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## 2017 SUMMARY OF LEGISLATION

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# HEALTH CARE

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# HEALTH CARE MEASURES

Behavioral Health	Enacted: HB 3090, HB 3091, HB 3262 Not Enacted: HB 3355
Health Coverage and Affordability	Enacted: SB 147, SB 187, SB 419, SB 558, HB 2302, HB 2339, HB 2839, HB 3391 Not Enacted: HB 3336
Health Insurance and Regulation	Enacted: SB 368, SB 934, HB 2342, HB 2391, HB 2620, HB 3276 Not Enacted: HB 2664-A, HB 3418-A
Workforce, Professional Licensure and Training	Enacted: SB 111, HB 2103, HB 2397, HB 2432, HB 2503, HB 2527, HB 3261 Not Enacted: SB 217, HB 2524
Medicaid/Oregon Health Plan	Enacted: HB 2015, HB 2398, HB 2675, HB 2882 Not Enacted: HB 2122-B, HB 2221-A, HB 2834-A, HB 2838-B, HB 2979-A, HB 3135-A
Personal Health Information	Enacted: SB 367, HB 2402, HB 2673 Not Enacted:
Prescription Drugs	Enacted: HB 2114, HB 2388, HB 2673 Not Enacted: SB 272, SB 792, SB 793, HB 2387-A, HB 2645-A
Public Health	Enacted: SB 52, SB 743, SB 754, HB 2310, Not Enacted: SB 580, SB 785, SB 808-A, SB 869, SB 914, SB 998
Veterans Health	Enacted: SB 81 Not Enacted: SB 1054-A

Picture: Crater Lake, Klamath County - [Gary Halvorson, Oregon State Archives](#)

# HEALTH CARE

## TASK FORCES AND REPORTING REQUIREMENTS

The following bills created task forces and reporting requirements. Additional information is provided in the bill summaries.

SB 52	Requires the Oregon Health Authority to make publicly available on a website an annual report on emergency medical services.	January 1 each year, starting 2020
SB 147	Requires Department of Consumer and Business Services to convene a workgroup to develop recommendations to provide oral health care for low-income individuals in Oregon under Compact of Free Association (COFA) treaty.	September 15, 2017
SB 419	Establishes Task Force on Health Care Cost Review to study feasibility of creating rate-setting process modeled on process used by Maryland. Requires report to interim committees of Legislative Assembly.	September 15, 2018
SB 934	Requires Public Employees' Benefit Board and Oregon Educators Benefit Board to report to the Legislative Assembly on progress toward achieving target of spending of 12 percent of total medical expenditures on payments for primary care.  Requires Primary Care Reform Collaborative to report to the Legislative Assembly on achievement of primary care spending targets and implementation of the Primary Care Transformation Initiative.	February 1 each year, starting 2018  December 31 each year, starting 2018
HB 2342	Requires the Department of Consumer and Business Services to report if the agency adopts temporary rules recommended by the Health Insurance Exchange Advisory Committee.	Report to the legislature immediately, if DCBS exercises its authority

# HEALTH CARE

## TASK FORCES AND REPORTING REQUIREMENTS

The following bills created task forces and reporting requirements. Additional information is provided in the bill summaries.

HB 3090	Requires the Oregon Health Authority to report on policies and progress on, and barriers to improving behavioral health outcomes for individuals released from hospitals following treatment for a behavioral crisis.	January 1, 2018
HB 3261	Requires the Oregon Health Authority to report on the health care workforce needs in the state.	February 1 biennially, starting 2019
HB 3262	Requires the Department of Human Services to submit the findings and recommendations for best practices to prescribing psychotropic medications to elderly persons and persons with disabilities.	December 31, 2017
HB 3276	Directs the Public Health Director to convene a task force to develop recommendations to improve student health insurance coverage.	October 30, 2017

### [Senate Bill 52](#)

Effective Date: June 6, 2017

#### Emergency Medical Services Reporting to Oregon Health Authority

**At the request of:** Governor Brown for Oregon Health Authority

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The Emergency Medical Services (EMS) and Trauma Systems Program, managed by the Oregon Health Authority (OHA), develops and regulates systems for quality medical care in Oregon. The Oregon Trauma Registry collects data, reported voluntarily from 44 trauma hospitals, about the causes of injury, emergency response, cost, and outcome of all injured patients that receive trauma care. Oregon trauma hospitals, however, are not able to send, electronically, patient information to EMS providers, who voluntarily report patient encounter data to OHA. Currently, 70 percent of Oregon's 92 licensed EMS providers voluntarily report patient care records to the state's EMS system.

**Bill Summary:** Senate Bill 52 requires licensed ambulance service providers to report a standardized set of patient encounter data directly to OHA, which the agency can waive if a provider is unable to comply with requirements. The bill also allows hospitals to electronically report patient information back to local EMS providers.

**Oregon Laws 2017:** Chapter 229

### [Senate Bill 81](#)

Effective Date: January 1, 2018

#### Health Care Navigation

**At the request of:** Governor Brown for Department of Veterans' Affairs

**Committees:** Senate Veterans and Emergency Preparedness, House Veterans and Emergency Preparedness

**Background and Current Law:** Individuals who are isolated or elderly or who have mobility or complex health issues often face increased barriers to receiving health care. There is an emerging profession to help such people navigate the health care system, called Patient Advocates or Health Navigators. These individuals have expertise working with social service agencies, medical and behavioral health providers, and the insurance industry. Veterans face similar barriers, along with additional challenges, accessing care through the U.S. Department of Veterans Affairs. Although assistance is available through the Oregon Department of Veterans' Affairs (ODVA), its primary focus is to provide access to and advocacy for federal and state benefits, such as compensation and pensions, by processing claims and appeals and making referrals to state and local resources.

**Bill Summary:** Senate Bill 81 authorizes the ODVA to assist veterans with obtaining health care, including mental health care, through federal, state, or local health care delivery systems.

**Oregon Laws 2017:** Chapter 478

## Medicaid Funding and School Nursing Services

**Chief Sponsors:** Sen. Monnes Anderson; Rep. Whisnant

**Committees:** Senate Education, Joint Ways and Means

**Background and Current Law:** Medicaid provides funding for treatment of a variety of medical conditions for qualifying individuals. Each state's Medicaid plan governs reimbursement rates. In Oregon, Medicaid billing for school health services consists of Medicaid administrative claiming (MAC) reimbursement for individuals with services covered by the federal Individuals with Disabilities Education Act. In 2015, 65 school districts or education service districts participated in MAC, while 63 participated in direct-care billing. The Task Force on School Nursing reported in September 2016 that the percentage of Medicaid-eligible students in Oregon has increased from 27 percent in 2007 to 58 percent in 2015. Recent changes in federal rules expand the types of services school districts can bill to Medicaid for nursing services.

**Bill Summary:** Senate Bill 111 requires the Oregon Department of Education (ODE) to develop and administer a pilot program to assist school districts and education service districts in increasing the use of Medicaid billing and sunsets the pilot program December 31, 2020. The bill requires ODE to provide ongoing technical assistance to school districts and education service districts, help schools maximize Medicaid billing for school nursing services, collaborate with other state agencies, and prioritize assistance to entities participating in the pilot program. The bill also allows ODE to enter contracts with public or private entities to provide technical assistance.

**Oregon Laws 2017:** Chapter 688

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### [Senate Bill 147](#)

Effective Date: June 6, 2017

#### Oral Health Coverage for Compact of Free Association Residents

**Chief Sponsors:** Sens. Girod, Steiner Hayward; Rep. Kennemer

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** After World War II, the United States assumed administration of the Trust Territory of the Pacific Islands. Individuals from these islands, referred to as “Compact of Free Association” (COFA) citizens, can freely migrate, without work permits or visas, study, live, and work in the United States. In 2016, the Oregon Legislative Assembly established the COFA Premium Assistance Program. The program provides financial assistance to enable low-income COFA citizens residing in Oregon to purchase health insurance through the federal marketplace and to pay out-of-pocket costs associated with the coverage. The program does not provide financial assistance with dental coverage, as most of the federal marketplace health plans do not include adult dental benefits and federal subsidies are not designed to cover them.

**Bill Summary:** Senate Bill 147 requires the Department of Consumer and Business Services to convene a work group to develop recommendations to create a program to reimburse the costs of oral health care for low-income COFA residents living in Oregon.

**Oregon Laws 2017:** Chapter 243

### [Senate Bill 187](#)

Effective Date: August 2, 2017

#### Vision Screening Reimbursements

**Chief Sponsors:** Sens. Roblan, Johnson, Devlin; Reps. Hack, McLane, Parrish, Williamson

**Committees:** Senate Education, Joint Ways and Means

**Background and Current Law:** House Bill 3000 (2013) directed the Oregon Department of Education to make recommendations regarding regular vision screenings in public schools. The department, in its report dated December 2013, recommended that the state provide vision screening to every student in kindergarten, first, third, and fifth grade. The department estimated that providing screenings to 165,000 students in the affected grades in Oregon’s 796 elementary schools would cost \$10.58 per student. The Oregon Lions Sight and Hearing Foundation screened 172,000 children at 550 schools during the 2015-2016 school year. The organization coordinates its screenings with school nurses and relies on volunteers to conduct screenings

**Bill Summary:** Senate Bill 187 requires the Oregon Department of Education to reimburse education providers for expenses related to vision screening, including contracting with private entities. It establishes the Vision Health Account in the State Treasury and appropriates \$1 million from the General Fund for the account.

