



HEALTH CARE

2018 SUMMARY OF LEGISLATION: MEASURE SUMMARIES

The *2018 Summary of Legislation – Health Care* summarizes selected measures related to this policy area that were considered by the 79th Oregon Legislative Assembly, including bills, memorials, and resolutions. This publication will become part of a more comprehensive *2018 Summary of Legislation* that includes all topic area summaries and committee membership lists.

This publication begins with a table highlighting measures that establish task forces or create reporting requirements. The summaries of selected measures follow in three groups—bills, memorials, and resolutions—each listed in numerical order.

Each summary provides information on the chief sponsors, committees assigned, background and current law, description of the measure, and date when the measure, if enacted, becomes effective. Each summary also includes a link to the measure on the [Oregon Legislative Information System \(OLIS\)](#), which provides a more comprehensive staff measure summary, all versions of the measure, amendments, public testimony, a complete measure history, and final vote tallies.

The *2018 Summary of Legislation* focuses on policy measures. Information on revenue measures is available on the [Legislative Revenue Office website](#). Information on the state budget and selected legislation that impacts state agencies is available on the [Legislative Fiscal Office website](#).

The Legislative Policy and Research Office will update this publication with each bill's effective date and assigned chapter in Oregon Laws 2018 when that information becomes available.

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HEALTH CARE TASK FORCES AND REPORTING REQUIREMENTS

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

Bill Number	Requirement	Deadline
SB 1547	Requires Oregon Health and Science University to report to the interim health care committees on progress toward establishing an online concussion training by October 1, 2018, and to submit a report on the number of health care professionals from each profession identified within the measure who have completed the online concussion training program by December 1, 2021.	October 1, 2018; December 1, 2021
SB 1549	The Department of Business and Consumer Services is required to report by July 1, 2020 to the interim committees on health care regarding consumer billing complaints involving out-of-network providers' services at in-network facilities; the effect of the bill's reimbursement changes on the adequacy of provider networks and premiums; and recommendations for ensuring compliance with the bill's reimbursement changes.	July 1, 2020
HB 4005	Establishes Task Force on the Fair Pricing of Prescription Drugs to create transparency for drug prices across the supply chain. Requires the task force to submit a report to interim committees of the Legislative Assembly related to health. Requires the Department of Consumer and Business Services to report to the Legislative Assembly on the cost of prescription drugs.	November 1, 2018; December 15 of each year



HEALTH CARE TASK FORCES AND REPORTING REQUIREMENTS

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

Bill Number	Requirement	Deadline
HB 4133	The measure specifies that the Maternal Mortality and Morbidity Review Committee shall perform studies and reviews of the incidence of maternal mortality no later than July 1, 2019. The measure requires the Committee to submit biennial reports to interim committees related to health care, with the first biennial report due by January 1, 2021.	January 1, 2021
HB 4135	The measure requires the Advance Directive Adoption Committee to submit the advance directive form to the Legislative Assembly on or before September 1 of an even-numbered year following the date the Committee adopts the form.	September 1 of an even-numbered year following the date the Committee adopts the form
HB 4137	The measure requires the Alcohol and Drug Policy Commission to report its recommendations for the scope and framework of the comprehensive addiction, prevention, treatment, and recovery plan to interim committees of Legislative Assembly related to health.	December 31, 2018
HB 4143	The measure requires DCBS to study barriers to effective treatment for and recovery from substance use disorders, including addictions to opioids and opiates, and to report and make recommendations to the Legislative Assembly by June 30, 2018. The measure also requires Oregon Health Authority to report on the pilot project to the Legislative Assembly by December 31 of each year.	June 30, 2018

[Senate Bill 1539](#)

Not Enacted

Expansion of the Oregon Psychiatric Access Line

Chief Sponsors: Sen. Monnes Anderson

Committees: Senate Health Care, Joint Ways and Means

Background and Current Law: The Oregon Psychiatric Access Line About Kids (OPAL-K) was established in 2013 with funding from the Oregon legislature to the Oregon Health Authority. OPAL-K is operated through Oregon Health and Science University (OHSU) in collaboration with the Oregon Council of Child and Adolescent Psychiatry and the Oregon Pediatric Society. It provides free, same-day child and adolescent psychiatric telephone consultations to primary care providers throughout the state. Over 1,500 telephone consultations have occurred since 2014, with 555 in 2017.

