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)