2022 LEGISLATIVE SUMMARY REPORT

HEALTH CARE

This Legislative Summary Report highlights Health Care policy measures that received a public hearing during the 2022 Regular Legislative Session. The report is organized by sub-topics and includes the measure number; the measure status: enacted [\checkmark] or not enacted [\star]; and a brief description of the measure.

Health Care policy sub-topics:

- Access and Affordability
- COVID-19
- Health Equity
- Health Insurance (including PEBB and OEBB)
- Medicaid (Oregon Health Plan and Coordinated Care Organizations)
- Access and Affordability

- Pharmaceuticals
- Providers and Professions
- Public Health
- Other Legislation

- HB 4083 A X Would have implemented recommendations for increasing access to, and affordability of, comprehensive primary care by requiring cost-free coverage of annual primary care visits and prohibiting imposition of coverage requirements that restrict access to primary care. (See Senate Bill 1529 (2022).)
- HB 4095 Establishes the Veterans Dental Program in the Oregon Health Authority to provide oral health coverage to eligible veterans residing in Oregon beginning January 1, 2023.

COVID-19

SB 1554 V Directs the Oregon Health Authority to study the efficacy of the state's response to the COVID-19 pandemic and to identify recommendations for improvements to the state's public health system.

Health Equity

SB 1580 X Would have established a Task Force on Psilocybin Health Equity to study issues related to equity and accessibility of psilocybin services and licensure.

Health Equity, cont'd

- HB 4045 Establishes grants to support planning, provider training, and capacity building for hospitals and community-based organizations to develop violence intervention programs to reduce community violence.
- HB 4052 Requires the Oregon Health Authority (OHA) to administer a pilot program to establish culturally and linguistically specific mobile health units to serve priority populations. Requires OHA and the Oregon Advocacy Commissions Office to report to the Legislative Assembly on recommendations for funding programs to address health inequities experienced by Black and indigenous communities, people of color, and members of Oregon's tribes.

Health Insurance (including PEBB and OEBB)

SB 1530	×	Would have required health benefit plans to cover fertility and reproductive endocrinology services and directed the Oregon Health Authority to study inequalities in reproductive health care.
SB 1555	~	Directs the Oregon Health Authority and Department of Consumer and Business Services to adopt rules related to coverage and payment methodologies for newborn home visits provided by the Oregon Family Connects program and exempts the program from automatic repeal.
HB 4006	×	Would have required individual and group health benefit plans to reimburse naturopathic physicians at the same rate as doctors if the services provided by the naturopathic physician are covered by the plan when provided by a doctor.
HB 4132 A	×	Would have required the Department of Consumer and Business Services to study trends in reimbursement paid to specified health care providers and report to the Legislative Assembly by September 15, 2023.
HB 4134	~	Specifies insurers are to reimburse out-of-network labor and delivery services when these services are provided to a covered member in an out-of-network setting solely cause the diversion of the patient is due to a public health emergency declaration.

Medicaid (Oregon Health Plan and Coordinated Care Organizations)

- SB 1538 Requires the Oregon Health Authority to establish a program to provide dental coverage for low-income Compact of Free Association citizens who reside in Oregon and lack access to affordable dental coverage.
- HB 4035 Requires the Oregon Health Authority to develop a process for conducting Medicaid redeterminations and establish a bridge program to provide coverage

Medicaid (Oregon Health Plan and Coordinated Care Organizations), cont'd

to individuals who churn out of Medicaid eligibility due to income fluctuations. The measure also creates a Task Force to develop the proposal for the bridge program and report recommendations to the Legislative Assembly by July 31, 2022.

HB 4039 X Would have modified the financial requirements for a coordinated care organization's (CCO) spending on social determinants of health and health equity. The measure also would have established limits on the amount that the Oregon Health Authority could require CCOs to spend on these services.

Pharmaceuticals

HB 4081 A X Would have required a pharmacist dispensing opioids to offer a prescription for naloxone under specified circumstances.

Providers and Professions

- HB 4003 Implements measures to address Oregon's nurse workforce shortage, by establishing a nurse intern license, expanding permitted nonresident practice, clarifying the facilities to which nurse staffing standards apply, and supporting a nurse wellness program.
- HB 4096 V Permits a physician, physician assistant, nurse, nurse practitioner, clinical nurse specialist, dentist, dental hygienist, dental therapist, pharmacist, optometrist or naturopathic physician licensed in another state or U.S. territory to practice in Oregon without compensation for 30 days without obtaining state licensure.
- HB 4106 Allows hospitals to employ individuals as surgical technologists who have either completed or are enrolled in a registered surgical technologist apprenticeship program.

Public Health

- HB 4101 A Would have increased the distance within which smoking, aerosolizing, and vaporizing is prohibited from 10 to 25 feet, exempting places that hold an Oregon Liquor and Cannabis Commission license.
- HB 4109 A X Would have directed the Newborn Bloodspot Screening Advisory Board to evaluate and make recommendations to the Oregon Health Authority on adding diseases to Oregon newborn bloodspot screening panel under specific circumstances.

Other Legislation

- SB 1528 X Would have established a program within the Department of Human Services to provide services to individuals with brain injuries.
- SB1529 V Permits the Public Health Director to direct and deploy State Emergency Registry of Volunteers in Oregon (SERV-OR) providers upon approval of the Governor. The measure also clarifies the applicability of requirements in contracts between pharmacies and pharmacy benefit managers and increases access to primary and behavioral care.
- HB 4034 ✓ Clarifies and updates recent legislation, including clarifying dispensing of pseudoephedrine (e.g., Sudafed), expressly allows implementation of the Reproductive Health Equity Act, clarifies standards for the delivery of telemedicine and telepharmacy, and funds grants for school-based health centers (established in HB 2591 (2021)).