EQUITY ACTION PARTNERS

Oregon Academy of Family Physicians 2026 Legislative Assembly Weekly Report
Week Ending
Capitol Climate

Oregon's 2026 legislative jamboree kicked off on February 2, ushering in what the political pros call a "short session," a lean, mean, 35-day sprint to get business done before March 9. Short sessions happen in even-numbered years and (tries to) force lawmakers to focus on a tight set of priorities and budget fixes rather than sweeping policy overhauls. Lawmakers can introduce only a limited number of bills (two per legislator), meaning things move fast and furious right out of the gate.

In the first week, the buzz was all about tackling a budget crunch, with a looming shortfall and revenue forecast due early in the session, and sorting out how to fund transportation after last year's battles over road taxes and fees. Immigration policy also jumped into the mix, with debates bubbling over how Oregon should respond to federal enforcement moves.

With deadlines for committee and floor action only weeks away, expect the pace in Salem to stay brisk as legislators juggle tight timelines and high-stakes decisions in this condensed legislative sprint.

As is usual, the highlight of this week was the release of Oregon's final quarterly revenue forecast. It offers a measured dose of reassurance for lawmakers heading into the legislative session. Revenues are coming in largely as expected, with personal income taxes continuing to anchor the state's fiscal outlook and corporate receipts holding steady. The forecast confirms a stable, if unspectacular, revenue picture, enough to sustain current commitments, but not so much that new spending decisions come without tradeoffs.

For the Legislature, the forecast provides a clearer framework for closing out budget negotiations. Budget writers can move forward with greater certainty, agencies can sharpen their final proposals, and policymakers will (hopefully) focus on aligning resources with priorities rather than scrambling for fixes. The takeaway is familiar in Oregon politics: panic until you don't have to but we'll probably still panic anyway.

This Week in Review

Activity on relevant bills:

Committee Activity

House Judiciary

2/2/2026

HB 4088

Public Hearing

The Act says that it is the policy of this state to make sure people are allowed to get certain kinds of health care, including care for their bodies and gender identity. The Act also makes changes to laws about helping the federal government and other states in cases arising involving this kind of care, makes some records and information private and says that midwives who give this kind of care will not get in trouble if they follow the rules.

The House Committee on Judiciary held an informational hearing on HB 4088, legislation aimed at protecting patients and healthcare providers from harassment related to reproductive and gender-affirming care. Sponsors emphasized that the bill does not change healthcare policy, but instead establishes safety and legal protections for individuals accessing lawful care and for clinicians providing it. Testimony detailed documented harassment, threats, and legal pressures driving providers from practice and deterring patients from seeking care. Providers, advocates, and families highlighted concerns around privacy, prosecution fears, and access disruptions. Committee discussion focused on the bill's scope and implementation, with sponsors signaling continued refinement based on testimony and legal review.

House Health Care

2/3/2026

HB 4003

Public hearing

Removes provisions relating to the use of the prioritized list of health services in the state medical assistance program. Requires the Oregon Health Authority to establish a definition of medical necessity and medical necessity criteria.

Introduced by Rep. Nosse, the bill updates Oregon's Medicaid prioritized list in response to CMS direction to end the state's 1115 waiver and transition the system into the state plan. Chair Nosse explained the change follows 30 years of the demonstration project. OHA Directors Dr. Sejal Hathi and Sandoe said the bill removes the funding line and service rankings while retaining the Health Evidence Review Commission's role in determining coverage based on medical necessity. Legislators questioned the need for a list without rankings and impacts on access. Many providers, health plans, and former Governor Kitzhaber opposed the bill, citing reduced transparency and increased administrative burden, while Oregon Law Center supported it as a chance to address gaps in individual medical review.

Senate Health Care
2/4/2026
SB 1570
Public Hearing
The Health Care Without Fear Act, legislation to ensure patients and healthcare workers can access and deliver care without fear of immigration enforcement by prohibiting healthcare facilities from allowing federal immigration authorities access without a warrant or court order

Senator Campos opened the hearing and shared that the bill establishes consistent statewide standards for patient rights, healthcare worker responsibilities, and facility responses to federal immigration authorities. Representative Grayber testified from her experience as a firefighter and paramedic, noting that uncoordinated federal enforcement actions in hospitals disrupt carefully managed clinical environments where delays can cost lives.

Nurses, medical assistants, and healthcare workers described how immigration enforcement presence interferes with care, violates patient privacy, and deters individuals from seeking treatment. Testimony highlighted patients refusing to provide information, families leaving emergency settings, and providers fearing for patient outcomes. Provider organizations supported the bill's intent but raised concerns about staff safety, liability, and clarity around enforcement expectations. Legislators questioned how hospitals would be held accountable for federal actions and what

enforcement mechanisms would apply. Chair Patterson stressed the need for clear guidance and resources, while sponsors signaled continued refinement through amendments.

House Health Care
2/5/2026
HB 4040
Public Hearing
Rep. Nosse omnibus health care policy bill. OAFP is following the provider assignment repeal section (section 30).

Dr. Brian Frank testified in opposition to the provider assignment repeal and MODA health insurance lobbyists testified in support. No questions were asked of the two and the committee will be considering amendments to the bill on February 10th.

HB 4107
Public Hearing
Requires an urgent care center to make publicly available specified information about the urgent care center, offer specified services and, except in certain circumstances, have at least one licensed health care provider on site during the hours of operation. Defines "urgent care center."

Rep. Nathanson and Sen. Prozanski introduced the bill and provider context from their experiences in Lane County with clinic and hospital closures, as well as the work done during the 2025 legislative session to pass this bill. It has been stripped of any policies that would incur a “fiscal” from OHA. Dr. Brian Frank testified on behalf of OAFP to support the bill to provide for a deeper understanding of urgent care usage in the state.

