

2013 OPA Legislative End of Session Report

PASSED

HB 2020 - WATCH

WHAT THE MEASURE DOES: HB 2020 creates a process for state on-site quality assessments. This bill provides immunity from liability for coordinated care organization (CCO) or insurers that rely on state assessments. Assessment and organizational providers are defined within the bill. An advisory committee to develop and adopt rules to develop credentialing criteria has been established. The advisory committee membership, duties and reporting requirements are identified.

EFFECTIVE DATE: June 13, 2013

HB 2081 - WATCH

WHAT THE MEASURE DOES: HB 2081 modifies exemptions to prohibition against the practice of psychology or representation as a psychologist without a license. Graduate student exemption to students seeking academic credit as a part of an organized and supervised training program has been limited.

EFFECTIVE DATE: January 1, 2014

HB 2082 - WATCH

WHAT THE MEASURE DOES: HB 2082 modifies the definitions relating to social work. Modifications to the composition of the State Board of Licensed Social Workers have been made.

EFFECTIVE DATE: May 9, 2013

HB 2101 - WATCH

WHAT THE MEASURE DOES: HB 2101 consolidates provisions relating to the Oregon Health Licensing Agency's (OHLA's) authority over certificates, permits, licenses and registrations, and fees collected for these documents. Provisions relating to OHLA-administered boards and councils have been modified.

EFFECTIVE DATE: June 6, 2013

HB 2118 - WATCH

WHAT THE MEASURE DOES: HB 2118 creates a nine member health plan quality metrics work group consisting of: One member appointed by the Executive Director of the Oregon Health Insurance Exchange Corporation (Cover Oregon); one member appointed by the Oregon Health Authority (OHA); one member appointed by the Oregon Educators Benefit Board (OEBB); one member appointed by the Public Employees' Benefit Board (PEBB); five members appointed by the executive director of Cover Oregon, in consultation with OHA, OEBB and the PEBB, that includes one individual with expertise in health care research, one individual with expertise in health care quality measures, one representative of insurers, one representative of consumers of health care, and one representative of a self-insured large employer. The charge of work group is outlined within the bill. The work group is required to report progress to the 2014 Legislative Assembly. No later than May 31, 2014 the work group must report to the

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appropriate interim committee the final report and recommendations.

EFFECTIVE DATE: July 29, 2013

HB 2124 - WATCH

WHAT THE MEASURE DOES: HB 2124 defines substantial noncompliance as it relates to certain health professional licensees to include; criminal behavior, conduct that causes harm to the public or a patient; impairment in a health care setting in the course of employment; sexual impropriety with a patient; a positive drug test; civil commitment for mental illness; failure to participate in a program after entering into an agreement; and failure to enroll after being referred. This bill defines “direct supervisor” and their responsibilities. Regulatory boards have the discretion to require drug testing when a program reports substantial noncompliance. Licensees with a mental health diagnosis are exempt from random drug testing requirements. Specific program assessments and evaluation requirements have been deleted. A third party independent audit is required every four years. Certain boards are allowed to contract with other programs to deliver therapeutic services to licensees.

EFFECTIVE DATE: June 13, 2013

HB 2128- WATCH

WHAT THE MEASURE DOES: HB 2128 requires the Oregon Health Insurance Exchange Corporation (Cover Oregon) and the Oregon Educators Benefit Board (OEBB) to consult with stakeholders regarding plans that may be offered through the exchange to districts and eligible employees of districts. The OEBB and Cover Oregon are required to adopt rules to ensure that offered plans are underwritten by an insurer using a single risk pool composed of all eligible employees who are enrolled, or who will be enrolled in the plan, both through Cover Oregon and OEBB. The process for OEBB and Cover Oregon to develop options for school districts in OEBB to access Cover Oregon in 2015 has been clarified.