**Oregon Laws 2017:** Chapter 640

[Senate Bill 217](#)

Not Enacted

**Sport Concussions - Returning Students to Play**

**At the request of:** Senate Interim Committee on Education

**Committees:** Senate Health Care

**Background and Current Law:** In the United States, sport and recreational activities are the third leading cause of traumatic brain injuries for children and adolescents; often these are concussions. National awareness, new guidelines, and recommendations have emerged that seek to inform coaches, athletic trainers, and teachers as to when a student should return to activities after a sports-related head injury. State and local governments have enacted laws to govern return-to-play guidelines after a young athlete exhibits a concussion. Such laws often require an athlete to complete a medical evaluation by a qualified health care professional before returning to play. Oregon law encourages each school district to provide training to individuals who train or instruct athletic teams (ORS 336.485).

**Bill Summary:** Senate Bill 217 would have added chiropractic and naturopathic physicians to the definition of health professionals able to issue a medical release for students to return to school-sponsored events and activities.

[Senate Bill 272](#)

Not Enacted

**Prescription Formulary Requirements**

**At the request of:** Senate Interim Committee on Health Care

**Committees:** Senate Health Care, Senate Rules

**Background and Current Law:** A formulary is a list of medications covered by a health plan used by health care insurers to manage the use of prescription drugs by patients. In the past decade, states have enacted consumer-related laws to create transparency and coverage notification requirements among health insurers for prescription drug benefits, including changes to formularies. These regulations are designed to help individuals compare covered benefits among health plans and require insurers to notify affected members when changes are made to a prescription drug formulary in a specified period.

**Bill Summary:** Senate Bill 272 would have required the Department of Consumer and Business Services to create new requirements for health plans to notify a member when changes are made to their plan's drug formulary.



## Disclosure of Inmates' Personal Health Information

**Chief Sponsors:** Sens. Hansell, Knopp, Steiner Hayward; Rep. Barreto

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** With rates of chronic and infectious diseases significantly higher than the general population, individuals at correctional facilities are disproportionately ill. Inmates released from secure correctional facilities represent 13 to 19 percent of individuals with human immunodeficiency virus (HIV), 12 to 16 percent of individuals with hepatitis B, 20 to 32 percent of individuals with hepatitis C, and 35 percent of individuals with tuberculosis. State and federal laws protect health information, specifically HIV status, mental health conditions, and substance use. Such laws encourage greater participation and trust in the health care system through protection of a patient's sensitive personal health information (PHI). Oregon correctional facilities may not use or disclose an inmate's health information without authorization, unless it is permitted or required by federal or state law. Federal law does permit, under limited circumstances, certain disclosures without an inmate's authorization. In Oregon, a correctional facility can disclose an inmate's PHI for the limited purpose of providing health care or ensuring the health or safety of the person or other inmates.

**Bill Summary:** Senate Bill 367 allows a health care provider to disclose an inmate's health information to another health care provider without authorization from the inmate when an employee of the Department of Corrections or Oregon Corrections Enterprise is exposed to the inmate's bodily fluids. Disclosure is only permitted when exposure is substantial and the inmate has tested positive for HIV, hepatitis B or C, or other communicable diseases.

**Oregon Laws 2017:** Chapter 484

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## Juvenile Justice System and Commercial Health Coverage

**Chief Sponsors:** Sens. Hansell, Steiner Hayward; Rep. Barreto

**Committees:** Senate Health Care, House Judiciary

**Background and Current Law:** Most individuals who encounter the criminal justice system are not incarcerated. In 2008, 2.11 million people under the age of 18 were arrested. A census in the same year showed that only 81,000 juvenile offenders were incarcerated. Studies estimate that between 50 and 75 percent of youth detained or incarcerated in the criminal justice system have a mental health or substance use disorder, and a substantial portion have a serious mental health condition. In Oregon, youth who are in the custody of a local authority are often placed in short-term detention facilities that provide temporary care for juveniles pending court disposition (i.e., pre-adjudicated), awaiting placement elsewhere, or awaiting transfer to another jurisdiction. Youth placed in detention centers receive medically necessary care provided by the county, often by contracted health care providers (i.e., physicians, dentists, and mental health professionals). Medical services provided by Oregon's 11 detention facilities are the financial responsibility of the county.

**Bill Summary:** Senate Bill 368 requires commercial insurance carriers to reimburse a local municipality for the cost of medical services provided to an insured juvenile in a detention facility. The measure requires insurance carriers to accept the credentials of a health care provider who is an employee or contractor of a juvenile detention facility, unless the insurer provides a written notice.

**Oregon Laws 2017:** Chapter 329

### [Senate Bill 419](#)

Effective Date: October 6, 2017

#### Establishes Hospital Rate-Setting Process Task Force

**Chief Sponsors:** Sen. Beyer

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** To contain rising health expenditures, state and federal agencies have created programs designed to regulate provider payments, using increased health care price transparency and disclosure of health costs as policy tools. Such tools include establishing large databases that collect health care data from insurers and hospitals, requiring public reporting of hospital prices and provider payments, or establishing state-based hospital rate-setting systems. For example, Maryland created an all-payer hospital rate-setting program in 1971 with a federal waiver. Maryland's Health Services Cost Review Commission serves as an independent state agency to authorize and establish hospital rates. Several other states have historically used hospital rate setting, but were limited to rates for Medicaid or commercial insurers (i.e., non-Medicare payers).

**Bill Summary:** Senate Bill 419 establishes a Task Force on Health Care Cost Review to study the feasibility of establishing a hospital rate-setting system in Oregon and submit recommendations to the Legislative Assembly no later than September 15, 2018.

**Oregon Laws 2017:** Chapter 648

### [Senate Bill 558](#)

Effective Date: August 2, 2017

#### Health Coverage for All Kids

**Chief Sponsors:** Sens. Roblan, Kruse; Reps. Huffman, Keny-Guyer

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** The Oregon Health Plan provides health coverage to individuals and families through the federal Medicaid and Children's Health Insurance Program (CHIP). The Oregon Health Plan is available to children 18 years of age or younger whose family earns up to 300 percent of the federal poverty level. According to the Oregon Health Authority's Oregon Health Insurance Survey (2015), after implementation of the federal Affordable Care Act, 3.6 percent of children 6 years of age or younger and 3.7 percent of children between the ages of 6 and 17 are still uninsured. In 2016, 400,000 children were enrolled in Medicaid/CHIP in Oregon.

**Bill Summary:** Senate Bill 558 extends the Oregon Health Plan to all children in Oregon below 300 percent of the federal poverty level regardless of their immigration status. The bill requires the Oregon Health Authority to create a work group to advise the agency on outreach and marketing for the program.

**Oregon Laws 2017:** Chapter 652

### [Senate Bill 580](#)

Not Enacted

#### Parental Vaccine Notices

**Chief Sponsors:** Sen. Knopp

**Committees:** Senate Health Care

**Background and Current Law:** Oregon law requires that all children in public and private schools, preschools, Head Start, and certified child care facilities have up-to-date documentation on their immunizations, or go through the established process for claiming an exemption. Parents who do not want their children to be vaccinated can claim a nonmedical exemption for one or all school immunizations. College age students can claim a nonmedical exemption for the measles vaccine. Parents who decide to claim a nonmedical exemption can talk with their child's health care provider or watch an online education module (operated by the Oregon Health Authority) to receive a Vaccine Education Certificate, which must be submitted to the school or facility before the child can attend class.

**Bill Summary:** Senate Bill 580 would have required health care professionals to provide a written notice to the parent of a child, or a child who is emancipated, describing what vaccinations are required of school-aged children and the availability of nonmedical exemptions in Oregon.

### [Senate Bill 743](#)

Effective Date: January 1, 2018

#### Prohibit Minor's Purchase of Dextromethorphan

**Chief Sponsors:**

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** Dextromethorphan (DXM) is the active ingredient most widely used in cough medicines in the United States. The cough suppressant is available in more than 125 over-the-counter products that include capsules, liquids, lozenges, and tablet forms. In recent years, DXM has been abused by adolescents and young adults for its euphoriant properties when ingested in doses 10 to 20 times greater than recommended for cough suppression. A 2015 report by the National Institute on Drug Abuse indicated that the annual prevalence of nonmedical use of a cough and cold medicine among adolescents was three percent, and that their misuse can cause death, as well as other serious adverse events such as brain damage, seizure, loss of consciousness and irregular heartbeat.

