

2020 SUMMARY OF LEGISLATION



Health Care



TASK FORCES AND REPORTING REQUIREMENTS

There were no task forces or reporting requirements created by bills in this policy area.

Picture: A balsamroot wildflower near Pine Creek, Grant County – [Gary Halvorson, Oregon State Archives](#)

[Senate Bill 1552-B](#)

Not Enacted

Certified Community Behavioral Health Clinics

At the request of: Senate Interim Committee on Mental Health

Committees: Senate Mental Health, Joint Ways and Means

Background and Current Law: Certified community behavioral health clinics (CCBHCs) are clinics designed to provide a comprehensive range of mental health and substance use disorder services, particularly to vulnerable individuals with co-occurring disorders. In 2015, Oregon was awarded a planning grant through the federal Protecting Access to Medicare Act of 2014 (Pub. L. 113-93) to develop CCBHCs to expand behavioral health services and workforce, pilot alternative payment methods, and align with ongoing health transformation efforts. Oregon was then selected as a demonstration state in December 2016, and in 2017 was awarded a two-year federal demonstration grant, which was extended through May 2020. Oregon's CCBHCs are required to provide an array of services, including crisis mental health services, targeted care management, peer support and family supports, and outpatient mental health and substance use services. As of January 2020, there are more than 20 CCBHCs across Oregon that have met state and federal standards to become a CCBHC.

Bill Summary: Senate Bill 1552-B would have directed the Oregon Health Authority (OHA) to continue to administer the certified community behavioral clinic demonstration program as authorized through the federal Protecting Access to Medicare Act of 2014 (Pub. L. 113-93). The measure specified that the Oregon Health Authority would evaluate the state's certified community behavioral health clinics (CCBHC) and report to the Legislative Assembly no later than December 1, 2020. The measure would have required the report to specifically evaluate issues around access, health outcomes, continuation, costs, alternative payment methodologies, ride-sharing arrangements between the state and counties, cost containment, and whether the CCBHC model is compatible with the Oregon Integrated and Coordinated Health Care Delivery System.

[Senate Bill 1553-B](#)

Not Enacted

Co-occurring Disorders

At the request of: Senate Interim Committee on Mental Health

Committees: Senate Mental Health, Joint Ways and Means

Background and Current Law: A co-occurring disorder (formerly known as a dual diagnosis) is a diagnosis of a mental health disorder along with a diagnosis of substance use disorder or problem gambling. According to the Oregon Health Authority, each disorder can cause symptoms of the other disorder, leading to slow recovery and reduced quality of life for a person with a co-occurring disorder. Executive Order No. 19-06 named treating individuals with co-occurring disorders as a priority for the Governor's Behavioral Health Advisory Council.

Bill Summary: Senate Bill 1553-B would have directed the Oregon Health Authority to collaborate with specified organizations and groups in assessing and preparing a report on the regulatory and policy barriers that limit access to effective and timely treatment of co-occurring disorders. The measure would have required the report to be submitted to the Legislative Assembly no later than September 15, 2020. The measure defined co-occurring disorders to include diagnoses of at least two of the following: an intellectual or developmental disability, a substance use disorder, problem gambling, or a mental health disorder.

[House Bill 4031-B](#)

Not Enacted

Behavioral Health Work Force

At the request of: House Interim Committee on Health Care

Committees: House Behavioral Health, Joint Ways and Means

Background and Current Law: In March 2019, the Oregon Health Authority and the Eugene Farley, Jr. Health Policy Center released an analysis of the state's current behavioral health workforce including licensed and unlicensed providers. The report found that certain regions and populations were "disproportionately affected" by workforce shortages statewide, specifically rural regions and pediatric populations. The report found limited to no behavioral health prevention or treatment services in elementary and middle schools. The report also highlighted opportunities for Oregon to improve data collection to better evaluate and monitor the geographic distribution of licensed and unlicensed providers, practice settings, provider types, population health status, and prevalence of substance use and mental health needs in the state.

