2021 Legislative Session Summary

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Session at a glance

The 82nd session of the Oregon State Legislature adjourned sine die at 5:37 p.m. on Saturday, June 26 — just 30 hours before its constitutionally required end. Marked by COVID-19, the 2021 legislative session was unlike any other in the history of our state. The Oregon Legislature held its first-ever virtual regular legislative session, with the public and most legislative staff prohibited from the Capitol building, and legislators only leaving their offices to vote on legislation. The impacts of COVID-19 were felt not only in the legislative process, but also in the surrounding political environment and in the dramatic budget implications of federal stimulus action and revenue forecast changes.



Senate Republicans staged a very short-lived walkout in the first month of session to protest the lack of public access to the legislative process, while House Republicans forced the lengthy procedure of reading bills aloud in their entirety, grinding the legislative process almost to a halt in that chamber. As the session moved forward, however, the acute need to ensure COVID-19 relief and wildfire recovery support led to cooler heads prevailing and deals were made that secured the slow and steady march to the finish line. One of the biggest tasks and one of the most challenging political issues the legislature faced — the redrawing of new legislative district lines called "redistricting" - was ultimately pushed to a special legislative session scheduled for this coming September because the pandemic slowed access to the federal census data necessary to complete the work.

In mid-March, budget writers received welcome news that Congress had passed the American Rescue Plan Act, delivering a significant amount of cash to the state, including \$4.2 billion in state and local funding, \$2.6 billion of which would be under the discretion of the Oregon Legislature.

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With redistricting delayed legislators focused their attention on addressing a \$1 billion budget deficit, improving racial and health inequities, and providing COVID-19 and wildfire relief, while considering a slew of significant policy changes in health care, higher education and business. In mid-March, budget writers received welcome news that Congress had passed the American Rescue Plan Act, delivering a significant amount of cash to the state, including \$4.2 billion in state and local funding, \$2.6 billion of which would be under the discretion of the Oregon Legislature.

The legislature went from deciding which programs would suffer the deepest cuts, to soliciting proposals for one-time investments from all 90 legislators. A total of \$35 billion in proposed investments were submitted, not including the tens of billions from state agencies, proving the old adage that having a deficit is hard, but having a surplus is sometimes even harder. With a little under \$1 billion available to be spent, the Oregon Health Authority (OHA) alone submitted a \$1 billion proposal to invest in its people and infrastructure. Just as the co-chairs of the powerful Ways and Means Committee (appropriations committee) put forward a proposed budget framework that sought to strike a balance between new investments, supporting existing programs, and saving for the future, the state's May economic forecast was released, projecting an additional \$900 million in revenue for the state.



In addition to extraordinary one-time investments, the legislature also moved forward a significant number of impactful public policy proposals. With nearly 1,000 more bills introduced this legislative session than in any previous session, virtual committees had a lot of work to do. In a year focused on the health of Oregonians, health care committees in both chambers had the most pieces of legislation to consider and work through, though public safety issues were also front and center. The legislature debated thousands of pieces of legislation. In an impressive demonstration of bipartisanship, the legislature passed a package of police reform bills unanimously, taking a step toward addressing the calls for racial justice that intensified in the summer of 2020.

A number of significant health care proposals were passed, including: HB 3352, providing insurance to Oregonians who are ineligible for Medicaid; HB 2337, declaring racism a public health crisis; HB 2508, requiring payment parity for most telemedicine services; HB 2362, giving OHA the ability to regulate health care mergers and acquisitions; SB 567, prohibiting health care providers from discrimination; SB 193, removing the cap on jury awarded non-economic damages; and, SB 844, creating the Prescription Drug Affordability Board (PDAB), among many others. Similarly significant higher education legislation moved forward, including: SB 713, to "ban the box" for college applications; SB 233, requiring community colleges and universities to commonly number courses and make it easier for students to transfer credits; SB 712, modifying HECC voting membership; and SB 551, providing health insurance coverage for part-time faculty at public universities and community colleges, among many more.

While many proposals didn't make it across the finish line this session, in an environment with more limited access for advocates, members of the public, and even members of the legislature's own staff, the legislature moved forward significant public policy aimed at combating structural racism and inequity, ensuring access to high quality health care and education for all Oregonians, and investing in programs that support Oregon's most vulnerable citizens. The legislature also managed to hold one of the more collegial sessions in recent years. Now we look toward a September special session focused on redistricting that is sure to bring its own share of challenges and triumphs.



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HB 3352	providing insurance to Oregonians who are ineligible for Medicaid
HB 2337	declaring racism a public health crisis
HB 2508	requiring payment parity for most telemedicine services
HB 2362	giving OHA the ability to regulate health care mergers and acquisitions
SB 567	prohibiting health care providers from discrimination
SB 193	removing the cap on jury awarded non-economic damages
SB 844	creating the Prescription Drug Affordability Board



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OHSU's legislative agenda

The State of Oregon and the Legislative Assembly began the 2021 long legislative session facing a more than \$1 billion budget deficit, calls for equity investments, and significant need for wildfire and coronavirus relief. OHSU entered this long legislative session with the potential for a \$3.3 million reduction in the institution's state general fund appropriation, a \$400 million reduction in the state's Medicaid program, including cuts to hospital and CCO rates, and a \$62 million reduction in total Graduate Medical Education (GME) support. Additionally, due to the pandemic, the session would be virtual with limited access to legislators and the legislative process, making advocacy harder than ever before, and transparency in decision-making processes harder to come by.

With this backdrop, OHSU brought forward a 2021 state legislative agenda that was both necessarily focused on the critical funding needs of the institution, and focused on partnerships with stakeholders and legislators to support health equity and coronavirus relief. OHSU's legislative agenda included fully funding the Medicaid program and OHSU's portion of the IGT, current service level funding for OHSU's general fund education appropriation, and restoration of a \$42 million proposed funding cut for Graduate Medical Education at OHSU. Each of these priorities was achieved this session.

Maintain 87% cost reimbursement for OHSU Medicaid services through Medicaid IGT Partnership

The Governor's Recommended Budget did not reduce the support for OHSU within the IGT Medicaid Partnership. The Legislature followed the governor's lead and included in the Medicaid budget the revenue projections from the OHSU IGT Medicaid Partnership, reflecting a program that provides OHSU with reimbursement of 87% of cost for services provided to patients covered by the Oregon Health Plan. The partnership also generates \$1.2 billion in total funds for the 2021-23 biennium to support the Medicaid program benefiting hospitals and health care providers across the state.

Prevent or limit provider and CCO rate reductions to Oregon Health Plan (Medicaid)

Projecting an increase of 400,000 Oregonians on the Oregon Health Plan and facing a health equity crisis, OHA's budget includes a 47% increase from the 2019-21 biennium. The legislature used a combination of increased federal funds from several COVID-19 stimulus packages and policy decisions, additional room in the rural hospital provider tax, increases in general fund from the passage of the tobacco tax measure, and one-time American Recovery Plan Act investments to fund these increases. The budget includes the largest investment in Oregon's behavioral health system in the last 30 years, including the following investments: \$130 million for regional residential infrastructure and services, \$49 million to incentivize transformation and system realignment, \$21.5 million to aid and assist community restoration, \$31 million to open two units at the Junction City State Hospital, \$20 million to address state hospital staffing, \$25 million to continue the Certified Community Behavioral Health Clinics demonstration project, and an additional \$80 million was funded to support provider incentive programs for BIPOC behavioral health providers.



Receive current service level funding for OHSU General Fund education appropriation

The Governor's Recommended Budget proposed flat funding of higher education, including OHSU, which amounted to a \$3.3 million cut for the institution. The legislature restored the proposed cut for OHSU by including current service level (CSL) funding in its budget. OHSU's general fund allocation is \$80.48 million in operations support for the 2021-23 biennium. There is also a one-time \$2 million allocation to support the Children's Integrated Health Database at OHSU's Center for Evidence-Based Policy. Additionally, the state will spend \$57 million in state bond debt service for OHSU capital projects, and the legislature authorized CSL funding for the Health Care Provider Incentive Fund where funding for OHSU's Scholars for a Healthy Oregon Initiative (SHOI) resides. SHOI will receive \$5 million for the 21-23 biennium.

Maintain or limit reductions in **General Fund Graduate Medical Education support**

The Governor's Recommended Budget eliminated \$23.4 million in state general fund support for GME, resulting in a loss of \$39 million in federal matching funds, for a total reduction of \$62.4 million in state GME support. At the time, the Governor indicated her preference was to invest the funding in programs to specifically support training BIPOC providers, given the state's 10-year goal to eliminate health disparities. The federal stimulus funds, significant increase in projected state general fund, and OHSU's advocacy on behalf of all hospitals who benefit from this funding, led the legislature to restore GME funding to CSL, restoring state GME support completely.



OHSU's key session engagement activities

In addition to efforts to ensure continued critical funding support for the institution and critical state programs for the most vulnerable Oregonians, OHSU engaged in advocacy to support and uplift policies that advance health equity, address structural racism, support coronavirus response efforts, improve public health, protect OHSU's vital statutory structure, and promote OHSU's mission of health care, health education and discovery. OHSU engaged with several hundred bills in a variety of ways, including by providing expert public testimony, meeting with legislators to share expert feedback and advocate, and joining stakeholder and legislative coalitions in advocacy. Below are a small number of the bills that OHSU engaged with to advance the institution's goals.

Support legislation and investments that improve health equity and address systemic and structural racism

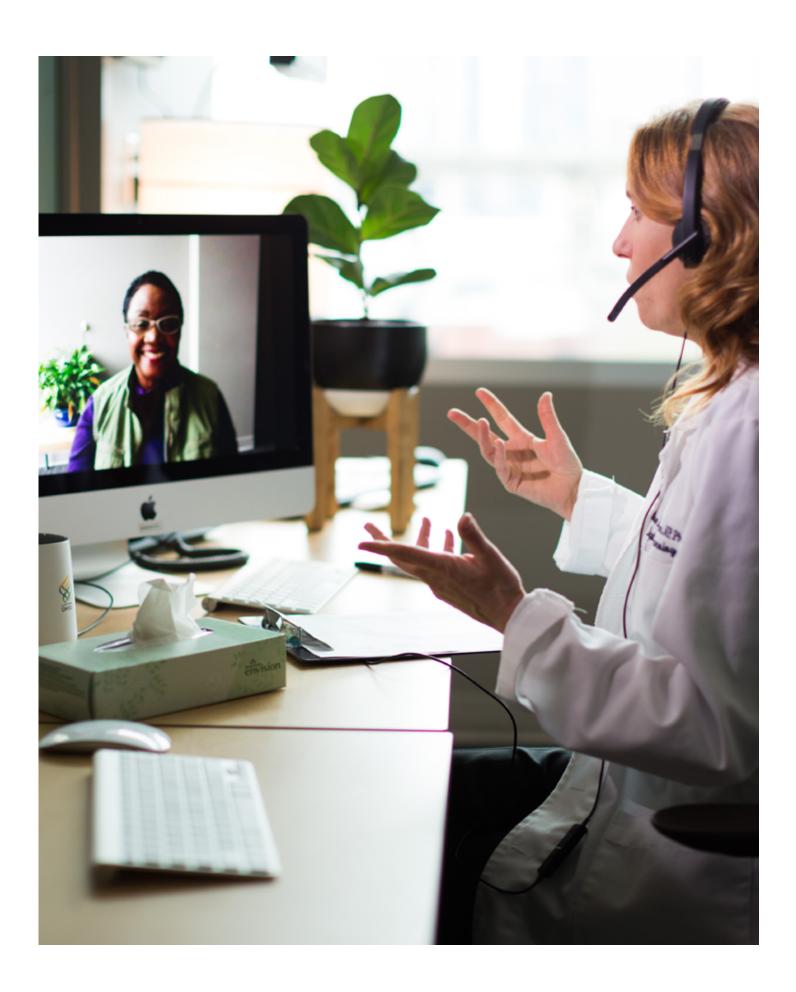
- Senate Bill 398 establishes the crime of intimidation by display of a noose. The bill clarifies that the crime is committed if a person, with the intent to intimidate another, knowingly places a noose on public or private property without consent and the display causes the other person to be reasonably intimidated or placed in fear of bodily harm by the display.
- Senate Bill 713 prohibits institutions of higher education from requiring prospective students to disclose prior criminal convictions before institutions make admissions decisions. The bill requires institutions to notify prospective students on any courses, apprenticeships, programs, majors, or degree pathways that are likely to lead to professional licensure requirements that exclude individuals with criminal convictions, and notify applicants upon denial of application due to criminal background and allow applicants to appeal the decision. SB 713 exempts applications to direct-entry academic programs and programs where individuals with criminal backgrounds are likely to encounter barriers to licensure or practicum placements.
- House Bill 2337 declares racism a public health crisis. The bill requires OHA to study the collection of information with respect to race, ethnicity, preferred spoken and written languages, and disability status. HB 2337 appropriates \$2 million in general funds and establishes grants to operate two mobile health units for underserved communities as a pilot program and to study the feasibility of statewide expansion. The bill also requires OHA to develop recommendations to fund culturally and linguistically specific intervention programs across all relevant state agencies. While this bill did not pass, House Resolution 6 passed which declares racism a public health crisis in this state.
- House Bill 2627 authorizes expanded practice dental hygienists to perform interim therapeutic restorations, implementing more broadly the innovative model of care from OHA Pilot Project 200 that proved effective in increasing dental care access and improving dental health outcomes for low-income, rurally located children.