**Bill Summary:** Senate Bill 743 creates a violation for the retail sale of DXM to individuals under the age of 18. The measure requires businesses and their employees to verify whether an individual trying to purchase DXM is 18 years of age or older. The measure bans local municipalities from passing laws that regulate any retail products that contain DXM beyond the regulations created by the measure.

**Oregon Laws 2017:** Chapter 345

### [Senate Bill 754](#)

Effective Date: August 9, 2017

#### Legal Age to Buy Tobacco Products Increased to 21

**Chief Sponsors:** Sens. Steiner Hayward, Manning, Jr.; Reps. Keny-Guyer, Vial

**Committees:** Senate Health Care, House Health Care, House Rules

**Background and Current Law:** The Oregon Health Authority (OHA) states that tobacco use is the number one preventable cause of death and disease in Oregon, annually resulting in an estimated 7,000 deaths and \$2.5 billion in medical expenditures and lost productivity. Research indicates that 90 percent of adults who smoke started before the age of 18. OHA's Public Health Division indicates that in 2013, 10 percent of Oregon's 11th grade students smoked cigarettes, and approximately 20 percent used other tobacco products. California and Hawaii recently raised the minimum age to purchase or consume tobacco from 18 to 21 years of age.

**Bill Summary:** Senate Bill 754 raises the legal age to purchase and possess tobacco or inhalant delivery systems to 21 years of age and establishes a set of fines ranging from \$50 to \$1,000 that may be assessed against individuals or businesses that distribute or sell tobacco-related products or inhalant delivery systems to anyone under the age of 21.

**Oregon Laws 2017:** Chapter 701

### [Senate Bill 785](#)

Not Enacted

#### Animal Antibiotics

**At the request of:** Senate Committee on Health Care

**Committees:** Senate Health Care

**Background and Current Law:** Antibiotics are drugs that fight infections caused by bacteria. Overuse of antibiotics creates resistant bacteria, impairing or obviating the effectiveness of the antibiotic. The Centers for Disease Control and Prevention and the World Health Organization report that this constitutes a public health threat, as almost every type of bacteria has become stronger and less responsive to antibiotic treatments. In the United States, at least two million people each year become infected with bacteria that are resistant to antibiotics, and at least 23,000 people die as a direct result. Up to 70 percent of antibiotics sold in the United States are given to food-producing animals, often for nonmedical purposes such as promoting faster growth. When antibiotic-resistant bacteria develop in livestock facilities, they can reach the human population through food and through contact with the air, soil, water, and animals directly.

**Bill Summary:** Senate Bill 785 would have limited the use of medical antibiotics given to food producing animals in Oregon. Livestock producers would have been required to obtain a veterinarian's approval for the use of antibiotics, based on a set of criteria, and file annual reports.

## Pharmaceutical Pricing, Reporting, and Cost Controls

**Chief Sponsors:** Sen. Steiner Hayward; Rep. Nosse

**Committees:** Senate Health Care

**Background and Current Law:** Pharmaceutical expenditures in the United States are effected by access to and use of prescription drugs, clinical breakthroughs and introduction of new medications, price negotiations among public and private payers, and a complex set of legal and regulatory policies, among other factors. The increasing cost of prescription drugs is and continues to be an important issue for patients, payers, and policy makers. A 2016 article in the Journal of the American Medical Association reports spending on prescription drugs increased by approximately 20 percent between 2013 and 2015, with government entities paying for approximately 40 percent of the country's total retail prescription drug costs.

A key element of prescription drug costs in the United States is reimbursement methodologies used by public and private payers. These methodologies are tools that federal and state governments use to address increasing drug costs, particularly in Medicaid. There are several concepts related to reimbursement methodologies, such as the estimated acquisition price, which reflects the price that providers and retail pharmacies pay for a drug from a drug manufacturer. The estimated acquisition price is often based on the average wholesale price or the wholesale acquisition cost, both of which are published in commercially available drug pricing books. Multiple pricing and reimbursement approaches are two factors that determine how much federal and state governments spend on prescription drugs, and they have changed over past decades.

**Bill Summary:** Senate Bill 792 would have required pharmaceutical manufacturers to disclose the wholesale price for individual drugs in all forms of advertising and created a civil penalty of up to \$5,000 for violations.

Senate Bill 793 would have required drug manufacturers to report increases in the price of prescription drugs to the Department of Consumer and Business Services (DCBS) if the drug had been available for sale for at least three years. DCBS would have been authorized to review price increases and supporting documentation from manufacturers to determine if the increase was excessive and, if so, required manufacturers to refund purchasers.

## Newborn Screening

**Chief Sponsors:** Sens. Boquist, Beyer; Reps. Buehler, Parrish

**Committees:** Senate Health Care, Joint Ways and Means

**Background and Current Law:** A well-established practice of state public health programs is universal screening of newborns before they leave the hospital. Screening helps detect serious medical conditions that can result in early death or lifelong disability even when a newborn appears initially healthy. Early detection and intervention can prevent mortality and improve the quality of life for newborns with metabolic disorders, and advances in screening technologies have enabled health care providers to detect increased numbers of such disorders. In Oregon, hospitals and midwives collect a blood sample from every newborn as part of the newborn screening program. Newborns are often screened twice; once at the hospital and then again at their first medical appointment. The Northwest Regional Newborn Screening Program screens newborns for more than 40 metabolic disorders approved by the Oregon Health Authority (OHA) and the Oregon State Public Health Laboratory tests them and shares the results with health care providers.

**Bill Summary:** Senate Bill 808-A would have required OHA to adopt rules for newborn health screening tests as new conditions are added to national guidelines, and created a statewide committee to submit recommendations to the legislature on Oregon's newborn screening program.

### [Senate Bill 869](#)

Not Enacted

#### Informed Consent for Vaccinations

**Chief Sponsors:** Sen. Boquist

**Committees:** Senate Health Care

**Background and Current Law:** Oregon law requires that all children in public and private schools, preschools, Head Start, and certified child care facilities have up-to-date documentation on their immunizations, or go through the established process for claiming an exemption. In 2015, Senate Bill 895 required specific reporting, posting, and communication of aggregate data on immunization rates for the Oregon Health Authority (OHA), local health departments, schools, children's facilities, and the Superintendent of Public Instruction. Parents who do not want their children to be vaccinated can claim a nonmedical exemption for one or all school immunizations. College students can claim a nonmedical exemption for the measles vaccine. Parents who decide to claim a nonmedical exemption can talk with their child's health care provider or watch an online education module (operated by the OHA) to receive a Vaccine Education Certificate, which must be submitted to the school or facility before the child can attend class.

**Bill Summary:** Senate Bill 869 would have required health care professionals to obtain informed consent from the parent of a child, or from a child that is emancipated, prior to administering vaccinations. The informed consent would have included: descriptions of the risks and benefits of each individual vaccination; a copy of the vaccine package; information from the Centers for Disease Control and Prevention; notice of how to file a petition with the National Vaccine Injury Compensation Program; and information about nonmedical exemptions for school-age children.

### [Senate Bill 914](#)

Not Enacted

#### Immunizations for Employment

**Chief Sponsors:** Sen. Knopp

**Committees:** Senate Health Care

**Background and Current Law:** Health care workers and first responders can be at higher risk of exposure to infectious diseases given the nature of their professions. Current law requires certain employers to offer preventive immunizations to their employees at no cost; those that operate hospitals, mental health clinics, or alcohol and drug treatment facilities. The Centers for Disease Control and Prevention recommends a number of preventive vaccines for adults employed as health care workers that include: hepatitis B; influenza; measles, mumps, and rubella (MMR); pertussis; varicella; and meningococcal.

**Bill Summary:** Senate Bill 914 would have prohibited an employer from requiring an individual to be immunized as a condition of employment unless required by federal law.



## Health Care Payment Reform

**Chief Sponsors:** Sen. Steiner Hayward; Rep. Buehler

**Committees:** Senate Health Care, House Health Care

**Background and Current Law:** The “patient-centered medical home” is a delivery of care model that is intended to reduce costs and the inappropriate use of health services while improving the quality of care and patient experience. “Patient centered” refers to the full scope of a patient’s physical and mental needs being addressed in coordination, including specialist and hospital care. With the proliferation of medical homes in the United States over the past decade, a growing body of research assessing their effects has become available. Based on available evidence, federal and state policy makers and health care payers have increasingly expressed interest in medical homes as a tool to restructure primary care.

**Bill Summary:** Senate Bill 934 requires coordinated care organizations, commercial insurers, the Public Employees’ Benefit Board (PEBB), and the Oregon Educators Benefit Board (OEBB) to spend at least 12 percent of their total expenditures on primary care by January 1, 2023. Insurers that spend less than 12 percent of their premiums on primary care are required to develop a plan to increase spending by at least one percent each year. The Oregon Health Authority (OHA) and Department of Consumer and Business Services are authorized to implement the provisions of the measure, and both are directed to report on annual progress to the legislature. The measure authorizes OHA to convene a collaborative to advise and assist with the implementation of the Primary Care Transformation Initiative.

