



Weekly Report

Week ending February 24, 2024

Capitol Climate

Week ending March 1, 2024

As the end of the legislative session approaches the Capitol building becomes quieter and quieter, on most days this week. This week, however, was also marked by a tension rippling through the hallways as lawmakers passed HB 4002, legislative leadership's repeal of Measure 110's decriminalization provisions. In a rare occurrence to the Capitol, protesters [opposed](#) to the repeal of M110 turned out for the Tuesday vote on HB 4002 by the Joint Committee on Addiction and Community Safety Response in large numbers, adding to the tense and strange mood.

The 2024 short legislative session will end this coming week, with lobbyists and pundits making predictions on whether the legislature will need to work through the weekend to wrap up the session. At question, during these prediction conversations, is how many pieces of legislation does the legislature want to pass, how many do they have the time or money to pass? 289 pieces of legislation were introduced this session (many of which did not move forward after the 1st and 2nd bill deadlines) but at this writing the House has passed 50, the Senate has passed 51, and of those 18 have been passed by both Chambers. To that end, many expect another 40, or so, bills to pass both chambers and become law – and if legislators move at a quick clip they could be out by Friday, March 8th! Here's to hoping...

Committee Hearing Report outs

Joint Human Services

02/26/2024

Summary: [HB 4081](#) EMS Modernization - Work Session

- Unanimously moved to the full ways and means committee after a summary from LFO. Rep. Diehl clarified that there is no fiscal for the first biennium.

Senate Health Care

02/26/2024

[HB 4130](#) - Corporate Practice of Medicine

-7A: replaces several provisions to direct LPRO to study business entities and convene a work group

-10A: tightens “and/or” language. Extends enforcement out to 2031.

Minimal fiscal

- Public Hearing: Sen. Patterson did not efficiently manage the committee time which resulted in only 7 (including Rep. Bowman and Javadi) of the 45 people signed up to testify being allowed to testify. The limited testimony angered the committee.
 - Support: Rep. Bowman, Rep. Javadi, Former Governor John Kitzhaber, and Dr. Bruce Goldberg, former OHA director. The testimony from Bowman and Dr. Goldberg were almost identical to their testimony in House Behavioral Health and Health Care. Rep. Javadi shared his experience as a medical practice owner and that physicians will always put patient care first. Kitzhaber took a different approach and decided to call out the national groups lobbying against the bill and every practice that has recently been bought by a corporate entity, including Encompass Radiology and Rayus Radiology. Sen. Bonham was angry that Kitzhaber implied they were lobbied by national entities and called him a liar.
 - Questions:
 - Sen. Hayden confirmed that the non-compete provisions go into effect upon passage.
 - Sen. Campos asked why do this in a short session, Rep. Bowman explained that a similar bill was introduced in the long session so this is unfinished business and that the rate of change in healthcare

is so quick that in the 16 months between sessions this could get a lot worse. He said this is not going to fix the root cause of the issue, but it will keep it from getting worse.

- Sen. Patterson asked pointed questions targeting Encompass radiology which only added to the committee and audience's anger.
- Sen. Hayden confirmed the bill would not apply to CCOs.
- Opposition: Rep. Diehl and staff from Encompass Radiology. Rep. Diehl shared that he also prefers locally owned practices but that they are not appealing business to run because of low medicaid reimbursements, too much admin work, and physician debt. He also believes the existing doctrine is dated and expanding it will lead to less practices in Oregon. Encompass staff shared disappointment with the way they have addressed during the hearing. They also shared that they serve 19,000 patients a year efficiently with patient care as a priority, they claim to serve every patient regardless of if the patient can afford the care. They shared that only 30% of doctors are in private practice because of the reasons Rep. Diehl shared.
- Work Session:
 - The motion to adopt the -7A amendment failed. Sen. Hayden and Bonham supported the amendment explaining that the bill is too complicated for a short session and that if there is a 7 year runway then we do not need to rush this through.
 - No: Campos, Gorsek (after hesitation due to how the hearing was handled), and Patterson
 - Motion to adopt the -10A amendment passed on a party line vote. Bonham and Hayden made the same comments from the -7 motion.
 - The bill moved to the floor with a do pass recommendation. Sen. Hayden and Gorsek shared frustration with the amount of people who did not get to testify to the bill and the rush of the bill in general.

House Behavioral Health and Health Care

02/26/2024

Public hearing on [SB 1506](#), which allows pharmacies to continue testing and treating for Covid 19, was held. Only two people signed up to testify, Kevin Smith a Pharmacist that worked closely on the bill testified in support he shared statistics on covid and the successes of test and treat. WVP Health Authority testified as neutral to caution against expanding the test and treat program past covid 19, but they had no objections to the bill. The committee then held a work session and the bill unanimously moved to the floor on a do pass recommendation without discussion.

Senate Health Care

02/28/2024

[HB 4010](#) (omnibus) PH/WS

[-10 SMS](#): conflict amendment for physician assistant to associate

- Public Hearing: Rep. Nosse summarized the bill and shared disappointment that the 340B drug program provisions, the section on health care interpreters, and that the tax credit for optometrists were removed. National Association of Physician Associates and Flavor Rx testified in support of the bill.
- Work Session:
 - The -10A amendment was adopted without substantive discussion. Sen. Bonham jokingly objected to mess with Rep. Nosse who was in the audience.
 - The bill moved to the floor unanimously with a do pass recommendation.

[HB 4113](#) (co-pay) PH/WS

- Public Hearing: Various health advocates testified in support of the bill, they focus on the hardship that people with expensive life saving medication must go through and how reaching their out of pocket maximum is very difficult when using coupons currently. PacificSource and Cambia testified as neutral but cautioned that manufacturers will profit from this bill and that it is much more

complicated than the bill implies. MODA Health testified in opposition they also cautioned against manufacturers benefiting, that the bill makes other entities pay for patients out of pocket costs, and that there will be a cost associated with the bill even without a fiscal.