- House Bill 2949 establishes grants and other programs to diversify Oregon's behavioral health workforce, and directs OHA to provide incentives to increase recruitment and retention of behavioral health providers with associates, bachelors, masters, or doctoral degrees, or other credentials who are people of color, tribal members, or residents of rural areas.
- House Bill 3352 provides Medicaid coverage to all adult residents 19 years or older regardless of immigration status, expanding the previous Health Care for All Oregon Children program to the Cover All People program. The bill specifies Cover All People eligibility includes all adult residents whose income is below 138% of the federal poverty level, or 190% of the federal poverty level while pregnant. The bill also specifies that eligible residents must be ineligible for Medicaid or premium tax credits due to immigration status.

Support legislation and investments that address impacts of the Coronavirus pandemic

- Senate Bill 278 prevents evictions by prohibiting residential landlords from delivering a termination notice for nonpayment or from taking action for possession based on termination notice for nonpayment if a tenant has provided the landlord with documentation that tenant has applied for rental assistance until 60 days after tenant has provided documentation of application. This bill also compensates landlords with 100% of past due rent accrued during the public health emergency from April 1 2020- June 30 2021 from the Landlord Compensation Fund.
- Senate Bill 780 prohibits some legal actions against health care organizations and health care providers during the COVID-19 state of emergency. The measure also includes additional whistleblower protections.
- House Bill 2508 expands coverage of, and reimbursement for. telemedicine services. It requires OHA to reimburse health services delivered via telemedicine at the same rate, and to adopt rules to ensure that CCOs reimburse for telehealth services. The bill establishes additional requirements and prohibitions for telemedicine reimbursement. HB 2508 requires regulated health insurers to ensure meaningful access to culturally and linguistically appropriate telemedicine services.
- House Bill 3046 requires each health insurer report to Oregon Department of Consumer and Business Services (DCBS), annually, on non-quantitative limitations for behavioral health benefits. DCBS is to report annually comparing insurer's coverage of mental health treatment and services, and substance use disorder treatment and services to coverage of medical or surgical treatments or services. The measure also requires CCOs to report to OHA each year on their compliance with mental health parity requirements. CCOs must demonstrate that the factors used to apply non-quantitative treatment limitations to mental health or substance use disorder treatment are comparable with factors used to apply non-quantitative treatment limitations to medical or surgical treatments in the same classification. This bill also further defines required behavioral health treatment requirements for CCOs, and group health insurance policies or individual health benefit plans.
- House Bill 3159 requires a health insurer, licensed, certified, or registered health care provider, and CCO to collect and report data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity to OHA. OHA is required to establish reporting standards, including securely transmitting required data, timelines for collection and submission of data, criteria to seek an extension or exemption from the reporting requirements, and establish a system for collected data that includes a registry to receive and store reported data.

- House Bill 5019 is the budget bill for the Office of the Long Term Care Ombudsman. This budget includes an increase of \$1.6 million General Fund and six positions to expand statewide access to public guardian and conservator services. With these additional resources, the number of vulnerable Oregonians served by the Public Guardian will more than double (going from 85 to more than 170 vulnerable seniors).
- House Bill 5024 is the budget bill for OHA. This budget includes an additional \$45 million to advance OHA's public health modernization efforts. This funding will largely support the work of local public health authorities, communitybased organizations, and tribes to improve health outcomes in the areas of communicable disease control, emergency preparedness and response, health equity, and environmental health.



Protect and advance OHSU's statutory construct as a public corporation and public mission in service to Oregonians related to health care, health education, and research.

- Senate Bill 111 contains several fixes to address the implementation of SB 1049 (2019) and amends the definition of "salary." As a result of the pandemic and the broadscale shift to telework across state agencies, it was brought to the attention of PERS administration that a technical feature of OPSRP statute could have unintended consequences for PERS OPSRP members who are residents of neighboring or other states and began working from home due to the COVID-19 pandemic. Salary earned by these individuals while working from home is not subject to Oregon income tax and, therefore, not considered subject salary for PERS benefit calculation purposes.
 - To allow the system to continue operating as intended, PERS introduced Senate Bill 111, which changes the definition of salary for OPSRP members to allow employees whose income would be subject to Oregon income tax if they were an Oregon resident to have that salary considered subject salary for PERS purposes. OHSU worked with PERS to include in SB 111 a technical fix that backdates this change to payment to OHSU employees who lived and worked out of state between August 29, 2003, and January 1, 2020. The bill passed both chambers with strong, bipartisan support.

- Senate Bill 219 was amended to require the Advance Directive Adoption Committee to report to the Legislative Assembly committees relating to judiciary and to health with recommendations for the development, adoption, and administration of a statewide advance directive registry for collection and distribution of advance directives. The Senate passed the bill, but the House did not and instead called for an interim workgroup.
- Senate Bill 554 requires a person who owns or possesses a firearm to secure the firearm or store it in a locked container when it is not actively under their control. It also sets firearm storage requirements in public buildings, prohibits fire arms inside the Oregon State Capitol building and other public buildings, and allows the boards of public education institutions from K-12 through higher education, including OHSU, to adopt policies to prohibit concealed carry of firearms on their campuses.
- Senate Bill 844 establishes a Prescription Drug Affordability Board and a Prescription Drug Affordability Stakeholder Council. The Board is required to review prescription drug prices and establish upper payment limits for drugs that are expected to create affordability challenges for health systems and patients, or create health inequities for communities of color. The bill requires the Board to prescribe a simple process for payers to opt out of the upper payment limit to allow payers to negotiate with manufacturers for the cost of the drug. SB 844 prohibits health care providers from billing for an amount that exceeds upper payment limits established by the board.
- Senate Joint Resolution 30 establishes in the Oregon Legislature a Joint Committee on Respectful and Safe University Campuses to hold public hearings on the culture, policies, practices and procedures that OHSU and Oregon's seven public universities use to prevent and respond to allegations of sexual and racial discrimination, harassment and misconduct. SJR 30 authorizes the joint committee to subpoena witnesses and documents, appoint independent investigators to audit the institutions and prepare a report with findings and recommendations, and introduce legislation. The bill did not move forward this session.

- House Bill 2362 directs OHA to examine and monitor the competitiveness of the health care market, and approve or deny mergers, acquisitions, and affiliations among hospitals, insurers, and provider organizations. The measure allows OHA to approve or deny a material change transaction of entities that had \$25 million or more in net patient revenue in the preceding three fiscal years or before transaction, or will result in one entity having an increase in net patient revenue of \$10 million or more.
- House Bill 2441 extends the sunset, from January 1, 2022 to January 1, 2028, on the University Venture Development Fund (UVDF) tax credit. UVDFs generate capital investments to fund grants that promote proof-of-concept funding of research that may prove to be viable commercial products, and to offer entrepreneurial and research opportunities to students. The purpose of the tax credit is to incentivize contributions to UVDFs by allowing individuals or corporations to claim up to 60% of the amount contributed as a tax credit (credit amount may not exceed \$600,000). Ultimately HB 2441 did not pass, but the content of the bill was included in HB 2433 (tax credit omnibus bill).
- House Bill 2525 provides that limitations on claims for personal injury and death under Oregon Tort Claims Act do not apply to claims against OHSU. The bill did not receive a public hearing.

- House Bill 2619 establishes licensure for individuals to practice genetic counseling. The bill defines "genetic counseling" and clarifies the scope and practice of licensed genetic counselors. It also authorizes the OHA's Health Licensing Office to specify the necessary qualifications and to issue, renew, suspend, or revoke licenses to practice genetic counseling. HB 2619 also includes a requirement that counseling be culturally and linguistically appropriate.
- House Bill 3379 prohibits the remanufacture, retrofit, sale, resale, contracting to sell or resell, and leasing of crib bumper pads. Padded crib bumpers are pillowlike apparatuses that attach to the inside perimeter of a baby's crib, ostensibly to prevent the baby's arms or legs from becoming stuck between the slats. Currently, crib bumper pads are not regulated by the federal government or any regulatory authority in Oregon. The American Academy of Pediatrics has long advocated against the use of crib bumper pads by parents and caregivers due to the risk of suffocation.

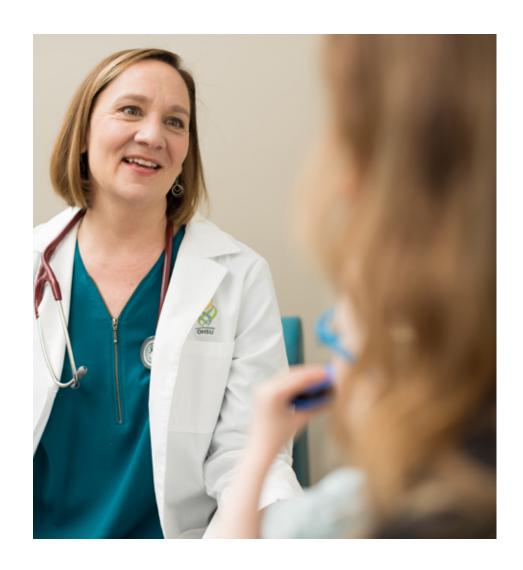


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Budget

HB 5019 | 🔼



Office of the Long-Term Care Ombudsman

House Bill 5019 is the budget bill for the Office of the Long-Term Care Ombudsman. This budget includes an increase of \$1.6 million General Fund and six positions to expand statewide access to public guardian and conservator services. With these additional resources, the number of vulnerable Oregonians served by a public guardian will more than double (from 85 to more than 170).

Effective date: July 1, 2021

HB 5023 | 🔼



Oregon Business Development Department agency budget

SB 5023 is the budget bill for OBDD, which is the state agency that implements Oregon's economic development strategy and administers programs that aid businesses and communities. The OBDD budget includes current service level funding for the Oregon Innovation Council, which provides programming and budget oversight for the Signature Research Centers (SRCs).

The SRCs work directly with Oregon's research universities in partnerships designed to commercialize the research and development being created on campuses. Of particular importance to OHSU, given its bioscience focus, is Oregon Translational Research and Development Institute (OTRADI), whose mission is to translate scientific research developed in Oregon's research laboratories into commercial ventures.

Effective date: July 1, 2021



HB 5024



Oregon Health Authority agency budget

House Bill 5024 makes a general fund appropriation to OHA for its biennial expenses.

The Legislature allocated OHA \$3,628,672,665 General Fund, \$18,642,083 Lottery Funds, \$9,089,357,110 Other Funds expenditure limitation, \$16,900,316,449 Federal Funds expenditure limitation, \$40,000,000 Other Funds Non-limited, and \$102,729,051Federal Funds Non-limited for a total funds budget of \$29,779,717,358 and 4,658 positions (4,625.63FTE). The budget represents an increase of 47.1% General Fund and a total funds increase of 16.2%, compared to the 2019-21 legislatively approved budget as of June 2021, reflecting OHA's growing medical assistance caseload, as well as investments in promoting health equity, providing behavioral health services, and modernizing Oregon's public health system. OHA recently adopted a 10-year goal to eliminate health disparities in Oregon by 2031-33, and this budget makes investments towards meeting that goal. The budget funds the significant OHP caseload increase without reducing benefits, member eligibility or payments to providers. The budget uses various Other Funds revenues to replace General Fund and incorporates savings resulting from program changes.

OHA is funded with a mix of General Fund, Lottery Funds, Other Funds, and Federal Funds revenues. Most of the General Fund in OHA's budget is used as a match for the state's Medicaid programs and to provide Non-Medicaid behavioral health services. Lottery Funds finance gambling addiction prevention and treatment services, as well as behavioral health services for veterans. Other Funds revenue comes from various sources, including Medicaid provider assessments, tobacco taxes, Tobacco Master Settlement Agreement funding, recreational marijuana taxes, beer and wine taxes, licensing fees, grants, estate collections, health care premiums, third party recoveries, pharmaceutical rebates, and charges for services. In addition to Medicaid, Federal Funds support a variety of grant programs across the Department.

Ballot measures significantly increased Other Funds revenues available to OHA in 2021-23. Ballot Measure 108 increased the Cigarette, Vaping, and Tobacco Product taxes, bringing in an additional net \$414.0 million for Medicaid (of which \$102 million was carried over from 2019-21) and an additional \$49.6 million for tobacco cessation and prevention (of which \$10 million was carried over from 2019-21). Ballot Measure 110 decriminalized most drug offenses and diverted marijuana tax revenues from their prior statutory purposes, including amounts currently dedicated to fund behavioral health and addiction and substance use treatment by OHA, to begin a new service model to connect substance users

with treatment and recovery services. The measure resulted in an additional \$302.2 million for the new behavioral health resource networks in 2021–23 (of which \$52.8 million was carried over from 2019-21). The measure resulted in a \$70.2 million loss in Other Funds to OHA's existing behavioral health services, which was backfilled with General Fund. Additional Other Funds revenue changes include an increase in the Type A and B rural hospital provider assessment from 5.5% to 6.0%, generating \$23.0 million Other Funds and saving \$16.8 million General Fund and an increase in the forecast for Insurer taxes by \$82.0 million, leading to General Fund savings of \$74.0 million.

OHA's 2021-23 budget includes an additional \$240.0 million Federal Funds revenue associated with an enhanced federal match rate associated with the US Department of Health and Human Service's COVID-19 public health emergency declaration. Based on guidance from the federal government, the 2021-23 budget assumes an additional 6.2% rate per quarter will be in place through March of 2022, generating approximately \$80 million per quarter in General Fund savings for the Medicaid program. While Oregon's federal reimbursement Medicaid rate is temporarily enhanced, due to the COVID-19 public health emergency, the baseline reimbursement rate declined slightly due to the final step down in the statutory rate for the Affordable Care Act population and Oregon's strong relative economic performance compared to the nation as a whole.

