



**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.