Joint Committee on Information Management & Technology
2/6/2026
HB 4054
Requires certain health insurers offering a health benefit plan in this state that provide utilization review or have utilization review provided on their behalf to notify a health care provider each time the insurer uses artificial intelligence or other automated technology to automatically downcode a claim for reimbursement submitted by the provider. Requires insurers to make an appeals process available to a provider who

has had a claim automatically downcoded using artificial intelligence or other automated technology.

Sabrina Riggs, representing explained that the bill is aimed at improving transparency in the downcoding process. Medical provider groups provided significant amount of testimony in support of the bill while Regence, AHIP, and PacificSource provided testimony in opposition citing cumbersome claims requirements and administrative burden.

EQUITY ACTION PARTNERS

Oregon Academy of Family Physicians
2026 Legislative Assembly Weekly Report

Week Ending February 13, 2026

Capitol Climate

The Capitol was bustling this week and that may actually be an understatement! With 97% of the building finally reopened after a four-year renovation (have we fully appreciated that yet?), the marble halls are alive (and loud!) When you layer in the pandemic years, when legislative sessions unfolded remotely and public access was largely suspended, it has been nearly six years since Oregonians have had something close to full access to their Capitol. And the public is making up for lost time.

This week featured several large advocacy days, culminating in a Thursday surge that brought a few thousand visitors through the building. Legislators' calendars were stacked with back-to-back meetings, hallways were shoulder-to-shoulder, and elevator waits rivaled opening day at the State Fair. For our clients, that meant hosting 150 **Arthur Academy Charter School** fourth graders, **family physicians** with "Scrubs for Sanctuary," and our providers and interns from **Bridges to Change** participating in the annual Oregon Recovers advocacy day.

But while the public-facing energy was celebratory, the mood inside committee rooms was anything but relaxed.

Short session operates at a different speed. There is no long runway, no luxury of extended negotiations. The first major deadline hits Monday, February 16: policy bills must move out of their chamber-of-origin committees or they effectively die. That cutoff turned this week into a procedural sprint. Amendments were drafted and redrafted (35 alone for the Health Care Omnibus bill). Stakeholders huddled in corners. Legislative counsel offices were inundated.

In short session, paperwork is policy. If your amendment isn't queued correctly, your coalition perfectly aligned, and your procedural ducks in a row, it doesn't matter how compelling the policy argument may be. We saw that play out in real time as amendments important to us stalled after critical procedural steps weren't completed in time. A sobering reminder that in a 35-day session, logistics can make or break substance.

Meanwhile, two high-profile Senate bills dominated partisan debate.

SB 1507, which would disconnect Oregon's tax code from certain federal provisions, has emerged as a sharp ideological dividing line. Supporters argue it protects state revenue and preserves Oregon's ability to invest in education, housing, and essential services amid federal uncertainty. Opponents counter that it undermines affordability and economic competitiveness at a time when businesses and families are already stretched thin. Beneath the tax policy mechanics lies a much larger philosophical debate about how Oregon balances economic development, household affordability, and state investment — and who should bear the cost.

Then there's SB 1599, which would move the gas tax/transportation referendum to the May primary election. The political temperature around this bill far exceeds its practical impact. Nearly every poll suggests the referendum's outcome would be consistent regardless of election timing. Still, the fight has become a proxy war over turnout dynamics, messaging strategy, and partisan advantage. In other words: the calendar is doing more political work than the policy itself.

Taken together, the week captured the essence of short session: compressed timelines, high emotion, and very little margin for error. The public is back in the building. The debates are sharper. The procedural stakes are higher. And with the first deadline arriving Monday, expect the pace to accelerate even further, because in short session, there is no such thing as "next week."

The Week in Review

Committee Activity

Senate Health Care

2/9/2026

SB 1570

Public Hearing
Bill to strengthen protections for patients and patient information in health care settings. Supported by the "Scrubs for Sanctuary" coalition (amongst many other groups.)

The bill, as described by committee staff, would prohibit federal immigration authorities from entering non-public areas of health care facilities without a warrant or court order, require facilities to adopt response policies and designate administrators, treat immigration status as protected health information, and authorize the Oregon Health Authority to enforce compliance through licensing authority

Courtney Dresser of the Oregon Medical Association testified in support of the bill's core intent, emphasizing the need to ensure safe, trusted environments for patients, providers, and care teams. She noted that physicians broadly support limiting immigration enforcement activity in health care settings but raised concerns about potential unintended liability for providers, particularly in emergency departments. Dresser stressed that clinicians need clear, vetted training resources on how to respond when federal authorities appear, rather than punitive enforcement mechanisms

Committee members and the bill's sponsor, Senator Campos, acknowledged shared goals of patient safety and access to care, while highlighting ongoing work on a forthcoming dash-2 amendment to address liability, enforcement, and concerns raised by hospitals and federally qualified health centers.

SB 1598
Public Hearing
This mandates that these plans provide coverage for immunizations recommended by the Public Health Officer and prohibits cost-sharing for these services, except as allowed by federal law. OAFP has joined coalition efforts to support this bill.

Supporters (including physicians, insurers, patient advocates, and legislators) described widespread confusion last fall following federal changes to vaccine recommendations, which led pharmacies to deny vaccinations, uncertainty about insurance coverage, delayed care, and significant out-of-pocket costs. Supporters stressed that SB 1598 does not mandate immunizations, but preserves patient choice by ensuring vaccines remain affordable and accessible through pharmacies and other providers. Pediatricians and internists highlighted primary care shortages and warned

that requiring individual doctor visits for routine vaccines would overwhelm clinics and disproportionately burden low-income families and older adults. Insurers and regulators noted the bill provides clarity and consistency across health plans with minimal fiscal impact.