OHA's 2021-23 budget relies on significant new federal grant revenues related to legislation passed in response to the COVID-19 pandemic. This includes investments of \$65 million in American Rescue Plan Act State Fiscal Relief Funds in behavioral health system investments for regional development and innovation, \$32.4 million in enhanced Mental Health Block Grant and Substance Abuse Block Grant funding, \$33.9 million in Centers for Disease Prevention and Control grants for enhancing health equity in the state's COVID-19 response, and \$56.8 million for a CDC Epidemiology and Lab Capacity grant to pay for ongoing COVID-19 pandemic response for contact tracing, testing, laboratory work, and data reporting.

Unless state general fund revenues continue to soar, we expect the 2023-25 OHA budget to be extremely challenging. With a large portion of the 47% increase in this budget coming from one-time resources, like the increase in federal matching funds for Medicaid and the federal coronavirus relief funds, Oregon will face a significant funding deficit when these funds are no longer available in the coming biennium. This will put pressure on Oregon's traditional health care revenue mechanisms and providers themselves to make up the difference.

Unprecedented behavioral health investment

The legislature added \$131,569,665 General Fund, \$367,195,327 Other Funds expenditure limitation, \$132,550,359 Federal Funds expenditure limitation and 42 positions for the following significant investments in Oregon's community-based behavioral health and substance abuse treatment systems:

Regional Development and Innovation: The budget includes \$65 million in one-time funds available under the American Rescue Plan Act and \$65 million General Fund for capital, startup, and operational costs related to increasing statewide capacity of licensed residential facilities and housing serving people with behavioral health conditions. The funding will only be provided when projects are identified and OHA demonstrates in a report to the Joint Ways and Means Subcommittee on Human Services by March 1, 2022 the additional residential and housing capacity that will be created. OHA will award planning grants and issue a Request for Proposals by December 31, 2021 and a recommendation for how to invest available funds for increasing culturally and linguistically appropriate residential treatment and housing capacity to the legislature by March 1, 2022.

Transformation and System Alignment: \$1 million General Fund and two positions (2.00 FTE) for contract planning efforts to transform Oregon's behavioral health system. In addition to the \$1 million General Fund for OHA for this effort, HB 5024 creates a \$49 million Special Purpose Appropriation to the Emergency Board to be allocated to OHA to transform Oregon's behavioral health system into one that aligns outcomes, roles, responsibilities, risk and incentives. To further address this issue, the Legislative Policy and Research Office will convene a workgroup to address health inequities. The workgroup will make recommendations to equitably distribute non-Medicaid funding for behavioral health services to align contract provisions with the goals of preventing hospitalizations, criminalization and homelessness, while also eliminating health inequities. OHA will contract with a third-party evaluator to evaluate current behavioral health programs with respect to budget, staffing, data and metrics analysis and tracking, and contracts. The evaluator shall submit a road map to increasing financial transparency, accountability and ongoing reporting on Oregon's behavioral health needs and outcomes. As part of this work, County Financial Assistance Agreements should align with CCO contracts by addressing roles and responsibilities, and ensuring Oregon is maximizing federal funding. The contract shall also recommend risk alignment addressing liability concerns,

administrative support, and oversight required of community mental health programs in monitoring treatment services, safety and compliance, and abuse and neglect investigations, as well as overseeing corrective plans, site reviews, crisis services, civil commitment process, and discharge transitions. OHA may request funding to operationalize these recommendations.

Ballot Measure 110 Implementation: \$302,193,109 Other Funds expenditure limitation and 12 positions (12.00 FTE) for expenditures from the Drug Treatment and Recovery Services Fund. Funding will be used to continue a call center to address people seeking substance use disorder treatment, to establish behavioral health resource network statewide in order to provide a full array of substance use disorder treatment services and to provide grants to community-based services such as peer support organizations, housing providers, and other wraparound services.

Certified Community Behavioral Health Centers: \$24,873,949 General Fund, \$96,520,781 Federal Funds expenditure limitation and six positions (5.00 FTE) to continue Oregon's CCBHC demonstration project to improve quality and access to behavioral health services. CCBHCs receive enhanced Medicaid reimbursements for providing a defined array of comprehensive services for adults and children with complex behavioral health needs. Oregon's CCBHC model has been funded through reimbursement agreements. This funding continues an investment made in the 2019-21 biennium by the January 2021 Emergency Board; prior to that CCBHCs were funded using a reimbursement agreement with county mental health programs after projected savings to operate the program failed to materialize. Enhanced federal funding for the program was recently extended in December 2020 by a federal COVID-19 relief package. The Subcommittee approved the following budget note related to CCBHCs: The OHA is required to report on the effectiveness of CCBHCs to the legislature.

Aid and Assist-Community Services: \$18,652,326 General Fund and \$2,336,352 Federal Funds expenditure limitation for counties to provide community-based restoration services for individuals unable to aid and assist in their own defense at trial (Aid and Assist patients). This funding continues a \$2.25 million General Fund investment made by the legislature during 2019-21. The goal of funding community-based restoration services is to serve individuals at the least restrictive, lowest level of care wherever possible in order to avoid more costly care in more restrictive settings such as the Oregon State Hospital. OHA will report to the Department of Administrative Services Chief Financial Office and Legislative Fiscal Office on February 1, 2022 and February 1, 2023 on the number of Aid and Assist clients served at the Oregon State Hospital and through community restoration, amount of funding awarded to communities and providers, and actual expenditures by community mental health program or direct contracts from the funding available in the agency's budget for community restoration services, case rate payments, and housing and wraparound services. The reported dollar amounts shall be detailed according to specific service. For amounts expended or obligated on housing and rental assistance, the report shall identify the number of individuals placed in housing as a result of the investments.

Aid and Assist - Evaluation Services: \$500,000 General Fund for OHA to contract with Program Design and Evaluation Services to conduct a root-cause analysis of the increase in the Aid and Assist population in Oregon to help guide program design and potential additional policy changes or investments to address the crisis.

Intensive Services Unit: \$1,818,390 General Fund, \$2,218 Other Funds expenditure limitation, \$297,787 Federal Funds expenditure limitation and 10 positions (10.00 FTE) to provide oversight and coordination of community-based services of individuals under Aid and Assist orders from a court. This continues an investment the legislature made in the 2019-21 biennium to address the Aid and Assist crisis.

Psychiatric Residential Treatment Services Capacity: \$7.5 million General Fund to add an additional 47 new PRTS beds in 2021-23 to address a capacity shortage in this service. The beds would serve approximately 200 children with complex behavioral health needs per year with an average length of stay of 10-12 weeks.

Young Adults in Transition: \$9.2 million General Fund to add four 5-bed Residential Treatment Homes and one 10-bed Secure Residential Treatment Facility to serve Oregon's young adult population (17 to 25) transitioning between the children's system of care and the adult system of care. The funding will also expand provider reimbursement for these services.

Tribal-Based Practices: \$500,000 General Fund and \$1 million Federal Funds expenditure limitation to reimburse the newly created Tribal Traditional Health Worker providers for tribal-based behavioral health practices

Mental Health Block Grants: \$32,395,439 Federal Funds expenditure limitation to account for increases in federal Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant revenues passed as part of the American Rescue Plan Act.

OHA Operations: \$2.5 million General Fund and 12 positions (12.00 FTE) to provide staffing and contractual support for the Health Systems Division to support the behavioral health investments made in this package.

Effective date: July 1, 2021

HB 5528 | 🔼

Higher Education Coordinating Commission agency budget

House Bill 5528 is the budget bill for the HECC, and includes OHSU's general fund appropriation. OHSU receives a general fund appropriation from the legislature, which includes funding for the Schools of Medicine, Dentistry, and Nursing, the Office of Rural Health and Area Health Education Centers (AHEC), the Child Development and Rehabilitation Center, and the Oregon Poison Center. The Governor's budget flat funded OHSU's general fund appropriation, which equates to an approximately \$3.3 million cut. The state government relations team worked to restore that cut and get approval for current service level funding for OHSU for the 2021-23 biennium.

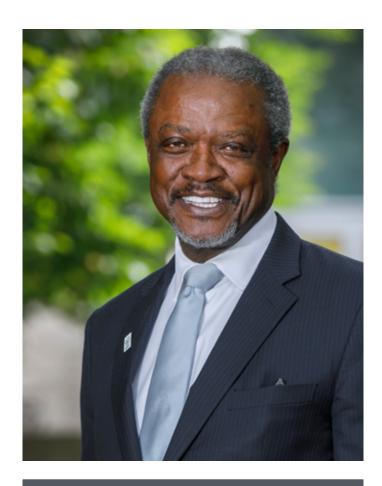
In April 2021, Dr. Danny Jacobs gave a presentation on OHSU's budget request to the Joint Ways and Means Subcommittee on Education. Dr. Jacobs discussed OHSU's critical partnership with the state of Oregon, the impact of COVID-19 on the institution, the statewide reach of our various programs, our continued efforts to support rural and underserved communities across Oregon, and our commitment to diversity and inclusivity in health care. OHSU patients, students, community partners and labor partners weighed in with written testimony in support of OHSU's budget request, affirming the institution's impact on the lives of Oregonians and value to the state.

OHSU was successful in securing a current service level increase of \$3.3 million for the 2021-23 biennium. Additionally, the legislature made a one-time appropriation of \$2 million to the Children's Integrated Health Database at OHSU's Center for Evidence-Based Policy.

The state's current service level investment in OHSU will allow the institution to continue offering high-quality medical training to Oregon's future health care providers.

HB 5528 also allocated state resources to the other seven public universities. The Public University Support Fund will increase by \$63 million above the 2021-23 budget for a total of \$900 million, which was the full amount they requested.

Effective date: July 1, 2021



Operating Funds

OHSU's General Fund Appropriation

\$82.48 million

Education and other programs

\$68.5 million

Child Development and Rehabilitation Center

\$9 million

Oregon Poison Center

\$2.8 million

Center for Evidence-Based Policy, Children's Integrated Health Database

\$2 million



Policy

Benefits and labor

SB 111 | 🔼

PERS modifications

Senate Bill 111 contains several fixes to address the implementation of SB 1049 (2019) and amends the definition of "salary." As a result of the pandemic and the broad scale shift to telework across state agencies, it was brought to the attention of PERS administration that a technical feature of OPSRP statute could have unintended consequences for PERS OPSRP members who are residents of neighboring or other states and began working from home due to the COVID-19 pandemic. Salary earned by these individuals while working from home is not subject to Oregon income tax and, therefore, not considered subject salary for PERS benefit calculation purposes.

To allow the system to continue operating as intended, PERS introduced Senate Bill 111, which changes the definition of salary for OPSRP members to allow employees whose income would be subject to Oregon income tax if they were an Oregon resident to have that salary considered subject salary for PERS purposes. OHSU worked with PERS to include in SB 111 a technical fix that backdates this change to payment to OHSU employees who lived and worked out of state between August 29, 2003, and January 1, 2020.

Effective date: January 1, 2022

SB 112 | 🔼

Common law PERS employees

Senate Bill 112 aligns the definitions of "employee" and "eligible employee" for the purposes of PERS eligibility with the definition of "employee" under the Federal Insurance Contributions Act. That definition includes any individual who, under the usual common law rules, has the status of an employee. An individual is considered a common law employee if the individual works under the direction and control of an employer.

Effective date: June 1, 2021

SB 169 | **L**

Non-competition agreement modifications

Senate Bill 169 reduces the maximum term for noncompetition agreements from 18 to 12 months, requires them to be in writing, rather than written, oral, express, or implied, and establishes that a nonconforming noncompetition agreement between an employer and employee in void and unenforceable, rather than voidable. The measure also adjusts the salary threshold by removing the statutory tie to a median family income for a four-person family as determined by the U.S. Census Bureau for the most recent year available, and instead making the salary threshold \$100,533, which is the current median family income for a four-person family, and specifying that the threshold is adjusted annually for inflation.

Effective date: January 1, 2022

SB 483

Retaliation and discrimination in workplace

Senate Bill 483 creates a rebuttable presumption that retaliation or discrimination has occurred if an employer bars or discharges an employee, or prospective employee, from employment or otherwise discriminates against that person within 60 days of their engagement in protected activities regarding workplace safety. Protected activities include: opposing any legally forbidden practice; making any related complaint or participating in a proceeding related to that complaint; or in good faith reporting an assault involving health care services. The employer can rebut the presumption that retaliation has occurred using a preponderance of the evidence standard. If a specified action is taken beyond the 60-day window, that action does not create a presumption in favor of or against a finding that a violation has occurred.

Effective date: June 15, 2021

SB 488 | 🔼

Workers' compensation presumption for COVID-19

House Bill 3025 makes exposure to, or infection by, SARS-CoV-2 an occupational disease that is presumed to be compensable under workers' compensation if a worker is an essential worker and under other specified conditions.

SB 716 | 🔼

Consideration of child care in work scheduling

Senate Bill 716 amends Oregon's predictive scheduling laws to explicitly include child care needs under the work schedule limitations or changes that an employee may request of a large retail, food service, or hospitality employer.

Effective date: June 3, 2021

SB 780

Limits liability to health care entities during COVID-19 emergency

Senate Bill 780 prohibits some legal actions against health care organizations and health care providers during the COVID-19 state of emergency. Health care providers must have been providing care in compliance with the COVID-19 emergency rule in effect at the time of the act or omission. Liability protections do not extend to gross negligence, reckless, wanton, or intentional misconduct, false claims, fraud, deceptive acts or practices, delays or cancellations of elective or non-urgent procedures that create an irreversible risk of harm, and do not exclude claims for discrimination or retaliation.

The measure also includes additional whistleblower protections. SB 780 makes it an unlawful employment practice for a hospital or health maintenance organization (HMO) to discharge, demote, suspend, discriminate, or retaliate against an employee who reports to a direct supervisor, or person in authority to take corrective action, what the employee reasonably believes is a violation of the standard of care by a hospital, HMO or health care provider at the hospital during the COVID-19 emergency period. The employee is required to have sufficient qualifications to evaluate the standard of care during the COVID-19 emergency period in order to have protection for reporting. SB 780 also makes it an unlawful employment practice to retaliate for testifying or participating in proceeding involving claim for injuries related to health care during the COVID-19 emergency.