**Oregon Laws 2017:** Chapter 489

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[Senate Bill 998](#)

Not Enacted

**Tobacco Retail Licensure**

**Chief Sponsors:** Sen. Boquist

**Committees:** Senate Health Care

**Background and Current Law:** States and local governments have the authority to regulate the sale and distribution of tobacco products in their jurisdictions. States can require retailers that sell tobacco products to obtain a license or permit from the state or from the local government where the retailer does business.

**Bill Summary:** Senate Bill 998 would have required individuals selling tobacco products or inhalant delivery systems to register with the Oregon Department of Revenue and precluded regulation at the local level. The Oregon Department of Revenue would have been allowed to share registration information with the Oregon Health Authority (OHA) and the Oregon Department of Justice. OHA would have been authorized to inspect businesses.

[Senate Bill 1054-A](#)

Not Enacted

**Improving Access to Behavioral Health Services for Veterans**

**Chief Sponsors:** Senate Committee on Veterans and Emergency Preparedness

**Committees:** Senate Veterans and Emergency Preparedness, Senate Rules

**Background and Current Law:** Data from the National Center for Health Statistics and the United States Census Bureau rank Oregon among the states with the highest rates of serious depression and suicide. The Oregon Health Authority (OHA) reports that suicide is the second leading cause of death among Oregonians under age 35, with over 760 suicides in 2015 and around 2,000 people hospitalized for associated behaviors. Veterans represent a little more than eight percent of Oregon's total population, but account for nearly 25 percent of the total number of people who commit suicide, and suicide is the leading cause of death for veterans under the age of 45. According to the Oregon Violent Death Reporting System, mental health concerns, alcohol and/or substance use, relationship issues, and other stressors are common and associated with suicide incidents among Oregon veterans. Hospitals seeking to expand their services in Oregon are required to obtain a "certificate of need" from OHA. The certificate process is designed to promote efficiencies across Oregon's system of care and help keep health care costs down.

**Bill Summary:** Senate Bill 1054-A would have created a temporary exemption available to hospitals that would otherwise be required to obtain a certificate of need, but only to increase capacity to provide behavioral health services to veterans and active duty personnel. The measure would have made an exemption available for two years and required facilities taking advantage of it to provide services for at least eight years.

### [House Bill 2015](#)

Effective Date: January 1, 2018

#### Doula Reimbursement

**Chief Sponsors:** Reps. Kotek, Greenlick; Sen. Frederick

**Committees:** House Health Care, House Rules, Senate Health Care

**Background and Current Law:** A doula (professional childbirth assistant) provides physical and emotional support to a woman and her partner during pregnancy, childbirth, and postpartum. Although research is limited, some studies have shown that continuous support from doulas during childbirth correlates with decreases in the use of pain medications during labor, incidence of C-sections, length of labor, and negative childbirth experiences.

**Bill Summary:** House Bill 2015 directs the Oregon Health Authority (OHA) to establish reimbursement rates for doulas in coordination with the Traditional Health Workers Commission. The measure specifies that rates are to be reviewed, and revised if necessary, every even-numbered year, and requires coordinated care organizations to make information about doulas available to the public to increase access to their services. The bill directs OHA to study possible changes to Medicaid to facilitate direct payments for doulas and requires OHA to report annually to both the Oregon Health Policy Board and the Oregon Public Health Advisory Board.

**Oregon Laws 2017:** Chapter 281

### [House Bill 2103](#)

Effective Date: January 1, 2018

#### Permits Nurse Practitioners to Perform Vasectomies

**Chief Sponsors:** Reps. Nosse, Rayfield, Williamson; Sen. Dembrow

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** A nurse practitioner (NP) is a registered nurse with advanced training in diagnosis and treatment. They are generally authorized to prescribe medications, treat illnesses, and administer physical exams. Nurse practitioners provide primary care and some acute care, and are qualified to meet most patients' health care needs. Studies have indicated that NPs increase access to services, provide high quality interaction between provider and client, and emphasize health education and prevention. With the appropriate training and competency, current Oregon law allows NPs to perform procedures such as bone marrow aspiration, chest tube placement, and lumbar puncture.

**Bill Summary:** House Bill 2103 expands the procedures that may be performed by NPs with appropriate training and credentialing to include vasectomies.

**Oregon Laws 2017:** Chapter 381

## Opioid Prescription Guidelines

**Chief Sponsors:** Reps. Greenlick, Williamson

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** According to the Oregon Health Authority’s Public Health Division, Oregon has one of the highest rates of prescription opioid misuse in the nation. More drug poisoning deaths involve prescription opioids than any other type of drug, including alcohol, methamphetamines, heroin, and cocaine. An average of three Oregonians die every week from prescription opioid overdose, and many more develop opioid use disorders. The Public Health Division convened the Oregon Opioid Prescribing Guidelines Task Force in the spring of 2016 to develop statewide guidelines for clinicians and health care organizations to combat prescription opioid abuses.

**Bill Summary:** House Bill 2114 directs the Oregon Medical Board, the Oregon State Board of Nursing, the Oregon Board of Dentistry, and the Oregon Board of Naturopathic Medicine to notify their respective licensees who are authorized to prescribe opioids or opiates, of the Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications, as endorsed by the Oregon Medical Board in January 2017, no later than January 1, 2018.

**Oregon Laws 2017:** Chapter 146

## Coordinated Care Organization’s Nonprofit Status

**Chief Sponsors:** Reps. Greenlick, Holvey

**Committees:** House Health Care, House Rules, Joint Ways and Means

**Background and Current Law:** The coordinated care model was first implemented in Oregon by coordinated care organizations (CCOs). CCOs are networks of multiple types of health care providers (physical health care, addictions and mental health care, and dental care providers) who work together in their local communities to serve people who receive care through the Oregon Health Plan (Medicaid). CCOs are focused on prevention and helping people manage chronic conditions. With national questions on the status of the federal Affordable Care Act (ACA), the Oregon Health Policy Board (OHPB) was asked to provide policy guidance to the legislature and the Oregon Health Authority about the future of CCOs. In 2016, OHPB conducted statewide listening sessions, producing a report with 12 recommendations.

**Bill Summary:** House Bill 2122-B would have modified current requirements for CCOs to direct their governing bodies to take specific steps to improve transparency; to dedicate a portion of their annual net income or services to addressing health disparities and social determinants; and require that CCOs be §501(c)(3) organizations or public benefit corporations beginning January 1, 2023. The bill would have required CCOs’ governing bodies to meet jointly with their corresponding community advisory councils, open to the public, once per year.

## Reimbursement of Child Abuse Medical Assessments

**Chief Sponsors:** Reps. Whisnant, Stark; Sens. Gelser, Taylor

**Committees:** House Human Services and Housing, Joint Ways and Means

**Background and Current Law:** In 2015, the Oregon Legislative Assembly passed House Bill 2234 requiring the Oregon Health Authority to reimburse community assessment centers for child abuse medical assessments and related services.

**Bill Summary:** House Bill 2221-A would have required the Oregon Health Authority (OHA) to ensure the community assessment center is reimbursed by the coordinated care organization (CCO) for child abuse medical assessments conducted on a child enrolled in a CCO. CCOs would have been required to report to OHA on any unpaid claims for reimbursement made by a community assessment center. House Bill 2221-A also required OHA and the Department of Consumer and Business Services to report to the Legislative Assembly every twelve months on the implementation of child abuse medical assessments. OHA would have been required to immediately report to the Joint Committee on Ways and Means any instance of insufficient funds in a CCO's budget to reimburse child abuse medical assessments.

## Arrangement of Benefits for Oregon State Hospital Patients

**At the request of:** Governor Brown for Oregon Health Authority

**Committees:** House Health Care, Senate Human Services

**Background and Current Law:** The Oregon State Hospital (OSH) provides patient-centered, psychiatric treatment for adults throughout the state who need hospital-level care. The hospital's primary goal is to help people recover from their illness and return to the community. Services include psychiatric evaluation, diagnosis and treatment, community outreach, and peer support.

**Bill Summary:** House Bill 2302 expands OSH staff authority to apply for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), the Supplemental Nutrition Assistance Program (SNAP), and other appropriate federal and state benefits on behalf of patients upon their discharge.

**Oregon Laws 2017:** Chapter 65

## Public Health Modernization

**At the request of:** Governor Brown for Oregon Health Authority

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** In 2015, the Legislative Assembly passed House Bill 3100, to establish foundational public health capabilities and programs, detect and prevent infectious diseases, protect the public from exposure to environmental hazards, and respond to natural and manmade disasters in Oregon communities. Efforts to modernize the public health system are driven by three priorities: expanding outreach through collective action with health care and other partners; addressing health priorities using foundational capabilities; and demonstrating the impact of public health through accurate data collection and evaluation.