- Work Session
 - The bill unanimously moved to the floor with a do pass recommendation.

Full Ways and Means

02/28/2024

[HB 4081](#) (EMS modernization) WS

- Passed unanimously to the floor. Sen. Steiner shared support for the long overdue bill.

House Judiciary

02/29/2024

[SB 1553](#) (Drug use on Public Transit) WS

- The bill unanimously moved to rules without recommendation. Rep. Andersen, Tran, Bynum, and Wallen shared disappointment that the bill is moving to rules, they believe the bill is necessary to make public transit safer and more appealing. Rep. Chaichi shared concern with the definition of station in the bill and felt that after hours houseless folks seeking refuge from the elements should not be criminalized.

Full Ways and Means

02/29/2024

[HB 4136](#)

Bill:

Grants applicants for nursing licenses a provisional license until the date they are issued a license. Directs OHA to enter into an agreement to send money to Lane County to fund same day medical services. It also requires OHA to review and assess the urgent needs in health care no later than September 15, 2024. Effective on passage.

Summary:

Passed without objection. Comments from Republicans supported the bill but noted they thought more needed to be done on licensing and reimbursement rates.

Joint Capital Construction

03/01/2024

[SB 1578](#) (Health Care Interpreters)

- The -A4 amendment, which narrows the purpose of the interpreter management system to interpreter services for Oregon Health Plan members, was unanimously adopted. Rep. Smith and Sen. Hansell had moved the bill as a no vote but they could not remember why.
- The Legislative Financial Office found an indeterminate fiscal impact leading to a -A5 amendment which was adopted unanimously.
- The bill moved to the full ways and means with a do pass recommendation.
 - No: Girod and Helfrich

Floor Activity

House Floor

02/27/2024

[SB 1508](#) - Removes QALY from coverage decisions and Insulin co-pay cap at \$35

- Only the carriers spoke to the billing summarizing what the measure would do.
- Yes 53, No 1 (Reschke), Excused 6

[HB 4028](#) - 340B drug program manufacturer contract pharmacy fix

- The bill was sent back to rules for further work to align with federal law, concerns were also shared that it is too complex for the short session.
- Yes 53, No 1 (Reschke), Excused 6

Senate Floor

02/28/2024

[HB 4150](#) (OD notification)

- The bill passed with discussion from the carrier, Sen. Campos only.
 - Yes 28, No 2 (Sen. Thatcher and Boquist), Excused 0

House Floor

02/28/2024

- [SB 1506](#) (Allows pharmacists to continue testing and treating COVID-19)

Coalition Meeting Report

Allied for a Healthier Oregon

2/28/2024

Unable to attend due to a schedule conflict, discussions were focused on Measure 110.