Only one person (Naturopathic doctor) provided opposition testimony, they raised concerns about state overreach, informed consent, liability protections, and individualized medical decision-making. Committee members acknowledged these concerns while noting that SB 1598 aims to stabilize coverage, reduce barriers, and allow Oregon to rely on evidence-based recommendations to protect public health.

2/11/2026

SB 1528

Public Hearing

-2 and -3 Amendments would replace the bill by: expand reporting requirements for patient assistance programs, and also includes changes to implementation date for nurse staffing ratios legislation passed last year.

Sen. Patterson opened the hearing by describing the need for increased transparency related to prescription drug costs, which can be masked by Patient Assistance Programs as they "artificially" lower the cost as seen by insurers, providers, and customers. Currently, not all PAPs must report on their usage, this bill makes it a requirement that all PAPs are reported on.

Phrma testified in opposition citing proprietary protections and problems with accumulator and maximizer programs. Insurers (AHIP, MODA, PacificSource) support the amendments to the bill because the additional information obtained from the expanded reporting would provide them more information for determining co-pays, etc (something like $.04 per plan dollar goes to prescriptions).

SB 1529

Public Hearing

-1 (intended to replace the base bill) Requires state-regulated health plans and health care providers, when contract negotiations result in a substantial risk of a gap in coverage for more than 30,000 Oregonians, to agree to participate in mediation and binding arbitration. Requires health plans and providers to:

- *Agree in writing to participate in mediation and arbitration.*

- *Allow a 15-day cooling off period, during which the parties shall choose a mediator, who must be a senior judge or a qualified legal practitioner with extensive experience in health insurance. If the parties do not agree on a mediator, the Governor will choose one from names to be submitted by the parties.*
- *Engage in mediation for 120 days or until the mediator declares an impasse.*
- *Following the second cooling off period, submit to arbitration before the Governor or the Governor's designee, who shall issue a binding determination within five days of the conclusion of arbitration. A party that does not comply with mediation and arbitration terms may be subject to civil penalties.*

The bill, with the -1 amendment, establishes a structured dispute resolution mechanism for hospital-insurer contract disputes, intended to prevent patient access disruptions like the Salem Health/PacificSource conflict. Sen. Patterson framed the bill as a necessary tool to ensure continuity of care when negotiations fail. Rep. Evans compared the approach to mandatory arbitration in essential public safety services.

Patient testimony supported the bill, focusing on care disruptions. However, stakeholders raised concerns about the scope of the bill and the authority of a governor-appointed official to determine contract rates and terms without clear statutory criteria. Questions also remain about whether EMS and smaller provider entities would fall within the bill's scope.

The bill may impact physician reimbursement structures and negotiating leverage if arbitration authority extends to physician practices. Concerns center on rate-setting authority, lack of defined criteria, and precedent for state intervention in private contracts.

SB 1598
Work Session
It mandates that these plans provide coverage for immunizations recommended by the Public Health Officer and prohibits cost-sharing for these services, except as allowed by federal law.

With some discussion from Sens Hayden and Lincthicum regarding liability coverage and whether the bill requires coverage of vaccines and *other drugs (antibiotics)* the bill eventually passed on a party line vote.

House Judiciary

2/9/2026

HB 4088

Work Session

Strengthening "shield laws" and patient privacy.

During the work session, Vice Chair Chotzen and Chair Kropp explained the dash-four amendment, which they described as narrowing the bill and addressing prior concerns. With no discussion the amendment was adopted unanimously; the bill (as amended) was moved out of committee on a party line vote.

House Health Care Committee

2/10/2026

HB 4039

Work Session

CCO rate setting bill (updates process for doing so)

The committee adopted the -1 amendment unanimously and passed the bill out of committee. Chair Nosse acknowledged the challenges faced this last year in setting the CCO rates and has hopes that this legislation will provide for a more smooth process in the future.

HB 4127

Work Session

Provides state funding for reproductive health providers who have been disallowed from obtaining federal medicaid funds.

Committee ran out of time and carried over the work session to Thursday, Feb. 12th, 2026.

2/12/2026

Committee announcements: HB 4003 will not move forward (prioritized list)

HB 4127

Work Session

Provides state funding for reproductive health providers who have been disallowed from obtaining federal medicaid funds. (Planned Parenthood)

-3 amendment presented by Rep. Bowman: Modifies the definition of "prohibited entity" to a nonprofit reproductive health care provider that received more than $800,000 in Medicaid reimbursements in 2023 and is not eligible to receive federal Medicaid funds. Expands "law" to include "rule, regulation, or other government action" and "enacted" to include "adopted or taken."

A -4 amendment (presented by Rep. Diehl) was voted down (which would have required the entity be accredited by a national ambulatory health care accrediting organization). The -3 amendment was accepted, on a party line vote, and the bill was also adopted (as amended) on a party line vote.

HB 4048
Work Session
The Act lets a pharmacist get a tax credit if they work in a rural area.

Bill moved out of committee, to the house floor (and a subsequent move to House Revenue) unanimously.

HB 4075
Work Session
This Act lets the State Treasurer loan unclaimed moneys to rural hospitals for financial stabilization purposes (this is specifically being introduced to address the financial situation at Bay Area Hospital).

The bill is moved to the House Rules committee for further action, to determine what the proper funding mechanism can/should be. With comments from committee members about the importance of keeping Bay Area Hospital open/solvent the bill passed unanimously.