Bill Summary: House Bill 4031-B would have directed the Oregon Health Authority to forecast the supply and demand of behavioral health professionals in Oregon over the next ten years and report findings of the assessment and recommendations to the Legislative Assembly by December 1, 2020.

[House Bill 4082-A](#)

Not Enacted

Behavioral Health Road Map Commission

Chief Sponsors: Reps. Greenlick, Nosse, Hayden, Mitchell, Salinas, Williams; Sen. Roblan

Committees: House Behavioral Health, Joint Ways and Means

Background and Current Law: Oregon's behavioral health system comprises public and private entities that provide substance use and mental health services including inpatient hospitalization, crisis services, intensive case management, outpatient and peer-support services, and prevention, among others. The components of the behavioral health system are many and multi-faceted, involving the Oregon State Hospital, acute hospitals, community treatment centers, the criminal justice system, state and local housing programs, and K-12 educational settings.

Bill Summary: House Bill 4082-A would have established the Behavioral Health Road Map Commission (Commission), a joint legislative commission tasked with designing an integrated behavioral health system in Oregon. The bill would have required the Commission to submit preliminary budget and policy recommendations no later than November 1, 2020 and to submit policy implementation recommendations no later than September 15, 2022. The measure would have directed the Commission be fully operational by January 2, 2023 and report to the Legislative Assembly no later than September 15th of every even-numbered year.

[House Bill 4085-A](#)

Not Enacted

Lottery Funds to Long Term Care Ombudsman for Services to Veterans**Chief Sponsors:** Reps. Wilde, Keny-Guyer**Committees:** House Veterans and Emergency Preparedness, Joint Ways and Means**Background and Current Law:** Oregon veterans comprise eight percent of the state's total population but represent 12 percent of the state's chronically homeless population. In 2016, Oregon voters approved Ballot Measure 96, dedicating 1.5 percent of net Oregon Lottery proceeds to fund support services for military veterans.

Senate Bill 1553 (2014) directed the Oregon Long Term Care Ombudsman, in consultation with the Resident Facilities Advisory Committee, to appoint an Oregon Public Guardian and Conservator to provide services to persons claiming to be without relatives or friends willing or able to serve as guardians or conservators or resources to obtain one.

Bill Summary: House Bill 4085-A would have allocated moneys from the Veterans' Services Fund to the Long Term Care Ombudsman for the 2019-2021 biennium for purposes of providing public guardian and conservator services exclusively to veterans.

[House Bill 4149-B](#)

Not Enacted

Alcohol and Drug Policy Commission**Chief Sponsors:** Rep. Sanchez**Committees:** House Behavioral Health, Joint Ways and Means**Background and Current Law:** The Alcohol and Drug Policy Commission was created by the Legislative Assembly in 2009. It was charged with planning to fund and deliver effective drug and alcohol abuse treatment and prevention services.**Bill Summary:** House Bill 4149-B would have directed the Alcohol and Drug Policy Commission (ADPC) to develop an early intervention strategy to address substance use among school-aged children and youth and to conduct an inventory of current resources available to prevent, treat, and recover from substance use disorders. The measure would have added the Department of Consumer and Business Services, Housing and Community Services Department, Youth Development Division, Higher Education Coordinating Commission, Oregon State Lottery, Oregon Liquor Control Commission, and Department of Veterans' Affairs to the list of participating state agencies. The measure would have required the ADPC to produce and publish a report on the metrics and indicators of progress in achieving the goals of the ADPC strategic plan. Participating agencies would be required to meet with the ADPC on a quarterly basis to review and report on each agency's progress on implementing the ADPC strategic plan.