Bill Tracker

Bill	Sponsors	Title	Last Action	Latest Version
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Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4010	Introduced and printed pursuant to House Rule 12.00. Pre-session filed	<p>Relating to health care; prescribing an effective date.</p> <p>Digest: This Act makes changes to laws about prescription drugs, health insurance and some health care providers. The Act says the Oregon State Hospital does not have to do certain things about staffing. The Act changes the term "physician assistant" to "physician associate." (Flesch Readability Score: 60.4). Specifies that flavoring of a prescription drug is not compounding. Prohibits drug manufacturers from restricting access to certain prescription drugs. Exempts the Oregon State Hospital from certain hospital staffing requirements. Removes the requirement that optometrists have hospital consulting privileges in order to qualify for tax credit. Removes requirement that an applicant for licensure as a licensed professional counselor or therapist submit a professional disclosure statement. Changes the term "physician assistant" to "physician associate." Requires health insurers to negotiate with health care interpreters and certain health care providers regarding coverage of health care interpretation services.</p> <p>Takes effect on the 91st day following adjournment sine die. Statutes affected: Introduced: 441.775, 441.776, 743B.221, 675.755, 315.616, 192.566, 3.450, 30.302, 30.800, 30.802, 31.260, 31.740, 58.376, 87.555, 87.560, 87.565, 87.575, 87.581, 109.640, 109.650, 109.675, 109.680, 109.685, 124.050, 127.663, 127.700, 135.139, 136.220, 137.076, 137.473, 137.476, 146.181, 146.750, 147.403, 169.076, 169.077, 169.750, 192.547, 192.556, 336.479, 336.490, 339.870, 343.146, 34...</p> <p>-9 Amendment Adopted:</p> <p>Drugs</p> <ul style="list-style-type: none"> Specifies that the addition of flavoring to a drug intended for dispensation may not be considered compounding under specified circumstances. <p>Hospital Staffing</p> <ul style="list-style-type: none"> Exempts Oregon State Hospital from professional and technical and service staff requirements of House Bill 2697 (2023). <p>Health Care Providers</p> <ul style="list-style-type: none"> Clarifies the definition of "primary care provider" to include clinics and provider teams for purposes of assignment by insurance carriers <p>Professional Disclosure Statement</p> <ul style="list-style-type: none"> Removes the requirement that applicants and licensees of Oregon Board of Licensed Professional Counselors and Therapists submit professional disclosure statement to the Board for approval. <p>Protected Health Information</p> <ul style="list-style-type: none"> Clarifies the type of acknowledgement required on protection health information (PHI) release form. <p>Physician Assistants</p> <ul style="list-style-type: none"> Changes the title "physician assistant" to "physician associate." <p>Removed the health care interpreter requirement.</p> <p>Third Reading • Senate Session</p> <p>Mar 05, 2024 10:45am</p> <p>Senate</p> <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> Recommendation: Do pass with amendments to the A-Eng. bill. (Printed B-Eng.) <p>Feb 28, 2024, Senate</p> <ul style="list-style-type: none"> Public Hearing and Work Session held. <p>Feb 22, 2024, Senate</p> <ul style="list-style-type: none"> Referred to Health Care. 	Senate • Mar 01, 2024: Recommendation: Do pass with amendments to the A-Eng. bill. (Printed B-Eng.)	B-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4011	Introduced and printed pursuant to House Rule 12.00. Pre-session filed	<p>Relating to health care; prescribing an effective date.</p> <p>Digest: The Act tells health insurance to pay for some cancer exams and devices that people with diabetes use. The Act makes the Health Licensing Office register dental laboratories. It says what "dental laboratory" means. The Act tells the Oregon Health Authority to help pay for nursing education programs and the behavioral health workforce. The Act makes a project at OHA to buy a lot of things to help with substance use in the state. The Act is effective 91 days after adjournment sine die. (Flesch Readability Score: 60.6).</p> <p>Prohibits cost-sharing on certain health insurance coverage of cervical cancer examinations. Requires medical assistance to include continuous glucose monitor for specified recipients of medical assistance. Defines "continuous glucose monitor."</p> <p>Requires a dental laboratory to register with the Health Licensing Office. Defines "dental laboratory." Requires a dental laboratory to provide a material content disclosure to a dentist who prescribes a work order for a dental prosthetic appliance or other artificial material or device. Defines "material content disclosure." Allows the office to impose discipline for certain violations. Directs the office to provide administrative and regulatory oversight to the dental laboratory program.</p> <p>Requires the Oregon Health Authority to provide grants to the Oregon Center for Nursing to work with Oregon's nursing education programs to develop programs to recruit and retain nurse educators at public and private insti...</p> <p>health care omnibus bill</p> <p>Adopted -6 amendment: Clarifies definition of "cervical cancer screening." Clarifies dental laboratory registration processes. Permits HLO to inspect copies of dental laboratory work orders.</p> <p>Base Bill Summary:</p> <ul style="list-style-type: none"> • Prohibits cost-sharing on certain health insurance coverage of cervical cancer examinations. • Requires medical assistance to include continuous glucose monitor for specified recipients of medical assistance. • Requires a dental laboratory to register with the Health Licensing Office. • Requires a dental laboratory to provide a material content disclosure to a dentist who prescribes a work order for a dental prosthetic appliance or other artificial material or device. • Requires the Oregon Health Authority to provide grants to the Oregon Center for Nursing to work with Oregon's nursing education programs to develop programs to recruit and retain nurse educators at public and private institutions of higher education. • Requires the authority to enter into an agreement with the Mental Health and Addiction Certification Board of Oregon to increase the behavioral health workforce in this state. • Establishes the Harm Reduction Clearinghouse Project within the authority to make bulk purchases of harm reduction supplies. <p>Feb 22, 2024, House</p> <ul style="list-style-type: none"> • Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. • Referred to Ways and Means by prior reference. <p>Feb 19, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	House • Feb 22, 2024: Referred to Ways and Means by prior reference.	A-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4028	Introduced and printed pursuant to House Rule 12.00. Pre-session filed	<p>Relating to health care.</p> <p>Digest: The Act prohibits drug makers from taking actions that make it hard for a drug store to get certain drugs on behalf of certain types of health care providers or deliver the drugs to the providers. The Act also prohibits drug makers from taking actions that make it hard for drug stores to deliver the drugs to the providers. (Flesch Readability Score: 63.5). [Digest: The Act requires the OHA to study the problems in getting health care in this state and to send a report of its findings to the legislature. The section is repealed on January 2, 2026. (Flesch Readability Score: 60.9).] [Requires the Oregon Health Authority to study access to health care in this state. Directs the authority to submit its findings to the interim committees of the Legislative Assembly related to health not later than September 15, 2025.] Prohibits drug manufacturers from interfering directly or indirectly with a pharmacy or drug outlet acquiring 340B drugs for or delivering 340B drugs to certain health care providers.</p> <p>-2 SMS Adopted: Replaces the measure. It prohibits a drug manufacturer, as defined in Oregon law, from denying or restricting access to 340B drugs by a pharmacy or drug outlet contracted with a covered entity. It defines 340B drug as a drug that has been subject to any offer of a reduced price by a manufacturer pursuant to 42 U.S.C 256b and is purchased by a covered entity.</p> <p>Feb 27, 2024, House</p> <ul style="list-style-type: none"> • Motion to rerefer to Rules carried. Rereferred. • Read. <p>Feb 26, 2024, House</p> <ul style="list-style-type: none"> • Second reading. 	House • Feb 27, 2024: Read.	A-Engrossed
OR 2024 HB 4069	Maxine Dexter	<p>Relating to paying for health care.</p> <p>Digest: The Act creates a new pilot program to test new ways to pay for health care. The Act sets out the requirements for the program and specifies the steps that the Oregon Health Authority must take to roll out the program. (Flesch Readability Score: 70.7). Establishes the Aligning for Health Pilot Program, administered by the Oregon Health Authority, to test alternative methods for paying for health care. Prescribes the requirements for the pilot program and the steps in the implementation. Sunsets January 2, 2035.</p> <p>Bill will not be scheduled for a hearing: Establishes the Aligning for Health Pilot Program, administered by the Oregon Health Authority, to test alternative methods for paying for health care. Prescribes the requirements for the pilot program and the steps in the implementation.</p> <p>Feb 05, 2024, House</p> <ul style="list-style-type: none"> • First reading. Referred to Speaker's desk. • Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 	House • Feb 05, 2024: Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means.	Introduced
OR 2024 HB 4071	Ed Diehl Hai Pham Daniel Bonham	<p>Relating to health care licensing; prescribing an effective date.</p> <p>Digest: Tells health care boards to give short-term permission to work. Starts January 1, 2025. (Flesch Readability Score: 60.7). Requires health professional regulatory boards to issue a temporary authorization to practice a health profession to eligible applicants within 10 days of receiving an application for licensure. Defines "health profession" and "health professional regulatory board." Takes effect on the 91st day following adjournment sine die.</p> <p>Adopted -7 amendment: Replaces the measure. Establishes 20-member Task Force on Health Professional Licensing. Requires task force to meet monthly from April 2024 through December 2025. Requires task force to submit reports by September 15, 2024; September 15, 2025; and December 15, 2025. Requires Legislative Policy and Research Office (LPRO) Director to provide staff support to task force.</p> <p>Feb 22, 2024, House</p> <ul style="list-style-type: none"> • Without recommendation as to passage, with amendments, be printed A-Engrossed, and be referred to Ways and Means. • Referred to Ways and Means by order of Speaker. <p>Feb 19, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	House • Feb 22, 2024: Referred to Ways and Means by order of Speaker.	A-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4081	Dacia Grayber Elizabeth Steiner Maxine Dexter	<p>Relating to emergency medical services; prescribing an effective date.</p> <p>Digest: The Act makes a program and an advisory board in the Oregon Health Authority to make it easier to get fast health care. (Flesch Readability Score: 61.4). Establishes the Emergency Medical Services Program and Emergency Medical Services Advisory Board within the Oregon Health Authority. Directs the authority to designate emergency medical services regions within the state. Directs the authority to designate emergency medical services centers for the provision of specific types of emergency care. Requires the program to establish and maintain an emergency medical services data system. Becomes operative on January 1, 2025. Takes effect on the 91st day following adjournment sine die. Statutes affected: Introduced: 682.017, 682.051, 682.056, 682.059, 682.068, 682.075, 682.079, 146.015, 181A.375, 353.450, 441.020, 442.507, 442.870</p> <p>EMS modernization bill. Establishes the Emergency Medical Services Program and Emergency Medical Services Advisory Board within the OHA. Directs the OHA to designate emergency medical services regions within the state. Requires the program to establish and maintain an emergency medical services data system. Becomes operative on January 1, 2025.</p> <p><u>-2, -3 SMS</u>: The -2 and -3 were combined and adopted as a -5 -2: Clarifies advisory board membership and duties, clarifies criteria and responsibilities of the EMS data system development, requires reporting on even-numbered years. -3: Clarifies that confidentiality protections do not extend to information that is discoverable or admissible from other source.</p> <p>Third Reading • House Session</p> <p>Mar 05, 2024 10:00am House</p> <p>Mar 01, 2024, House • Recommendation: Do pass.</p> <p>Feb 29, 2024, House • Work Session held.</p> <p>Feb 26, 2024, House • Work Session held.</p>	House • Mar 01, 2024: Recommendation: Do pass.	A-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4088	Travis Nelson James Manning Jr. Thuy Tran	<p>Relating to safety of persons working in hospitals; declaring an emergency.</p> <p>Digest: The Act directs hospitals to take actions with respect to the protection of hospital employees. The Act directs the OHA to administer a grant program. The Act takes effect when the Governor signs it. (Flesch Readability Score: 60.9). [Digest: The Act directs hospitals to take actions with respect to the protection of hospital staff.] [The Act directs the OHPB to contract with the OHSU to run a pilot program. The Act directs the OHSU to report on the program by Sept. 1, 2025. (Flesch Readability Score: 65).] Requires hospitals to take certain actions with respect to protecting hospital employees from workplace assaults. Directs hospitals to post signage informing employees of rights and protections regarding workplace assaults. [Requires hospitals to submit an annual report to the interim committees of the Legislative Assembly and to the Director of the Department of Consumer and Business Services regarding the status of the hospital's assault prevention and protection program and the results of any root cause analyses conducted by the hospital.] Requires hospitals to file certain reports regarding work-related illnesses and injuries to the Director of the Department of Consumer and Business Services for posting to the department's website. Expands the crime of assault in the third degree to include causing physical injury to a person working in a hospital while worker is [performing official duties] acting in the course of official duty. [Specifies w...]</p> <p>Hospital worker protections bill. The bill would make assaulting a health care worker a felony instead of misdemeanor, would require signage of the increased penalty, and would require annual reporting to the legislature on assault data.</p> <p>Adopted -2 SMS: Replaces the measure. Reduces the scope to additional protections such as signage, makes knowingly and intentionally harming a hospital worker a class c felony, and establishes the Hospital Workplace Violence Prevention Efforts Fund.</p> <p>Feb 19, 2024, House</p> <ul style="list-style-type: none"> • Recommendation: Do pass with amendments, be printed A-Engrossed, and be referred to Ways and Means by prior reference. • Referred to Ways and Means by prior reference. <p>Feb 15, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	House • Feb 19, 2024: Referred to Ways and Means by prior reference.	A-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4091	Hai Pham Cedric Hayden Cyrus Javadi	<p>Relating to health insurance mandates; prescribing an effective date.</p> <p>Digest: The Act creates a committee to review proposed measures that require a health plan to pay for a certain type of health service or a health service that is provided by a certain type of provider of health care. The committee must report the results of its review of each measure to the legislature. The LPRO director staffs the committee. (Flesch Readability Score: 66.6).</p> <p>Establishes the Health Insurance Mandate Review Advisory Committee, staffed by the Legislative Policy and Research Director, to meet during interims between sessions of the Legislative Assembly to review any proposed measure sponsored by or submitted to the interim committees of the Legislative Assembly related to health if the measure requires health insurance policies to reimburse specified health care providers or to reimburse the cost of a specific service. Specifies the membership of the committee and the type of review that the committee must undertake.</p> <p>Requires the committee to produce a report of its findings on each proposed measure no later than January 15 of the year in which the measure may be introduced or 15 days after a review is requested, whichever is later.</p> <p>Requires the director to report to the Legislative Assembly, by December 31, 2026, on the work of the committee and recommendations for legislation.</p> <p>Sunsets June 30, 2027. Takes effect on the 91st day following adjournment sine die. Statutes affected: Introduced: 171.875, 171.880</p> <ul style="list-style-type: none"> • Establishes the Health Insurance Mandate Review Advisory Committee, which would meet during the interim of legislative sessions to review any proposed measure sponsored by or submitted to the legislative assembly that relates to health if the measure requires health insurance policies to reimburse specified health care providers or to reimburse the cost of a specific service. Requires the committee to produce a report of its findings on each proposed measure no later than January 15 of the year in which the measure may be introduced or 15 days after a review is requested, whichever is later. Members include: <ul style="list-style-type: none"> • One member representing businesses that offer group health plans to employees • One member representing insurers that offer health benefit plans • One member representing health care providers who are not employed by insurers that offer health benefit plans • One member representing consumers of health insurance benefits who are not representative of businesses that offer group health insurance, insurers or health care providers • One member representing an organization or collaborative that promotes health equity policies and practices that are informed by racial justice principles • One member with expertise in the provision of health care in rural areas of this state <p>Feb 14, 2024, House</p> <ul style="list-style-type: none"> • Recommendation: Do pass and be referred to Ways and Means. • Referred to Ways and Means by order of Speaker. <p>Feb 12, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	House • Feb 14, 2024: Referred to Ways and Means by order of Speaker.	Introduced