HB 2420 | 🔼

Protections for reporting unlawful practices in workplace

House Bill 2420 extends the timeline to file a complaint with Bureau of Labor and Industries alleging retaliation or discrimination for reporting an unlawful practice or exercising rights relating to safety and health in the workplace from 90 days to one year.

Effective Date: January 1, 2022

HB 2474 | 🔼

Expanded eligibility of Oregon Family Leave Act

House Bill 2474 modifies the Oregon Family Leave Act to protect leave for employees of a covered employer during a public health emergency who have been employed at least 30 days and worked at least 25 hours per week in the 30 days leading up to the leave. The bill provides leave protections for employees who separate and are re-employed within 180 days or who would otherwise lose protection because of a temporary cessation of scheduled hours, and allows for restoration of time worked after separation and re-employment. The bill allows employers to request verification of child care need.

Effective Date: January 1, 2022

HB 3025



Workers' compensation presumption for COVID-19

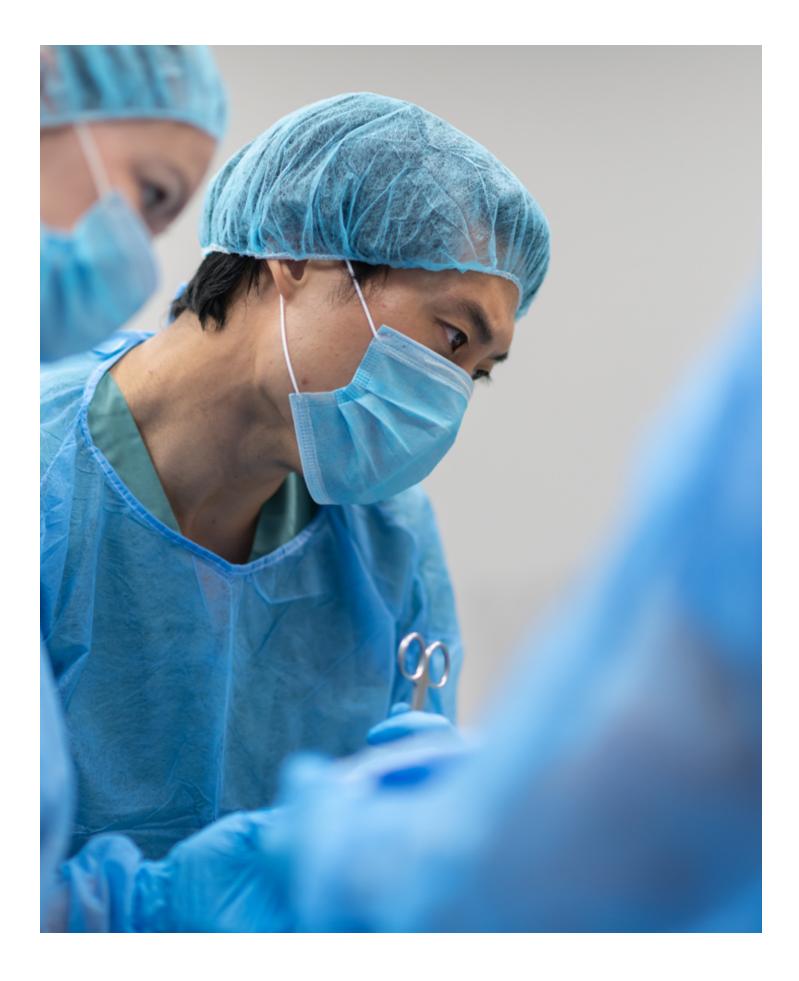
House Bill 3025 makes exposure to, or infection by, SARS-CoV-2 an occupational disease that is presumed to be compensable under workers' compensation if a worker is an essential worker and under other specified conditions.

HB 3255 | 🔼



Public service loan forgiveness program

House Bill 3255 requires education employers to provide their employees information, materials and assistance that increases awareness of, and participation in, federal public service loan forgiveness programs. The bill also requires employers to direct employees to become familiar with, and assist other employees with, determining eligibility, applying for, and participating in the program.



Campus planning and facilities

SB 576 | 🔼

Apprentice utilization requirements

Senate Bill 576 lowers the estimated contract price at which apprentice utilization requirements apply to public improvement contracts with state contracting agencies from \$1 million to \$200,000. The bill also raises the percentage of work hours that apprentices must perform from 12% to 15%. SB 576 requires subcontractors on public improvement contracts to make good-faith efforts to encourage minority individuals, women, economically disadvantaged individuals, socially disadvantaged individuals, and service-disabled veterans to become apprentices with subcontractor. The bill specifies actions that constitute good-faith efforts and requires bidder or proposer for public improvement contract to demonstrate to a state contracting agency that the bidder or proposer is training agent for apprentices in apprenticeable occupations.

SB 577

Apprentice utilization requirements

Senate Bill 577 specifies the contract price at which apprentice utilization requirements apply to qualified contracts with institutions of higher education and school districts. The bill requires contractors and subcontractors to employ apprentices on qualified contracts for 15% of work hours that workers in apprenticeable occupations perform in order to provide workers with health insurance and retirement benefits and to make good-faith efforts to encourage minority individuals, women, economically disadvantaged individuals, socially disadvantaged individuals, and service-disabled veterans to become apprentices with contractors.

HB 2180 | 🔼

Electrical service capacity for parking spaces

House Bill 2180 requires the Director of Department of Consumer and Business Services (DCBS) to amend state building codes to require that at least 20% of parking spaces in certain buildings include electrical vehicle charging infrastructure. The bill authorizes municipalities to require that each newly constricted building include provisions for electrical service capacity to accommodate more than 20% of vehicle parking spaces in the garage or parking area for the building.

Effective date: July 1, 2022

HB 2398 | 🔼



Reach Code added to state building code

House Bill 2398 requires that the Reach Code be updated every three years. It mandates that the DCBS Director must adopt, amend, and administer the Reach Code as part of the State Building Codes and to follow the same process in developing residential and commercial building codes. HB 2398 ensures that standards for energy efficiency in the statewide Reach Code mandate achievement of not more than 90% of site energy use that other statewide residential and commercial building codes require.

Effective date: October 31, 2021

HB 2891 📗 🔼

Emergency preparedness of health care facilities

House Bill 2891 requires health care facilities, providers, local public health authorities, public and private safety agencies to maintain capacity, including sufficient amounts of certain supplies, to continue in normal operation for 120 days during a public health crisis at 25% mortality rate.

HB 2918 | 🔼



Surplus real property inventory

House Bill 2918 requires local governments to submit a survey of surplus real property owned by the agency or district to the Department of Land Conservation and Development (DLCD) on January 1 of each even-numbered year. Additionally, DLCD is charged with developing and maintaining an online database, but is not responsible for verifying the accuracy of inventory uploaded by local governments. HB 2918 requires city councils to consider the potential of a given parcel for affordable housing development during the sale of city-owned real property.

Effective date: June 26, 2021

HB 3115



Persons experiencing homelessness on public property

House Bill 3115 requires local laws on outdoor public spaces to be objectively reasonable with regard to persons experiencing homelessness. The bill creates affirmative defense to alleged violation of local law that the law is not objectively reasonable and, in such a case, allows persons experiencing homelessness to file suit for relief to challenge the objective reasonableness of local laws.

Effective date: July 1, 2023

Equity

SB 70 | 🔼

Regional health equity coalitions

Senate Bill 70 directs OHA to work with regional health coalitions and groups utilizing the regional health equity coalition model to ensure service to priority populations throughout Oregon. Funding to implement this measure will be included in HB 5024, which is OHA's primary budget bill. This includes \$2.0 million total funds to establish two new positions to support regional health equity coalitions; fund four new coalitions; and increase funding for existing coalitions.

Effective date: June 22, 2021

SB 398 | 🔼

Creates crime of intimidation for display of a noose

Senate Bill 398 establishes the crime of intimidation by display of a noose. The bill clarifies that the crime is committed if a person, with the intent to intimidate another, knowingly places a noose on public or private property without consent and the display causes the other person to be reasonably intimidated or placed in fear of bodily harm. The Class A misdemeanor carries a punishment of up to 364 days' imprisonment, a \$6,250 fine, or both.

Effective date: January 1, 2022

SB 610 | 🔼

Mental health care provider incentives

Senate Bill 610 creates a psychology provider incentive program at OHA to provide financial incentives in the form of housing support and loan repayment subsidies to psychology doctoral students and licensed psychologists who complete courses that provide cultural competency training.

SB 640 | 🔼

Indian health scholarship program

Senate Bill 640 establishes the Indian Health Scholarship Program, administered by OHSU, to provide free tuition and fees to Indian health profession students in exchange for a commitment to work at a tribal service site after graduation.

SB 713

Ban the box for higher education

Senate Bill 713 prohibits institutions of higher education from requiring prospective students to disclose prior criminal convictions before institutions make admissions decisions. The bill requires institutions to notify prospective students on any courses, apprenticeships, programs, majors, or degree pathways that are likely to lead to professional licensure requirements that exclude individuals with criminal convictions, and notify applicants upon denial of application due to criminal background and allow applicants to appeal the decision. SB 713 exempts applications to direct-entry academic programs and programs where individuals with criminal backgrounds are likely to encounter barriers to licensure or practicum placements.

Effective date: June 15, 2021

HB 2086 │ **△**

Culturally specific services for individuals with behavioral health disorders

House Bill 2086 codifies recommendations of the Governor's Behavioral Health Advisory Council. The measure's key provisions require OHA to increase reimbursement rates for co-occurring disorder treatment, provide start-up funding for treatment programs that provide integrated co-occurring disorder treatment, establish programs ensuring access to culturally specific and responsive services, continually evaluate opportunities to reduce the burden of documentation requirements for providers seeking certificates of approval, study and report on Medicaid rates paid for behavioral health services, adopt rules requiring CCOs to provide housing navigation services and address social determinates of health, collect data from providers who offer intensive behavioral health treatment services, report on the demand and capacity of intensive behavioral health treatment for children, and support a new Behavioral Health Committee established by the Oregon Health Policy Board charged with developing quality metrics and incentives to improve behavioral health services.

The bill appropriates \$10.6 million General Fund to OHA for purposes of the bill. Of this amount, \$10.2 million is dedicated to increase reimbursement rates for co-occurring disorder treatment and to provide start-up funding for treatment programs providing integrated co-occurring disorder treatment. The remaining \$400,000 will go to OHA to collect data from providers who offer intensive behavioral health treatment service.

Effective date: June 26, 2021

HB 2168 | **L**



Declares Juneteenth an official state holiday

House Bill 2168 formally establishes Juneteenth as a state holiday that occurs on June 19, and emphasizes the cultural significance of June 19, 1865.

Effective date: September 25, 2021

HB 2359 | 🔼



Health care interpreters

House Bill 2359 requires health care providers to work with health care interpreters from a health care interpreter registry administered by OHA to ensure patients are served in languages other than English. OHA must adopt rules to ensure CCOs and other health care providers work with a certified or qualified HCI when interpretation is needed for patients covered under the state's medical assistance programs, and that reimbursement for these services occurs.

Under HB 2359, OHA must provide affordable (or no cost) health care interpreter training and continuing education in accordance with standards adopted by the Oregon Council on Health Care Interpreters, maintain a record of all health care interpreters who have completed an approved training program, and establish and maintain a registry for all qualified or certified health care interpreters with a process for interpreters to update their information each biennium. The bill requires OHA to study the best model for an online platform for patients and health care providers to contract with health care interpreters and how to finance the platform, no later than July 1, 2022.

Effective date: June 22, 2021

HB 2412



HB 5006 │ **△**



Grants for college access programs — Build Exito

House Bill 2412 appropriates \$5 million in general funds to the HECC to issue grants to five college access organizations — Access to Student Assistance Programs in Reach of Everyone (ASPIRE), College Possible, Advancement Via Individual Determination (AVID), BUILD EXITO at Portland State University, and Oregon TRIO. While HB 2412 did not pass, the appropriation requested within the bill was included in an omnibus budget bill, HB 5006.

Effective date: July 1, 2021

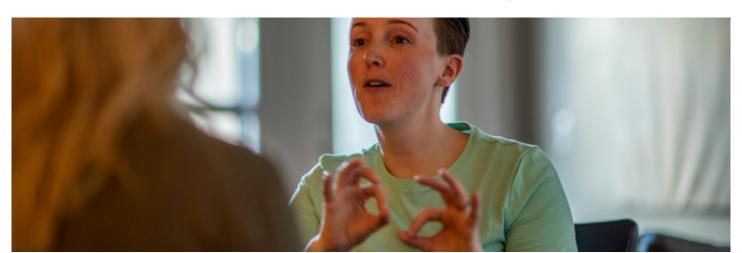
HB 2590 | 🔼



Task Force on Student Success for **Underrepresented Students**

House Bill 2590 establishes an eight-member Task Force on Student Success for Underrepresented Students in Higher Education charged with visiting public post-secondary institutions of education in Oregon to consult with students, faculty, and staff from populations that are underrepresented in student bodies as compared to Oregon's population. This includes students who are underrepresented, diverse, from rural communities, from low-income families, experience disabilities, identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary, or identify with another gender identity or sexual orientation, undocumented, or have been in foster care. The task force is charged with developing policy proposals that increase the likelihood of academic success for underrepresented students. HB 2590 allows the task force to create subcommittees and submit proposals to interim legislative committees.