[Senate Bill 1519-A](#)**Not Enacted****Criminal Records Checks of Care Providers**

At the request of: Senate Interim Committee on Human Services

Committees: Senate Human Services, House Human Services and Housing

Background and Current Law: When evaluating the fitness of an individual as an employee, contractor, or volunteer, the Department of Human Services (DHS) and the Oregon Health Authority (OHA) are prohibited from considering a conviction for driving under the influence of intoxicants if it is a single conviction and over five years have passed since the conviction. DHS and OHA are also prohibited from conducting a criminal records check more than once every two years on certain employees.

Bill Summary: Senate Bill 1519-A would have prohibited DHS and OHA from considering a conviction for operating a boat while under the influence of intoxicants, as well as considering such convictions under a law in another jurisdiction, if it is a single conviction and over five years have passed since the conviction. The measure also would have allowed DHS or OHA to conduct a criminal records check more than once during an 18-month period if DHS or OHA determined it would have been burdensome for a subject individual to wait for a new criminal records check.

[Senate Bill 1535-B](#)**Not Enacted****Oregon Prescription Drug Price Transparency Program****Chief Sponsors:** Sens. Steiner Hayward, Linthicum; Rep. Nosse**Committees:** Senate Health Care, House Rules

Background and Current Law: In 2018, the Legislative Assembly passed House Bill 4005, which established the Oregon Prescription Drug Price Transparency Program, administered by the Department of Consumer and Business Services (DCBS), to review and report on specified prescription drug pricing information in Oregon. The bill also created the Joint Interim Task Force on Fair Pricing of Prescription Drugs (Task Force). The Task Force was charged with developing a strategy to create transparency for drug prices across the entire supply chain of pharmaceutical products. The Task Force delivered its final report in October 2018 with 14 recommendations. In 2019, the Legislative Assembly considered, but did not pass Senate Bill 872, which proposed to implement these recommendations.

Bill Summary: Senate Bill 1535-B would have clarified provisions of the Oregon Prescription Drug Price Transparency Program and given DCBS additional powers to assist in implementation, as well as added membership to and extended the sunset of the Task Force.

[Senate Bill 1551-A](#)**Not Enacted****Health Care****At the request of:** Senate Interim Committee on Mental Health**Committees:** Senate Health Care, House Rules

Background and Current Law: With the passage of House Bill 3650 (2011) and Senate Bill 1580 (2012), the Legislative Assembly established the Oregon Integrated and Coordinated Health Care Delivery System in which newly created coordinated care organizations (CCOs) became responsible for coordinating the physical, behavioral, and oral health care for individuals enrolled in the state's Medicaid program, the Oregon Health Plan (OHP). In 2019, the Legislative Assembly passed Senate Bill 1041, granting the Oregon Health Authority (OHA) the authority to regulate the financial condition of CCOs to align with the authority granted to the Department of Consumer and Business Services to regulate domestic insurers. The bill also required OHA to report, both publicly and to the Legislative Assembly, specified CCO financial information submitted to OHA. Also passed in 2019, Senate Bill 770 established the Task Force on Universal Health Care charged with recommending to the Legislative Assembly the design of the Health Care for All Oregon Plan, administered by the Health Care for All Oregon Board to provide publicly funded, equitable, affordable, comprehensive, and high-quality health care to all Oregon residents.

Bill Summary: Senate Bill 1551-A would have added the requirement that OHA report on CCO financial problems to the reporting requirements established in Senate Bill 1041 (2019), further clarified OHA's authority to transfer CCO members between organizations, and revised the timeline for the Task Force on Universal Health Care.

[House Bill 4029](#)

Not Enacted

Hospital Charity Care Policies and Screening Process

At the request of: House Interim Committee on Health Care for Representative Salinas

Committees: House Committee on Health Care, Senate Committee on Health Care

Background and Current Law: In 2019, the Legislative Assembly passed House Bill 3076, requiring nonprofit hospitals and hospital systems to establish financial assistance policies, often referred to as charity care, which provide free or discounted care for individuals based on a patient's household income. The bill requires nonprofit hospitals to conduct eligibility screening to determine if patients qualify for their financial assistance policy.