Bill Summary: Senate Bill 1539 would have codified and expanded the Oregon Psychiatric Access Line at OHSU to provide telephone or real-time electronic psychiatric consultations to primary care providers treating all patients with mental health disorders, both adolescent and adult. Although Senate Bill 1539 was not enacted, the Legislative Assembly passed [House Bill 5201](#) which includes a budget note appropriating \$900,000 from the General Fund to the Oregon Health Authority for expansion of the Oregon Psychiatric Access Line program of primary care providers caring for individuals age 19 or older.

[Senate Bill 1547](#)

Effective Date: April 13, 2018

Medical Release of Concussed Student Athletes

At the request of: Senate Interim Committee on Health Care

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

Background and Current Law: Current Oregon law allows licensed physicians, physician assistants, nurse practitioners, or psychologists to medically release a student athlete with a concussion or suspected concussion to return to play.

Bill Summary: Senate Bill 1547 expands the list of qualified health professionals who can provide medical release of an athlete under age 18 suspected of having a concussion to include licensed chiropractic physicians, naturopathic physicians, psychologists, physical therapists, occupational therapists, physician assistants, and nurse practitioners. All qualified health professionals are required to obtain a sports-related concussion certificate after completion of an online program run by Oregon Health and Science University before medically releasing athletes under age 18 to play. Psychologists, nurse practitioners, and physician assistants may continue medically releasing athletes to play without a certification until July 1, 2021, at which point they will need to obtain the certification. Licensed physicians are not subject to the requirements.

Oregon Laws 2018: Chapter 121

[Senate Bill 1548](#)

Effective Date: March 16, 2018

Post-Traumatic Stress Injury Awareness

At the request of: Senate Interim Committee on Health Care

Committees: Senate Health Care, House Health Care

Background and Current Law: Post-traumatic stress disorder (PTSD) is a mental health condition that may occur after an individual experiences or witnesses a traumatic event. Symptoms of PTSD may include persistent, frightening thoughts and memories of the event(s), sleep problems, detached or numb feelings, or being easily startled. The National Institute of Mental Health estimates that 6.8 percent of U.S. adults and 5 percent of adolescents will experience PTSD at some point during their lives.

Bill Summary: Senate Bill 1548 establishes June as Oregon Post-Traumatic Stress Injury Awareness Month and June 27 as Oregon Post-Traumatic Stress Injury Awareness Day. The measure urges the Oregon Health Authority, Oregon Department of Veterans' Affairs, and Oregon Military Department to continue working on educating victims of trauma about the causes, symptoms, and treatment of post-traumatic stress injury.

Oregon Laws 2018: Chapter 42

[Senate Bill 1549](#)

Effective Date: March 16, 2018

Health Care Financing Omnibus

At the request of: Senate Interim Committee on Health Care

Committees: Senate Health Care, House Health Care

Background and Current Law: Institutions for mental diseases are prohibited under federal law from receiving Medicaid reimbursements for services provided to patients in these institutions. The Oregon State Hospital is the only institution for mental disease in Oregon to which the law applies. Health savings accounts (HSAs) are personal savings accounts funded with pre-tax dollars designed to help individuals with high-deductible health insurance plans pay for certain out-of-pocket medical costs. Balance or surprise billing describes situations in which a consumer is billed the difference between the medical provider's charge and the allowed amount the consumer's health insurer pays for the medical care.

Bill Summary: Senate Bill 1549 allows Oregon Health Authority or Department of Human Services to continue Medicaid coverage for a person admitted to the Oregon State Hospital. The measure grants the Department of Consumer and Business Services (DCBS) authority to approve filings for health benefit plan policies qualifying for an HSA distribution and subject to a specific prohibition in the Insurance Code. Additionally, the measure requires health insurers to reimburse out-of-network providers for covered services provided at in-network health care facilities in an amount to be established in rule by DCBS. The provisions regarding reimbursement of out-of-network providers are repealed January 2, 2022.

Oregon Laws 2018: Chapter 43

Diesel Engine Emissions

Chief Sponsors: Reps. Nosse, Greenlick, Salinas

Committees: House Health Care, House Rules

Background and Current Law: The U.S. Environmental Protection Agency (EPA) estimated 10.3 million older diesel engines remained in use as of 2016. Diesel engine exhaust contains a mixture of gases and very small diesel particles that may cause health effects when an individual is exposed to high concentrations or has prolonged exposure. Currently, there are specific EPA regulations for newer on-road and off-road vehicles (2007 model year or newer).