Effective date: June 23, 2021



HB 2949 | 🔼



Recruitment and retention of mental health care workforce

House Bill 2949 establishes incentive programs funded by the American Rescue Plan Act to increase the capacity and diversity of Oregon's behavioral health workforce. The bill provides \$80 million Other Funds expenditure limitation to OHA for two new behavioral health programs established by the measure.

\$60 million for incentives that increase the number of providers with specific credentials who are people of color, tribal members, or residents of rural communities who can provide culturally responsive behavioral health services. Funding for these incentives is appropriated to a newly created Behavioral Health Incentive Subaccount.

\$20 million for a grant program that enables behavioral health professionals to provide supervised clinical experience to associates in order for them to obtain a license to practice in their fields. OHA is directed to distribute \$7 million to county mental health programs, \$7 million to private practitioners, and \$6 million as necessary to carry out the purposes of the bill including administrative and operational costs

OHA is required to work with HECC in considering these workforce investments and also ensure the new incentives and grants align with other state investments intended to improve behavioral health outcomes.

Effective date: July 1, 2021

HB 2337 | 🔼



HR 6



Declares racism a public health crisis

House Bill 2337 declares racism a public health crisis, and requires OHA study the collection of data with respect to race, ethnicity, preferred spoken and written languages, and disability status. HB 2337 appropriates \$2 million in general funds and establishes grants to operate two mobile health units for underserved communities as a pilot program and to study the feasibility of statewide expansion. The bill also requires OHA to develop recommendations for how to fund culturally and linguistically specific intervention programs across all relevant state agencies.

The House of Representatives passed House Resolution 6 which resolves that the legislative assembly declares racism as a public health crisis in this state.

HB 3159 | 🔼



Equity data collection

House Bill 3159 requires a health insurer, licensed, certified, or registered health care provider, and CCO to collect and report data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity to OHA. OHA is required to establish reporting standards, including securely transmitting required data, timelines for collection and submission of data, criteria to seek an extension or exemption from the reporting requirements, and establish a system for collected data that includes a registry to receive and store reported data. The bill allows providers, insurers, and CCOs to collect data electronically or via paper format. HB 3159 specifies that collection of data is optional and all collected data is confidential and not subject to public disclosure. OHA is directed to develop and administer a grant program to support community health organizations and community-based groups to support safe data collection.

Under HB 3159, OHA is appropriated \$9.8 million General Fund, \$5.6 million Other Funds, and \$2.8 million Federal Funds. Most of the costs are related to 43 new OHA positions that will ensure that data collection, storage, and reporting requirements are met; work with health care providers and insurers on data collection; develop communications and training for stakeholders and staff; perform compliance monitoring; and support IT components related to this measure.

groups of adults to cover under this program will be based on recommendations from a workgroup that consists of individuals with experience in conducting outreach to certain populations.

Health care

SB 2 | 🔼

Prior authorization for proton beam therapy for prostate cancer

Senate Bill 2 prohibits health insurers from imposing overly restrictive prior authorization, or any other utilization review requirements, on coverage of proton beam therapy for prostate cancer. The bill is a continuation of Senate Bill 740 (2019), which required health insurers to provide coverage of proton beam therapy to the same extent as radiation therapy; however, SB 740 (2019) did not achieve the desired effect. SB 2 further clarifies that utilization reviews will allow insurers to evaluate the efficiency, appropriateness, and medical necessity of treatments, services, procedures, and facilities provided to patients on a case-by-case basis.

Effective date: January 1, 2022

SB 3 | 🔼

Insurance coverage of emergency medical service transports

Senate Bill 3 requires health benefit plans to cover emergency medical services transports. The bill defines "emergency medical services transports" as an emergency medical services provider's evaluation and stabilization of an individual experiencing a medical emergency, and transportation of the individual to the nearest medical facility capable of meeting their needs. SB 3 ensures that emergency medical services transports are included as a qualifying emergency service, therefore reducing barriers to EMS due to concerns about affordability.

Effective date: January 1, 2022

SB 12 | 🔼

Acquisition of pharmaceuticals from Mexico and Canada

Senate Bill 12 requires the OHA to study the possibilities for public employees to obtain pharmaceuticals from Mexico and Canada, including importation and health insurance coverage for travel between the United States and Mexico or Canada. SB 12 requires OHA to report to the Legislature by September 15, 2022.

SB 39 | 🔼

Oregon State Board of Nursing changes

Senate Bill 39 makes several updates to the Oregon Nurse Practice Act. The bill amends the definition of "practice of nursing" to better reflect the evolving role of nurses by adding services recognized by the Oregon State Board of Nursing and requiring additional education and training; addresses confusion regarding the expiration time for renewal of nursing licenses, modifies nurses' authority to prescribe; and, clarifies which controlled substances authorized nurses may prescribe.

Effective date: September 25, 2021

SB 99 | 🔼

Inspections of medical imaging and x-ray machines

Senate Bill 99 makes changes to the Oregon Board of Medical Imaging (OBMI) to allow designees to perform inspections related to medical imaging and X-ray machine operators. Currently, the section manager of the OHA Radiation Protection Services Section is the sole person authorized to conduct inspections related to OBMI's oversight of medical imaging and X-ray machines.

Effective date: September 25, 2021

×, SB 143 HB 2433 | 🔼

Rural medical care tax credit

Senate Bill 143 extends the sunset for the Rural Practitioner Tax Credit to 2028. Created in 1989, the Rural Practitioner Tax Credit can be claimed by certified registered nurse anesthetists, dentists, doctors, nurse practitioners, optometrists, physician assistants, and podiatrists who are licensed in Oregon and members of the medical staff of eligible rural hospitals. To receive the credit, a provider must work a minimum of 20 hours per week, averaged over a month, in a qualifying rural area. Ultimately HB 2441 did not pass, but the content of the bill was included in HB 2433 (tax credit omnibus bill).

SB 168

Insurance coverage of reproductive health services

Senate Bill 168 requires health benefit plans to cover fertility and reproductive endocrinology services. The bill applies to plans issued, renewed, or extended on or after January 1, 2022. SB 168 lessens the financial burden for women and families who would otherwise be unable to conceive.

SB 199 | 🔼

Advance directive form

Senate Bill 199 revises the Oregon Advance Directive form to provide increased content, options, and opportunity for direction in health care instructions. Additionally, SB 199 modifies the form to include a section on values and directions regarding quality of life, spiritual beliefs, life and values, place of care, and other information for health care representatives and providers. The bill requires the Advance Directive Advisory Committee to recommend changes to the Legislature.

Effective date: September 25, 2021

SB 219

Advance Directive Adoption Committee report

Senate Bill 219 requires the Advance Directive Adoption Committee to report to the Legislative Assembly committees relating to judiciary and to health with recommendations for the development, adoption, and administration of a statewide advance directive registry for collection and distribution of advance directives.

SB 438 | 🔼

Physician assistants' access to test results

Senate Bill 438 allows physician assistants to receive results of blood tests of inmates tested for communicable diseases under certain circumstances. Currently, only physicians and nurse practitioners are authorized to receive these lab results; SB 438 expands these providers to include physician assistants.

Effective date: January 1, 2022

SB 567 | 🔼

Crisis care guidance

Senate Bill 567 prohibits discrimination in health care based on a patient's race, color, national origin, sex, sexual orientation, gender identity, age, or disability. The bill prohibits licensed or certified health care providers, or individuals acting on behalf of a provider, from denying, limiting, or restricting patients from seeking and accessing medical services based on any of the above factors.

Effective date: June 24, 2021

SB 629 | 🔼

Telepharmacy services

Senate Bill 629 allows pharmacists to use telepharmacy to deliver pharmacy services to patients from remote locations. These services can include remote supervision of technicians dispensing prescription drugs, patient counseling, and medication therapy management. SB 629 also allows the State Board of Pharmacy to adopt rules on supervision of pharmacy technicians and types of allowable telepharmacy services.

Effective date: September 25, 2021

SB 699 | 🔼

Prohibition of pre-existing condition exclusion

Senate Bill 699 prohibits health plans introduced prior to the passage of the federal Affordable Care Act (ACA) in March of 2010 from imposing pre-existing condition exclusions. The bill addresses the issue of any existing grandfathered health plans that still do not cover preexisting conditions, despite the changes made by the ACA.

Effective date: September 25, 2021

SB 781

Provisions for providing test results to patients

Senate Bill 781 expedites patient access to results of clinical lab tests. The bill requires clinical laboratories to provide test results without unreasonable delay to patients or patients' authorized representatives. SB 781 clarifies that authorized representatives of patients should have access to test results unless a physician, dentist, or other person requesting the laboratory test has a reasonable belief that an exception to information blocking applies.

Effective date: January 1, 2022

SB 844 | 🔼

Prescription drug affordability board

Senate Bill 844 establishes a Prescription Drug Affordability Board and a Prescription Drug Affordability Stakeholder Council. The Board is required to review prescription drug prices and establish upper payment limits for drugs that are expected to create affordability challenges for health systems and patients, or create health inequities for communities of color. The bill requires the Board to prescribe a simple process for payers to opt out of the upper payment limit to allow payers to negotiate with manufacturers for the cost of the drug. SB 844 prohibits health care providers from billing for an amount that exceeds upper payment limits established by the Board. The Board is required to establish and assess fees against manufacturers of prescription drug products for costs of carrying out duties of the Board. The bill also allows anyone aggrieved by the Board to request a contested case hearing. SB 844 allows the Director of the Department of Consumer and Business Services (DCBS) to go to court to stop violations. The bill requires the Board to conduct an annual review of the generic drug market in the U.S. and report to the Legislature annually to present a review of price trends.

Effective date: January 1, 2022

SB 848 | 🔼

OHA Office of Pharmaceutical Purchasing

Senate Bill 848 establishes the Office of Pharmaceutical Purchasing in OHA to support collaborative purchasing of pharmaceuticals in an effort to reduce the cost of prescription drugs for residents. The office will coordinate statewide pharmaceutical purchasing agreements, administer the Oregon Prescription Drug Program, and establish and administer a multistate drug purchasing consortium. SB 848 authorizes OHA to require prior authorization for drugs that are not on the preferred drug list. Additionally, the bill requires OHA to provide a clear, readily accessible, and convenient process for a practitioner to request prior authorization for a prescription drug. OHA is also prohibited from requiring prior authorization for specified drug categories and is prescribed a time frame to respond to prior authorization requests. In collaboration with CCOs, OHA must evaluate what changes are needed to the drug purchasing process in order to improve the quality of care and reduce costs to the state. OHA is prohibited from requiring CCOs to adhere to a single or partially aligned preferred drug list.

SJR 12 | 🔼

Constitutional amendment of state obligation to ensure access to health care

Senate Joint Resolution 12 proposes an amendment to the Oregon Constitution establishing an obligation of the state to ensure that every resident has access to cost-effective, clinically appropriate, and affordable health care. SJR 12 requires the state to balance an obligation to ensure health care with other "fundamental rights" such as funding of public schools and other essential public services. The proposed amendment will be referred to the people for their approval or rejection at the next regular general election.

Effective date: Subject to a vote of the people

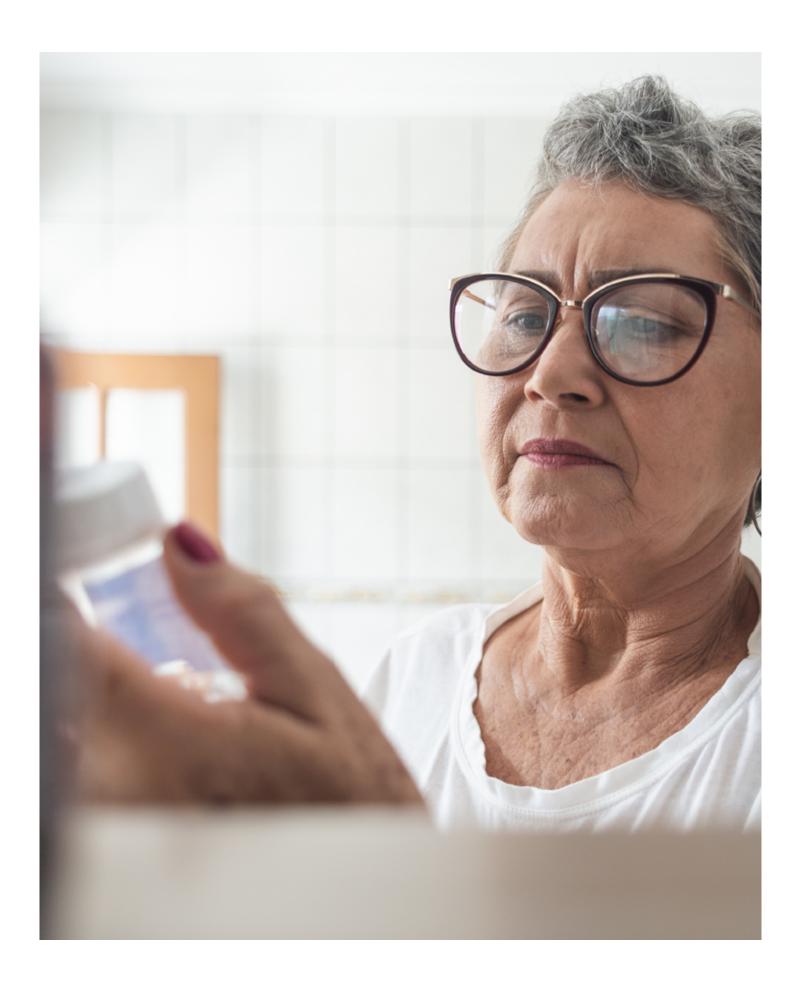
HB 2010 | 🔼



Public option of state-designed health plans

House Bill 2010 directs OHA to collaborate with DCBS to create an implementation plan for a public health plan to offer more affordable coverage to individuals, families, and small businesses by January 1, 2022. The bill directs OHA and DCBS to analyze: any potential federal waivers to increase affordability; the need for new coverage options; the potential impact of a public health plan on market stability; the impact of the American Rescue Plan Act of 2021 and how this and/or other federal changes may improve access and affordability; the role of a state-based technology platform; any adverse consequences based on design elements; any additional subsidies to help with affordability; and strategies developed by the Task Force on Universal Health Coverage. HB 2010 also directs OHA and DCBS to develop recommendations based on previous studies and any necessary contracts with experts.

