



**Oregon Academy of Family Physicians  
2025 Legislative Assembly Weekly Report**

Week Ending May 9th, 2025

**Capitol Climate**

Big news out of Salem: Rep. Courtney Neron (D-Tualatin) is officially moving on up! After four terms representing House District 26, she's been appointed to the Oregon State Senate, filling the seat left vacant by the passing of Sen. Aaron Woods. Senate District 13 covers parts of Clackamas, Washington, and Yamhill counties—including Sherwood, Wilsonville, and parts of Tigard. Neron, a former high school language teacher, brings her trademark passion for education to the upper chamber.

In Oregon, when a legislator steps down (or in this case, sadly passes away), county commissioners from the impacted areas select a replacement from a list provided by the same political party. That's how Neron made the jump, and now the process kicks off again to fill her vacant House seat.

And with Neron's departure from the House, her committee seats are opening up too. She chaired the House Education Committee and served on Veterans and Emergency Management, Housing and Homelessness, and Energy and Environment. Those are some heavy-hitting assignments, and her absence will definitely be felt as leadership reassigns those critical roles. Rep. Zach Hudson has already been tasked with taking over as Chair of the House Education Committee (he also currently chairs the House Higher Education & Workforce Committee.)

Looking ahead, next week's spotlight turns to the release of Oregon's quarterly revenue forecast on May 14. This forecast, issued by the Office of Economic Analysis, will offer legislators a clearer picture of the state's financial outlook and guide final budget decisions for the biennium. A strong revenue report could unlock

funding for new programs, while a downturn might mean rethinking priorities or trimming expectations.

But it's not just Oregon's own economy in play—federal budget decisions could also sway state planning. With Congress still hashing out spending bills, any changes to federal support for healthcare, education, transportation, or emergency management could ripple down into Oregon's budget math. State leaders will be watching Washington, D.C. closely, knowing those decisions may shape their own policy levers in the months to come.

In short, big shifts, big forecasts, and big decisions are ahead—and Courtney Neron will be right there in the mix, this time from the Senate side of the Building.

## This Week in Review

*Activity on relevant bills:*

### **Committee Activity**

#### ***House Behavioral Health and Health Care***

**5/6/25**

[SB 957](#), Public Hearing

*Would ban/make unenforceable non-competes for individuals licensed by the Oregon Medical Board.*

Proponents of the bill, including Senator Broadman, Senator Reynolds, Representatives Nathanson, along with stakeholders from the Oregon Medical Association, OR-ACEP, and other healthcare professionals, agreed that non-competes undermine continuity of care, exacerbate provider shortages, and are out of step with free market principles.

In contrast, opponents of SB 957, including representatives from Women's Health Care Associates, Salem Clinic, and Radia, argued that a full ban is overly broad and may create instability in provider staffing, especially in rural or high-need areas. Many of these stakeholders preferred SB 951 (CPOM), which takes a more negotiated, reform-based approach. Oregon Business and Industry warned that conflicting bills moving forward simultaneously could create confusion and urged lawmakers to choose a single, consistent policy path.

Rep. Nelson was concerned nurse practitioners were not included in the bill. Rep. McIntire and Isadore were concerned with the impact of a complete ban with limited exemptions. Rep. Diehl was concerned with a practice's ability to recoup costs when they invest heavily in a provider that then leaves the practice.

[SB 295](#), Work Session

*Allows pharmacists to test and treat covid.*

The bill passed with a “do pass” recommendation without discussion, Rep. Diehl and Harbick voted against the measure.

### ***Senate Finance and Revenue***

***5/7/25***

[SB 1206](#), Public Hearing

*HB 2010 in the 2025 session, the Legislature extended the assessments on health insurance plan premiums or premium equivalents and on net patient hospital revenue through December 31, 2032. During the debate on HB 2010 in the Senate Committee on Finance & Revenue, other funding policy options were discussed. This bill enables the continuation of that policy discussion.*

Senator Hayden presented his [-1 amendment \(slides\)](#), which would establish a task force to review the provider tax and hospital assessment which was extended this session by [HB 2010](#). He outlined the financial instability caused by shifting caseloads from commercial insurance to Medicare, Medicaid, and ERISA plans, leading to a \$48 million shortfall in 2023 insurer tax revenue and declining premium revenue—down \$2.4 billion from 2021–2023. Sen. Hayden emphasized that rising costs (an 80% increase in small group and 72% in the individual market since 2017) and premium taxes have driven individuals and small businesses out of the commercial market, resulting in fewer carriers and declining enrollment. The -1 amendment proposes creating a task force to explore alternative provider taxes, assess the feasibility of taxing ERISA plans, and evaluate shifting Medicaid members to the Exchange. Jessica Adamson, Providence, opposed the amendment’s timing, noting the need for broader stakeholder input and expressing concern over federal moves to restrict provider assessments. She acknowledged the legitimacy of some concerns but urged caution and inclusive dialogue, noting past discussions typically started with the Governor.