Bill Summary: House Bill 4003-A would have specified state requirements for the adoption of indirect source review program rules to address locations that attract mobile sources of air contaminants, registration requirements for nonroad diesel engines, and adoption of diesel engine emission standards for specific on-road vehicles and nonroad engines. The measure would have authorized additional grant awards from the Environmental Mitigation Trust Agreement to reduce emissions from diesel engines operated in environmental justice communities or communities of color. The measure would also have repealed state preemption of local regulation of idling by primary engines in commercial vehicles.

Prescription Drug Transparency

Chief Sponsors: Reps. Nosse, Noble; Sens. Beyer, Linthicum, Steiner Hayward

Committees: House Health Care, Joint Ways and Means

Background and Current Law: Increases in prescription drug spending and prices, coupled with rising out-of-pocket drug costs, contribute to rising health care costs in the United States. Between 1991 and 2014, prescription drug spending in Oregon increased by an average of 7.2 percent annually. In recent years, several states, including Oregon, have considered or passed legislation related to cost control and transparency of prescription drug costs.

Bill Summary: House Bill 4005 establishes a statewide prescription drug cost and price transparency program. The measure requires prescription drug manufacturers and health insurers to report information regarding qualifying prescription drugs to the Department of Consumer and Business Services (DCBS) and gives DCBS the authority to impose civil penalties for drug manufacturers that fail to report. DCBS must then report annually to the Legislative Assembly on the cost of prescription drugs.

The measure also establishes the 18-member Task Force on the Fair Pricing of Prescription Drugs to create transparency for drug prices across the supply chain, including pharmacy benefit managers, distributors, and wholesale and retail pharmacies in Oregon. The task force must submit a report to the interim committees of the Legislative Assembly related to health no later than November 1, 2018.

Oregon Laws 2018: Chapter 7

[House Bill 4018](#)

Effective Date: April 3, 2018

Coordinated Care Organizations

At the request of: House Interim Committee on Health Care

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

Background and Current Law: Oregon’s coordinated care organizations (CCOs) are governed by health care providers and community members. CCOs are responsible for the integration and coordination of physical, mental, behavioral, and dental care services for Medicaid beneficiaries. All 15 Oregon CCOs achieve performance goals, are held accountable for the Triple Aim (better health, better care, lower costs), and operate within a global budget, which grows at a fixed rate.

Bill Summary: House Bill 4018 makes changes to the CCO governing structure, budgets, and contract terms. First, it specifies that meetings of the governing body of a CCO are to be open to the public, include time for public testimony, be recorded, and made available on a CCO’s website. Next, the measure requires CCOs to spend earnings above a certain threshold on services designed to address health disparities and social determinants of health. The measure defines key contracting provisions and specifies that a CCO’s refusal to renew a contract results in termination of the existing contract at the end of the specified period. House Bill 4018 authorizes the Oregon Health Authority to enforce and amend an existing contract with a CCO, if enforcing or amending the contract is consistent with administration of the state’s Medicaid program.

Oregon Laws 2018: Chapter 49

[House Bill 4019](#)

Effective Date: March 16, 2018

Organ Donations

At the request of: House Interim Committee on Health Care for Rep. Fahey and Jarod Doerner

Committees: House Health Care, Senate Health Care

Background and Current Law: In the United States in 2017, 116,000 individuals were on the national transplant waiting list with another person added to the list every 10 minutes. The number of individuals on the waiting list annually grows faster than the number of donors and transplants. As of 2015, 75 percent of Oregon adults age 18 and older (2,345,325 adults) were listed on the National Registry as organ, eye, and tissue donors.

Bill Summary: House Bill 4019 designates the second week in April as “Organ, Eye and Tissue Donor Appreciation Week” to increase awareness and the number of registered donors. The measure also establishes the Oregon Gifts of Life Award, which can be presented by the Governor’s Office to families of organ donors nominated and selected by organ procurement organizations.

Oregon Laws 2018: Chapter 13

[House Bill 4020](#)

Effective Date: April 3, 2018

Extended Stay Centers

At the request of: House Interim Committee on Health Care

Committees: House Health Care, Joint Ways and Means

Background and Current Law: Ambulatory Surgery Centers (ASCs) are health care facilities that focus on providing same-day surgical care. In 2015, the House Committee on Health Care formed a work group to explore the possibility of allowing patients to recover from outpatient surgery in an extended stay facility or recovery center.

Bill Summary: House Bill 4020 creates a licensing program for extended stay centers (ESCs) in Oregon. The measure requires the Health Evidence Review Commission to develop evidence-based guidelines on patient characteristics and surgical procedures appropriate for ambulatory surgical centers and extended stay centers. The measure allows the Oregon Health Authority to establish fees for licensing ESCs and to collect data. It directs the agency to apply to the federal government for approval to receive Medicaid funding and to allow ESCs and ASCs to operate under a single license. Lastly, the measure requires hospitals to have financial assistance policies for patients.