Bill	Sponsors	Title	Last Action	Latest Version
<p>OR 2024 HB 4105</p>	<p>Lisa Reynolds James Manning Jr. Deb Patterson</p>	<p>Relating to programs providing targeted case management nursing services to perinatal families; declaring an emergency.</p> <p>Digest: The Act gives money to OHA to pay for some of the costs of the program in which nurses visit families while a parent is pregnant and for two years after that. (Flesch Readability Score: 63.4). Appropriates moneys to the Oregon Health Authority for the costs of targeted case management services provided in the nurse home visiting services program for families during pregnancy and for two years after the pregnancy. Declares an emergency, effective on passage.</p> <p>Appropriates \$3,155,147 for OHA to expand the Nurse-Family Partnership nurse home visiting services program which assigns a nurse to an expecting family from pregnancy to two years of age.</p> <p>Feb 13, 2024, House</p> <ul style="list-style-type: none"> • Recommendation: Do pass and be referred to Ways and Means by prior reference. • Referred to Ways and Means by prior reference. <p>Feb 12, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	<p>House • Feb 13, 2024: Referred to Ways and Means by prior reference.</p>	<p>Introduced</p>
<p>OR 2024 HB 4113</p>	<p>Emerson Levy Cyrus Javadi Sara Gelser Blouin</p>	<p>Relating to the cost of health care.</p> <p>Digest: The Act applies to insurers and other entities that pay for drugs for people who have insurance. The Act requires insurers and others to count toward any costs that an insured person must pay for their drugs, the amounts paid from coupons or by other third parties. (Flesch Readability Score: 60.5). Requires an insurer, a pharmacy benefit manager [, the Public Employees' Benefit Board, the Oregon Educators Benefit Board] and a health care service contractor to count payments made by or on behalf of an enrollee for the costs of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs. Statutes affected: Introduced: 243.144, 243.877, 743B.001, 750.055A-Engrossed: 743B.001, 750.055</p> <p>Amendment (-3) Adopted:</p> <p>Clarify application to plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) Clarifies application of measure to high deductible health plans.</p> <p>Summary : limits for co-pay assistance limits. prohibit insurers from limiting co-pay assistance when an enrollee is using the assistance for:</p> <ul style="list-style-type: none"> • a drug that has no generic equivalent, or • a drug for which the enrollee has gotten prior authorization (i.e., demonstrated medical need) <p>Third Reading • Senate Session</p> <p>Mar 04, 2024 10:00am Senate</p> <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> • Recommendation: Do pass the A-Eng. bill. • Second reading. <p>Feb 28, 2024, Senate</p> <ul style="list-style-type: none"> • Public Hearing and Work Session held. 	<p>Senate • Mar 01, 2024: Second reading.</p>	<p>A-Engrossed</p>