**Bill Summary:** House Bill 2310 modifies provisions relating to the schedule by which local public health authorities must submit local plans for applying the foundational public health capabilities and implementing foundational public health programs. The bill modifies the timeline and process for submitting the local public health implementation plans; directs Oregon Health Authority (OHA) to establish accountability metrics to monitor progress; and requires OHA to submit a report to the Oregon Public Health Advisory Board and the Legislative Fiscal Office. The bill clarifies how and when a county could relinquish their local public health authority to the state.

**Oregon Laws 2017:** Chapter 627

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## Prohibiting Balance Billing

**At the request of:** Governor Brown for Department of Consumer and Business Services

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** “Balance billing” is the practice of billing the difference between a provider’s charge and the allowed amount (the most an insurance company will pay for covered medical care). Typically, balance billing is discovered by the consumer after the service is performed, when there is little opportunity to dispute unanticipated charges. For example, balance billing can impact consumers following an emergency room visit or after surgery. In Oregon, between 2014 and 2016, the Department of Consumer and Business Services (DCBS) processed more than 300 complaints related to balance billing. Other states have introduced and enacted a variety of consumer protection measures related to balance billing, including: capping or limiting charges for services delivered outside of an insured’s provider network; improving consumer notification, disclosure and transparency requirements; providing for dispute resolution; and prohibiting the practice of balance billing outright.

**Bill Summary:** House Bill 2339 prohibits balance billing by nonparticipating, facility-based providers, and providers in cases of emergency. The bill directs DCBS to develop recommendations for reimbursement of services performed by out-of-network providers at health care facilities that are in-network.

**Oregon Laws 2017:** Chapter 417

### [House Bill 2342](#)

Effective Date: August 2, 2017

#### Health Insurance Regulation

**At the request of:** Governor Brown for Department of Consumer and Business Services

**Committees:** House Health Care, House Rules, Senate Health Care, Senate Rules

**Background and Current Law:** The Department of Consumer and Business Services (DCBS) is Oregon's largest consumer protection and business regulatory agency. DCBS' Division of Financial Regulation oversees financial and insurance industries in Oregon. If future changes in federal health insurance laws occur outside of the ordinary rate review process, DCBS may be unable to respond to maintain a stable insurance market and ensure that consumers continue to have access to affordable coverage. Additionally, federal changes may provide insufficient lead time to propose and pass a legislative solution.

**Bill Summary:** House Bill 2342 permits DCBS to adopt rules inconsistent with state law governing health insurance if certain conditions are met and recommended by the Health Insurance Exchange Advisory Committee. Such rules, if temporary, cannot be readopted; and, if permanent, will not remain in effect more than six months absent legislative ratification. The measure also requires DCBS to report to the legislature immediately, if the agency exercises this authority, which expires July 2019.

**Oregon Laws 2017:** Chapter 626

### [House Bill 2387-A](#)

Not Enacted

#### The Oregon Premium Protection Program

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Pharmaceutical expenditures in the United States are impacted by access to and utilization of prescription drugs, clinical breakthroughs and introduction of new medications, price negotiations among public and private payers, a complex set of legal and regulatory policies, and other factors. The increasing cost of prescription drugs has and continues to serve as an important issue for patients, payers, and policy makers. According to an article in the Journal of the American Medical Association (2016), between 2013-2015, spending on prescription drugs increased approximately 20 percent with government entities paying for approximately 40 percent of the country's total retail prescription drug costs.

**Bill Summary:** House Bill 2387-A would have created the Oregon Premium Protection Program within the Department of Consumer and Business Services. The bill would have required determinations of excess costs incurred by payers, and amounts of rebates owed by manufacturers based on claims for rebates.



### [House Bill 2388](#)

Effective Date: May 17, 2017

#### Regulation of Pharmacy Benefit Managers

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Pharmacy benefit managers (PBM) administer drug benefit programs according to contractual relationships between wholesalers and manufacturers and health insurers or employers. Some PBM services include processing and analyzing prescription claims, contracting with a network of pharmacies, and developing and managing formularies and prior authorization programs. Currently, there are more than 40 entities registered as PBMs doing business in Oregon. Nationally, PBMs manage the drug benefits for an estimated 95 percent of all patients with drug coverage.

In 2016, in a budget note in Senate Bill 5701, the Department of Consumer and Business Services (DCBS) was directed to convene a work group to develop recommendations for rulemaking regarding PBM compliance. Recommendations included: DCBS playing a limited role as registrar of active PBMs, consistent with the statutory registration fee; minimal enforcement changes by rule or legislation; and authorizing DCBS to suspend or revoke registrations for noncompliance with statute or rule.

**Bill Summary:** House Bill 2388 authorizes DCBS to deny, revoke, or suspend a PBM's registration under specific conditions. The measure also directs DCBS to establish a process for pharmacies or pharmacy representatives to file complaints against PBMs and to develop an appropriate registration fee structure.

**Oregon Laws 2017:** Chapter 73

### [House Bill 2391](#)

Effective Date: October 6, 2017

#### Health System Fund

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, House Rules, Joint Ways and Means

**Background and Current Law:** In 2003, the Legislative Assembly created the hospital assessment as a revenue source to fund the Oregon Health Plan (OHP) and other hospital initiatives. The statutory authority for this assessment is set to expire in 2019.

**Bill Summary:** House Bill 2391 establishes the Health System Fund and the Oregon Reinsurance Program and modifies statutes relating to hospital assessment, including extending hospital assessment for two more years from September 30, 2019 to September 30, 2021. In addition, the bill establishes the Oregon Reinsurance Program within the Department of Consumer and Business Services. The effective date of the Oregon Reinsurance Program is the later of the date of approval by the United States Department of Health and Human Services or January 1, 2018. Additionally, the bill repeals the Oregon Reinsurance Program on January 2, 2024.

**Oregon Laws 2017:** Chapter 538

### [House Bill 2397](#)

Effective Date: May 18, 2017

#### Expansion of Services Provided by Pharmacists

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** The role of pharmacists as health care providers has enhanced access to cost-effective and quality health care management for patients. In January 2017, the Center for Medicaid and CHIP (Children’s Health Insurance Program) Services (CMCS) released an informational bulletin encouraging states to expand the scope of practice for pharmacists to improve timely access to care.

**Bill Summary:** House Bill 2397 creates a seven-member Public Health and Pharmacy Formulary Advisory Committee and directs the State Board of Pharmacy to establish, by rule, the formulary drugs and devices that pharmacists may prescribe and dispense to patients under specific conditions.

**Oregon Laws 2017:** Chapter 106

### [House Bill 2398](#)

Effective Date: January 1, 2018

#### Medicaid Patient Billing

**At the request of:** House Interim Committee on Health Care

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** Federal law requires Medicaid providers to accept only the amount paid by the Oregon Health Authority (OHA) for Medicaid services as “payment in full” plus any deductible, coinsurance, or copayment (i.e., cost-sharing) required to be paid by the patient. Some Medicaid clients report that they have been billed for services covered by the plan when they should not have been and, due to inadequate safeguards, the current system has failed to catch these transactions. When Medicaid clients receive these bills, they may assume there is a mistake and not respond, which may cause unpaid balances to be turned over to a collection agency.

**Bill Summary:** House Bill 2398 prohibits health care providers from billing Medicaid recipients except as provided by rule by OHA. It requires health care providers to check with OHA to confirm an individual’s eligibility for Medicaid when a claim remains unpaid after 90 days, and prohibits them from assigning claims to a collection agency if the individual was eligible for Medicaid at the time services were rendered.

**Oregon Laws 2017:** Chapter 287

### [House Bill 2402](#)

Effective Date: October 6, 2017

## Free Birth Certificates for Homeless Individuals

**Chief Sponsors:** Rep. Lively

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Identification cards are required for homeless individuals to find employment or receive prescription medications, among other things, with certified birth certificates required to obtain identification cards. Many nonprofit organizations throughout Oregon operate a free birth certificate program on a regular basis. Generally, current budgets allow the nonprofits to provide a limited number of free birth certificates to a limited number of individuals.

**Bill Summary:** House Bill 2402 requires the Oregon Health Authority to establish a grant program allowing homeless individuals to obtain a certified copy of their birth records at a reduced rate or free of charge. The bill establishes the Birth Certificates for Homeless Persons Fund, consisting of all moneys credited to the fund, including moneys appropriated or transferred to it by the legislature. The fund earns interest and all moneys in the fund are continuously appropriated for awarding grants to state, regional, and local agencies and organizations to carry out the program's requirements.

**Oregon Laws 2017:** Chapter 540

### [House Bill 2432](#)

Effective Date: May 25, 2017

## Regulation of Art Therapy

**Chief Sponsors:** Rep. Parrish; Sen. Dembrow

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** The American Art Therapy Association defines art therapy as a mental health profession in which art therapists facilitate clients' use of art media, the creative process, and resulting artwork to explore feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy is practiced in a wide range of settings including hospitals, psychiatric and rehabilitation facilities, wellness centers, forensic institutions, schools, crisis centers, senior communities, private practice, and other clinical and community settings. Recent studies on the clinical effectiveness and cost effectiveness of art therapy among individuals with mental health disorders indicate art therapy may offer benefits for individuals with a mental health diagnosis.