HB 4107
Work Session
Requires an urgent care center to make publicly available specified information about the urgent care center, offer specified services and, except in certain circumstances, have at least one licensed health care provider on site during the hours of operation. Defines "urgent care center."

-3 amendment, modifies (narrows) the definitions of urgent care center and specialty urgent care center.

The -3 amendment was adopted unanimously and the bill, as amended, was passed unanimously and will move to the House Floor for a vote.

HB 4040
Work Session
Rep. Nosse omnibus health care policy bill. OAFP is following the provider assignment repeal section (section 30).

Committee Chair Nosse opened the work session noting that there will be 15 amendments (amendment summary document) needed for the bill, some are technical clarifications, and a few others do have an "indeterminate fiscal impact" which will require that the bill be sent to the Ways & Means committee. Chair Nosse *hopes* that the indeterminate fiscal will be low cost enough to allow the bill's easeful passage through Ways & Means. Very little substantive discussion occurred, on the amendments, and the bill was passed.

Amendment 11 (section 30, provider assignment repeal): with no discussion the amendment was adopted. *As a priority policy for 2026, OAFP will work a Senate side strategy to try to address the repeal of the provider assignment in HB 4040.*

Senate Floor Activity

SB 1527
Cervical cancer screen coverage by insurers.
Sens. Hayden and Patterson carried the bill on the Senate floor. Sen. Hayden described the "chief complaint" on this issue as being that about 4% of women need follow diagnostics and having insurers cover that follow up is a common sense approach. Sen. Hayden is grateful that PEBB/OEBB will also be included in, avoiding a "checkerboard approach to coverage." Sen. Robinson (as a aye vote) is frustrated that our health care system has gotten to the point where the legislature has to decide,one by one, what is covered and what is not (we're not doctors…), the way care is funded is complicated, with all the cost shifting, this is a serious problem. Not fond of how we mandate these things, but we've got no other choice without a bigger look at our system.

Bill passed unanimously with only Sen. Drazan absent (on Senate business)

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Oregon Academy of Family Physicians
2026 Legislative Assembly Weekly Report

Week Ending February 20, 2026

Capitol Climate

If last week was about speed, this week was about brinkmanship.

By Wednesday, fissures began to appear. Senate Republicans convened in the morning, provided quorum, participated in votes, and then did not return after the lunch and committee break, when SB 1599, the gas tax referral bill, was scheduled for consideration. Without quorum, the Senate floor session ground to a halt. It was a reminder that in short session, you don't always have to win the vote, sometimes you just have to prevent it.

Across the rotunda, the House managed to generate its own surprise. After hours of floor debate over revisions to the Unfair Trade Practices Act, HB 4098 failed on the House floor, a rare and uncomfortable outcome in a building where leadership usually counts votes twice before calling a bill. When a bill fails on the floor, it's not just a policy loss; it's a management problem.

On Thursday, the Senate placed SB 1599 back on the calendar for Friday, signaling that conversations between Republicans and Democrats were ongoing. Speculation quickly followed: Republicans are reportedly interested in seeing certain federal response and immigration-related bills sidelined in exchange for allowing a vote on the gas tax referral. Whether that's negotiation or messaging depends on who you ask.

Then Friday came…and SB 1599 was passed over again, this time moved to Monday, February 23.

Democrats need 16 votes for passage. They hold 18 seats, but the math is tighter than it looks. Sen. Meek is a known "no." Sen. Golden remains publicly noncommittal.

Sen. Sollman was excused. That leaves very little margin for error. The delay may reflect continued vote-counting, ongoing negotiations, or both.

Meanwhile, deadlines continue to do what deadlines do: eliminate options.

Today, February 20, marks the second chamber “post work session” deadline. Bills must be scheduled for a work session in their policy committees to remain alive. Next Thursday, those bills must actually receive that vote and successfully move out of committee to continue forward. The window is narrow, and timing errors are becoming fatal.

Adding to the complexity, the House adjourned before the Senate today. That means Senate-initiated bills awaiting floor votes, or those voted on late, must now be referred to Senate Rules to remain alive and allow for introduction in the House next week. Some bills will not die because they lacked support; they will die because the clock won.

Looking ahead, next week we begin to see bills “worked” in the subcommittees of Joint Ways & Means. Given the state’s current budget deficit, very few measures will survive this stage. Amid this activity is growing consternation among legislators, advocates, and lobbyists that the Legislative Fiscal Office and certain state agencies may be understating the true implementation costs of some bills as they move into Ways & Means. The concern: that the real price tags (particularly for large packages like HB 4040, the House Health Care omnibus bill) may only fully materialize in future months and years.

This week made one thing clear: time, votes, and leverage are the only currencies that matter right now, and none of them are being managed well.

The Week in Review

Committee Activity

Senate Committee on Health Care

2/16/2026

SB 1570

Work Session

Bill to strengthen protections for patients and patient information in health care settings. Supported by the "Scrubs for Sanctuary" coalition (amongst many other groups.)