Oregon Laws 2018: Chapter 50

[House Bill 4103](#)

Not Enacted

Pharmacy Benefit Managers

Chief Sponsors: Rep. Alonso Leon; Sen. Hansell

Committees: House Health Care

Background and Current Law: Pharmacy benefit managers (PBMs) administer drug benefit programs according to contractual relationships between manufacturers, wholesalers, 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. There are currently 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. Legislation enacted in 2017 (House Bill 2388) authorized the Department of Consumer and Business Services to deny, revoke, or suspend a PBM's registration under specific conditions.

Bill Summary: House Bill 4103 would have prohibited PBMs in Oregon from requiring that individuals fill or refill a prescription using their mail order pharmacy. The measure would have required PBMs to reimburse retail pharmacists the cost of a prescription drug at a rate equal to the reimbursement cost paid to a mail order pharmacy owned or managed by the PBM.

[House Bill 4104](#)

Effective Date: January 1, 2019

Hearing Loss Treatments

Chief Sponsors: Reps. Malstrom, Hayden; Sen. Gelser

Committees: House Health Care, Senate Health Care

Background and Current Law: The Centers for Disease Control and Prevention report two to three of every 1,000 children are born with a detectable level of hearing loss in one or both ears. As of 2012, approximately 38,000 cochlear implants have been implanted in children. In Oregon, hearing services and technology are limited in scope for families and children with hearing loss as commercial health plans may not all cover hearing services and technologies for children.

Bill Summary: House Bill 4104 requires health insurers to reimburse costs for bilateral cochlear implants, ear molds, and hearing assistive technology systems for individuals younger than 19, or 19 to 25 years of age and enrolled in secondary schools or accredited educational institutions. The measure also requires health insurers to ensure that their members have access to pediatric audiologists, provide notice of coverage limits, and offer educational materials.

Oregon Laws 2018: Chapter 9

[House Bill 4107](#)

Effective Date: June 2, 2018

Osteopathic Manipulative Treatment

Chief Sponsors: Reps. Heard, Malstrom

Committees: House Health Care, Senate Health Care

Background and Current Law: The goal of chiropractic or osteopathic manipulation is to correct alignment problems, alleviate pain, improve functioning, and support the body's natural ability to heal itself. Results from the 2012 National Health Interview Survey indicate that 8.4 percent of U.S. adults have used chiropractic or osteopathic manipulation, making it the fourth most common use of complementary health approaches by Americans. Currently, commercial health plans in Oregon are not required to reimburse osteopathic physicians for evaluation of a patient if manipulations are performed on the same day.

Bill Summary: House Bill 4107 requires commercial health plans to reimburse osteopathic physicians for osteopathic evaluation and manipulative treatment when services are provided on the same day and determined medically necessary by the osteopathic physician. The requirement is limited to health plans that already reimburse for the cost of an evaluation by an osteopathic physician.

Oregon Laws 2018: Chapter 31

[House Bill 4133](#)

Effective Date: April 3, 2018

Maternal Mortality and Morbidity

Chief Sponsors: Rep. Keny-Guyer; Sen. Steiner Hayward; Rep. Bynum; Sen. Frederick

Committees: House Health Care, Joint Ways and Means

Background and Current Law: Maternal deaths during or caused by pregnancy are a growing concern across the nation. According to the Centers for Disease Control and Prevention, the maternal mortality rate in the U.S. has increased by over 140 percent since 1987. In Oregon over the past 10 years, the number of maternal deaths per year has ranged from four to 12. Furthermore, for every maternal death, there are approximately 50 women who suffer maternal morbidity: severe complications of pregnancy, labor, and delivery.

Bill Summary: House Bill 4133 establishes the Maternal Mortality and Morbidity Review Committee in the Oregon Health Authority (OHA) to conduct studies and reviews of the incidence and severity of maternal death during or caused by pregnancy. The measure authorizes OHA to request information from health care organizations, state and local governments, and medical examiners. The Committee's activity is exempt from public meeting laws, and information created or maintained by the Committee is exempt from public disclosure.

Oregon Laws 2018: Chapter 63

[House Bill 4135](#)

Effective Date: June 2, 2018

Advance Directives

Chief Sponsors: Rep. Kotek; Sens. Prozanski, Steiner Hayward

Committees: House Health Care, Senate Judiciary

Background and Current Law: In 1993, Oregon adopted the first advance directive legislation in the nation. An advance directive is a legal document that appoints a representative to make health care decisions for another individual and/or allows a person to provide directions and preferences on receiving life-sustaining treatments if that individual becomes incapacitated. The advance directive does not apply when individuals can make their own health care decisions. The current advance directive form has not been modified since 1993.