Effective date: June 26, 2021



HB 2078 | 🔼



Repeal of electronic credentialing information program

House Bill 2078 repeals OHA's electronic credentialing information program, removes a requirement to review pain management curricula of educational institutions and modifies health professionals' pain management education requirements. HB 2078 also removes the requirement that OHA report to the Legislature annually on the Oregon Health Information Technology program. The bill aligns with federal law requirements about eligibility of temporary public employees to qualify for health benefit coverage. It also modifies the definition of temporary employee for purposes of determining Public Employees' Benefit Board (PEBB) benefit plan eligibility.

Effective date: January 1, 2022

HB 2315 | 🔼



Continuing education on assessing suicide risk

House Bill 2315 directs OHA to require certain licensees to complete two hours every two years or three hours every three years of continuing education related to suicide risk assessment, treatment, and management. The bill requires licensees to report completion of continuing education to OHA. HB 2315 also allows OHA to establish minimum requirements that licensee must meet to be exempt from the continuing education requirement.

Effective date: September 25, 2021



HB 2360 | 🔼

Opt-out of medical assistance application

House Bill 2360 prohibits a nonprofit hospital from requiring an individual to apply for Medicaid prior to being screened for financial assistance. The bill is meant to reduce barrier to care for underserved populations because certain communities, including those who are undocumented, may not seek care if they are required to apply for federal programs. The bill does not prevent a hospital from providing information or assisting patients in applying for medical assistance.

Effective date: May 26, 2021

HB 2362 | 🔼



Mergers and acquisitions

House Bill 2362 directs OHA to monitor the competitiveness of the health care market, and approve or deny mergers, acquisitions, and affiliations among hospitals, insurers, and provider organizations. The measure allows OHA to approve or deny a material change transaction of entities with \$25 million or more in net patient revenue in the preceding three fiscal years or before transaction, or will result in one entity having an increase in net patient revenue of \$10 million or more.

Long-term care facilities, residential care facilities, entities that collaborate on clinical trials or graduate medical education programs, medical service contracts, and affiliations among entities that do not affect corporate leadership, governance, or control, or are required to advance value-based payments are exempt.

OHA is required to develop criteria approved by the Oregon Health Policy Board for the consideration of requests by health care entities to engage in a material change transaction and procedures for the review of material change transactions. HB 2362 creates and specifies a review process for entities to submit a request for material change transaction, prohibits requesting entity from providing requested information if that information is deemed privileged or confidential, and exempts information from disclosure if disclosure causes harm to the public, violates existing public records law, or is not currently subject to disclosure. The bill specifies that a material change transaction involving health insurers must be submitted to DCBS before OHA conducts the review. Evaluation criteria consists of impacts on costs, access, health equity, health outcomes, and competition. OHA is also permitted to conduct examinations and investigations to enforce provisions of the measure. OHA is required to prescribe fees sufficient to carry out administration of review process. OHA and DCBS are authorized to impose civil penalties for violations of material change transaction review requirements. OHA is also required to commission a study of the impact of health care consolidation in the state every four years; the first study must be commissioned by September 15, 2026.

Effective date: September 25, 2021

HB 2464 | 🔼



Surgical technologists

House Bill 2464 allows a person employed by a health care facility to practice surgical technology if the person is enrolled in, or has completed, a specified apprenticeship program.

HB 2508 | 🔼



Telemedicine reimbursement

House Bill 2508 expands coverage of, and reimbursement for, telemedicine services. It requires OHA to reimburse health services delivered via telemedicine at the same rate and adopt rules to ensure that CCOs reimburse for telehealth services. HB 2508 requires regulated health insurers to ensure meaningful access to culturally and linguistically appropriate telemedicine services.

Effective date: June 1, 2021

HB 2517



Prior authorization

House Bill 2517 modifies utilization management protocols among insurers, providers, and enrollees, including the use of prior authorization and step therapy. The bill requires CCOs to report to OHA and DCBS on the number of requests for prior authorization received, initial denials and reasons for denial, reversed denials, and approved requests. HB 2517 modifies grievance and appeal dispute processes by requiring an independent review.

Effective date: January 1, 2022

HB 2528 | 🔼



Dental therapist licensure

House Bill 2528 creates dental therapy licensure in Oregon through the Oregon Board of Dentistry. The bill directs the Board to issue dental therapist licensure to qualified applicants and limits dental therapy licensure to graduates of dental pilot project education programs until January 1, 2025. The bill specifies elements of required collaborative agreement between dental therapist and supervising dentist, and specifies the scope of practice for dental therapists, and permitted supervision ratios for dentists to dental therapists and dental therapists to dental assistants. HB 2528 authorizes dental therapists to dispense and orally administer specified drugs. Dental therapists are required to dedicate at least 51% of their practice to patients who represent underserved populations or practice in dental health professional shortage areas.

Effective date: September 25, 2021

HB 2619 | 🔼



House Bill 2619 establishes licensure for individuals to practice genetic counseling. The bill defines "genetic counseling" and clarifies the scope and practice of licensed genetic counselors. It also authorizes the OHA's Health Licensing Office to specify the necessary qualifications and to issue, renew, suspend, or revoke licenses to practice genetic counseling. HB 2619 also includes a requirement that counseling be culturally and linguistically appropriate.

Effective date: January 1, 2022

HB 2622 | 🔼



Surgical smoke

House Bill 2622 requires hospitals and ambulatory surgical centers to use a smoke evacuation system during surgical procedures likely to generate smoke in order to safeguard against adverse health effects. The measure allows hospitals and ambulatory surgical centers to select any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety.

Effective date: January 1, 2023

HB 2623 | **L**



Cost-sharing on coverage of insulin

House Bill 2623 limits the amount of cost-sharing, or other out-ofpocket costs, that health benefit plans may impose on the coverage of insulin to no more than \$75 for each 30-day supply or \$225 for each 90-day supply. The bill requires that DCBS increase the outof-pocket cost maximum by the percentage increased in the cost of living for the previous calendar year. It also prohibits health benefit plans from subjecting insulin coverage to deductibles.

Effective date: January 1, 2022

HB 2627 | 🔼



Expanded practice dental hygienists use of interim therapeutic restorations

House Bill 2627 authorizes expanded practice dental hygienists to perform interim therapeutic restorations, implementing more broadly the innovative model of care from OHA Pilot Project 200 that proved effective in increasing dental care access and improving dental health outcomes for low-income, rurally located children. HB 2627 also requires that the Oregon Board of Dentistry utilize curriculum, training protocols, and learning outcomes through OHA's dental pilot program in adopting rules. It gives legacy rights to expanded practice dental hygienists who are currently practicing under a dental pilot project, so that they can continue to perform interim therapeutic restorations.

Effective date: September 25, 2021

HB 2977 | 🔼



Oregon Health Authority dental director

House Bill 2977 appropriates funds to OHA for its Dental Director position, which oversees OHA programs that increase access to oral health services, preventative oral health activities, and other initiatives that address oral health disparities. The Dental Director promotes oral health across the state, by making recommendations and issuing guidance to OHA and other appropriate state agencies, as well as by monitoring, studying, and appraising the oral health needs and resources of residents.

HB 2981 | 🔼



Palliative care services

House Bill 2981 requires OHA to administer a palliative care services program for Medicaid members enrolled in CCOs. The bill directs OHA to define eligibility requirements and provider qualifications for palliative care services in rule.

Effective date: January 1, 2022

HB 3016 | **4**

Hospital nurse staffing plans

House Bill 3016 modifies requirements for hospital nurse staffing plans during a national or state emergency declaration. The measure authorizes a hospital to deviate from its normal hospital nurse staffing plans upon declaration of a national or state emergency and requires hospitals to develop a contingency staffing plan that includes crisis standards of care, as well as report on nurse staffing needs. Hospitals that deviate from their nurse staffing plans are required to seek approval from the hospital nurse staffing committee if deviation is in effect for more than 90 days.

Effective date: January 1, 2022

HB 3036 | 🔼



Physician assistants' scope of practice

House Bill 3036 modifies physician assistants' scope of practice by replacing supervision requirements with standards for collaboration with health care providers. The bill specifies required elements of the collaboration agreement and removes current requirements for supervising physicians or physician organizations to receive Oregon Medical Board (OMB) approval to use the services of a physician assistant. The bill gives legacy rights to physician assistants who are currently working under a practice agreement or description until December 31, 2023.

Under HB 3036, physician assistants can dispense, or delegate dispensing of, schedule I or II prescription drugs without a supervising physician or physician organization; they are required to maintain records of dispensed prescriptions, adhere to labeling requirements, and are subject to OMB disciplinary authority. Additionally, physician assistants are allowed to dispense schedule II through IV prescription drugs without a supervising physician or physician organization if registered with OMB. A physician assistant's scope of practice is determined by practice location, community standards, education, training, and experience. Physician assistants from out-of-state are allowed to diagnose or treat an individual, if certain conditions are met. Hospitals are allowed to refuse privileges to physician assistants without a supervising physician.

Effective date: June 23, 2021

HB 3039 | 🔼



Convening to examine adoption of a statewide health information exchange

House Bill 3039 directs the Health Information Technology Oversight Council to convene groups of stakeholders and experts to explore how the state can coordinate and integrate the delivery of social services as well as health care using Electronic Health Record systems. The bill directs the groups to explore options for adoption, federal funding, financial incentives, access barriers, data reporting, and legislative changes for statewide coordination of social services and health care delivery. HB 3039 requires OHA to report to the Legislative Assembly by January 31, 2023.

HB 3057 | 🔼



Disclosure of patient information related to COVID-19

House Bill 3057 allows OHA to disclose certain protected health information (PHI) related to COVID-19 for public health purposes during the COVID-19 pandemic. The bill specifies that the PHI may only be disclosed if required for evaluation, treatment, or care coordination of individuals tested for, or exposed to, COVID-19. HB 3057 specifies the permitted recipients of PHI to include American Indian tribe or agencies, health care providers, organizations providing care coordination, or entities that administer or operate health information technology. The bill provides that any PHI that may lead to identification of an individual is confidential and exempt from disclosure. OHA's disclosure authority under HB 3057 sunsets on June 30, 2022.

Effective date: May 24, 2021

HB 3353 | 🔼



CCO global budget expenditures

House Bill 3353 requires CCOs, with federal approval, to increase spending on services and programs that advance health equity. The bill requires OHA to request approval from Centers for Medicare and Medicaid Services (CMS) to allow CCOs to spend 3% of their global budgets to address the needs of local communities.

HB 3353 specifies criteria for allowable expenditures, and requires expenditures be informed or directed by local organizations and approved by the community advisory council. Allowable expenditures under HB 3353 include funding programs or services that improve health equity or enhance provider payments. The bill also requires that CCOs spend at least 30% of specified funds on programs or efforts to address health inequities, and at least 20% to improve behavioral health. The measure requires OHA to create an oversight committee to evaluate allowable expenditures and to resolve disputes between OHA and CCOs regarding allowable expenditures. OHA is required to publicly report allowable expenditure data submitted to CMS.

Effective date: September 25, 2021

Higher education

SB 1 📗 🔼

Community college and public university mergers

Senate Bill 4 permits the merger of community colleges and public universities, and directs institutions to submit proposals for mergers to the HECC for approval.

SB 101

Education grants for members of the Oregon National Guard

Senate Bill 101 modifies eligibility requirements and grant amounts for tuition assistance for members of the Oregon National Guard. The measure allows HECC to adjust eligibility requirements and grant amounts based on the availability of funding to achieve more equitable distribution.

In 2018, the Legislative Assembly enacted House Bill 4035 to require HECC to provide full resident tuition assistance at qualifying in-state post-secondary institutions for eligible members of the Oregon National Guard enrolled in undergraduate programs. The measure took effect with the 2017-2019 biennium and has issued approximately \$1.1 million for tuition to 679 service members in the Oregon National Guard.

Effective date: January 1, 2022

SB 230

Doctoral degrees offered by regional public universities

Senate Bill 230 allows Western Oregon University, Southern Oregon University, and Eastern Oregon University to offer professional doctoral degrees and outlines requirements for these degree programs. Currently, Oregon law provides that these universities may grant bachelor's and master's degrees, while the University of Oregon, Oregon State University, and Portland State University may also offer doctoral degree programs. Professional doctoral degrees, such as the Doctor of Physical Therapy (DPT), Doctor of Education (EdD), Doctor of Business Administration (DBA), and Doctor of Social Work (DSW), differ from the traditional research-oriented Doctor of Philosophy (PhD) in that they aim to provide graduates with knowledge and skills that prepare them to work in a professional field, in conjunction with a professional credential or licensure.

Effective date: January 1, 2022

SB 233 | 🔼

Common course numbering for public universities and community colleges

Senate Bill 233 establishes a Transfer Council to develop recommendations for a common course numbering system among the state's public universities and community colleges, requires HECC to establish a common course numbering system based on the work and recommendations of the council, incorporates management of foundational curricula and unified statewide transfer agreements, and mandates all public post-secondary educational institutions in Oregon to adopt the system by the 2025-2026 academic year.