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 4130	Ben Bowman Maxine Dexter Winsvey Campos	<p>Relating to the practice of health care; prescribing an effective date.</p> <p>Digest: Keeps people in charge of a company of doctors from running the company if the same people also run another company that has a contract with the company of doctors. Does not allow the company to get rid of the people in charge without a vote by those who are doctors. Does not allow companies to keep their workers from working for someone else, saying that the company is bad or speaking out about the company's bad acts. Does not allow a company to punish those who speak out. (Flesch Reading Score: 60.6).</p> <p>Prohibits a shareholder, director or officer of a professional corporation organized for the purpose of practicing medicine, or a professional corporation organized for the purpose of allowing physicians, physician assistants and nurse practitioners to jointly render professional health care services, from participating in managing the professional corporation, or voting shares in the professional corporation on any issue or corporate action that bears on the ownership, management or governance of the professional corporation, if the shareholder, director or officer is simultaneously a shareholder, director, member, officer or employee of a management services organization with which the professional corporation has a contract.</p> <p>Prohibits a professional corporation from removing a director or an officer by means other than majority vote of directors or officers, as appropriate, who are licensed to practice medicine in this state.</p> <p>Applies to limited liability compa...</p> <p>-A10 amendment adopted: Clarifies that exempted entities include certain federal grant recipients and certain behavioral health/substance use disorder providers (regardless of whether they receive federal grants). Specifies that the operative date for implementation and enforcement of the measure is January 1, 2031.</p> <p>Corporate practice of medicine bill:</p> <ul style="list-style-type: none"> • The goal of this bill is to limit the privatization of health care through a loophole created for LLCs and LLPs. It does this by limiting the involvement of external private entities engagement in shareholder votes regarding ownership, management or governance of a professional health corporation and requiring reporting on ownership of health corporations. It also protects employees from non-competes, NDAs, and non-disparagement agreements. • Specifics: Does not allow employees of a management services organization to vote on any action that would affect ownership, management or governance of the professional health corporation. This would not apply if the professional health corporation owns a majority of the management services organization. Requires a majority vote of shareholders to remove a director or officer. A professional health corporation is allowed to transfer control to a private entity if it is exclusively between or among and for the benefit of a majority of shareholders who are physicians licensed in this state to practice medicine and complies with ORS 60.265. OHA is the accountability body, all ownership of 10% or higher must be reported to them. <p>Public Hearing and Possible Work Session • Senate Rules</p> <p>Mar 04, 2024 03:00pm</p> <p>HR C</p> <p>Mar 04, 2024, Senate</p> <ul style="list-style-type: none"> • Public Hearing and Possible Work Session scheduled. <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> • Recommendation: Do pass with amendments to the A-Eng. and be referred to Rules. (Printed B-Eng.) • Referred to Rules by order of the President. 	Senate • Mar 04, 2024: Public Hearing and Possible Work Session scheduled.	B-Engrossed