-5 amendment

-5 Replaces the measure. *-5 amendment: Replaces the measure.*

- *Prohibits hospitals from allowing federal immigration authorities to enter or access an area not open to the public except by law or court order.*
- *Directs hospitals to designate nonpublic areas, where access is controlled or patients receive care.*
- *Prohibits hospitals from disclosing information about a person's health or immigration status unless required by law or court order.*
- *Requires hospitals to designate an administrator to respond when a law enforcement officer arrives at the hospital.*
- *Prohibits hospitals and federally qualified health centers from retaliating or taking adverse action against any worker who provides a patient with information about constitutional rights or legal services. An employee who alleges a violation may file a complaint with the Bureau of Labor and Industries (BOLI).*
- *Requires a health care provider within a hospital to treat information about citizenship or immigration status as protected health information under state law.*

Committee members engaged in some discussion regarding the base bill and need to ensure hospitals and health care spaces are safe for patients and provides. Regarding the -5 amendment, which is intended to clarify some of the operational aspects of the bill *Sen. Hayden* pointed out that the -5 amendment limits the ability of local law enforcement to access these spaces (acknowledging that there are times when local law enforcement is needed and believes there could be unintended consequences for the safety of patients and providers under this amendment.) *Sen. Campos* acknowledged that the -5 amendment has problems, specifically the local law enforcement issue and HIPAA implementation concerns. She'll be working with OHSU, ONA, Hospital Assoc. of Oregon (HAO) and House members to draft another amendment to rectify these issues (bill will have to be amended again in House Health Care.) Additional questions arose from *Sen. Lincthicum* regarding billing for Healthier Oregon Program patients in relation to the bill's language on reporting of citizenship/immigration status, in response the committee clarified that at time of

services patient citizenship/immigration status isn't known (ie. a HOP and an OHP PacificSource patient carry a nearly identical insurance card).

The -5 amendment was adopted on a party line vote and the bill, as amended, was also passed on a party line vote. During discussion on the final bill vote, Sen Hayden indicated that he would have preferred to move the bill to the Senate Rules Committee for work on that proposed/expected amendment and will be serving a minority report on the bill.

SB 1528

Work Session

-2 amendment replaces the original measure and expands annual reporting requirements for drug manufacturers. It requires manufacturers to provide detailed information about all patient assistance programs, including participation of Oregon consumers, eligibility requirements and the total value of assistance provided. Takes place January 1, 2028.

Sen. Hayden expressed concern about rural hospitals struggling to meet staffing ratio requirements and said the purpose of the -3 amendment is to give them an additional year to come into compliance. Sen. Patterson agreed, stating the recommendation is reasonable, particularly given current budget constraints.

-2 amendment was adopted 3 - 2, with Sens. Hayden and Sen. Linthicum voting no.

SB 1529

Work session

-1 (intended to replace the base bill) Requires state-regulated health plans and health care providers, when contract negotiations result in a substantial risk of a gap in coverage for more than 30,000 Oregonians, to agree to participate in mediation and binding arbitration. Requires health plans and providers to:

- *Agree in writing to participate in mediation and arbitration.*
- *Allow a 15-day cooling off period, during which the parties shall choose a mediator, who must be a senior judge or a qualified legal practitioner with extensive experience in health insurance. If the parties do not agree on a mediator, the Governor will choose one from names to be submitted by the parties.*

- *Engage in mediation for 120 days or until the mediator declares an impasse.*
- *Following the second cooling off period, submit to arbitration before the Governor or the Governor's designee, who shall issue a binding determination within five days of the conclusion of arbitration. A party that does not comply with mediation and arbitration terms may be subject to civil penalties.*

(forced mediation and binding arbitration, when there's a breakdown in negotiation)

The bill will not be moving forward this session. Chair Patterson stated that she will be considering this issue in the interim for potential action in 2027.

House Committee on Rules

2/19/2026

HCR 202

Concurrent Resolution, by Gov Kotek & Kitzhaber. Area of focus is on a "vision for Oregon's health care system for the next ten years". A concurrent resolution is not legislation and does not make policy or program changes; it has the effect of providing a "north star" or guiding principles signaling the legislature or the Governor's intent, for future work, in a particular policy area.

Former Governor Dr. John Kitzhaber testified in support, explaining that the resolution was introduced at the request of the Health Systems Sustainability Group, a coalition of physicians, hospitals, and insurers working to address accelerating cost and access pressures in Oregon's health system. He described the state's health care system as facing an "existential crisis" driven by long-term cost growth and projected federal Medicaid funding reductions, noting that over half of Oregon hospitals are operating at a loss and that independent medical practices are struggling under increasing financial strain. He characterized the resolution as a "North Star" to guide coordinated policy and budget decisions across multiple biennia.

Senator Dr. Lisa Reynolds, a pediatrician, also testified in support, emphasizing the anticipated impact of federal Medicaid cuts on Oregon children and underscoring the need for long-term structural reform alongside short-term stabilization efforts. She highlighted the importance of strengthening primary care as a cost-effective foundation for improved population health outcomes and referenced administrative burden reduction and temporary adjustments to the cost growth target program as part of broader system recalibration.

Dr. Brian Duty, President of the Oregon Medical Association, testified that incremental adjustments will not be sufficient and stressed the need for coordinated implementation of administrative simplification, protection of high-value core services

such as primary care and behavioral health, workforce stabilization, and predictable financing. He cautioned that these elements must move together to prevent further system fragmentation.

On behalf of OAFP, Executive Director Betsy Boyd Flynn testified in support of the -1 amendment, noting that Oregon has been a national leader in primary care transformation but warning that the patient-centered primary care home foundation is at risk. She highlighted long wait times, increasing out-of-pocket costs, accelerating physician retirements, and workforce pipeline challenges, sharing that OAFP has seen a marked increase in retirement requests. She emphasized that protecting and stabilizing primary care must be central to any long-term sustainability strategy.

Dr. Helen Belanca, family physician and Chair of the Universal Health Plan Governance Board, testified in support, describing widespread public frustration with affordability and clinician burnout, and aligning the resolution's long-term vision with the board's ongoing work to develop unified financing recommendations.

Committee discussion included bipartisan reflections on the original Coordinated Care Organization (CCO) model and concerns about regulatory layering and workforce strain.

Following the public hearing, the committee adopted the -1 amendment and unanimously moved HCR 202 to the House floor with a "be adopted" recommendation.