EFFECTIVE DATE: January 1, 2014

HB 2195-SUPPORT

WHAT THE MEASURE DOES: HB 2195 specifies that a physician or health care provider who voluntarily makes a report in good faith to the Department of Transportation regarding a cognitive or functional impairment to an individual, which affects that individual’s ability to safely operate motor vehicle, is immune from civil liability that might otherwise result from making this report.

EFFECTIVE DATE: January 1, 2014

HB 2205 - WATCH

WHAT THE MEASURE DOES: HB 2205 adds members of the Oregon Legislative Assembly, attorneys, dentists, optometrists, and chiropractors to the list of those persons who must report elderly abuse. Attorneys and members of the clergy are exempted from reporting elderly abuse if the information was obtained pursuant to their respective professional capacities. Those with a duty to report are required to do so, not just when working in their professional capacity, but all the time. The Oregon State Bar is directed to adopt minimum training standards for lawyers on elderly abuse. Five members have

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been added to the Oregon Elderly Abuse Work Group. The work group is directed to study and make recommendations that align definitions of abuse of vulnerable persons across populations, agencies, law enforcement and service providers. The work group is required to report to the legislature no later than February 1, 2014. The Department of Human Services (DHS) is required to adopt rules to ensure that investigations of abuse of vulnerable persons are conducted in a uniform, objective and thorough manner throughout state. DHS must prepare annual reports to the Legislative Assembly regarding reports and complaints of abuse against vulnerable persons.

EFFECTIVE DATE: June 11, 2013

HB 2240 - WATCH

WHAT THE MEASURE DOES: HB 2240 aligns the Oregon health insurance law with the Affordable Care Act. Requirements for health benefit plans are established within the bill. The Office of Private Health Partnerships has been abolished and the Family Health Insurance Assistance Program ends. The Health Care for All Oregon Children program has been modified to terminate eligibility at 19 years of age. The Department of Human Services or the Oregon Health Authority is allowed to specify eligibility requirements for private health options different from the requirements for other medical assistance. The purchase of insurance through the Oregon Health Insurance Exchange (Cover Oregon) for a private health option is allowed, children are prohibited from qualifying for both a private health option and other medical assistance programs. The Department of Consumer and Business Services (DCBS) is allowed to adopt rules for adjusting risk between insurers. Insurers are allowed to increase rates in 2014 to reflect taxes and fees. DCBS is required to adopt rules defining network adequacy. The definition of small employer has been changed from 50 to 100 employees.

EFFECTIVE DATE: July 29, 2013

HB 2279 - WATCH

WHAT THE MEASURE DOES: HB 2279 allows a local government's governing body elect to participate in a benefit plan offered by the Public Employees' Benefit Board (PEBB) or the Oregon Educators Benefit Board. The Governor is required to appoint two voting members to PEBB or OEGB for each local government electing to participate in a plan offered by the board and two additional members for each 25,000 eligible employees. Decision to participate in benefit plans offered by PEBB and OEGB is made by the governing body and not subject to collective bargaining. Local governments governing body is allowed to leave a benefit plan offered by PEBB and OEGB to participate in a benefit plan offered through the Oregon Health Authority (OHA) that conforms with the Patient Protection and Affordable Care Act. The Director of the Oregon Health Authority is required to appoint an executive director of PEBB who shall report directly to the OHA director.

EFFECTIVE DATE: January 1, 2014

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HB 2385 - WATCH

WHAT THE MEASURE DOES: HB 2385 removes exemptions from the health insurance coverage requirement for treatment resulting from a driving under the influence conviction.

EFFECTIVE DATE: June 13, 2013

HB 2433 - WATCH

WHAT THE MEASURE DOES: HB 2433 prohibits courts from considering a person's disability when awarding child custody or parenting time in domestic relations proceedings, unless it is shown by clear and convincing evidence that it would not be in the best interests of the child to award sole or joint custody. The court is directed to only consider a disability if it is likely to endanger the child's health, safety, or welfare. This applies to child custody and parenting time proceedings commenced on or after the effective date of this Act.

