services.
HB 3013 C	✗	Would have required pharmacy benefit managers to be licensed by the Department of Consumer and Business Services and imposed new requirements and restrictions on pharmacy benefit manager contracting, auditing, and reimbursement practices.
HB 3015	✗	Would have clarified allowable claim recoupment practices by pharmacy benefit managers.



- HB 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

- SB 60 ✗ Would have eliminated the requirement that licensed emergency service providers must complete an associate degree or higher for certification in Oregon.
- SB 217 ✓ Transfers responsibility for establishing educational requirements for the practice of cosmetology from State Board of Education to the Board of Cosmetology with approval by the Health Licensing Office.
- SB 226 ✓ Allows registered nurses in long term care and in-home care settings to execute medical orders from physicians licensed in other states. Removes the requirement that the Oregon State Board of Nursing notify the State Board of Pharmacy upon approval of an application by a nurse practitioner or clinical nurse specialist to dispense prescription drugs.
- SB 227 ✓ Extends the renewal period when nonresident nurses licensed in another state may practice on a single, temporary assignment from 30 to 90 days. Allows the Oregon State Board of Nursing to issue limited licenses and certificates for nurses and nursing assistants during a Governor-declared emergency.
- SB 232 ✓ Clarifies the circumstances allowing out-of-state physicians and physician assistants to provide care to patients in Oregon, and specifies that the practice of medicine using telemedicine occurs where the patient is physically located.
- SB 408 ✗ Would have established a committee to review requests to change the scope of practice for licensed health care professions.
- SB 469 ✗ Would have established the Indian Health Scholarship Program to fund scholarships for members of federally recognized Indian tribes to study health professions and then practice at a site that serves tribal members.
- SB 490 ✓ Creates a program to support family medicine residency training programs.
- SB 558 ✓ Removes the requirement that a person who sells over-the-counter hearing aids, including by mail, must be licensed by the Health Licensing Office.
- SB 703 ✗ Would have required nursing assistant candidates to pass an examination developed by the National Council of State Boards of Nursing.
- SB 969 ✓ Clarifies that, in addition to its existing authority to revoke or suspend nursing assistant certificates, the Oregon State Board of Nursing may deny an application or place a nursing assistant on probation.



SB 1074	✗	Would have directed the Oregon Health Authority to administer a two-year project in Marion and Polk Counties designed to study the impact of community health workers on health and social service outcomes for low-income families.
HB 2048	✓	Directs the Health Licensing Office to issue a provisional registration to behavior analysis interventionist registration applicants when registration approval does not occur within five days.
HB 2408	✗	Would have enacted the Nurse Licensure Compact in Oregon.
HB 2421	✓	Permits applied behavioral analysis professionals to provide certain mental health and chemical dependency treatment to minors without parental consent and aligns mandatory reporting requirements and prohibitions against conversion therapy with other health care professions.
HB 2458	✗	Would have removed the patient age limitation on the prohibition of practicing conversion therapy by mental health care and social health professionals.
HB 2552	✗	Would have removed the income limitation and doubled the credit amount of the rural medical provider tax credit.
HB 2584	✓	Clarifies the permitted scope of practice for physician assistants (PAs), including removing the requirement that a PA's collaboration agreement with a physician includes a process for assessing and reviewing the physician assistant's performance.
HB 2600	✓	Requires the Governor, when appointing members to the Oregon State Board of Nursing, to balance the diversity of settings in which a nurse or certified nursing assistant provides care.
HB 2602 A	✗	Would have added nursing assistants and nurses to the types of providers eligible for the rural medical provider income tax credit.
HB 2626 A	✗	Would have added licensed naturopathic physicians, pharmacists, psychologists, mental health professionals, and certified medical laboratory scientists and technicians to provider types eligible for rural medical provider tax credit, and removed criteria limiting eligibility for optometrists based on having consulting privileges with a hospital.
HB 2627	✓	Adds a physician assistant member to the Oregon Medical Board.
HB 2665	✓	Requires the Health Licensing Office to establish a process to receive and investigate complaints regarding temporary staffing agencies and directs the Oregon Health Authority to establish maximum temporary staffing agency rates, including processes for waiving the maximum rates.
HB 2696	✓	Authorizes the Health Licensing Office to issue specified sign language interpreter license types and establishes the State Board of Sign Language Interpreters.