House Committee on Health Care

2/19/2026

SB 1527

Cervical cancer screening coverage by insurers.

Sen. Deb Patterson (D–SD 10), the bill sponsor, testified that SB 1527 addresses a significant care gap between initial cervical cancer screening and follow-up diagnostic testing. While preventive screening is covered under federal law, follow-up diagnostic procedures after an abnormal result can cost patients between $750–$1,200 out of pocket. Sen. Patterson emphasized that this financial barrier can delay diagnosis and result in advanced-stage cancers that could otherwise be prevented or treated earlier. She noted the bill passed the Senate 29–0.

Dr. Amanda Bregel, Gynecologic Oncologist at OHSU and Assistant Director of Community Outreach and Engagement at the Knight Cancer Institute, testified in support. She outlined that 99% of cervical cancers are caused by HPV and

emphasized that while screening is covered, follow-up procedures such as colposcopy, biopsy, pathology review, and facility fees create substantial financial burdens.

Katie King, representing the Oregon Section of the American College of Obstetricians and Gynecologists (ACOG), also testified in support. She noted that recent federal HRSA guidance now requires insurers to cover medically necessary follow-up testing without cost-sharing, which minimizes fiscal impact. However, she stressed the importance of codifying protections in state law to ensure enforceability and guard against future federal policy changes

During the work session, Vice Chair Nelson asked whether similar coverage mechanisms exist for other HPV-related cancers; Dr. Bregel clarified that no equivalent screening test currently exists for oral or other HPV-related cancers.

The bill passed unanimously out of the committee and will go to the House floor.

House Floor Activity

2/16/2026

HB 4088

Strengthening "shield laws" and patient privacy.

Rep. Fragala, carrying the bill, emphasized that Oregon has long maintained that health care decisions are made between patients and their providers without outside interference. Supporters framed the measure as a necessary response to escalating federal threats and interstate enforcement efforts, arguing that providers and staff must be able to deliver lawful care without fear of harassment, retaliation, or politically motivated prosecution. Members speaking in favor described the bill as reinforcing personal autonomy, protecting evidence-based care, and ensuring Oregon remains a safe state for patients seeking reproductive and gender-affirming services.

Opposition members argued that the bill creates overly broad legal protections and could insulate providers from appropriate accountability. Several raised concerns about the adequacy of safeguards for minors receiving gender-affirming care, questioned whether Oregon faces an actual shortage of such services, and contended that existing HIPAA and state privacy laws already provide sufficient protections. Debate also included broader ideological objections, including parental

rights, medical oversight, and the evidentiary standards surrounding care for transgender youth.

In closing, Rep. Fragala clarified that the bill does not alter malpractice law, does not override parental consent requirements, and does not restrict legal recourse where harm occurs. She reiterated that the legislation is intended solely to protect lawful care from external criminalization efforts rather than to redefine medical standards.

The bill passed on a party line vote.

2/17/2026

HB 4039

CCO rate setting bill:

- *Establish a transparent, data-driven process to use when developing coordinate care organization (CCO) capitation rates and specifies what must be included in the process. Specifies how to calculate the medical loss ratio. Stipulates that the rate development process applies to plan years beginning January 1, 2027.*
- *Directs the Oregon Health Policy Board (OHPB) to establish processes, including a review process for collecting public comment on the rate development process, approaches to collecting public input, methods for third party input, and publicly available materials.*

With no discussion the bill passed unanimously with 8 members excused.

2/18/2026

HB 4107

Requires an urgent care center to make publicly available specified information about the urgent care center, offer specified services and, except in certain circumstances, have at least one licensed health care provider on site during the hours of operation. Defines "urgent care center."

Rep. Nathanson carried the bill and with no discussion it passed 41 - 0 (with 19 members absent)

Senate Floor Activity

2/19/2026

SB 1598

It mandates that commercial insurance plans provide coverage for immunizations recommended by the Public Health Officer and prohibits cost-sharing for these services, except as allowed by federal law.

During floor debate, Sen. Bill Hayden and Sen. Cedric Hayden raised questions regarding liability coverage and whether the bill extended beyond vaccines to other drugs, including antibiotics. Proponents emphasized the bill's role in clarifying coverage and preventing patient confusion following recent federal vaccine guidance changes.

The bill passed on a party-line vote.

SB 1548
Related to cannabis edibles, regulating that market.

Sen. Lisa Reynolds, the bill carrier, cited increased THC poison control calls—particularly among children ages 0–5—and referenced testimony from Dr. Robert Hendrickson, OHSU emergency physician and Director of Oregon's Poison Control Center, regarding severe pediatric exposures requiring life support. Supporters emphasized evidence from Washington State showing reduced pediatric hospitalizations after similar packaging reforms.

Opponents, including Sen. Brock Smith and others, raised concerns about potential impacts on small cannabis businesses, black-market sales, tax revenue for addiction services, and whether child-resistant containers alone provide sufficient safeguards. Amendments discussed on the floor include a delayed implementation date (anticipated to move to January 1, 2028) to allow additional stakeholder work and industry adjustment.

SB 1548A passed the Senate (22–4, with members excused) and now moves to the House.

EQUITY ACTION PARTNERS

Oregon Academy of Family Physicians
2026 Legislative Assembly

End of Session Report

Capitol Climate

Oregon's 2026 legislative short session adjourned in early March, closing out the constitutionally limited 35-day sprint that forces lawmakers to prioritize only the most pressing policy and budget issues. As expected, the session moved quickly, with compressed timelines, tight vote margins, and procedural maneuvering shaping much of the final outcome.