EFFECTIVE DATE: January 1, 2014

HB 2549-WATCH

WHAT THE MEASURE DOES: HB 2549 creates a three-tiered system for ranking sex offenders based on their risk as established by a designated risk assessment tool. This bill requires all offenders in the current system be reclassified. Offenders classified in the first tier are eligible for relief from reporting obligations five years after the end of their supervision. Offenders classified in the second tier are eligible to apply for reclassification into tier one 10 years after the end of their supervision. Offenders classified in the third tier are eligible to apply to be moved into tier two 10 years after their supervision has ended. Tier 3 offenders are not eligible to apply for total relief from reporting obligations, ever. Offenders convicted of Rape I, Sodomy I, Unlawful Sexual Penetration I, Kidnap I, or Burglary I will never be eligible for relief from the obligation to register as a sex offender. This bill creates requirements for notification to the public. It requires all classifications of existing registrants to be completed by December 1, 2016. Relief hearings are a critical stage that victims must be notified of, and that victims may attend.

EFFECTIVE DATE: August 1, 2013

HB 2594 - WATCH

WHAT THE MEASURE DOES: HB 2594 creates new standards for courts to order people to engage in outpatient assisted treatment. This bill creates a standard for a person ordered to engage in outpatient assisted treatment is deteriorating to point that the person will predictably become a person with a mental illness as defined in ORS 426.005.

Factors that a court shall consider when making such a determination are listed.

EFFECTIVE DATE: January 1, 2014

HB 2611-SUPPORT

WHAT THE MEASURE DOES: HB 2611 allows certain boards to adopt rules under which boards may require persons authorized to practice professions regulated by boards to receive cultural competency continuing education. Boards are required to document participation in specified education; this requirements becomes operative January 1,

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2017. The Oregon Health Authority is required to develop a list of approved continuing education opportunities and provide the list to boards on or before January 1, 2015. Provide that public universities and community colleges that may require persons authorized to practice a profession regulated by a board, and who provide services to students at health care facilities located on the campus of a public university or community college.

EFFECTIVE DATE: May 28, 2013

HB 2737-NEUTRAL

WHAT THE MEASURE DOES: HB 2737 authorizes and requires the Oregon Health Authority to certify mental health providers eligible for reimbursement from group health plans. The bill defines provider as a health care facility, residential facility, day or individual medical professional or a provider certified by the Oregon Health Authority (OHA). The language specifies that the intent of this bill is not to prohibit an insurer from requiring a provider organization certified by OHA to meet the insurer's credentialing requirements as a condition of entering into a contract.

EFFECTIVE DATE: July 1, 2013

HB 2768 - NEUTRAL

WHAT THE MEASURE DOES: HB 2768 modifies definitions and licensure requirements for professions regulated by the Oregon Board of Licensed Professional Counselors and Therapists.

EFFECTIVE DATE: January 1, 2014

HB 2836 - WATCH

WHAT THE MEASURE DOES: HB 2836 establishes the standards and procedures for determining if a youth in a delinquency matter is unfit to proceed as the result of a mental disease or defect and consequently is unable to: (1) understand the nature of the proceedings against the youth; (2) assist and cooperate with counsel; or, (3) participate in his or her own defense. The court is prohibited from basing findings of unfitness to proceed solely on: (a) current inability of the youth to remember the acts alleged in the petition; (b) evidence the youth committed acts alleged in the petition while under the influence of intoxicants or medication; or, (c) age of the youth. The youth is required to be evaluated by a psychiatrist, psychologist, or clinical social worker if court has reason to doubt the youth's fitness to proceed, and there is probable cause to believe the factual allegations concerning the delinquency matters are true. The court is required to dismiss juvenile proceedings if the court finds the youth is unfit to proceed and unable to benefit from restorative services. The court is required to order the Department of Human Services (DHS) to provide services intended to restore the youth's mental health if the court finds that the youth will benefit from services. Youth may not be committed for a period longer than: (1) three years; or (2) a period of time equal to the maximum commitment the court could have imposed if the petition had been adjudicated. The court is required to make written findings that DHS has made reasonable efforts to prevent the need for removal. Pre-trial detention is allowed for an additional 28 days under certain limited circumstances. The Oregon Health Authority must consult with DHS before placing a youth in a mental health treatment facility. The party to the proceeding who

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raises the issue of fitness to proceed shall file an evaluation report with the court.