HB 2697	✓	Requires the establishment of hospital professional, technical, and service staffing committees and staffing plans, and modifies hospital nurse staffing plan requirements. Prohibits the Oregon Health Authority from issuing civil penalties for hospital staffing plan violations until June 1, 2025.
HB 2723 A	✗	Would have modified the eligibility for the rural medical provider tax credit by replacing tiers for amounts of credit based on practice distance and removing the income limitation.
HB 2736	✗	Would have enacted the interstate Occupational Therapy Licensure Compact in Oregon.
HB 2744	✗	Would have added registered nurses who are nurse faculty members to the types of providers eligible for the rural medical provider tax credit.
HB 2817	✓	Clarifies the area of the leg to which definition of “podiatry” applies.
HB 2926	✗	Would have required the Oregon Health Authority to establish a program to provide financial incentives to hospitals offering clinical training opportunities for nursing students.
HB 2928	✗	Would have extended Oregon's Health Care Provider Incentive Program to providers who are students enrolled in health professional training programs leading to licensure as a licensed practical nurse or registered nurse and who commit to service in a hospital setting.
HB 3096	✗	Would have added nursing technicians as staff that may be considered in establishing hospital staff nursing plans and exempted critical access hospitals from requiring two nursing staff in a unit when a patient is present.
HB 3300	✓	Allows the Oregon Board of Licensed Professional Counselors and Therapists to issue limited permits to qualified applicants and removes the requirement that a license to practice professional counseling or marriage and family therapy be renewed annually.
HB 3324 A	✗	Would have directed the Oregon Health Authority to establish the Nurse Educator Workforce Stipend Program to provide incentives to increase recruitment and retention of nurse instructors, including but not limited to increasing salaries.
HB 3425	✓	Directs the Oregon State Board of Nursing to issue a license to practice as a certified registered nurse anesthetist to qualified applicants.
HB 3596	✓	Clarifies the allowable practice of surgical technology at health care facilities by individuals who have completed and are certified by an apprenticeship program that includes an educational component.



Public Health

SB 189	✓	Allows for human pathological waste to be removed from a health care facility by a patient or their representative for cremation, interment, or other final disposition.
SB 229	✓	Directs the Oregon Patient Safety Commission to investigate and analyze the causes of serious adverse events in health care, including the role of health equity, and to make recommendations to improve patient safety.
SB 411	✓	Allows for drugs to be disposed of at a hospital, medical, or infectious waste incinerator that is registered with the Environmental Protection Agency.
SB 514	✗	Would have established an Adult Suicide Prevention Coordinator and advisory committee within the Oregon Health Authority (OHA) to develop a five-year plan and to advise OHA on suicide prevention among adults.
SB 607	✓	Requires the Oregon Health Authority to study the Pain Management Commission and report to the Legislative Assembly by September 15, 2024.
SB 818	✗	Would have required the Oregon Health Authority to develop a list of continuing education opportunities related to suicide prevention that is specific to different kinds of providers based on licensure.
SB 965	✓	Clarifies authority and scope for several programs administered by the Oregon Health Authority's Public Health Division, including monitoring of hospice facilities and regulation of hemodialysis technicians.
HB 2397 A	✗	Would have created the Harm Reduction Clearinghouse Project within the Oregon Health Authority (OHA), and allowed OHA to bulk purchase harm reduction supplies for populations vulnerable to overdose, infection, or injury due to opioid use and the use of other controlled substances. Note: Provisions enacted as part of HB 2395 (2023).
HB 2451	✗	Would have exempted equipment designed to test for fentanyl, ketamine, or gamma-hydroxybutyric acid from drug paraphernalia prohibition. Note: Provisions enacted as part of HB 2397 A (2023).
HB 2574	✓	Requires hospitals to have a policy for ensuring people have access to a five-day supply of HIV exposure drugs. Requires the state to ensure rural hospitals have a 30-day supply of those drugs.
HB 2608	✗	Would have appropriated funds to the Oregon Health Authority to implement the provisions of HB 2617 A (2023) related to newborn screening.
HB 2617 A	✗	Would have updated the membership and reporting requirements of the Newborn Bloodspot Screening Advisory Board and required the Oregon Health Authority to conduct a pilot study evaluating specified diseases to demonstrate



standards, criteria, and processes for evaluation to add diseases to the newborn bloodspot screening panel.

- HB 2773 A ✗ Would have required the Oregon Health Authority to provide incentives to increase recruitment and retention of local public health professionals.
- HB 2833 ✗ Would have directed the Oregon Health Authority to develop and maintain an electronic system to collect information regarding the administration of opioid overdose reversal drugs and opioid overdose deaths, and required specified individuals to report information to the system.
- HB 3090 A ✗ Would have prohibited the distribution and sale of flavored inhalant delivery system products and flavored tobacco products in Oregon.
- HB 3298 ✗ Would have appropriated funds for disbursement to Oregon Health and Science University to support an entity that advocates for improved maternal and neonatal outcomes.
- HB 3592 ✗ Would have required a general hospital licensed by the Oregon Health Authority to provide maternity service unless exempt under criteria adopted by rule.

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