Effective date: June 22, 2021

SB 485 | 🔼

Licensure of student loan servicers

Senate Bill 485 establishes a state regulatory model for student loan servicers doing business in Oregon. The measure requires servicers to be licensed by the Department of Consumer and Business Services (DCBS); establishes duties and minimum service requirements for licensees; requires DCBS to establish an ombudsman to receive, review, and attempt to resolve borrower complaints; and grants DCBS broad regulatory authority to address violations, including denial or revocation of a license and the assessment of civil penalties.

Effective date: June 25, 2021

SB 551 | 🔼

Insurance coverage for part-time faculty members

Senate Bill 551 provides health insurance coverage for part-time faculty at public universities and community colleges. To be eligible, a faculty member must be working at a level equal to at least half of a full-time equivalent employee. The bill requires the faculty member to select a home institution, where they self-identify as working at least 0.5 FTE at one or more institutions, to manage the benefits for the entire benefit year. The home institution must determine eligibility, collect a 10% premium from the faculty member, and pay the full cost of the premium. The bill appropriates \$12.9 million to HECC to reimburse institutions for 90% of the cost of coverage, and institutions may request reimbursement for the state share of the premium from the HECC every three months.

Effective date: June 25, 2021

SB 553

Nonresident tuition exemption

Senate Bill 553 would allow students who legally entered the U.S. under the Compact of Free Association (COFA) treaty between the U.S. and the Republic of Palau, the Republic of the Marshall Islands or the Federated States of Micronesia to pay in-state tuition at public universities and OHSU.

COFA is an agreement between the United States and the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. It governs the relationship between these countries and allows for close economic, diplomatic and security coordination, along with eased immigration restrictions. Refugees

are granted the ability to settle in the United States by U.S. Citizenship and Immigration Services. Oregon law provides for exemptions from nonresident tuition and fees at public universities for students who meet certain qualifications, including other immigration classification groups.

Effective date: June 25, 2021

SB 564 | 🔼



Student parent demographic data

Senate Bill 564 requires Oregon's public colleges and universities to annually collect data on students who are parents or are acting as a parent or legal guardian. The measure requires institutions to provide the data to the HECC and directs the HECC to establish by rule a format and timeframe for collecting the data. SB 564 specifies that the requirement first applies to forms created for the 2022-2023 academic year. The HECC must submit a report to the Legislative Assembly on the summarized data and institutional progress toward compliance each regular session.

Effective date: January 1, 2022

SB 712



Modifies HECC commissioner membership

Senate Bill 712 modifies the membership of the HECC to include 15 voting members, including each of the formerly nonvoting members and an additional member who is a graduate student of a public university.

The HECC is currently composed of fourteen members: Nine members hold voting positions, while five hold nonvoting positions. Oregon law specifies that the voting members include a person from each of Oregon's five congressional districts and four members of the general public at large. The five nonvoting commission positions must include a student and a faculty member from both a public university and a community college, as well as a non-faculty member from either type of institution. The commission's voting members serve four-year terms, while nonvoting members serve two-year terms.

SJR 30 | 🔼

Joint Committee on Respectful and Safe **University Campuses**

Senate Joint Resolution 30 establishes in the Oregon Legislature a Joint Committee on Respectful and Safe University Campuses to hold public hearings on the culture, policies, practices and procedures that OHSU and Oregon's seven public universities use to prevent and respond to allegations of sexual and racial discrimination, harassment and misconduct. SJR 30 authorizes the joint committee to subpoena witnesses and documents, appoint independent investigators to audit the institutions and prepare a report with findings and recommendations, and introduce legislation.

HB 2093

Student financial aid

House Bill 2093 expands the Oregon Promise student aid program to allow recipients to apply awards toward a bachelor's degree at four-year universities and other post-secondary educational institutions in addition to community colleges. The bill also appropriates additional money from the general fund, lowers the minimum grade point average for eligibility, increases the minimum award amount, and creates a retroactive waiver program for students who were denied eligibility due to changes enacted during the 2020 second special session.

HB 2349

Tuition for persons formerly in adoptive care

The legislature first created a tuition waiver for current and former foster children under House Bill 3471 (2011). Oregon law currently allows children who are currently, or were formerly, in foster care to have tuition and fees waived at public universities, community colleges, and OHSU for the equivalent of four years of undergraduate education. This is a last dollar waiver, as it provides that any state or federal student aid, such as the Oregon Opportunity Grant or a scholarship from a college or university, be applied first before the waiver is issued for the remainder of tuition and fees. While Oregon law currently offers tuition waivers for current and former foster children, there is no provision in statute that specifically clarifies whether former foster children who are adopted qualify for the waiver.

House Bill 2349 would include foster children who were adopted on or after January 1, 2012, to the list of foster children who are eligible for a tuition and fee waiver from public universities and

community colleges, beginning with the 2021-2022 academic year, and specifies that any tuition or fees previously paid to a college or university are not required to be reimbursed.

HB 2370 | 🔼

HECC needs assessment of training programs for mental health care providers

House Bill 2370 directs HECC to conduct a needs assessment identifying current mental health provider education programs and curricula offered at community colleges and public universities.

HB 2472 | 🔼

Oregon's Polytechnic University: Oregon Institute of Technology

House Bill 2472 designates Oregon Institute of Technology as Oregon's Polytechnic University. The bill commemorates Oregon Tech's achievements and, according to Oregon Tech, the designation as Oregon's Polytechnic University may increase awareness of the unique role that polytechnic universities serve for the state, industry, and its students, and may offer access to additional federal funds for technical education programs.

Effective date: January 1, 2022

HB 2542

Disclosure of mandatory fees

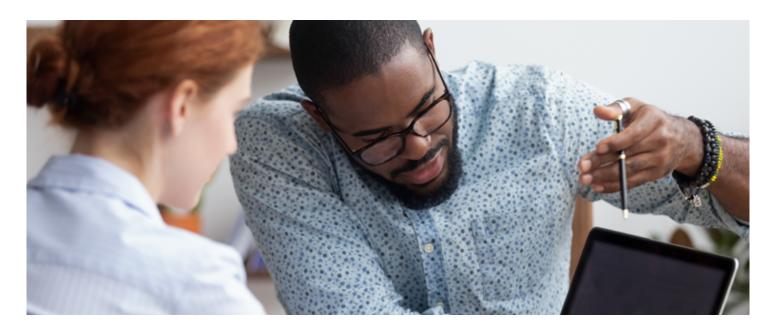
House Bill 2542 requires each public university and community college to prominently display descriptions for mandatory fees charged to students and requires annual reports on compliance be submitted to the HECC.

Effective date: January 1, 2022

HB 2589 | **L**

College ready competencies

House Bill 2589 requires each public university and community college to have the same developmental educational requirements and require the same placement tests for students who pass the GED and receive a "GED College Ready" score as for students who enter from traditional high school pathways.



HB 2835



Benefits navigators

House Bill 2835 requires each public university and community college to train and employ a benefits navigator who will assist students in determining eligibility and applying for public assistance and need-based financial benefits. The bill requires each institution to participate in a statewide consortium for benefits navigators to develop best practices and facilitate communication, and that each institution develop a process for student feedback and improvement on delivering benefit assistance.

Effective date: June 23, 2021

HB 2888 | 🔼



Central Oregon University

House Bill 2888 establishes Central Oregon University as a separate public university, distinct from Oregon State University.

HB 2919 | 🔼



Disclosure of estimated costs for required course materials

House Bill 2919 requires each public university and community college to prominently display the total costs of all required course materials and fees for at least 75% of courses offered. The bill also specifies requirements for applicable and exempt courses, and requires the HECC to issue rules and report back to the Legislature on implementation and compliance.

Effective date: January 1, 2022

HB 3012 | 🔼



Mandatory student incidental fees

House Bill 3012 modifies requirements for recognized student governments at public universities and community colleges to interact with institutional governing boards when making recommendations for mandatory incidental fees and mandatory student-initiated fees. The bill removes certain restrictions for refusing fee requests and modifies the requirements for resolving disagreements between university boards and recognized student governments.

Effective date: January 1, 2022

HB 3294 | 🔼



Feminine hygiene products in public schools

House Bill 3294 requires education providers, community colleges, and public universities to ensure that tampons and sanitary pads are available in schools at no cost to students. The bill specifies that these products should be made available in female-identifying and gender-neutral bathrooms.

Effective date: July 1, 2021

Mental and behavioral health

SB 72 | 🔼



Mental health care treatment for extremely dangerous individuals

Senate Bill 72 allows a physician or mental health service provider to act contrary to the treatment indicated in a declaration of mental health treatment for a person committed under the extremely dangerous person standard. The measure requires the same criteria be met as for treatment of a person civilly committed. SB 72 also includes the cost of outpatient services in the current cost of care for persons who were or are at the Oregon State Hospital.

Effective date: January 1, 2022

SB 680 | 🔼



Residential peer support for individuals with mental illness or trauma

Senate Bill 680 directs OHA to fund at least one peer-run organization that operates four peer respite centers, each capable of serving up to six persons in distress with mental illness for up to two weeks each. The bill directs OHA to establish eligibility criteria for organizations to receive funding. SB 680 specifies that the four centers must be located in the Portland metropolitan area, the coast, the Southern region of Oregon, and the Eastern and Central region of Oregon. SB 680 allocates \$6 million to provide \$750,000 to each peer respite center each year of the biennium.

SB 710 | 🔼



Restraint of children in care

Senate Bill 710 codifies, centralizes, and makes existing rules around the use of restraint and involuntary seclusion, and corresponding training and certification requirements, more robust. The bill clarifies the narrowly tailored exceptions for permissible uses of restraint and requires secure transportation service providers to be licensed by Department of Human Services if they have a nexus to Oregon.

Effective date: June 25, 2021

SB 748 | 🔼



Insurance coverage for adult disabled children of insureds

Senate Bill 748 requires the Public Employees' Benefit Board, Oregon Educators Benefit Board, and individual and small group insurance plans to provide insurance coverage to adult disabled children of insureds when: the disability prevents the adult child from engaging in self-sustaining employment; when the adult child had insurance coverage immediately before exceeding age for eligibility; and when the insured claims the disabled adult child as a dependent for tax purposes.

Effective date: January 1, 2022

HB 2417 | 🔼



Grants and funding for community mental health programs

House Bill 2417 directs OHA to establish a program to provide grants to cities or funding to county community mental health programs to fund and operate mobile crisis intervention teams and other specified programs. The bill appropriates \$10 million to provide these grants and funding. HB 2417 also directs OHA to convene a work group to study and evaluate the methods for continuing to fund mobile crisis intervention teams and other specified services. OHA is required to report the findings to the Legislature by September 15, 2022.

Effective date: July 1, 2021

HB 2469 | 🔼



CCO coverage of mental health wellness appointments

House Bill 2469 adds mental health wellness appointments to the list of behavioral health services a CCO must provide to its members. The previous list consisted of behavioral health assessments and medically necessary treatments. The addition of mental health wellness appointments prioritizes the importance of upstream behavioral health care and increases access to behavioral health care.

HB 2980 | 🔼



Residential peer support for individuals with mental illness or trauma

House Bill 2980 directs OHA to provide funding to peer-run organizations to operate three peer respite centers. The bill specifies that peer respite centers should be located in the Portland metropolitan area, Southern Oregon region, and Eastern Oregon region. OHA is allowed access to peer respite centers for investigations and assessments. At least one peer respite center must participate in a pilot project designed specifically to provide culturally responsive services to a community of color. HB 2980 allocates \$4.5 million to provide \$750,000 to each peer respite center each year of the biennium.

Effective date: June 26, 2021

HB 3046 | 🔼



Behavioral health coverage and reimbursement parity

House Bill 3046 requires each health insurer report to DCBS, annually, on non-quantitative limitations for behavioral health benefits. DCBS is to report annually comparing insurer's coverage of mental health treatment and services, and substance use disorder treatment and services to coverage of medical or surgical treatments or services. The measure also requires CCOs to report to OHA each year on their compliance with mental health parity requirements. CCOs must demonstrate that the factors used to apply nonquantitative treatment limitations to mental health or substance use disorder treatment are comparable with factors used to apply nonquantitative treatment limitations to medical or surgical treatments in the same classification. This bill also further defines required behavioral health treatment requirements for CCOs, and group health insurance policies or individual health benefit plans.

Effective date: January 1, 2022

HB 3069 | 🔼

9-8-8 suicide prevention, behavioral health crisis hotline, mobile crisis units

House Bill 3069 establishes Oregon's statewide crisis system, including a call line for suicide prevention and behavioral health crises. The bill requires that OHA revise the tax system on a biannual basis using the fiscal growth factor and establish a crisis hotline center for mental health crises and related care. HB 3069 requires that the crisis hotline centers operate 365 days per year. OHA is required to reimburse uninsured individuals or individuals without coverage for 9-8-8 services. OHA is also required to report to the Legislature annually on 9-8-8 hotline usage. OHA will consult with local communities to provide community-based crisis intervention services and expand the use of mobile crisis intervention teams. HB 3069 also establishes the 9-8-8 Fund to support the implementation of the crisis services system, including specialized training for at-risk communities, and disallows these funds from being used for other mental health related services. OHA is required to take action prior to the operative date of July 16, 2022.

HB 3111 📗 🔼

Recovery community centers

House Bill 3111 directs OHA to contract with at least four Recovery Community Organizations (RCOs) to operate four recovery centers, each in a different county. RCOs are allowed to use existing nonprofit organizations as fiscal sponsors and are allowed to solicit and accept funds from public and private sources. The bill directs OHA to appoint a full-time Recovery Manager, who is responsible for creating and managing peer recovery support, including developing and maintaining the network of RCOs. OHA is required to report on RCOs achievement of annual performance goals. HB 3111 directs OHA to allocate \$150,000 to connect individuals living in rural areas with peer recovery supports, including telemedicine. The bill requires that RCOs be established and operative by January 1st, 2022.