EFFECTIVE DATE: August 1, 2013

HB 2859 - WATCH

WHAT THE MEASURE DOES: HB 2859 aligns state laws with the federal eligibility determination process requirements for Medicaid and the Children's Health Insurance Program. Allows OHA, DHS and the Oregon Health Insurance Exchange Corporation (Cover Oregon) to share information for the purpose of processing eligibility for medical assistance, health insurance exchange, premium tax credits and cost-sharing reductions. applicable statutes are conformed to reflect differences between the administration of public assistance and the administration of medical assistance. OHA is required to establish a grievance procedure similar to the grievance procedure required in DHS. The types of individuals who may represent recipients of public assistance, medical assistance in contested case proceedings, and obligee in administrative child support proceedings has been expanded. Medical assistance to children who have aged out of foster care is extended. Income limits for telephone assistance has been increased from 135 to 138 percent of federal poverty guidelines. OHA is required to establish a program to provide grants to coordinated care organizations (CCOs) to fund pilot projects designed to improve patient engagement and patient accountability for a patient's own health, disease prevention and wellness activities. The Governor is directed to petition the federal government for waivers of any federal laws that prevent the implementation of the pilot projects.

EFFECTIVE DATE: July 29, 2013

HB 2871 - WATCH

WHAT THE MEASURE DOES: HB 2871 requires the Department of Revenue to prepare a report on its progress in implementing the occupational licensee pilot project. The report must include a plan to further develop and improve the program based on the department's experience with the pilot project. The department is required to recommend methods by which the pilot project may be extended to other state agencies. The report must be completed by February 1, 2014.

EFFECTIVE DATE: October 7, 2013

HB 2902 - WATCH

WHAT THE MEASURE DOES: HB 2902 requires insurers to reimburse physician assistants and nurse practitioners in independent practice at the same rate as physicians for the same services. A 13-member Task Force on Primary Care Reimbursement Parity is established. Members, directives and duties are specified. The task force must report to the 2013 and 2015 Legislative Assembly. A sunset date of January 2, 2018 is established. January 1, 2014 is the operative date for contracts renewed or entered into. This bill includes a definition of independent practice.

EFFECTIVE DATE: June 18, 2014

HB 3260 - WATCH

WHAT THE MEASURE DOES: HB 3260 requires the Oregon Health Authority to contract with a third party to conduct a study to examine options for financing health care

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delivery in Oregon. Four general types of options are required. The agency would submit the final report by November 2014. The cost is expected to be roughly \$600,000, and no sources of funding are currently known. If external funding is not found, the agency is not obligated to conduct the study. The proposed amendment eliminates the requirement that one of the options include funding with sales tax.

EFFECTIVE DATE: August 1, 2013

HB 3407 - WATCH

WHAT THE MEASURE DOES:

HB 3407 establishes the 19-member Traditional Health Workers Commission within the Oregon Health Authority. Traditional health workers include community health workers, peer wellness specialists, personal health navigators, and doulas. Current law requires that members enrolled in Oregon's Coordinated Care Organizations (CCOs) have access to traditional health workers to facilitate culturally and linguistically appropriate care. Existing law requires the Oregon Health Authority to adopt rules for the purpose of regulating this workforce. HB 3407 formalizes an existing working committee converting it into a 19-member Traditional Health Workers Commission to serve in an advisory role to the Oregon Health Authority in creating rules to define appropriate training and other competency standards for traditional health workers.