**Bill Summary:** House Bill 2432 directs the Oregon Health Licensing Office (OHLO) to issue licenses to practice art therapy to qualified art therapists, specifies license qualifications, and provides for administrative and regulatory oversight by OHLO.

**Oregon Laws 2017:** Chapter 155

[House Bill 2503](#)

Effective Date: June 29, 2017

**Lactation Consultant Licensure**

**Chief Sponsors:** Rep. Nathanson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Lactation consultants are professional breastfeeding specialists trained to teach mothers how to feed their infants. Most lactation consultants are trained and certified by the International Board of Lactation Consultant Examiners.

The Oregon Health Licensing Office (OHLO) is the central licensing and regulatory office that oversees 14 health and related boards, councils, and programs in Oregon. OHLO reviews and approves applicant qualifications, conducts examinations, inspects licensed facilities and independent contractors, responds to and investigates consumer complaints, and disciplines licensees who are found in violation of state requirements.

**Bill Summary:** House Bill 2503 allows OHLO to establish a board and program for licensing and regulating the practice of lactation consultants. The bill authorizes OHLO to adopt rules, establish licensing fees, and outline certification requirements. Additionally, the bill directs lactation consultants to complete cultural competency and trauma-informed care through programs approved by OHLO.

**Oregon Laws 2017:** Chapter 499

[House Bill 2524](#)

Not Enacted

**Administration of Loans for Primary Care Residency Programs**

**Chief Sponsors:** Rep. Buehler

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The Office of Student Access and Completion (OSAC) administers a variety of state, federal, and privately funded student financial aid programs for the benefit of Oregonians attending post-secondary educational institutions. It is responsible for the administration of state financial aid and access programs, including budget recommendations, fiscal management and policy, and awarding financial aid to Oregon students at private and public institutions statewide.

**Bill Summary:** House Bill 2524 would have transferred the administration of a program that provides loans to hospitals to establish new primary care residency programs, from OSAC to the Oregon Health Authority. The bill would have modified the cost-sharing program to train residency physicians and interns and extended the program's sunset to July 1, 2019.

[House Bill 2527](#)

Effective Date: June 14, 2017

**Self-Administered Hormonal Contraceptives**

**Chief Sponsors:** Rep. Buehler; Sen. Steiner Hayward

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** To improve access to contraceptives for women and prevent unintended pregnancy, the Oregon Legislative Assembly enacted House Bill 2879 (2015). The bill permits pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives to women who are at least 18 years of age, and provide contraceptives to women under 18 years of age, if they have an existing prescription from a physician for contraceptives. Additionally, all women seeking prescriptions for birth control from their pharmacist must complete a questionnaire designed to screen for potential risks, allowing the prescribing pharmacist to select an appropriate product. Pharmacists are required to notify their patient’s primary prescriber when a medication is prescribed, and they can only continue to dispense the product for three years unless they receive proof that a patient has seen her physician since the medication was initially prescribed.

**Bill Summary:** House Bill 2527 authorizes pharmacists to prescribe self-administered hormonal contraceptives and administer injectable hormonal contraceptives. The bill defines self-administered hormonal contraceptives and injectable hormonal contraceptives and specifies that pharmacist consultations are a covered benefit in prescription drug benefit plans.

**Oregon Laws 2017:** Chapter 289

[House Bill 2620](#)

Not Enacted

**Crime of Assault Against Hospital Employees Specifications**

**At the request of:** House Interim Committee on Judiciary

**Committees:** House Judiciary

**Background and Current Law:** There are four degrees of assault crimes in Oregon. Assault in the fourth degree is usually a misdemeanor, committed when a person intentionally, knowingly, or recklessly causes physical injury to another. Assault in the first, second, and third degrees are felonies. Third degree assault includes a variety of specified conduct, such as intentionally, knowingly, or recklessly causing physical injury to an emergency medical services provider while the provider is performing their official duties.

**Bill Summary:** House Bill 2620 would have added intentionally, knowingly, or recklessly causing physical injury to a person working in a hospital while they are performing their duties to the list of prohibited conduct that constitutes assault in the third degree.

**Oregon Laws 2017:** Chapter 162

[House Bill 2644](#)

Effective Date: January 1, 2018

**Administration of Vitamin K to Newborns**

**Chief Sponsors:** Rep. Malstrom

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** According to the Centers for Disease Control and Prevention, a vitamin K shot prevents serious bleeding in newborns. Vitamin K is necessary for blood to clot, which prevents severe bleeding and blood loss. Vitamin K does not cross the placenta from a mother to a developing baby. After birth, there is little Vitamin K in breast milk and breastfed newborns can have a Vitamin K deficiency for several weeks following birth. Infant formula often has added Vitamin K, and formula-fed infants tend to have very low levels of Vitamin K for several days after birth. With low levels of Vitamin K, some infants are susceptible to severe bleeding, and to prevent this bleeding, infants are routinely given Vitamin K after birth.

**Bill Summary:** House Bill 2644 requires that the most effective procedure be used to administer Vitamin K to a newborn.

**Oregon Laws 2017:** Chapter 162

[House Bill 2645-A](#)

Not Enacted

**Prescription Drug Take-Back Program**

**Chief Sponsors:** Rep. Malstrom

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Approximately a third of pharmaceutical drugs purchased in the United States go unused, are considered hazardous wastes, and end up in water systems or landfills. Current disposal options are limited and inconsistent. In 2014, U.S. Drug Enforcement Administration (DEA) regulations expanded the types of locations allowed to accept unwanted medications on a routine basis. As of 2015, there are 615 authorized collectors nationwide that include drug manufacturers and distributors, narcotic treatment programs, retail pharmacies, and hospitals. Prior to this expansion, pharmacies and hospitals were banned from accepting unwanted prescription drugs, and the public's only legal option to discard unwanted medications safely was giving them to a law enforcement agency. Instead, many people flushed them down the toilet, resulting in contamination of the water supply, or kept them at home, leading to the theft and abuse of the prescription drugs.

**Bill Summary:** House Bill 2645-A would have required manufacturers of certain drugs to participate in a drug take-back program and submit program plans to the Department of Environmental Quality for approval. The measure would have also made changes to the statutes governing prescription drug take-back programs.

[House Bill 2664-A](#)

Not Enacted

## Ambulatory Surgery Centers

**Chief Sponsors:** Reps. Nosse, Lively, Buehler; Sen. Monnes Anderson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Ambulatory Surgery Centers (ASC) are health care facilities that focus on providing same-day surgical care, including diagnostic and preventive procedures. In response to the increasing interest in ASCs and extended stay facilities, in 2015, the House Health Care Committee formed a work group to explore the possibility of allowing patients to recover from outpatient surgery in an extended stay facility or extended stay recovery center. Currently, Arizona, Colorado, Florida, Illinois, and Nevada have adopted extended stay recovery licensure.

**Bill Summary:** House Bill 2664-A would have defined “extended stay centers,” “extended stay services,” “health system,” and “local hospital,” and directed the Oregon Health Authority (OHA) to adopt rules specifying the criteria for the licensing of extended stay centers and for emergency transfer agreements. The bill specified hospital requirements where the patient would be transferred; that the patient stay in an extended stay center for up to 48 hours, or four hours past the 48-hour limit based on patient safety; and that OHA license no more than 16 extended stay centers until January 2, 2023. Additionally, the bill would have required OHA to convene a nine-member advisory group to monitor the implementation of the bill.

[House Bill 2673](#)

Effective Date: October 6, 2017

## Procedures for Updating Birth Certificates

**Chief Sponsors:** Reps. Nosse, Greenlick, Williamson; Sen. Monnes Anderson

**Committees:** House Health Care, Senate Judiciary

**Background and Current Law:** To update a birth certificate, a transgender person must currently ask a court for a legal name or gender marker amendment and then take the court order to the Oregon Health Authority’s Vital Records Department. The court process can be inconsistent from county to county, costly and difficult to navigate.

**Bill Summary:** House Bill 2673 provides an alternative process for people to change their names and gender on a vital record. The bill eliminates the requirement for courts to publicly post court orders on name and gender changes.

**Oregon Laws 2017:** Chapter 100

[House Bill 2675](#)

Effective Date: January 1, 2018

**Oral Health in Community Health Improvement Plans**

**Chief Sponsors:** Reps. Nosse, Hayden

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** When House Bill 3650 (2011) and Senate Bill 1580 (2012) were enacted and coordinated care organizations (CCO) were established, the addition of oral health to their responsibilities was delayed for two years. The initial community health improvement plans created by community advisory councils (CACs) often did not include plans to integrate physical, behavioral, and oral health services. Subsequent plans and reports required by CACs have not addressed the need for plans and strategies to integrate services for enrollees served by coordinated care organizations.

