LOBBY OREGON

LEGISLATIVE UPDATE

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HB 2200 – Health Care in Corrections Facilities

Rep. Marty Wilde (D-Eugene) says this bill would require corrections facilities to coordinate with primary care providers for pretrial detainees within 72 hours of booking to ensure care continuity. The bill also requires the Oregon Health Authority to reimburse cities and counties for medication-assisted treatment and substance use disorder treatment for detainees that do not have other coverage.

"We think this bill is good start, it should also require facilities to connect people back to their provider. HB 2200 creates a warm hand-off into detention, but warm handoffs back into the community when a person is released are just as important" says Marti Carty, Oregon Primary Care Association.

2510 – Safe Gun Storage

The House Health Committee spent 2 hours on Thursday hearing testimony on one of a handful of gun safety bills introduced this legislative session. The bill:

- Requires firearm owners to lock their firearms. Failure to do so would result in a Class C violation, similar to a speeding ticket
- Also creates a Class A violation if a minor obtains an unsecured firearm stored in violation of this law
- Creates strict liability for injury caused by a firearm stored unsecured
- Requires direct supervision of minors using firearms unless the minor is the owner of the firearm

While many gun owners testified in support of the legislation, a number of gun-owner organizations testified in opposition, arguing that this bill will not prevent suicides or criminal misuse of weapons and penalizes lawful gun owners. They also say this will prevent homeowners who have firearms for self-protection from being able to use them in a crisis.

Rep. Lisa Reynolds (D-Portland), a pediatrician, had a different take. "It is up to us, the adults, to keep kids safe. It is up to us to prevent a three-year-old from handling a gun and shooting themselves or a beloved family member. It is up to us to separate young people in crisis from the lethal means of a gun to end their life."

Another pediatric physician, Jimmy Unger, echoed Rep. Reynolds sentiments: "We've heard that HB 2510 is anti-gun, anti-second amendment, and that education alone will save lives. Like car seat laws and speed limits which also faced intense opposition, 2510 will mitigate a serious public health threat."

SB 567 – Prohibits Discrimination in Medical Treatment

Denying medical treatment that is likely to benefit a patient based on their race, color, national origin, sex, sexual orientation, gender identity, age or disability is prohibited under federal law. Advocates say that is not enough. SB 567 would add this to state statute.

Rep. Sara Gelser (D-Corvallis) passionately testified to the Senate Health Committee about the need for this bill, which became apparent in COVID-19 discussions about who would potentially receive the last ventilator. “I wish we did not need this bill. We do. … Our civil rights do not end when we walk through the hospital door,” she said.

Many advocates spoke in support of the bill, including AARP, Disability Rights Oregon and Oregon Health Equity Alliance. The ACLU also testified in support of the bill and said there has been at least one death in Oregon of a person was denied COVID treatment based on their disability.

A coalition of health care providers including the Oregon Association of Hospitals and Health Systems, the Oregon Medical Association and a number of Coordinated Care Organizations submitted written testimony in opposition to the bill. “The bill appears to create a legal cause of action for providing or withholding health care in violation of the new law as well as impose oversight by a state agency with authority wholly unrelated to health care. A breach of the new statutory provision would be enforced by the Bureau of Labor and Industries or a private cause of action under ORS 659A.885, which allows for compensatory damages, punitive damages, and attorney fees. If the intent is to correct discriminatory conduct in a health care facility or by a provider, it would seem alternate approaches such as raising a complaint with a relevant and appropriate state licensing agency rather than forcing a patient to bring a lawsuit or file a complaint with an employment oversight agency would be a more effective corrective action approach.”

The bill is scheduled for a work session next week.

HB 2081 – Cost Growth Benchmark Continuation

The House Health Committee adopted the -1 amendment with accountability measures for entities who do not meet the 3.4% cost growth target created by the Implementation Committee. The amendment:

- Requires Oregon Health Authority to adopt criteria for waiving the requirement that a payer or provider undertake a performance improvement plan if necessitated by unforeseen market conditions or other equitable factors
- Allows OHA to impose financial penalties on providers or payers that exceed the cost growth target without reasonable cause in three out of five calendar years, or on any provider or payer that does not participate in the program
- Removes requirement that Oregon Health Policy Board approve performance improvement action plan or other escalating enforcement action recommendations before OHA and Department of Consumer and Business Services can implement
- Requires OHA to develop a schedule of civil monetary penalties for entities that fail to report cost growth data or to develop and implement a performance improvement plan.
- Prohibits OHA from imposing penalties before January 1, 2026.

The bill moved out of Committee to the House floor, with Rep. Ron Noble (R-McMinnville) and Rep. Christine Drazan (R-Canby) voting against the bill. Rep. Noble said this model is “unproven and we need to be cautious as we move forward.”

SB 640 – Indian Health Scholarship Program

The Senate Health Care Committee passed SB 640, which now moves to Ways and Means. The bill would create a new scholarship program for members of federally recognized tribes who agree to practice at a tribal service site for at least the number of

years they were enrolled in a health profession degree program at Oregon Health and Sciences University.

SB 587 – Tobacco Retail Licensure

The Senate Health Committee held a work session on SB 587, but carried the bill over to next week to comply with the rule that amendments must be public 24 hours before a committee moves them. SB 587 requires the Department of Revenue to issue licenses to retailers of tobacco products and inhalant delivery systems, and allows it to fine violations and seize contraband, and the Oregon Health Authority to fine violations of related public health laws. Three amendments are proposed. -1 clarifies dates. -3 and -4 allow local authorities to issue their own licenses. Sen. Tim Knopp (R-Bend) said that there is consensus the Committee will move the -4 amendments. He said he is happy that this would then be a "bipartisan bill on this very controversial subject in the past."