EFFECTIVE DATE: January 1, 2014

HB 3474 - WATCH

WHAT THE MEASURE DOES: HB 3474 allows a parent or legal guardian to request in writing that their student not participate in mental health screening conducted in school when screenings are conducted for all students. notification requirements are specified. The results of these tests are prohibited from being included in student's education record. For a school to conduct a mental health screening on an individual student, a parent or legal guardian must give written consent. Students, or parent, or legal guardian may orally refuse to participate in a mental health screening on the day of the screening.

EFFECTIVE DATE: January 1, 2014

SB 365 - WATCH

WHAT THE MEASURE DOES: SB 365 consists of three major components: requiring coverage for Autism Spectrum Disorders (ASD) to be included in health benefit plans; the establishment of the Behavior Analysis Regulatory Board (BARB) within the Oregon Health Licensing Agency (OHLA) to provide licensure and regulatory oversight for practitioners of Applied Behavior Analysis (ABA); and a requirement that the Health Evidence Review Commission (HERC) evaluate ABA as a treatment for ASD for the purpose of updating the list of health services recommended under ORS 414.890. This bill sets forth implementation dates for adjustments to the list of health services resulting from the HERC review. Coverage as provided in the bill is required by PEBB and OEBC for policy periods beginning on or after Jan. 1, 2015 and all carriers for policies beginning on or after Jan. 1, 2016. The bill contains sunset provisions that remove the requirement for coverage of ASD by health benefit plans as of 1/2/2022, but retains provisions relating to the BARB and OHLA.

EFFECTIVE DATE: August 14, 2013

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SB 375 - WATCH

WHAT THE MEASURE DOES: SB 375 establishes a ten-member Stroke Care Committee in the Oregon Health Authority (OHA). The Director of OHA will appoint members, and provide committee criteria, terms of office, and develop plan for achieving continuous improvement in the quality of stroke care. This committee must report to the Legislative Assembly at the beginning of each odd-numbered legislative sessions.

EFFECTIVE DATE: January 1, 2014

SB 414 - WATCH

WHAT THE MEASURE DOES: SB 414 allows the Director of the Department of Consumer and Business Services (DCBS) to seek restitution and other equitable relief for consumers for actual damages caused by an insurer's violation of the Insurance Code, breach of contract or policy, or violation of applicable federal law. Separate cause of action based on such exercise of regulatory authority is prohibited.

EFFECTIVE DATE: July 3, 2013

SB 421 - WATCH

WHAT THE MEASURE DOES: SB 421 creates a new standard of civil commitment for "extremely dangerous" people. This bill requires that when a court makes findings that a person be supervised by the Psychiatric Security Review Board (PSRB) and have an initial review hearing in six months, and have their status reviewed only if requested by the hospital or treatment facility, or every two years, whichever comes first. The prosecuting attorney is allowed to petition the court for a commitment hearing. The hospital superintendent is directed to petition for early termination of commitment when the committed person no longer suffers from disease or defect, or is no longer extremely dangerous. The supervisory agency is directed to notify parties before the commitment period ends, and hold a hearing determining whether or not a new period of commitment should be set. The prosecuting attorney may request an aid and assist evaluation be done in advance of any hearing where the person may be released from the jurisdiction of the PSRB.

EFFECTIVE DATE: August 1, 2013

SB 426 - WATCH

WHAT THE MEASURE DOES: SB 426 updates and conforms terminology to use the term "person with mental illness" rather than "mentally ill person."

EFFECTIVE DATE: January 1, 2014

SB 440-SUPPORT

WHAT THE MEASURE DOES: SB 440 establishes a Primary Care Provider Loan Repayment Fund, separate from the General Fund. The Oregon Health Authority (OHA) is directed to establish, by rule, eligibility criteria, program terms and conditions, and types of loans.