**Bill Summary:** House Bill 2675 requires a community advisory council’s health improvement plan to focus on and develop strategies for the CCO to integrate physical, behavioral, and oral health services.

**Oregon Laws 2017:** Chapter 82

[House Bill 2834-A](#)

Not Enacted

**Expanding Dental Care Coverage**

**At the request of:** House Committee on Health Care

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** When House Bill 3650 (2011) and Senate Bill 1580 (2012) were enacted and coordinated care organizations (CCO) were established, the addition of oral health to their responsibilities was delayed for two years. Each coordinate care organization was required to develop their initial community health improvement plans, which were created by community advisory councils (CACs). These plans often did not include efforts to integrate physical, behavioral, and oral health services. Subsequent plans and reports required by CACs have not addressed the need for plans and strategies to integrate services for enrollees served by CCOs.

**Bill Summary:** House Bill 2834-A would have required a dental care organization that contracts with a CCO to provide oral health care services to individuals who are at or below 250 percent of the federal poverty level and without certain oral health care coverage, if they are veterans or age of 65 or older.



[House Bill 2838-B](#)

Not Enacted

**Medicaid Application Assistance Grant**

**At the request of:** House Committee on Health Care

**Committees:** House Health Care, Senate Health Care, Joint Ways and Means

**Background and Current Law:** Most Oregonians can enroll in either private health insurance or enroll in free or low-cost coverage through the Oregon Health Plan (OHP), Oregon’s Medicaid program. Medicaid is available to people who meet requirements for age, income, disability status, residency, and other factors. Every year, OHP enrollees must reapply to continue receiving Medicaid benefits. In recent years, to help individuals navigate the application process to receive insurance coverage available through the federal Affordable Care Act including Medicaid and Marketplace-based coverage, application assisters have helped work with individuals with enrollment and re-enrollment in health coverage options.

**Bill Summary:** House Bill 2838-B would have created the Oregon Health Authority Assister Fund to provide grants to nonprofit or governmental organizations to give application assistance to individuals eligible for Medicaid.

[House Bill 2839](#)

Effective Date: June 20, 2017

**Prohibits Transplant Eligibility Determination Based on a Disability**

**At the request of:** House Committee on Health Care

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** It has been reported that individuals with mental or physical disabilities have been denied access to life-saving organ transplants based on their disability, as some believe that these individuals should not participate in a transplant operation without considering supports and other assistance due to their disability. Reports also indicate that people with disabilities may at times be viewed as “less worthy” of such operations.

In recent years, California, Maryland, Massachusetts, and New Jersey have enacted legislation prohibiting discrimination regarding organ transplants against people with disabilities. In 2016, members of Congress sent a letter to the federal Department of Health and Human Services asking the agency to issue guidance on organ transplant discrimination with regards to individuals with disabilities, specifically stating that organ transplant discrimination violates the federal Americans with Disabilities Act.

**Bill Summary:** House Bill 2839 prohibits discrimination against individuals with a disability in the provision of organ transplants in Oregon.

**Oregon Laws 2017:** Chapter 396

[House Bill 2882](#)

Effective Date: June 22, 2017

**Dental Care Representative on Coordinated Care Organization Governing Body**

**Chief Sponsors:** Reps. Nosse, Keny-Guyer, Buehler

**Committees:** House Health Care, Senate Health Care

**Background and Current Law:** A coordinated care organization (CCO) is a network of health care providers (physical, mental health, and dental care) who work together in their local communities to serve people who receive Medicaid coverage under the Oregon Health Plan (OHP). Currently, there are 16 CCOs operating in communities throughout Oregon. CCOs are not required to have a dental care organization (DCO) representative on the governing board.

**Bill Summary:** House Bill 2882 requires a CCO governing board to include a representative from at least one dental care organization that is selected by the CCO.

**Oregon Laws 2017:** Chapter 429

[House Bill 2979-A](#)

Not Enacted

**Medicaid Enrollment Process**

**At the request of:** House Committee on Health Care

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** A coordinated care organization (CCO) is a network of all types of health care providers (physical, mental health, and dental care) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (i.e., Medicaid). CCOs are focused on prevention and helping people manage chronic conditions. Currently, there are 16 CCOs operating in communities around Oregon.

**Bill Summary:** House Bill 2979-A would have eliminated certain categories of Medicaid recipients historically exempt from enrollment into a CCO. The measure would have required the Oregon Health Authority to enroll individuals into a CCO no later than 30 days after eligibility had been determined or disenrollment had occurred from another CCO, and to re-enroll eligible Medicaid recipients into their original CCO or to a new CCO if the client requested the change.

**House Bill 3030****Effective Date: January 1, 2018****Regulation of Nitrous Oxide****Chief Sponsors:** Rep. Hayden**Committees:** House Health Care, Senate Judiciary

**Background and Current Law:** Dentists routinely use nitrous oxide for its pain-numbing effects. It is also used for medical purposes for the same reason. A commonly abused form of nitrous oxide is found in small, pressurized food-preparation containers called “whip-its.” These are commonly used in products such as whipped cream dispensers. Abusers place the whip-it in a “cracker” (a type of valve device), put a balloon on one end of the cracker, and turn it until the whip-it pops. The nitrous oxide can create an intense but brief high. A blast of nitrous oxide from a balloon can, within eight to 10 seconds, cause dizziness, giddiness, disorientation and, occasionally, visual hallucinations.

**Bill Summary:** House Bill 3030 prohibits businesses and their employees from selling nitrous oxide canisters from which a person can directly inhale nitrous oxide to anyone under age 18. It specifies that a violation of this offense is a Class A violation and that a subsequent conviction is a Class C misdemeanor. The bill provides an exception to this offense if the business or employee verifies the age of the purchaser.

**Oregon Laws 2017:** Chapter 402**House Bill 3090****Effective Date: October 6, 2017****Hospital Discharge Policies for Behavioral Health Treatment****Chief Sponsors:** Reps. Keny-Guyer, Greenlick, Buehler; Sen. Gelser**Committees:** House Health Care, Senate Human Services

**Background and Current Law:** In 2015, the Legislative Assembly enacted House Bill 2023, which directed hospitals to adopt and enforce discharge policies for individuals admitted for mental health treatment. The measure specified that policies include a disclosure authorization signed by the patient and assessments of suicide risk, long-term needs, needed community services, and the patient’s capacity for self-care. The measure also required hospitals to create a process to coordinate the patient’s care and transition from inpatient to outpatient treatment and a follow-up appointment no later than seven days after discharge.

**Bill Summary:** House Bill 3090 requires hospitals with emergency departments to adopt policies on the release of patients presenting signs of “behavioral health crisis” and to provide “suicide prevention measures” if necessary. The bill requires hospitals to submit information on adopted policies to the Oregon Health Authority and directs the agency to make recommendations to the legislature to improve behavioral health outcomes by January 1, 2018.

**Oregon Laws 2017:** Chapter 272

### [House Bill 3091](#)

Effective Date: January 1, 2018

#### Medicaid Behavioral Health Treatment

**Chief Sponsors:** Reps. Keny-Guyer, Greenlick; Sen. Gelser

**Committees:** House Health Care, Senate Human Services

**Background and Current Law:** In 2015, the Legislative Assembly enacted House Bill 2023, which directed hospitals to adopt and enforce discharge policies for individuals admitted for mental health treatment. The measure specified that policies include a disclosure authorization signed by the patient and assessments of suicide risk, long-term needs, needed community services, and the patient's capacity for self-care. The measure also required hospitals to create a process to coordinate the patient's care and transition from inpatient to outpatient treatment and a follow-up appointment no later than seven days after discharge.

**Bill Summary:** House Bill 3091 requires coordinated care organizations (CCOs) to provide and prioritize specified behavioral health services for members, including "behavioral health assessments" and medically necessary treatments to members in "behavioral health crisis." It adds "behavioral health clinicians" to the list of funded "health services," "behavioral health crisis" to the list of emergency medical conditions, and "behavioral health assessment" to the list of emergency services.

**Oregon Laws 2017:** Chapter 273

### [House Bill 3135-A](#)

Not Enacted

#### Medicaid Reimbursement for Intrauterine Devices and Progestin Implants

**Chief Sponsors:** Rep. Buehler

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** The American College of Obstetricians and Gynecologists recommends strategies for immediate use of postpartum, long-acting reversible contraception.

**Bill Summary:** House Bill 3135-A would have required the Oregon Health Authority (OHA) to reimburse Medicaid clients for the postpartum insertion of an intrauterine device or progestin implant at the rate established by OHA. The measure would have required OHA to pay for the removal of this device at any time the client chooses, even if the client was no longer eligible for coverage under the Oregon Health Plan (i.e., Medicaid).