HB 2360 – Public Charge

HB 2360 would prevent non-profit hospitals from requiring patients to sign up for the Oregon Health Plan before receiving charity care. The House Health Committee adopted the -1 amendment, which clarifies that a hospital's financial assistance policy does not require an individual to apply for medical assistance, nor does it not prevent a hospital from providing information or assisting with applying for medical assistance.

The Committee voted unanimously to pass the bill on to the House floor.

SB 3 – Mandates Insurers Cover Emergency Transport Services

Sen. Peter Courtney (D-Salem) introduced SB 3, which would require health insurance plans to cover emergency medical services transports. The Oregon State Ambulance Association testified in the Senate Health Committee in support of the bill, saying that it does not want patients to worry about if their insurance will cover an ambulance ride when debating whether to call 911.

BEHAVIORAL HEALTH

HB 3139 – Suicide Risk Disclosure to Parents

The House Behavioral Health Committee held a second public hearing on HB 3139, which encourages mental health providers to disclose a minor's suicide risk to parents when appropriate. Since its first hearing, Rep. Ron Noble (R-McMinnville) convened a workgroup with the Oregon Psychiatric Physicians Association, Disability Rights Oregon, the Association of Oregon Community Mental Health Programs, the Oregon Alliance to Prevent Suicide, and Lines for Life to reach consensus, which is reflected in the proposed -1 amendment. The amendment complies with HIPAA, defines "mental health care provider," and specifies the conditions under which a provider may and may not disclose suicide risk without a minor's consent.

The Oregon Psychiatric Physicians Association asked for one more change – that mental health providers be encouraged to disclose a "serious *or* imminent" rather than "serious *and* imminent" threat of suicide, which is the language used in the -1 amendment. The Association said it hopes the bill will encourage mental health providers to involve families when appropriate and clarify when they are protected in doing so, but that it is not familiar with any other state with such legislation. It also said that the bill is unlikely to fully address the problem, which boils down to a lack of training and practice.

HB 2315 – Suicide CME for BH Providers

"Suicide is the 10th leading cause of death in the United States… and the 2nd leading cause of death for young adults 18-24" says Rep. Andrea Salinas (D-Lake Oswego). Salinas introduced this legislation on behalf of the Alliance for Suicide Prevention.

"Unfortunately, assessment and treatment for suicidality is not a standard part of either undergraduate or post-graduate training for behavioral health therapists, social workers, and counselors," says Annette Marcus, Policy Manager for the Alliance. "OHA's 2020 legislative report indicates that without a mandate, many behavioral healthcare providers received no recent training in suicide risk assessment or management. Only 33.8% of psychologists, 46.9% of social workers and 37.4% of counselors and therapists reported receiving any training."

This bill (with a forthcoming amendment) seeks to solve that problem by mandating certain behavioral health providers receive two hours of continuing education around suicide every two years.

SB 358 – Behavior Analysis Interventionists

SB 358 regulates behavior analysis interventionists. The bill would:

- Allow behavior analysis interventionists to provide outpatient mental health or substance abuse disorder treatment to minors 14 and over without a parent's consent
- Prohibit these professionals from practicing conversion therapy on minors
- Prolong the requirement that insurers cover these providers' treatment of autism spectrum disorder to January 2030

The Senate Health Committee adopted the -1 amendment, which deleted a requirement in the base bill that behavior analysis interventionists be licensed rather than registered. The Committee then passed the bill, which now goes to Ways and Means.

OTHER

HB 2411 – Broadband Infrastructure

A recent study for the Oregon Broadband Advisory Council found that nearly 26% of Oregon's urban households are considered "underserved." The study also revealed dismal numbers with respect to low-cost access to broadband in tribal lands. In fact, in five of nine of our tribal communities, fewer than 30% of residents have access to low-cost broadband, and in two of the five, no residents have such access. "Clearly these numbers are unacceptable, in light of widespread usage of broadband across our economy and culture" State Treasurer Tobias Read told the House Economic Prosperity Committee.

HB 2411 seeks to make it easier for telecommunications companies to install new infrastructure by requiring the Department of Transportation to notify broadband providers of potential transportation projects that may be appropriate for the installation of broadband conduit.

The bill passed unanimously and now heads to the House floor for debate.

SB 557 – Expands OHP Dental Coverage for COFA residents

SB 557 would provide Medicaid-level dental care for residents who live in Oregon as part of the Compact of Free Association (COFA). The COFA population is made up of individuals from the Marshall Islands, Micronesia and Palau. Many COFA community members have moved to Oregon due to the devastating health effects that their community has suffered due to the US testing of nuclear weapons on their islands. Because of that testing, Marshallese people have some of the highest rates of cancer in the world.

Oregon already provides COFA residents with free silver level health insurance plans through healthcare.gov, but that assistance does not include dental care.

SB 706 – COFA Medicaid Eligibility and Outreach

Until recently, pacific islanders residing in Oregon under COFA could not receive Medicaid benefits due to eligibility decisions ensconced in federal law. The Oregon legislature, recognizing that gap, passed legislation to provide COFA residents with free silver level health insurance plans through healthcare.gov.

In early 2021, the passage of federal COVID-19 legislation deemed COFA members eligible for Medicaid. “For some community members that receive assistance through the COFA premium program, the transition may not be automatic and they might be unaware of this change. Senate Bill 706 recognizes that the work of transitioning eligible COFA community members to the Oregon Health Plan will require more work than the passage of federal legislation” says Rick Blackwell of PacificSource.

This bill provides $500k to the Oregon Health Authority to conduct outreach with the goal of enrolling all eligible COFA citizens in medical assistance.

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