EFFECTIVE DATE: May 16, 2014

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SB 483 - WATCH

WHAT THE MEASURE DOES: SB 483 defines “adverse health incident.” This bill allows patients (except inmates), health care facility including location operated by a health facility or provider to file a notice of an adverse health incident with the Oregon Patient Safety Commission (OPSC). OPSC is charged with gathering and disseminating patient safety information. Discussions are confidential and inadmissible with exception. States evidence of participation or non-participation in program is inadmissible. The option of mediation after a discussion is allowed. Any payments are not considered as a written claim or demand for payment. This bill prohibits a professional liability carrier from denying coverage based on participation, but allows carriers to impose reasonable requirements or policy provisions. This bill does not preclude a negligence claim in court. A 14-member Task Force on Resolution of Adverse Health Care Incidents is created within this bill. The task force must report to legislature in five years. Establishes 10-year sunset.

EFFECTIVE DATE: March 18, 2014

SB 491 - WATCH

WHAT THE MEASURE DOES: SB 491 permits a minor 14 years of age or older to obtain, without parental knowledge or consent, outpatient diagnosis or treatment of mental or emotional disorder or chemical dependency from professional counselors and marriage and family therapists licensed by the Oregon Board of Licensed Professional Counselors and Therapists. Professional counselors and marriage and family therapists are exempt from civil liability for certain disclosures and provisions of diagnosis or treatment to minors.

EFFECTIVE DATE: January 1, 2014

SB 569 - WATCH

WHAT THE MEASURE DOES: SB 569 requires the Oregon Health Authority (OHA) to adopt uniform credentialing and privileging standards for providers of telemedicine services. This bill specifies required information and documents for credentialing a telemedicine provider. The OHA is required to consult with originating-site and distant-site hospitals in the rule making process. A hospital is authorized to accept credentials of telemedicine providers either by an agreement with a distant-site hospital or by providers meeting credentialing and privileging standards established by OHA. Service contractors are not subject to the telemedicine requirements. A hospital credentialing a telemedicine provider is subject to OHA requirements. Operative date October 1, 2013.

EFFECTIVE DATE: June 13, 2013

SB 604 - WATCH

WHAT THE MEASURE DOES: SB 604 directs Oregon Health Authority (OHA) to convene an advisory work group. OHA and the advisory work group will meet annually, establish an electronic credentialing program, and adopt rules for operation. OHA must submit a report to the interim Legislative Committees relating to health no later than October 1, 2014, and the Legislative Assembly on or before February 1, 2014 and 2015.

EFFECTIVE DATE: January 1, 2014

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SB 5536 - WATCH

WHAT THE MEASURE DOES: SB 5536 is the budget bill for the Board of Psychologist Examiners. The Board protects the health, safety, and well-being of Oregonians by regulating the practice of psychology. The Board determines qualifications, administers exams, and licenses individuals to practice psychology. The Board is funded entirely from Other Fund revenues.

The budget recommended by the Subcommittee on Education totals \$1,024,920 Other Funds and 3.50 FTEs. The budget does not include any fee increases or policy option packages.

EFFECTIVE DATE: July 1, 2014

SCR1 - WATCH

WHAT THE MEASURE DOES: SCR 1 supports the adoption of a State Plan for Alzheimer's Disease and Related Dementias in Oregon.

EFFECTIVE DATE: March 14, 2013

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FAILED

HB 2100 - WATCH

HB 2100 would have established circumstances under which the Oregon Health Licensing Agency is required or permitted to disclose information obtained during investigations for certain boards.

HB 2103 - WATCH

HB 2103 would have prohibited a person from practicing sex offender treatment unless the person is certified as a clinical sex offender therapist or certified associate sex offender therapist.

HB 2120 - WATCH

HB 2120 would have provide that health professional regulatory boards have the discretion to authorize licensees, regulated by a board, to self-refer to an impaired health professional program in which the board participates.

HB 2130 - WATCH

HB 2130 would have made changes to the impaired health professional program.

