



**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 providers.

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. Linthicum* 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.*