### **Floor Activity**

## **House Floor**

**5/6/25**

[HB 3409](#), Third Reading

*Relating to 340B drug reimbursements:*

***-3** Replaces the measure. The amendment specifies the circumstances in which a pharmacy benefit manager (PBM) or insurer is prohibited from requiring a 340B pharmacy to submit a claim for reimbursement with a modifier or other indicator that the drug is a 340B drug.*

The bill passed on an almost party-line vote, with Rep. Javadi as the only Republican voting in favor. Republicans expressed concern that proponents failed to disclose their existing membership in the clearinghouse, citing a lack of transparency. They also opposed relying on an unfamiliar clearinghouse while the federal government is working to establish a neutral alternative.

## **Legislative Meetings**

### **Agency Committee Updates**

**Oregon Health Policy Board**

**5/6/25**

**Primary Care Presentations**

#### **Primary Care Overview ([slides](#))**

Chris DeMars (OHA) explained the growing gap between primary care needs and provider availability in Oregon, with a projected shortfall of 1,200 providers over the next five years. OHA is focusing on increasing provider diversity, wellness, and recruitment. OHA's Patient-Centered Primary Care Home (PCPCH) program now includes a new health equity designation and has saved an estimated \$1.3 billion since 2012. Chris DeMars also detailed the Primary Care Payment Reform Collaborative's shift to population-based payments and strategic planning through 2027. Summer Boslaugh emphasized value-based payment (VBP) support for primary care.

#### **Primary Care Implementation & Models ([slides](#))**

CareOregon discussed their Shared Accountability Model with FQHCs which focuses on shared savings/losses and collaborative goal-setting. Though currently limited to the Metro area, similar models are being tested elsewhere. An Eastern Oregon CCO

shared they use incentives to attract and retain providers, but those incentives are not sustainable as costs continue to grow.

### **Troubled State of Primary Care ([slides](#))**

Panelists from OAFP, Children’s Health Alliance, and Grants Pass Clinic, and Oregon Primary Care Association described a strained system marked by administrative burden, misaligned quality measures, unreliable incentives, and burnout. Primary care practices are under-resourced despite increased demands. Oregon lacks sufficient capacity—22% of Oregonians and nearly half of children lack a primary care provider. Though the state is producing more family physicians, retention is low. Imminent federal Medicaid cuts threaten rural care and FQHC sustainability. Panelists urged a statewide primary care strategy, payment reform, reduced admin burden, and ongoing focus from OHPB.

### **Effects of Consolidation on Access to Care**

A panel discussed the impact of the Corvallis Clinic’s acquisition by Optum. Rep. Finger McDonald and local providers noted worsened access, loss of specialists, and strain on remaining providers. Samaritan Health’s Greg Schwartz and Jeff Absalon criticized Optum for withdrawing from on-call care and shifting costs to the hospital. Jeremy Brower, Corvallis Clinic, defended Optum’s operational improvements, stating local leadership and infrastructure have improved, though workforce shortages persist.

### **Community Perspectives on Primary Care**

Panelists from Valley Clinic, Samaritan Health, and patient advocates stressed the need to reduce administrative burdens and expand team-based care by increasing provider supply. Time with patients and provider support were highlighted as critical to improving care delivery. This panel echoed much of what was shared in the previous presentations

## **The Week Ahead**

*Activity on relevant bills*

### **Committees**

## **Senate Health Care**

**5/13/25**

[HB 2940](#), Public Hearing

*Subject to the availability of funds, requires OHA to implement a program by May 1, 2026 to provide emergency departments with real time notifications identifying patient with hemoglobinopathies and how to contact a hematologist. Requires OHA to consult with specified stakeholders when developing the program; permits participation by a member of the Legislative Assembly or a legislative staff member.*

[HB 3134](#), Public Hearing

*OMA prior authorization bill.*

[HB 3409](#), Public Hearing

*Prohibits a PBM or insurer from requiring a covered entity to submit a claim for reimbursement with modifier or other indicator that the drug is a 340B drug when certain requirements are met.*

## **Senate Finance and Revenue**

**5/14/25**

June Economic and Revenue Forecast!

## **House Behavioral Health and Health Care**

**5/15/25**

[SB 951](#), Work Session

Corporate practice of medicine.

[SB 957](#), Work Session

Would ban/make unenforceable non-competes for individuals licensed by the Oregon Medical Board.

## **Senate Health Care**

**5/15/25**

[HB 2940](#), Work Session

*Subject to the availability of funds, requires OHA to implement a program by May 1, 2026 to provide emergency departments with real time notifications identifying patient with hemoglobinopathies and how to contact a hematologist. Requires OHA to consult with specified stakeholders when developing the program; permits participation by a member of the Legislative Assembly or a legislative staff member.*

## **Floor**

**Senate Floor**

**5/12/25**

[HB 2540](#), Third Reading

*Would require commercial insurers to credit any amount an enrollee pays directly to a provider toward out-of-pocket costs and deductibles when applicable.*

[HB 2741](#), Third Reading

*Would require the Oregon Health Authority to run a state public health lab and a newborn bloodspot screening program. Healthcare providers and facilities would be required to collect and deliver newborn samples for testing and report results to OHA.*