HB 2135 - WATCH

HB 2135 would have authorized the Director of Department of Consumer and Business Services to adopt rules prohibiting or limiting coverage by health benefit plans, items, services or medical technologies pursuant to guidance by Health Evidence Review Commission.

HB 2138 - WATCH

HB 2138 would have created a Task Force on Educator Health Benefits.

HB 2217 - WATCH

HB 2217 would have established procedures and requirements for filing a notice of an adverse health care incident with the Oregon Patient Safety Commission.

HB 2313 - WATCH

HB 2313 would have required an insurer to provide a process for nurse practitioners practicing in rural or frontier areas to earn the same reimbursement as a primary care physician.

HB 2353 - WATCH

HB 2353 would have required a health insurer to report to the Director of Department of Consumer and Business Services their methodology for reimbursement of clinical social workers.

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HB 2354 - WATCH

HB 2354 would have prohibited health insurers from discriminating in reimbursement rates paid to nurse practitioners and to non-physician providers of treatment for chemical dependency or mental or nervous conditions.

HB 2389 - WATCH

HB 2389 would have made changes to educational and training qualifications necessary to be licensed to practice psychology.

HB 2498 - WATCH

HB 2489 would have required state agencies, boards and commissions to collaborate with the Department of Revenue to establish a uniform system of identification numbers in order to facilitate the operation of a pilot project that requires licensees to demonstrate and maintain tax compliance as condition of issuance or renewal of license.

HB 2519 - WATCH

HB 2519 would have modified provisions limiting liability of health clinics, volunteer health practitioners and volunteers providing outreach services to homeless individuals.

HB 2522 - WATCH

HB 2522 would have required coordinated care organization to provide members with access to chiropractic, naturopathic and nurse practitioner services for primary care and access to licensed acupuncturists, licensed massage therapists and licensed optometrists for specialty care and to pay same reimbursement rate for service to all providers of service, regardless of license or certification of provider.

HB 2586 - WATCH

HB 2586 would have included finding of guilty except for insanity as a conviction that may be expunged.

HB 2650 - WATCCH

HB 2650 would have required a medical services contract to contain provisions prohibiting a health care provider from referring a claim for reimbursement of health services to a collection agency until the provider has exhausted the insurer's procedures for contesting denial, underpayment or refund of a claim, notified the patient of the claim, and given the patient a reasonable time to pay.

HB 2832 - WATCH

HB 2832 would have required that a person with a mental illness committed to custody of Oregon Health Authority be placed in outpatient commitment if an adequate treatment facility is available.

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HB 2897 - WATCH

HB 2897 would have required a health benefit plan that provides coverage for hospital, surgical or medical care, cover screening, diagnosis and treatment of autism spectrum disorders. This bill would have prohibited the application of dollar limits, deductibles, co-payments or coinsurance provisions to coverage of autism spectrum disorders. An insurer would have been allowed to review medical necessity determination.

HB 2922 - WATCH

HB 2922 would have established the Affordable Health Care for All Oregon Plan, operated by the Oregon Health Authority according to policies established by the Affordable Health Care for All Oregon Board.

HB 3021 - WATCH

HB 3021 would have provided that a party bringing certain medical liability claims may not amend a pleading asserting a claim later than 90 days before a trial unless all parties consent to the amendment.

HB 3072 - WATCH

HB 3072 would have required insurers to notify affected policyholders, and persons who requested notification, of a rate filing for certain premium rate increases.

HB 3092 - WATCH

HB 3092 would have required the Oregon Health Authority to develop curriculum for training licensed professionals, law enforcement personnel and campus staff to recognize signs and symptoms of mental illness, respond to individual in crisis, and refer individuals for appropriate help.

HB 3101 - WATCH

HB 3101 would have required all students who are eligible to participate in certain mental health screenings or assessments to participate unless the student or parent or legal guardian of the student requests in writing that the student not participate.