Bill Summary: House Bill 4029 would have prohibited nonprofit hospitals and health systems from requiring an individual to apply for Medicaid as part of the screening process in determining the individual's potential eligibility for financial assistance.

[House Joint Resolution 202](#)

Not Adopted

Hope Amendment

Chief Sponsors: Rep. Greenlick; Sen. Manning Jr.

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 titled "Hope for Oregon Families." In 2007, 2008, 2015, and 2018, House Joint Resolutions were introduced proposing amendments to the Oregon Constitution proclaiming access to health care as a fundamental right for Oregonians.

Bill Summary: House Joint Resolution 202 would have referred to voters an amendment to the state Constitution proposing to ensure access to affordable and cost-effective health care for Oregon residents.

[House Bill 4102-A](#)

Not Enacted

Utilization Management Transparency

Chief Sponsors: Reps. Prusak, Drazan; Sen. Hansell; Rep. Noble

Committees: House Health Care, Senate Health Care

Background and Current Law: Health insurers use utilization management methods to control costs and assure quality of services, most often in the form of prior authorization that requires approval of certain items or services from the insurer before the insured can receive them. Similarly, step therapy protocols are used to help manage costs and risks associated with prescription drugs by requiring initial utilization of the most cost-effective drug and progressing to alternative drugs only if necessary. According to the Oregon Medical Association, based on a recent survey of its members, the types of treatments, drugs, and devices that are subject to utilization review have increased, thus impacting patient care.

Bill Summary: House Bill 4102-A would have modified and increased transparency regarding utilization management protocols among insurers, providers, and enrollees.

[House Bill 4110-A](#)

Not Enacted

Grace Periods for Health Insurance Premium Payments

Chief Sponsors: Rep. Holvey; Sen. Manning Jr.

Committees: House Health Care, Senate Health Care

Background and Current Law: Individuals who purchase individual or group health insurance coverage through the federal Health Insurance Marketplace often have a specified period of time to make their premium payments, referred to as the 'grace period,' or risk having their coverage terminated for nonpayment of premium(s). To avoid termination, an individual must pay all outstanding premiums in full prior to the end of the allowable grace period.

Bill Summary: House Bill 4110-A would have modified the grace periods for payment of individual and group health insurance premiums.

[House Bill 4161-A](#)**Not Enacted****Regional Health Equity Coalitions**

Chief Sponsors: Rep. Alonso Leon; Sens. Boles, Manning Jr.; Rep. Bynum; Sens. Gelser, Monnes Anderson

Committees: House Health Care

Background and Current Law: The Oregon Health Authority (OHA) funds regional health equity coalitions (RHECs) that are community-driven organizations working to address local health disparities. Initially funded in 2011, RHECs now serve 11 counties and the Confederated Tribes of Warm Springs. The coalitions work in their communities to address health care, education, housing, employment, and transportation. Over time, RHECs seek to increase community engagement, develop organizational capacity, and support policies that address health equity issues, both at the local and state level, for vulnerable and marginalized populations.

Bill Summary: House Bill 4161-A would have established a statutory definition of RHECs in Oregon.

[House Bill 4101-A](#)**Not Enacted****Reimbursement of Telemedicine in Medicaid****Chief Sponsors:** Reps. Prusak, Smith G, Hayden**Committees:** House Health Care, Joint Ways and Means

Background and Current Law: Telehealth refers broadly to the use of technology to support long-distance health care as well as nonclinical services such as provider training and continuing medical education. The types of health care professionals licensed or authorized to provide telemedicine services vary within each state, as does the ability to practice telemedicine across states. Coverage of and reimbursement for types of telemedicine services differs among Medicare, Medicaid, and private insurance health plans. The majority of states, including Oregon, offer Medicaid reimbursement for telemedicine in fee-for-service (FFS) and managed care through coordinated care organizations (CCOs). CCOs have discretion to develop reimbursement criteria separate from the Oregon Health Authority's (OHA) FFS policy.