### [House Bill 3261](#)

Effective Date: October 6, 2017

#### Health Care Provider Incentive Fund

**Chief Sponsors:** Rep. Nathanson; Sen. Steiner Hayward

**Committees:** House Human Services and Housing, House Health Care, Joint Ways and Means

**Background and Current Law:** Oregon offers a variety of financial incentives to help recruit and retain health care providers in rural and other underserved areas. Loan forgiveness or repayment programs, tax credits for rural health care providers, and subsidies for malpractice insurance premiums impact efforts to recruit or retain health care providers in underserved communities. House Bill 3396 (2015) repealed the authorizing statutes and funds for most of Oregon's health care provider incentive programs, and created a new Health Care Provider Incentive Fund administered by the Oregon Health Authority (OHA). The bill also required the Oregon Health Policy Board (OHPB) to study and report on the efficacy of Oregon's provider incentives and develop recommendations to improve current incentives.

**Bill Summary:** House Bill 3261 requires OHPB in collaboration with the Oregon Health and Science University (OHSU) and the Office of Rural Health, to regularly assess the health care workforce needs in Oregon, and evaluate the effectiveness of provider incentive programs. The bill specifies the amounts and distribution of moneys in the Health Care Provider Incentive Fund and requires OHA to enter an agreement with OHSU to administer provider incentive programs.

**Oregon Laws 2017: Chapter 718**

### [House Bill 3262](#)

Effective Date: June 29, 2017

#### Psychotropic Medication Regulations

**Chief Sponsors:** Rep. Nathanson

**Committees:** House Human Services and Housing, Senate Human Services

**Background and Current Law:** Psychotropic medication is defined in Oregon statute as medication with the prescribed intent to affect or alter thought process, mood, or behavior. This includes antipsychotic, antidepressant, anxiolytic, and behavior medications. Oregon law requires the Department of Human Services (DHS) to develop rules for use of psychotropic medications for children placed in foster care.

**Bill Summary:** House Bill 3262 requires DHS, in collaboration with other agencies, to adopt rules related to the prescription of psychotropic medicine to elderly people or person with disabilities living in adult foster homes, residential care facilities, or long-term care facilities. The bill specifies rule requirements, including the review of the prescription of psychotropic medicines by the person's primary care or mental health provider or a DHS-designated licensed health care practitioner, if the prescription was not written by one of those individuals.

**Oregon Laws 2017: Chapter 503**

### [House Bill 3276](#)

Effective Date: August 15, 2017

#### Treatment Reimbursement for Disease Outbreaks

**Chief Sponsors:** Reps. Greenlick, Nathanson; Sen. Steiner Hayward

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Meningitis outbreaks occurred in Eugene at the University of Oregon in 2015 and in Corvallis at Oregon State University in 2017. Meningitis is a communicable disease; the University of Oregon outbreak resulted in hospitalizations and one death. In each case, the university responded by working with public health agencies to quickly vaccinate thousands of students. In some instances, insurers refused to reimburse the university for the cost of the vaccinations as insurers require that vaccines be administered by a primary care or in-network physician, even if that provider is hundreds of miles away. Reimbursement was also denied due to the specific vaccine's status as a recently approved drug.

**Bill Summary:** House Bill 3276 requires health benefit plan coverage of health services to reimburse the cost of necessary antitoxins, serums, vaccines, immunization agents, antibiotics, antidotes, and other necessary items if the Public Health Director determines there is a disease outbreak, epidemic or other condition of public health importance in a geographic area of the state or statewide. The measure directs the Public Health Director to convene a task force to develop recommendations to improve student health insurance coverage.

**Oregon Laws 2017: Chapter 719**

### [House Bill 3336](#)

Not Enacted

#### Family Medical Leave Savings Accounts

**Chief Sponsors:** Reps. Hack, Buehler

**Committees Assigned:** House Early Childhood and Family Supports

**Background and Current Law:** Under the Oregon Family Leave Act (OFLA), employers with 25 or more employees are required to provide up to 12 weeks per year of unpaid family leave. Eligible employees may take OFLA leave for parental leave, a serious health condition, pregnancy disability leave, sick child leave, or death of a family member. There is additional leave time available for pregnancy disability leave, parental leave, and sick child leave. The federal Family and Medical Leave Act (FMLA) requires a business with 50 or more employees to provide up to 12 weeks of unpaid leave for certain family and medical reasons. Any leave taken under FMLA counts as OFLA leave.

**Bill Summary:** House Bill 3336 would have created family medical leave savings accounts for employees who qualify and take OFLA or FMLA leave. This would have allowed an individual or a couple to create accounts to cover lost wages. The funds in the account would not be subject to federal taxes. There would have been a tax credit for a person, such as an employer, that contributes to the account.

[House Bill 3355](#)

Vetoed

**Prescribing Authority for Licensed Psychologists**

**Chief Sponsors:** Reps. Kennemer, Greenlick, Malstrom; Sen. Monnes Anderson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** In 2004, New Mexico became the first state to authorize psychologists to prescribe psychotropic medication, which was codified as “The Professional Psychologist Act.”

**Bill Summary:** House Bill 3355 authorizes the State Board of Psychologist Examiners to issue a certificate of prescriptive authority to a licensed psychologist who meets the specified requirements. The measure creates a nine-member Committee on Prescribing Psychologists and specifies committee membership.

[House Bill 3391](#)

Effective Date: August 15, 2017

**Reproductive Health Care Coverage**

**Chief Sponsors:** Reps. Barker, Williamson, Fahey; Sens. Devlin, Monnes Anderson

**Committees:** House Health Care, Joint Ways and Means

**Background and Current Law:** Currently, under the federal Affordable Care Act (ACA), women’s preventive health care, such as mammograms, screenings for cervical cancer, prenatal care, and other services that include reproductive health care, generally must be covered with no cost-sharing. The ACA also “grandfathered” some plans to enable them to continue cost-sharing practices, which allows those plans to maintain copays and deductibles for preventive services.

**Bill Summary:** House Bill 3391 updates the state Insurance Code by requiring health plans to include certain health care services, drugs, devices, products, and procedures relating to reproductive health without cost-sharing, including: well-women visits; screenings and counseling for sexually transmitted infections; pregnancy-related services; screening, counseling, and intervention for both tobacco use and domestic violence; breast-feeding counseling and supplies; breast cancer screening; contraceptives approved by the U.S. Food and Drug Administration; and voluntary sterilization. The bill specifies that an insurer may offer to a religious employer a health plan that does not cover contraceptives or abortion, if the insurer notifies all employees who may be enrolled in the health plan, in writing, of all the contraceptives the employer refuses to cover for religious reasons. Additionally, the bill requires coverage of services by out-of-network providers without cost-sharing, when an in-network provider is not reasonably accessible or able to provide timely service, and prohibits discrimination based on certain classes by a health benefit plan or medical assistance program.

**Oregon Laws 2017:** Chapter 721

[House Bill 3404](#)

Effective Date: May 25, 2017

**Rear-Facing Child Car Seats**

**Chief Sponsors:** Reps. Malstrom, Huffman, Hack, Piluso; Sen. Steiner Hayward

**Committees Assigned:** House Early Childhood and Family Supports, Senate Health Care

**Background and Current Law:** Oregon law requires children under the age of one, or children weighing 20 pounds or less, to be in a rear-facing position in a car seat, which supports the neck and spine if a crash occurs. A 2007 study in the Injury Prevention Journal analyzed the National Highway Traffic Safety Administration crash data of 870 children and found that rear-facing car seats are more effective than forward-facing seats in protecting children aged 0-23 months for all crash types. In 2011, the American Academy of Pediatrics issued a recommendation that all infants and toddlers should ride in a rear-facing car seat until the age of two or until they reach the height or weight limit of the car seat’s manufacturer.

**Bill Summary:** House Bill 3404 requires children under the age of two to be properly secured with a child safety system in a rear-facing position. It exempts children who are one year of age or older immediately before the bill becomes law.

**Oregon Laws 2017:** Chapter 177

[House Bill 3418-A](#)

Not Enacted

**Reimbursement Rates for PEBB and OEBB Health Plans**

**Chief Sponsors:** Reps. Kotek, G. Smith, Greenlick

**Committees:** House Health Care, House Rules, Joint Ways and Means

**Background and Current Law:** Oregon’s Public Employees’ Benefit Board (PEBB) designs, contracts, and administers a program of benefits for state employees. The benefits include medical and dental coverage; life, accident, disability and long-term care insurance; and flexible spending accounts. The Board also offers health care insurance options for retirees not yet eligible for Medicare and individuals in other participating groups. PEBB’s total membership is approximately 127,000 individuals.

The Oregon Educators Benefit Board (OEBB) was created in 2007 to provide a comprehensive selection of benefit plan options for most of Oregon’s K-12 school districts, education service districts, and community colleges, as well as several charter schools and local governments across the state. OEBB currently provides benefits for almost 150,000 individuals, including actively employed and retired members, and their families.

**Bill Summary:** House Bill 3418-A would have established in-network and out-of-network reimbursement rates for inpatient and outpatient hospital claims for PEBB and OEBB health plans and self-insurance programs administered by a third party.