Bill	Sponsors	Title	Last Action	Latest Version
<p>OR 2024 HB 4136</p>	<p>Nancy Nathanson Julie Fahey Paul Holvey</p>	<p>Relating to health care; declaring an emergency.</p> <p>Digest: The Act changes the laws about nurse licenses, gives money to Lane County to pay for fast health care and tells the Oregon Health Authority to look at how to get health care. (Flesch Readability Score: 60.5). Expands the exemption from the licensure requirement for certain nurses. Directs the Oregon State Board of Nursing to issue a provisional license to an applicant for licensure. Directs the Oregon Health Authority to enter into an agreement with Lane County Public Health and distribute to Lane County Public Health moneys for the purposes of funding same-day health care services. Directs the authority to review access to urgent and immediate health care services and submit a report to the interim committees of the Legislative Assembly related to health care not later than September 15, 2024. Declares an emergency, effective on passage. Statutes affected: Introduced: 678.031, 678.034, 678.040</p> <p>Grants applicants for nursing licenses a provisional license until the date they are issued a license. Directs OHA to enter into an agreement to send money to Lane County to fund same day medical services. It also requires OHA to review and assess the urgent needs in health care no later than September 15, 2024. Effective on passage.</p> <p>-1, -2 SMS Adopted: -1: Clarifies required elements of agreement between OHA and Lane County Public Health. Specifies purposes fund appropriation. Removes requirement for OHA to review and report on access to health care services. -2: Removes provision requiring OSBN to issue provisional license to application for licensure by endorsement.</p> <p>Third Reading • House Session</p> <p>Mar 05, 2024 10:00am</p> <p>House</p> <p>Mar 01, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. • Recommendation: Do pass. <p>Feb 28, 2024, House</p> <ul style="list-style-type: none"> • Work Session held. 	<p>House • Mar 01, 2024: Recommendation: Do pass.</p>	<p>A-Engrossed</p>
<p>OR 2024 HB 4150</p>	<p>Mark Owens Cyrus Javadi Hai Pham</p>	<p>Relating to prescription monitoring program; and prescribing an effective date.</p> <p>Digest: The Act allows for some doctors or people like doctors to be told when a patient overdoses on a drug. (Flesch Readability Score: 68.0). Authorizes the Oregon Health Authority or a third party to provide electronic notification to a practitioner in certain circumstances when the practitioner's patient has a fatal or nonfatal overdose. Limits the use and retention of practitioner information. Takes effect on the 91st day following adjournment sine die. Sunsets January 1, 2028. Statutes affected: Introduced: 431A.855</p> <p>Bill passed into law Creates a program within OHA that notifies a prescriber if the patient has experienced an overdose in the past.</p> <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> • President signed. <p>Mar 01, 2024, House</p> <ul style="list-style-type: none"> • Speaker signed. <p>Feb 28, 2024, Senate</p> <ul style="list-style-type: none"> • Third reading. Carried by Campos. Passed. 	<p>Senate • Mar 01, 2024: President signed.</p>	<p>Enrolled</p>

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 HB 5203	Ways and Means	<p>Relating to state financial administration; declaring an emergency.</p> <p>Digest: The Act is a budget bill for an unspecified state agency. (Flesch Readability Score: 64.9). Establishes biennial appropriations and expenditure limitations for _____ for biennium ending June 30, 2025. Declares an emergency, effective on passage.</p> <p>End of session budget bill.</p> <p>Feb 15, 2024, House</p> <ul style="list-style-type: none"> Assigned to Subcommittee On Capital Construction. <p>Feb 12, 2024, House</p> <ul style="list-style-type: none"> First reading. Referred to Speaker's desk. Referred to Ways and Means. 	House • Feb 15, 2024: Assigned to Subcommittee On Capital Construction.	Introduced
OR 2024 SB 1506	Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President.	<p>Relating to pharmacy; and prescribing an effective date.</p> <p>Digest: The Act tells the Oregon Health Authority to pay a pharmacist who tests or treats a person for a virus. Lets a pharmacist test for and treat a virus. Starts on October 1, 2024, and ends on June 30, 2026. (Flesch Readability Score: 62.3). Allows a pharmacist to test for and treat a certain virus. Requires the Oregon Health Authority medical assistance program to reimburse a pharmacist for testing and treatment of the virus. Sunsets June 30, 2026. Takes effect on the 91st day following adjournment sine die. Statutes affected: Introduced: 689.005</p> <p>Bill passed into law</p> <p>Allows pharmacies to test and treat SARS-CoV-2 and requires OHA to reimburse the pharmacist or pharmacy for testing and treatment.</p> <p>-2 Amendment Adopted: Specifies that the Oregon Health Plan, health benefit plans, and Public Employee Benefit Board (PEBB) and Oregon Employee Benefit Board (OEBB) plans must reimburse pharmacists for testing and treatment for covid.</p> <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> President signed. <p>Feb 28, 2024, House</p> <ul style="list-style-type: none"> Third reading. Carried by Javadi. Passed. <p>Feb 27, 2024, House</p> <ul style="list-style-type: none"> Second reading. 	Senate • Mar 01, 2024: President signed.	Enrolled