Bill Summary: House Bill 4101-A would have required OHA to ensure reimbursement of telemedicine services in Medicaid, including those covered by CCOs.

[House Bill 4030-A](#)

Not Enacted

Postponing Regulation of Pharmacy Benefit Managers

At the request of: House Interim Committee on Health Care for Representative Salinas

Committees: House Health Care, Senate Health Care

Background and Current Law: Pharmacy benefit managers (PBMs) are intermediaries between health insurers, pharmacies, wholesalers, and manufacturers. Most health insurers contract with PBMs to provide third-party administrative services for the insurer's pharmacy benefits, with the goal of cost-containment. In 2019, the Legislative Assembly passed House Bill 2185, establishing new restrictions on PBMs in Oregon including mail order, specialty pharmacy prescriptions, and reimbursement processes between PBMs and pharmacies.

Bill Summary: House Bill 4030-A would have delayed implementation of specified provisions of House Bill 2185 (2019) from January to July 1, 2021. The measure also clarified that PBMs were to reimburse the cost of a specialty drug filled or refilled at a network pharmacy for individuals residing in a long-term care facility.

[House Bill 4073-A](#)

Not Enacted

Insulin Affordability

Chief Sponsors: Rep. Schouten; Sen. Manning Jr.; Rep. Smith DB

Committees: House Health Care

Background and Current Law: Insulin therapy is used in the treatment of diabetes to help keep a person's blood sugar within a target range. Failure to appropriately manage blood sugar levels can have serious health consequences, including damage to the heart, kidneys, and eyes. Once diagnosed, diabetes requires self-management, including medications, testing, and monitoring blood glucose levels. The list price of insulin in the United States increased 15-17 percent annually between 2012-2016. This trend has led to affordability and accessibility issues for patients due to increasing cost-sharing including deductibles and co-pays for brand-name and generic insulin drugs. Recently, Illinois and Colorado became the first states to enact legislation capping monthly insulin costs at \$100 for state-regulated health plans.

Bill Summary: House Bill 4073-A would have limited out-of-pocket costs in specified health plans for individuals who are prescribed insulin to treat diabetes.

[Senate Bill 1577-B](#)**Not Enacted****Tobacco Retail Licensure****Chief Sponsors:** Sen. Monnes Anderson; Rep. Helt; Sen. Roblan**Committees:** Senate Health Care, Joint Ways and Means

Background and Current Law: The Centers for Disease Control reported, as of January 21, 2020, a total of 2,711 hospitalized e-cigarette, or vaping, product use-associated lung injury cases. This total includes 60 deaths, two of which were in Oregon. E-cigarette use among youth has also been increasing in recent years, with an 80 percent increase between 2017 and 2019 among Oregon 11th-graders, according to the Oregon Health Authority. Tobacco retail licensing laws have been adopted in approximately 40 states to define the permissible retail sale of tobacco, e-cigarettes, and inhalant delivery system products. Local ordinances have also been adopted in several Oregon counties.

Bill Summary: Senate Bill 1577-B would have established tobacco retail licensing standards for the State that recognize already established standards adopted by local governments.

[House Bill 4078](#)**Not Enacted****Regulating the Sale of Nicotine Inhalant Delivery Systems (Vaping)****Chief Sponsors:** Rep. Marsh; Sens. Taylor, Monnes Anderson; Rep. Nosse**At the request of:** Attorney General Ellen Rosenblum**Committees:** House Health Care, Senate Health Care

Background and Current Law: Oregon law currently prohibits the sale and receipt of tobacco products, including inhalant delivery systems purchased through mail order or on the Internet from out-of-state sellers. Current law requires that an out-of-state seller verify that the purchaser meets the required minimum age (21) prior to shipping any products; and the seller must also use a shipping method that requires a signature and photo identification from the customer or another non-minor individual residing at the same address upon delivery. Oregon law also requires all delivery sellers to obtain a distributor's license.