The session opened with a familiar theme: fiscal uncertainty. Early revenue forecasts suggested Oregon's finances were down and offered no room for new investments. In fact, lawmakers entered the session preparing for reductions. Ultimately, the feared large-scale cuts did not fully materialize, though work is still underway to fully understand what reductions did occur in agency budgets.

Several politically charged policy issues dominated the floor calendar
One of the most significant measures was SB 1507, the federal tax "disconnect" bill. The legislation separates portions of Oregon's tax code from recent federal changes, ensuring the state maintains projected revenues. Supporters argued the bill protects Oregon's ability to fund education, housing, and essential services amid uncertainty in federal tax policy. Opponents contended it could increase the tax burden on businesses and reduce Oregon's competitiveness. Although the bill ultimately passed, its future remains uncertain; opponents have already signaled interest in referring the measure to voters.

Transportation funding was another flashpoint. Lawmakers approved legislation to move a proposed transportation tax referendum to the May primary election, a change that passed the House by a single vote. The move was controversial, with critics arguing the timing change could influence voter turnout and the outcome of the measure. Legal challenges to the decision are expected.

Gun policy also resurfaced as a major point of debate. Legislators spent significant floor time working through legislation tied to implementation of Measure 114, the voter-approved gun control initiative passed in 2022. After extended negotiations and

contentious debate, lawmakers ultimately advanced a scaled-back version of the implementation bill. The compromise reflected both ongoing legal uncertainty surrounding the measure and the political reality that more sweeping changes could trigger a legislative walkout.

That possibility, legislative walkouts, hovered over much of the session but ultimately did not materialize. Republican lawmakers employed procedural tactics, including temporarily denying quorum on the Senate floor during negotiations over transportation legislation, but the session concluded without the dramatic disruptions that have characterized several recent legislative years.

Procedural deadlines played an outsized role throughout the session. As committee and chamber deadlines arrived, dozens of bills were moved to the House and Senate Rules Committees, a traditional strategy used to keep legislation alive after formal deadlines pass. Some measures resurfaced later in the session, while others quietly expired as time ran out.
In the end, the 2026 short session reflected both the opportunities and limitations of Oregon's even-year legislative calendar. Lawmakers addressed a handful of pressing fiscal and policy questions but left many larger issues unresolved. Transportation funding, workforce development investments, and structural reforms in several service systems remain unfinished business.

Attention now shifts to the interim months, where legislators will begin preparing for the 2027 long session, and where many of the debates that surfaced this winter are almost certain to return with greater scale and urgency.

Session in Review

Key Bills

Bill Number (link to bill) – Did it pass (is it awaiting gov signature? Did governor already sign?), Is it "in committee upon adjournment"? (

Short summary of bill

Two - three sentences on bill debate (from committee debates and floor session debates).

SB 5703 – End of Session Budget Reconciliation Bill – AWAITING GOVERNOR'S SIGNATURE

SB 5703 is the end of session budget reconciliation bill that adjusts state funding across several programs. The -1 amendment increases funding for certain economic development, veterans' services, and criminal justice training programs while reducing allocations to areas such as the State School Fund, victim support funds, court security, and the Drug Treatment and Recovery Services Fund, while also updating fund distribution processes and including an emergency clause for immediate implementation. The bill was generally supported throughout the session and passed without significant opposition. Legislators stated that the bill reflects efforts to balance the state budget and finalize funding adjustments before the end of the session.

HB 4127 – Provides Medicaid Payments to Reproductive Healthcare Providers – AWAITING GOVERNOR'S SIGNATURE

HB 4127 provides state funding for reproductive health care providers that are unable to receive federal Medicaid funds. The -3 amendment modifies the definition of a "prohibited entity" to a nonprofit reproductive health provider that received more than $800,000 in Medicaid reimbursements in 2023 and is ineligible for federal Medicaid funds, and expands the definitions of "law" and "enacted" to include broader forms of government action. The bill generated partisan debate from the republican caucus regarding the use of state funds to support reproductive health providers excluded from federal funding. The bill as amended ultimately passed on party line votes.

HB 4088 – Strengthening "shield laws" and patient privacy – AWAITING GOVERNOR'S SIGNATURE

HB 4088 strengthens Oregon's "shield laws" to protect access to lawful reproductive and gender-affirming health care. The bill increases patient privacy protections, limits cooperation with out-of-state or federal investigations related to lawful care in Oregon, and protects providers, including midwives, from penalties when delivering legal services under state law. The bill generated extensive debate during the legislative session. Supporters argued it protects patient privacy and ensures access to lawful healthcare, while the Republican caucus largely opposed the bill, raising concerns about oversight, parental rights, and whether additional legal protections were necessary.

HCR 202 – Declaring a goal that by 2033 Oregon's health care system will be more affordable and accessible – AWAITING GOVERNOR'S SIGNATURE

HCR 202 is a concurrent resolution that outlines a long-term vision for Oregon's health care system over the next ten years. The resolution does not create policy or change programs but instead establishes guiding principles intended to serve as a "north star" for future legislative and executive decisions related to healthcare

sustainability, access, and cost. The resolution received broad bipartisan support, with legislators emphasizing the need for long-term planning to address rising healthcare costs, workforce shortages, and system sustainability. The measure passed with minimal opposition.

HB 4040 – Alters Healthcare Licensure and Regulations – AWAITING GOVERNOR'S SIGNATURE

HB 4040 is an omnibus health care policy bill addressing multiple healthcare system issues. One key provision (Section 30) repeals provider assignment, which affects how insurance payments are directed to healthcare providers. The bill received limited discussion throughout the session, with most amendments described as technical clarifications. The amendments and the bill ultimately passed with minimal opposition.

