
2017 SUMMARY OF LEGISLATION



HEALTH CARE

[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.