Bill Summary: House Bill 4078 would have prohibited the sale of inhalant delivery systems by mail, telephone, or the Internet.

[House Bill 4109](#)**Not Enacted****Prohibit Use of Chlorpyrifos**

Chief Sponsors: Reps. Holvey, Hernandez, Alonso Leon, Prusak, Salinas, Wilde; Sens. Monnes Anderson, Dembrow, Frederick, Manning Jr., Prozanski, Steiner Hayward

At the request of: Piñeros y Campesinos Unidos del Noroeste

Committees: House Health Care, Senate Environment and Natural Resources

Background and Current Law: According to the U.S. Environmental Protection Agency (EPA), chlorpyrifos is an organophosphate pesticide used primarily to control foliage and soil-borne insect pests on a variety of food and feed crops. Chlorpyrifos has been used since 1965 in both agricultural and non-agricultural settings. Agricultural uses include pest control in corn, soybean, broccoli, cauliflower, brussels sprouts, other row crops; specialty seed crops; and fruit and nut tree production. Findings from a 2014 revised human health risk assessment of chlorpyrifos led the EPA to issue a proposed rule to revoke all tolerances of chlorpyrifos, indicating that no amount of chlorpyrifos residue on foods would be considered acceptable. In March 2017, the EPA denied a petition to revoke all tolerances for chlorpyrifos and cancel all chlorpyrifos registrations. In 2019, Oregon, along with other states, challenged the EPA's decision to allow the continued use of chlorpyrifos. Currently, chlorpyrifos remains a registered pesticide.

Bill Summary: House Bill 4109 would have prohibited the use of any pesticide product containing chlorpyrifos as of January 1, 2022 and limited current usage until the ban would have taken effect in 2022.

[Senate Bill 1526](#)

Not Enacted

Residential Care Facility Administrator Licenses

At the request of: Senate Interim Committee on Labor and Business

Committees: Senate Health Care, House Health Care

Background and Current Law: The Health Licensing Office (HLO), part of the Oregon Health Authority's Public Health Division, is a central licensing and regulatory office that oversees multiple health and related professions, including residential care facility administrators. Current law requires residential care facility administrator applicants to possess a high school diploma or its equivalent.

Bill Summary: Senate Bill 1526 would have described the evidence that HLO may consider to determine if an applicant for a residential care facility administrator license has earned a high school or equivalent diploma to include both physical documents or other facts or indicators of education obtainment.

[Senate Bill 1549](#)

Not Enacted

Dental Therapist Licensure

At the request of: Senate Interim Committee on Health Care

Committees: Senate Health Care

Background and Current Law: In 2011, the Legislative Assembly passed Senate Bill 738, allowing the Oregon Health Authority (OHA) to approve and monitor dental pilot projects that are intended to evaluate quality of care, access, cost, workforce, and efficacy. In 2017, OHA approved Dental Pilot Project #100 ("Oregon Tribes Dental Health Aide Therapist Pilot Project") to develop a new category of dental personnel in Oregon and teach new oral health care roles to previously untrained individuals. The pilot project authorized the Northwest Portland Area Indian Health Board to utilize the Alaska Dental Health Aide Therapist (DHAT) program that has been providing services in Alaska for 11 years. The Alaska DHAT program is modeled off the international model of dental nurses who provide oral health services in nearly 100 countries around the world.

Bill Summary: Senate Bill 1549 would have created a dental therapy license through the Oregon Board of Dentistry based on the Oregon Tribes Dental Health Aide Therapist Pilot Project.

[Senate Bill 1550-A](#)

Not Enacted

Expanded Practice Dental Hygienists

At the request of: Senate Interim Committee on Health Care

Committees: Senate Health Care, House Health Care

Background and Current Law: In 2011, the Legislative Assembly passed Senate Bill 738, allowing the Oregon Health Authority (OHA) to approve and monitor dental pilot projects that are intended to evaluate quality of care, access, cost, workforce, and efficacy. In 2017, OHA approved Dental Pilot Project #200 (“Training Dental Hygienists to Place Interim Therapeutic Restorations”). The pilot project allowed expanded practice dental hygienists to implement telehealth-connected oral health teams to reach children who have not received dental care on a regular basis and to provide community-based dental diagnostic, prevention and early intervention services, including utilization of interim therapeutic restorations when indicated by the supervising dentist.