Bill Summary: House Bill 4135 modifies Oregon's statutory advance directive form, changes the witnessing requirements for the form, allows notarization instead of witnessing, and establishes the Advance Directive Adoption Committee. The Committee is required to review the section of the form dealing with health care instructions every four years. If the Committee recommends modifications to that section of the form, the Oregon Legislative Assembly must enact the proposed changes before they can take effect.

Oregon Laws 2018: Chapter 36

[House Bill 4137](#)

Effective Date: March 27, 2018

Alcohol and Drug Policy Commission

Chief Sponsors: Rep. Sanchez

Committees: House Health Care, Joint Ways and Means

Background and Current Law: The Alcohol and Drug Policy Commission was created in 2009 and charged with producing a plan for the funding and effective delivery of alcohol and drug treatment and prevention services. In 2015, Senate Bill 951 altered the commission by simplifying its objectives and resolving quorum issues to improve its effectiveness and ability to establish policies for prevention and treatment services for alcohol and drug abuse. The commission has varied in size from 15 to 19 members, with 17 active commissioners as of 2018.

Bill Summary: House Bill 4137 requires the Alcohol and Drug Policy Commission to develop preliminary recommendations for the scope and framework of the comprehensive addiction, prevention, treatment, and recovery plan to be completed by July 1, 2020. The measure specifies that the commission must review and update the comprehensive plan every two years. The measure also directs the Governor to appoint a director of the commission and establishes the functions and powers of the director.

Oregon Laws 2018: Chapter 44

[House Bill 4143](#)

Effective Date: March 27, 2018

Oregon Opioid Epidemic

At the request of: Governor Brown

Committees: House Health Care, Joint Ways and Means

Background and Current Law: Oregon has one of the highest rates of prescription opioid misuse in the nation, with more drug poisoning deaths involving prescription opioids than any other type of drug. In 2017, Governor Brown created the Opioid Epidemic Task Force to “combat opioid abuse and dependency.” The Task Force consists of medical experts, drug treatment specialists, and government officials. Based on its work to date, the Task Force and Governor Brown introduced House Bill 4143 as part of a multi-pronged approach to address the epidemic of opioid use in Oregon.

Bill Summary: House Bill 4143 requires the Department of Consumer and Business Services (DCBS), in consultation with the Oregon Health Authority (OHA) and Department of Corrections, to study the barriers to medication-assisted treatment for substance use disorders. The measure appropriates \$2 million from the General Fund to OHA to establish a pilot project to assess the effectiveness of peer recovery support mentors and directs DCBS to report annually on the project to the Legislative Assembly. House Bill 4143 also requires health care professionals licensed to prescribe opioids and opiates to register with Oregon’s Prescription Drug Monitoring Program.

Oregon Laws 2018: Chapter 45

[House Bill 4156](#)

Not Enacted

Prescription Drug Coverage

Chief Sponsors: Reps. Doherty, Malstrom, Kennemer

Committees: House Health Care

Background and Current Law: A formulary is a list of medications available in a health plan that is used by health care insurers to manage the use of prescription drugs. Some states have enacted consumer-related laws to create transparency and notice requirements 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: House Bill 4156 would have prohibited health insurers from removing prescription drugs from a formulary during a plan year, and would have barred insurers from changing any out-of-pocket costs for consumers for their prescription drugs during a plan year unless a generic alternative was added to the formulary.

[House Joint Resolution 203-A](#)

Not Adopted

Access to Health Care

Chief Sponsors: Rep. Greenlick; Sens. Monnes Anderson, Beyer, Steiner Hayward

Committees: House Health Care, Senate Health Care

Background and Current Law: National efforts for universal health care coverage, such as creating a single national health insurance plan or ensuring a federal right to health care, have been unsuccessful. State constitutions, however, may provide constitutional rights that are more expansive than rights granted under the federal Constitution. In 2005, Oregon legislators, along with a community coalition, sponsored a ballot initiative called "Hope for Oregon Families." In 2007, 2008, and 2015, House Joint Resolutions were introduced proposing amendments to the Oregon Constitution proclaiming access to health care for Oregonians is a fundamental right.

Bill Summary: House Joint Resolution 203-A would have referred to voters an amendment to the state Constitution to ensure access to affordable and cost-effective health care for Oregon residents.