Public entity

SB 193 | 🔼

Noneconomic damages caps

Senate Bill 193 removes the statutory cap on noneconomic damages for bodily injury claims, but retains the cap on noneconomic damages for wrongful death claims. The bill also requires a jury in a criminal action to render a verdict of guilty only by unanimous agreement and a verdict of not guilty only by a concurrence of at least 10 of 12 jurors.

Effective date: January 1, 2022

SB 854

Composition of boards of trustees at public universities

Senate Bill 854 changes the composition of governing boards for public universities. The bill adds organizations that the Governor must elicit recommendations from, or considerations the Governor must make, prior to appointing members of governing boards. SB 854 requires that a faculty member, a nonfaculty staff member, and an enrolled student must be included in the search committee for president of a public university, and to conduct a comprehensive evaluation of president of a public university at least every other year. The bill also requires that any decision made by a public university to eliminate any programs constitutes a significant change and must be approved by HECC. SB 854 requires the HECC to establish a process to enable any employee or enrolled student of a public university to appeal any decision made by the governing board.

HB 2214

Limits allowable amount paid to outside counsel by certain state entities

House Bill 2214 requires Oregon's public universities to report to the Attorney General on an annual basis on the use of outside counsel. The report must include the number and type of all matters handled by outside counsel and the total amount spent on outside counsel. The bill specifies that reports may be altered to protect privacy and confidentiality. The Attorney General is

required to report back to the Legislature with a summary of the use of outside counsel by public universities.

Effective date: January 1, 2022

HB 2221 | 🔼



Compensation transparency at state agencies and public universities

House Bill 2221 requires a state agency employing a person in state service to compensate that person at a rate no higher than the rate for executives under the compensation plan for state employees. The measure allows agencies to seek exemptions by making an explanation of compensation rate available to the public.

HB 2485



Public records request fees

House Bill 2485 requires state agencies to reduce public records request fees by 50% if the request is made in the public interest. The bill also requires state agencies to waive fees if public records requests are narrowly tailored and in the public interest. Requests made by members of new media are treated as in the public interest.

HB 2525



Oregon Tort Claims Act exemption

House Bill 2525 provides that limitations on claims for personal injury and death under Oregon Tort Claims Act do not apply to claims against OHSU.

HB 2560 | 🔼

Remote participation of public in self-government

House Bill 2560 expands remote participation of the public in self-government through the use of technology. The bill requires all meetings held by a governing body of a public body (other than executive sessions) to reasonably provide the general public with the opportunity to access and attend the meeting by telephone, video, or other electronic or virtual means. HB 2560 also requires oral and written testimony to be submitted by electronic or virtual means.

Public health

SB 554 | 🔼



Secured firearms

Senate Bill 554 requires a person who owns or possesses a firearm to secure the firearm or store it in a locked container when it is not actively under their control. It also sets firearm storage requirements in public buildings, prohibits fire arms inside the Oregon State Capitol Building and other public buildings, and allows the boards of public education institutions from K-12 through higher education, including OHSU, to adopt policies to prohibit concealed carry of firearms on their campuses.

Effective date: September 25, 2021

HB 3204



Report concerning zoonotic disease

House Bill 3204 directs Oregon Department of Fish and Wildlife (ODFW), in consultation with OHA, Oregon State Police, and Oregon Department of Agriculture, to provide a report to the Legislative Assembly on the state's framework for preventing and responding to zoonotic diseases by December 31, 2022. The report must include response protocols, enforcement practices, evaluation of whether a more comprehensive framework is required, jurisdictional responsibility by state agencies, opportunities for increased collaboration, and funding or other resources necessary to improve the state's framework for responding to zoonotic diseases. The measure also directs the ODFW Commission to maintain a list of wildlife that may not be imported, possessed, sold, purchased, exchanged, or transported in the state, and requires the list to include species identified by the Commission as a significant risk to public health, or highly susceptible to infection, pathogen replication and transmission of zoonotic disease, and capable of causing widespread infectious disease in human populations.

HB 3379 | 🔼



Crib bumper pads

House Bill 3379 prohibits the remanufacture, retrofit, sale, resale, contracting to sell or resell, and leasing of crib bumper pads. Padded crib bumpers are pillow-like apparatuses that attach to the inside perimeter of a baby's crib, ostensibly to prevent the baby's arms or legs from becoming stuck between the slats. Currently, crib bumper pads are not regulated by the federal government or any regulatory authority in Oregon. The American Academy of Pediatrics has long advocated against the use of crib bumper pads by parents and caregivers due to the risk of suffocation.

HB 3379 also prohibits public accommodations and commercial users from having or using crib bumper pads unless a medical professional has deemed bumper pad use medically necessary, and requires the Office of Child Care to notify child care providers and adopt rules.

Effective date: June 8, 2021

HB 2506



Organ Donor Registry and Public Awareness Fund

House Bill 2506 creates the Organ Donor Registry and Public Awareness Fund to conduct statewide outreach and public education related to anatomical gifts. The Fund is to be managed by the Oregon Department of Transportation, which can accept donations for the Fund from individuals who apply for or renew a driver permit, driver license, or identification card.

Public safety

SB 116 | **L**

Private security provider regulation

Senate Bill 116 makes it unlawful for a private security provider or an entity that employs private security providers to possess, or use in the scope of employment, equipment, vehicles, uniforms or titles that imply that the provider or entity is affiliated with a public or private safety agency as defined in ORS 181A.355. Following passage of SB 116, the Board will have the authority to adopt rules regarding regulation of private security provider uniforms and vehicles. Department of Public Safety Standards and Training (DPSST) intends to adopt rules that are substantively similar to the general prohibitions relating to the appearance and equipment (specifically vehicles) enacted through the passage of SB 576 (2019) to all private security entities and providers operating in Oregon.

Effective date: January 1, 2022

SB 198 | 🔼

Employee status of public safety contractors

House Bill 198 specifies that a person providing services to restore fitness to proceed or community restoration under contract with the state is considered a state officer, employee, or agent for purpose of defense and indemnity within the Oregon Tort Claims Act.

SB 386 | 🔼

Parental notification of interviews of child witnesses

Senate Bill 398 requires law enforcement to develop comprehensive policies for notifying parents of interviews with child witnesses by January 1, 2022, and to report to the legislature by September 15, 2022. Specifies a child witness is not the survivor or suspect, nor related to a suspect.

Effective date: September 25, 2021

SB 418 | 🔼

Custodial interviews of minors

Senate Bill 418 establishes that a statement made by someone in custody who is under 18 years old, related to a misdemeanor or felony crime, is presumed to be involuntary if the officer intentionally uses information they know is false to elicit the statement. A district attorney must prove by clear and convincing evidence that a statement was voluntary to overcome the presumption.

Effective date: January 1, 2022

SB 621 | 🔼

Community police oversight boards

Senate Bill 621 allows any Oregon city to establish a voter approved community police oversight board with authority to conduct investigations and discipline police officers for misconduct without first collectively bargaining the impacts with the law enforcement union.

Effective date: January 1, 2022

HB 2204

Employee status of public safety officers

House Bill 2204 directs the Oregon Criminal Justice Commission to establish a program to award grants to public and private entities for restorative justice programs and to adopt rules and convene an advisory committee to administer the grant program. The bill requires candidates to demonstrate coordination with communitybased organizations and the ability to work collaboratively with system partners, including local law enforcement entities, courts, district attorneys, and defense attorneys. HB 2204 requires applicants to demonstrate how they will center the experiences of those harmed, encourage those who have caused harm to take responsibility and repair the harm, and support persons who have been harmed, impacted community members, and responsible parties in identifying solutions that promote healing, including engaging in dialogue and mutual agreement.



HB 2513 | 🔼

Officer training in airway anatomy and CPR

House Bill 2513 adds three hours of training in airway and circulatory anatomy and physiology, and certification in adult and child cardiopulmonary resuscitation (CPR), to the basic police training program. It requires the Department of Public Safety Standards and Training (DPSST) to ensure that police officers receive at least two hours per year of continuing education in circulatory anatomy and physiology during maintenance periods, as well as maintenance of CPR certification. The measure also requires a peace officer to call for emergency medical services immediately upon encountering a person in distress, so long as it is tactically feasible to do so and the officer has access to communications.

Effective date: January 1, 2022

HB 2928 | 🔼

Regulation of tools by law enforcement agencies

During the 2020 first special session, House Bill 4208 was enacted, which prohibited the use of tear gas by a law enforcement agency for crowd control except during riots. It further required any agency using tear gas during a riot to first announce intent to use tear gas, give individuals sufficient time to evacuate area, and to then again announce intent to use tear gas immediately before use.

House Bill 2928 regulates the use of chemical incapacitants, kinetic impact projectiles and sound devices by law enforcement for purposes of crowd control and prohibits use unless physical force is otherwise justified under statute. The measure requires law enforcement to provide reasonable accommodations for disabled individuals after issuing orders for dispersal and to provide access to medical treatment for injured individuals.

Effective date: June 26, 2021

HB 2929 | 🔼



Duty to report

House Bill 2929 establishes processes for an officer to report police misconduct or violations of minimum standards for physical, emotional, intellectual, and moral fitness. The bill specifies that upon receipt of a report, those with authority to direct an investigation into alleged misconduct must be alerted within 72 hours. The investigation must be completed within three months of the date of the report unless circumstances exist to prevent completion. HB 2929 also establishes additional procedures for providing reporting details.

Effective date: January 1, 2022

HB 2930 L



Law enforcement officer conduct

Law enforcement officers are covered under the Public Employee Collective Bargaining Act (PECBA), and under it a public employer and a collective bargaining unit may reach a written agreement on grievance procedures. As a condition of enforceability, an arbitration award that orders the reinstatement of a public employee or otherwise relieves the employee of responsibility for misconduct must comply with clearly defined public policy in statute or judicial decisions. Resolution of disputes over conditions and terms of a contract may be resolved through binding arbitration.

House Bill 2930 removes the discipline matrix or discipline guide as a mandatory subject of collective bargaining for law enforcement, establishes the Commission on Statewide Law Enforcement Standards of Conduct and Discipline, and requires an arbitrator to apply a reasonable person standard.

Effective date: June 26, 2021

HB 2932 | 🔼



National Use-of-Force Data Collection

House Bill 2932 directs all law enforcement units to participate in the National Use-of-Force Data Collection operated by the FBI, and directs the Oregon Criminal Justice Commission to analyze data from the National Use-of-Force Data Collection operated by the FBI and report annually to an appropriate committee or interim committee of the Legislative Assembly on the analysis.

Effective date: January 1, 2022

HB 2936 | 🔼



Public safety and racism in hiring public safety officers

House Bill 2936 makes findings that racism has no place in public safety, that law enforcement officers hold a unique position in our community, that membership or participation in hate groups, racial supremacist organizations, militant groups, or the display of such symbols erodes public trust in law enforcement. The measure requires the Department of Public Safety Standards and Training (DPSST) to develop a uniform statewide background check form with consistent checklist, standardized personal history questionnaires for use by law enforcement agencies in hiring, and reference checks. HB 2936 also requires law enforcement agencies to develop policies setting standards for speech and conduct by officers. The measure sets parameters on sharing non-lawenforcement employment information as part of the background check process and exempts law enforcement units from existing employer prohibitions on accessing employee's social media content.

Effective date: January 1, 2022

HB 3059



Law enforcement dispersal of unlawful assemblies

Currently, ORS 131.675 directs local authorities to go amongst any unlawfully or riotously assembled group and command them to disperse. If the group does not immediately disperse after being commanded to do so, the local authorities must arrest them or cause them to be arrested.

House Bill 3059 allows officials to go among the persons assembled and order the persons to disperse, and removes the requirement to arrest persons who fail to disperse as ordered.

HB 3145



Reporting discipline against police officers

House Bill 3145 requires law enforcement unit that imposes discipline that includes economic sanction on a police officer to report to the Department of Public Safety Standards and Training (DPSST) within 10 days of discipline. The measure requires the report to include name and rank of officer disciplined, names of unit at which officer was employed, and a description of the facts underlying the discipline imposed, including a copy of any final decision. The DPSST is also required to post the information to an existing database on suspensions and revocations within 10 days of receipt.

Effective date: January 1, 2022

HB 3164 | 🔼



Modifies crime of interfering with peace or parole/ probation officer

Under current law, a person commits the crime of interfering with a peace officer if that person refuses to obey a lawful order by the peace officer or parole and probation officer, unless the person is refusing to obey as an act of passive resistance.

The term "passive resistance" is not defined in statute. In 2017, the Oregon Supreme Court decided State v. McNally, 361 Or. 314, (2017) and created a definition that provides a framework for courts to determine when conduct is protected as passive resistance and excluded from criminal prosecution. The definition articulated by the McNally court of the term passive resistance includes any "noncooperation with a peace officer's lawful order that does not involve violence or active measures, whatever the motivation for the noncooperation and regardless of whether the noncooperation takes the form of acts, techniques, or methods commonly associated with civil rights or other organized protest."

House Bill 3164 narrows the scope of conduct encompassed by the statute by limiting the criminality of a refusal to obey an order to circumstances when an officer is performing duties regarding another person or conducting a criminal investigation and the behavior prevents the performance of said duties. The measure also prohibits the arrest of a person for interfering with a peace officer for conduct that would constitute any other criminal offense.

Effective date: June 11, 2021

HB 3355 | **L**



Identification requirements of law enforcement officers

House Bill 3355 specifies what identification must be on an officer engaged in crowd management in cities with populations over 60,000, requires officers to identify themselves to members of the public in most circumstances, and creates a process by which a member of the public can request the name and identification number of an officer from a law enforcement agency.

Effective date: June 15, 2021