Bill Summary: Senate Bill 1550-A would have implemented the interim therapeutic restoration authorization allowed by Dental Pilot Project #200.

[House Bill 4016-C](#)

Not Enacted

Health Care

At the request of: House Interim Committee on Rules for Representative Tina Kotek

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

Background and Current Law: House Bill 4016-C addressed several issues: (1) licensed estheticians, (2) availability of prophylaxes, (3) a universal health care task force, and (4) emergency medical services (EMS) in long-term care (LTC) settings. First, in 2019, the Board of Cosmetology revised Oregon Administrative Rules (OARs) to clarify the requirements for the practice of advanced nonablative procedures and use of devices registered with the Food and Drug Administration among licensed estheticians and advanced estheticians. Second, pre-exposure prophylaxis (or PrEP) involves taking oral medications daily to lower an individual’s chances of human immunodeficiency virus (HIV) infection. Use of a postexposure prophylaxis (or PEP) is also recommended for individuals who suspect exposure to HIV. PEP involves taking antiretroviral medicines within 72 hours after possible exposure. Third, Senate Bill 770 (2019) established a 20-member Task Force on Universal Health Care charged with recommending the design of a universal health care system available to every individual in Oregon. Finally, the projected growth of the older population and the demand for LTC, including nursing homes and assisted living facilities, is expected to increase. Oregon EMS providers may be called to LTC and residential care facilities for non-emergency situations. Oregon hospitals, EMS providers, and LTC providers are exploring interventions aimed at preventing unnecessary utilization of the emergency department, avoidable inpatient admissions, and other acute care services among LTC residents.

Bill Summary: House Bill 4016-C sought to clarify scope of practice for estheticians and advanced estheticians; would have allowed pharmacists to dispense certain prescription drugs based on an “urgent medical condition” as defined in the measure; extended the timeline of the Task Force on Universal Health Care; and directed the Department of Human Services to create the Senior Emergency Medical Services Innovation program and Senior Emergency Medical Services Advisory Council to improve senior emergency medical services.

[House Bill 4032](#)

Not Enacted

Hospital Nurse Staffing Program

Chief Sponsors: Reps. Nosse, Hayden

Committees: House Health Care, Joint Ways and Means

Background and Current Law: In 2015, the Legislative Assembly passed Senate Bill 469, requiring Oregon hospitals to establish a hospital nurse staffing committee charged with developing a written hospital-wide staffing plan in order to ensure that the hospital is adequately staffed to meet the health care needs of patients. In addition, the bill established the 12-member Nurse Staffing Advisory Board charged with advising the Oregon Health Authority (OHA) regarding administration of staffing plans and reviewing OHA's ability to enforce staffing plans. The measure requires OHA to audit individual hospitals every three years and make the review findings publicly available. Hospitals found to be in violation of the administrative rules for nurse staffing services receive an audit report and must submit a plan of correction to OHA, which must be approved by the agency.

Bill Summary: House Bill 4032 would have appropriated \$1,383,589 to OHA to increase resources for oversight and enforcement of the agency's hospital nurse staffing program.

[House Bill 4074-A](#)

Not Enacted

Licensure to Practice Genetic Counseling

Chief Sponsors: Rep. Schouten; Sen. Monnes Anderson

Committees: House Health Care

Background and Current Law: The American Society of Human Genetics defines genetic counselors as health professionals with specialized graduate degrees and training in medical genetics, genomics, and counseling. According to the Oregon Health Authority (OHA), genetic services should be provided by a genetic specialist who has specialized education. Genetic counselors can provide a range of services including engaging individuals with risk assessment, patient education, facilitation of testing, results disclosure, among other services. As of January 2019, over 20 states have enacted licensure laws for genetic counselors. Oregon Health and Science University reported approximately 60 genetic counselors practicing in Oregon as of 2019.