SB 1570 – Protections in Health Care Facilities – AWAITING GOVERNOR'S SIGNATURE

SB 1570, the *Health Care Without Fear Act*, strengthens protections for patients and healthcare workers in medical settings by limiting federal immigration enforcement access in hospitals. The -5 amendment replaces the bill and prohibits federal immigration authorities from entering nonpublic hospital areas without a warrant or court order, restricts disclosure of patient health or immigration information, and establishes protections for healthcare workers who inform patients of their legal rights. The bill generated significant debate during the session, with supporters arguing it is necessary to ensure patients can safely seek care without fear of immigration enforcement.The republican caucus raised concerns about potential limits on law enforcement access and operational challenges for hospitals; the amended bill ultimately passed on a party line vote.

SB 1598 – Improved Access to Healthcare – AWAITING GOVERNOR'S SIGNATURE

SB 1598 requires commercial insurance plans to cover immunizations recommended by the state Public Health Officer and prohibits cost-sharing for these services, except where federal law allows it. The bill aims to ensure consistent vaccine access and prevent coverage confusion for patients. The bill prompted some discussion from the republican caucus about liability protections and whether the measure could extend beyond vaccines to other medications. Despite these questions, legislators emphasized the need to maintain clear and consistent vaccine coverage, and the bill ultimately passed on a party-line vote.

Other bills of note

HB 4075 – Relating to Hospital Finance – AWAITING GOVERNOR'S SIGNATURE

HB 4075 allows the State Treasurer to loan unclaimed funds to rural hospitals to help stabilize their finances. The bill is intended to support the financial restructuring of Bay Area Hospital and help the facility refinance existing debt to avoid foreclosure or conversion to a lower service designation. Legislators discussed concerns about the funding source and the risks associated with using unclaimed property funds, as well as the urgency of stabilizing the hospital's finances. Despite these concerns, members broadly emphasized the importance of maintaining a full-service hospital on the Oregon coast, and the bill advanced with general support.

SB 1571 – Makes it Illegal to Sell Any Flavored Nicotine Products to a Minor – AWAITING GOVERNOR'S SIGNATURE

This bill updates Oregon laws regulating tobacco and nicotine products by adding a formal definition of "nicotine" and expanding the definition of "tobacco products." It also shifts enforcement of under 21 sales violations from criminal penalties to a civil enforcement system administered by the Oregon Health Authority.

HB 4039 – Relating to Medical Assistance – AWAITING GOVERNOR'S SIGNATURE

HB 4039 establishes a more transparent, data-driven process for setting capitation rates for Coordinated Care Organizations (CCOs) in Oregon's Medicaid system. The bill outlines requirements for rate development, clarifies how the medical loss ratio is calculated, and directs the Oregon Health Policy Board to create processes for public input, with the new framework applying beginning in 2027. Legislators discussed the need for a clearer and more stable rate-setting process following recent financial instability among CCOs. Legislators also raised concerns about how reimbursement changes affect frontline providers and whether subcontracted providers would have meaningful input, but the bill ultimately passed with unanimous support.

HB 4135 – Relating to HPV Awareness Day – GOVERNOR SIGNED THE BILL

HB 4135 designates March 4 of each year as HPV Awareness Day in Oregon to increase public awareness about human papillomavirus and its connection to cancer prevention. The bill received strong bipartisan support, with legislators recognizing the importance of raising awareness about HPV and cancer prevention. Legislators also shared supportive remarks recognizing the bill sponsor's ongoing cancer treatment, and the bill passed unanimously.

HB 4038 – Relating to Health Care Cost Growth – IN COMMITTEE UPON ADJOURNMENT/DEAD

This bill would have prohibited the Oregon Health Authority from enforcing the Health Care Cost Growth Target program against providers or payers for 10 years, delaying enforcement until January 1, 2036. The measure would have temporarily paused enforcement actions related to the state's healthcare cost containment framework. The proposal raised discussion about the role and effectiveness of the Health Care Cost Growth Target program in managing healthcare spending. However, the bill did not advance and will instead be a topic of interim discussion.

HB 4048 – Relating to Rural Health Care Tax Credits – IN COMMITTEE UPON ADJOURNMENT/DEAD

HB 4048 creates a tax credit for pharmacists who work in rural areas to help address workforce shortages and improve access to pharmacy services in underserved communities.

SB 1527 – Cervical Cancer Screening Coverage by Insurers – GOVERNOR SIGNED THE BILL

SB 1527 requires insurers to cover follow-up diagnostic testing after abnormal cervical cancer screenings without cost-sharing. The bill aims to close a gap in coverage that can leave patients responsible for significant out-of-pocket costs for procedures such as colposcopies and biopsies. Legislators emphasized that removing financial barriers to follow-up care could help detect cervical cancer earlier and prevent more advanced disease. While some legislators noted broader

frustrations with specific coverage requirements, the bill received strong bipartisan support and ultimately passed unanimously.

HB 4107 – Relating to Urgent Care Centers – AWAITING GOVERNOR'S SIGNATURE

HB 4107 defines what qualifies as an urgent care center and requires these facilities to publicly disclose information about their services, hours, and affiliations. The bill also requires urgent care centers to have at least one licensed healthcare provider on site during operating hours, with limited exceptions. Legislators discussed the bill as a first step toward improving transparency and understanding of urgent care services in Oregon. The measure received broad support and passed with little opposition as legislators emphasized the importance of clear information for patients seeking appropriate care.

HB 4054 – Relating to Downcoding – IN COMMITTEE UPON ADJOURNMENT/DEAD

This bill requires insurers to notify healthcare providers whenever artificial intelligence or other automated technology is used to downcode a reimbursement claim submitted by the provider. The goal is to increase transparency in how insurers process and adjust claims.