Bill	Sponsors	Title	Last Action	Latest Version
OR 2024 SB 1508	Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President.	<p>Relating to health care.</p> <p>Digest: The Act forbids the HERC from using quality of life to measure the weight to give to a service that may be covered by the state Medicaid program. The Act caps the amount a person must pay for insulin under a health benefit plan to \$35. (Flesch Readability Score: 63.9). [Digest: The Act forbids the HERC from using quality of life to measure the weight to give to a service that may be covered by the state Medicaid program. (Flesch Readability Score: 63.6).]</p> <p>In determining the ranking of a condition-treatment pair on the prioritized list of health services covered by the medical assistance program, prohibits the Health Evidence Review Commission from relying upon a quality of life in general measure or from relying on any research or analyses that rely upon or refer to a quality of life measure, unless specified conditions are met.</p> <p>Caps cost-sharing required by health benefit plans at \$35 for coverage of insulin. Statutes affected: Introduced: 414.065, 414.689, 414.690, 414.701, 414.025A-Engrossed: 414.065, 414.689, 414.690, 414.701, 414.025, 743A.069</p> <p>Bill passed into law</p> <p>Background: The HERC (Health Equity Review Committee) determines which health services will be covered under the Oregon Health Plan (among other duties). The HERC is charged with developing and maintaining a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served by OHP.</p> <p>1508 seeks to prevent bias inherent to some "quality of life measures" (ie. econometric models that assign a certain dollar value to the quality of a human life), from impacting decisions unless the commission has a professional trained in this area involved in the determinations.</p> <p>-2 amendment (adopted) also adds limits to the maximum allowable out-of-pocket cost for insulin to \$35 for a 30-day supply and to \$105 for a 90-day supply.</p> <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> • President signed. <p>Feb 27, 2024, House</p> <ul style="list-style-type: none"> • Third reading. Carried by Tran, Javadi. Passed. <p>Feb 26, 2024, House</p> <ul style="list-style-type: none"> • Second reading. 	Senate • Mar 01, 2024: President signed.	Enrolled

Bill	Sponsors	Title	Last Action	Latest Version
<p>OR 2024 SB 1578</p>	<p>James Manning Jr. Travis Nelson Maxine Dexter</p>	<p>Relating to health care interpreters; prescribing an effective date.</p> <p>Digest: The Act directs the OHA to set up a health care interpreter management system. The Act requires the OHA to contract with a nonprofit entity to establish a recruitment and retention program. The Act sets out certain requirements for the nonprofit. The Act requires the nonprofit to submit a report to the OHA each year. The Act requires the OHA to seek out all means to get federal matching funds to pay costs of health care interpreter services. The Act goes into effect 91 days after the session ends. (Flesch Readability Score: 60.6). [Digest: The Act directs the OHA to set up a health care interpreter management system. The Act requires the OHA to contract with a nonprofit entity to manage the system. The Act sets out certain requirements for the nonprofit. The Act requires the nonprofit to submit a report to the OHA each year. (Flesch Readability Score: 60.2).]</p> <p>Directs the Oregon Health Authority to establish and maintain an online portal with the functionality to provide online scheduling for health care providers and coordinated care organizations to use to contact health care interpreters directly and to process billing. Requires the authority to contract with a nonprofit entity to [administer the portal] develop and administer a health care interpreter recruitment and retention program. Provides criteria and reporting requirements that the contracting nonprofit must meet. Requires the authority to seek any federal funding available for costs of reimbursing hea...</p> <p>Amendment to bill: -1 Adopted amendment details the roles and responsibilities of OHA and the nonprofit established in the measure with regard to the interpreter management system.</p> <p>Summary: Directs the OHA to establish and maintain an online portal with the functionality to provide online scheduling for health care providers and coordinated care organizations to use to contact health care interpreters directly and to process billing. Requires the authority to contract with a nonprofit entity to administer the portal. The non-profit must follow the below requirements.</p> <p>(a) Providing low-cost training and continuing education opportunities for certified and qualified health care interpreters. (b) The ability to directly contact qualified and certified health care interpreters to fill empty appointment slots and last-minute cancellations. (c) Having a plan for recruiting and retaining certified and qualified health care interpreters. (d) Maintaining a commitment to involving certified and qualified health care interpreters and labor organizations that represent health care interpreters in developing strategies to improve education and training, recruitment and support for the health care interpreter workforce. (e) Providing information to health care interpreters regarding the health care interpreter qualification and certification standards established by the Oregon Health Authority. (f) Informing health care interpreters of training and professional development opportunities, made available through the nonprofit entity or otherwise, that are in accordance with standards adopted by the Oregon Health Authority under ORS 413.558.</p> <p>Work Session • Joint Ways and Means</p> <p>Mar 04, 2024 12:30pm HR F</p> <p>Mar 04, 2024, Senate</p> <ul style="list-style-type: none"> • Work Session scheduled. <p>Mar 01, 2024, Senate</p> <ul style="list-style-type: none"> • Returned to Full Committee. • Work Session held. 	<p>Senate • Mar 04, 2024: Work Session scheduled.</p>	<p>A-Engrossed</p>