Bill Summary: House Bill 4074-A would have established licensure for individuals to practice genetic counseling in Oregon.

[House Bill 4080](#)

Not Enacted

Medicaid and Medicare Workforce Standards**Chief Sponsors:** Rep. Mitchell; Sen. Manning Jr.**Committees:** House Human Services and Housing

Background and Current Law: Medicaid (Oregon Health Plan or OHP) is the joint federal-state low-income health insurance program. Medicare is the federal health insurance program for people age 65 and older. Certain people younger than age 65 can qualify for Medicare, including those who receive Social Security Disability Income and those who have permanent kidney failure. According to the Oregon Home Care Commission, the current base hourly pay rate for homecare and personal support workers is \$14.65 per hour. Many of these workers are paid through Medicaid or Medicare.

Bill Summary: House Bill 4080 would have established a 12-member Task Force on Medicaid and Medicare Workforce Standards to investigate reasonable standards and requirements for providers of home and community-based care paid in whole or in part with Medicaid or Medicare funds.

[House Bill 4081-A](#)

Not Enacted

Supervision of Physician Assistants**Chief Sponsors:** Rep. Mitchell; Sen. Steiner Hayward**Committees:** House Health Care

Background and Current Law: In Oregon, a supervising physician may use the services of a physician assistant (PA) in accordance with a written practice agreement. The agreement describes what and how the PA will practice and requires a supervising physician or supervising physician organization to direct and review the medical services provided by a PA.

Bill Summary: House Bill 4081-A would have modified the physician assistant practice arrangement requirements, including eliminating minimum hour requirements for supervising physician's physical presence and adding specified requirements for physician assistants who prescribe drugs.

[House Bill 4089](#)

Not Enacted

Surgical Technologists Practice Requirements

Chief Sponsors: Reps. Stark, Lively, Nosse, Helt, Smith DB; Sen. Monnes Anderson

Committees: House Health Care, Senate Health Care

Background and Current Law: Surgical technologists assist in the surgical process by preparing operating rooms, setting up medical equipment and supplies, assisting physicians during surgery, and managing the sterile field. House Bill 2876 (2015) prohibited hospitals and ambulatory surgical centers from allowing an individual without specified qualifications and education to practice as a surgical technologist. The bill also directed the Oregon Health Authority to approve a national accreditation organization as a condition of employment for newly practicing surgical technologists, and established exemptions for surgical technologists with recent experience and graduates of military training programs.

Bill Summary: House Bill 4089 would have allowed an individual who has completed, or is currently enrolled in a specified apprenticeship program to practice as a surgical technologist in Oregon.

[House Bill 4115-A](#)

Not Enacted

Health Care Interpreters

Chief Sponsors: Rep. Salinas; Sen. Manning Jr.; Rep. Alonso Leon; Sens. Frederick, Wagner

Committees: House Health Care

Background and Current Law: Health care interpreters facilitate communication between patients with limited English proficiency (LEP) and health care providers in person or over the phone. The Oregon Health Authority (OHA) currently offers and oversees two levels of credentials for health care interpreters (HCI): qualification and certification. Both require 80 hours of formal training for certification, with the qualification certification requiring 40 additional hours. Trained and certified interpreters provide timely and accurate communications between patients and providers, compared with the use of ad hoc interpreters, such as family members who act as interpreters. OHA also staffs the 15-member Oregon Council on Health Care Interpreters, which advises the agency on administrative rules and policies for the agency's Health Care Interpreter Program.

Bill Summary: House Bill 4115-A would have directed OHA to design a statewide registry of qualified and certified health care interpreters (HCIs) and required health care providers to use qualified and certified HCIs.