Week Ahead

Senate Session

Mar 04, 2024 10:00am

Senate

<https://olis.oregonlegislature.gov/liz/2024R1/2024-03-04>

<p>OR 2024 HB 4113</p>	<p>Emerson Levy Cyrus Javadi Sara Gelser Blouin</p>	<p>Relating to the cost of health care. Amendment (-3) Adopted: Clarify application to plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) Clarifies application of measure to high deductible health plans. Third Reading</p>	<p>Senate • Mar 01, 2024: Second reading.</p>	<p>A-Engrossed</p>
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Joint Ways and Means

Mar 04, 2024 12:30pm

HR F

Senator Steiner, Presiding Co-Chair

<https://olis.oregonlegislature.gov/liz/2024R1/Committees/JWM/2024-03-04-12-30>

<p>OR 2024 SB 1578</p>	<p>James Manning Jr. Travis Nelson Maxine Dexter</p>	<p>Relating to health care interpreters; prescribing an effective date. Amendment to bill:-1 Adopted amendment details the roles and responsibilities of OHA and the nonprofit established in the measure with regard to the interpreter management system. Summary: Directs the OHA to establish and maintain an online portal with the functionality to provide online scheduling for health care providers and coordinated care organizations to use to contact health care interpreters directly and to process billing. Requires the authority to contract with a nonprofit entity to administer the portal. The non-profit must follow the below requirements. (a) Providing low-cost training and continuing education opportunities for certified and qualified health care interpreters. (b) The ability to directly contact qualified and certified health care interpreters to fill empty appointment slots and last-minute cancellations. (c) Having a plan for recruiting and retaining certified and qualified health care interpreters. (d) Maintaining a commitment to involving certified and qualified health care interpreters and labor organizations that represent health care interpreters in developing strategies to improve education and training, recruitment and support for the health care interpreter workforce. (e) Providing information to health care interpreters regarding the health care interpreter qualification and certification standards established by the Oregon Health Authority. (f) Informing health care interpreters of training and professional development opportunities, made available through the nonprofit entity or otherwise, that are in accordance with standards adopted by the Oregon Health Authority under ORS 413.558. Work Session</p>	<p>Senate • Mar 04, 2024: Work Session scheduled.</p>	<p>A-Engrossed</p>
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Senate Rules

Mar 04, 2024 03:00pm

HR C

For information on how to submit written testimony or register to testify on bills scheduled for a public hearing:https://www.oregonlegislature.gov/citizen_engagement For information on Language Access Services/Para m s informaci n sobre los Servicios de Acceso Ling stico:<https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx> To access links to a livestream or recordings of legislative

meetings:https://www.oregonlegislature.gov/citizen_engagement/Pages/Legislative-Video.aspx
<https://olis.oregonlegislature.gov/liz/2024R1/Committees/SRULES/2024-03-04-15-00>

<p>OR 2024 HB 4130</p>	<p>Ben Bowman Maxine Dexter Wlnsvey Campos</p>	<p>Relating to the practice of health care; prescribing an effective date. -A10 amendment adopted: Clarifies that exempted entities include certain federal grant recipients and certain behavioral health/substance use disorder providers (regardless of whether the receive federal grants). Specifies that the operative date for implementation and enforcement of the measure is January 1, 2031. Corporate practice of medicine bill: Public Hearing and Possible Work Session</p>	<p>Senate • Mar 04, 2024: Public Hearing and Possible Work Session scheduled.</p>	<p>B-Engrossed</p>
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House Session

Mar 05, 2024 10:00am

House

<https://olis.oregonlegislature.gov/liz/2024R1/2024-03-05>

<p>OR 2024 HB 4081</p>	<p>Dacia Grayber Elizabeth Steiner Maxine Dexter</p>	<p>Relating to emergency medical services; prescribing an effective date. Elana Lynn EMS modernization bill. Establishes the Emergency Medical Services Program and Emergency Medical Services Advisory Board within the OHA. Directs the OHA to designate emergency medical services regions within the state. Requires the program to establish and maintain an emergency medical services data system. Becomes operative on January 1, 2025. -2, -3 SMS: The -2 and -3 were combined and adopted as a -5-2: Clarifies advisory board membership and duties, clarifies criteria and responsibilities of the EMS data system development, requires reporting on even-numbered years. -3: Clarifies that confidentiality protections do not extend to information that is discoverable or admissible from other source. Third Reading</p>	<p>House • Mar 01, 2024: Recommendation: Do pass.</p>	<p>A-Engrossed</p>
<p>OR 2024 HB 4136</p>	<p>Nancy Nathanson Julie Fahey Paul Holvey</p>	<p>Relating to health care; declaring an emergency. Grants applicants for nursing licenses a provisional license until the date they are issued a license. Directs OHA to enter into an agreement to send money to Lane County to fund same day medical services. It also requires OHA to review and assess the urgent needs in health care no later than September 15, 2024. Effective on passage. -1, -2 SMS Adopted: -1: Clarifies required elements of agreement between OHA and Lane County Public Health. Specifies purposes fund appropriation. Removes requirement for OHA to review and report on access to health care services.-2: Removes provision requiring OSBN to issue provisional license to application for licensure by endorsement. Third Reading</p>	<p>House • Mar 01, 2024: Recommendation: Do pass.</p>	<p>A-Engrossed</p>

Senate Session

Mar 05, 2024 10:45am

Senate

<https://olis.oregonlegislature.gov/liz/2024R1/2024-03-05>

<p>OR 2024 HB 4010</p>	<p>Introduced and printed pursuant to House Rule 12.00. Pre-session filed</p>	<p>Relating to health care; prescribing an effective date. Third Reading</p>	<p>Senate • Mar 01, 2024: Recommendation: Do pass with amendments to the A-Eng. bill. (Printed B-Eng.)</p>	<p>B-Engrossed</p>
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