HB 3131 - WATCH

HB 3131 would have required the superintendent of the Oregon State Hospital to establish and implement a program for hiring full-time or part-time relief positions consisting of health care personnel who provide specified services.

HB 3153 - WATCH

HB 3153 would have established a Task Force on the Consolidation of State Government Boards and Commissions.

HB 3160- SUPPORT

HB 3160 would have included insurance in the definition of real estate, goods and services that are subject to penalties for unlawful trade practices.

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HB 3189 - WATCH

HB 3189 would have established certification requirements for school-based health centers.

HB 3191 - WATCH

HB 3191 would have relieved from sex offender reporting requirements, a person found guilty except for insanity of a sex crime whom the court discharges from custody after making a finding that the person is no longer affected by mental disease or defect or, in certain circumstances, does not present substantial danger to others.

HB 3217 - WATCH

HB 3217 would have established a definition of abuse of individuals with mental illness.

HB 3429 - WATCH

HB 3429 would have authorized a peace officer, community mental health program director or director's designee to take into emergency custody a person with mental illness who is not complying with their medication regimen and is at risk of being dangerous to themselves.

HB 3496 - WATCH

HB 3496 would have transferred duties, functions and powers relating to the issuance of authorizations and enforcement and certain other duties, functions and powers, from the State Board of Psychologist Examiners, Occupational Therapy Licensing Board, State Board of Licensed Social Workers, Oregon Board of Licensed Professional Counselors and Therapists, State Board of Examiners for Speech-Language Pathology and Audiology, State Board of Chiropractic Examiners, Oregon Board of Naturopathic Medicine

HB 3509 - WATCH

HB 3509 would have allowed counties to regulate the location of sex offender treatment facilities.

HB 3526 - WATCH

HB 3526 would have established requirements for a comprehensive local plan adopted by a local mental health authority.

SB 88 - WATCH

SB 88 would have required the superintendent of the state mental hospital or director of the facility to give notice to the district attorney and counsel for a defendant of court's determination that the defendant lacks substantial probability of having the capacity to stand trial or that the defendant is entitled to discharge.

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SB 89 - WATCH

SB 89 would have required the superintendent of the state mental hospital or director of the facility to evaluate a defendant for capacity to stand trial if the district attorney intends to file charges against the defendant after the defendant is discharged by a court order.

SB 98 - WATCH

SB 98 would have established a primary care provider loan repayment program in the Oregon Health Authority.

SB 100 - WATCH

SB 100 would have required the Oregon Health Authority to work with coordinated care organizations and stakeholders to develop recommendations for the Legislative Assembly for advancing the use of health information technology.

SB 101 - WATCH

SB 101 would have eliminated from the impaired health professional program the requirement that employers of the programs participants establish minimum training requirements for supervisors of participants.

SB 162 - WATCH

SB 162 would have exempted association health plans from requirements applicable to small employer health benefit plans.

SB 165 - WATCH

SB 165 would have added definitions for "cost-sharing" and "essential health benefits" to the Insurance Code.

SB 170 - WATCH

SB 170 would have established a Task Force on Educator Health Benefits.

SB 171 - WATCH

SB 171 would have required impaired health professional programs to maintain a physical location or locations in this state that are sufficient to allow enrolled licensees to physically meet with program representatives.

SB 292 - WATCH

SB 292 would have required specified state agencies, boards and commissions to report to the Legislative Assembly or Emergency Board on a plan to abolish an agency, board or commission or to merge with another agency, board or commission.

SB 302 - OPPOSE

SB 302 would have transferred duties, functions and powers relating to issuance of authorizations and enforcement and certain other duties, functions and powers, from State Board of Psychologist Examiners, Occupational Therapy Licensing Board, State Board of Licensed Social Workers, Oregon Board of Licensed Professional Counselors and

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Therapists, State Board of Examiners for Speech-Language Pathology and Audiology, State Board of Chiropractic Examiners, Oregon Board of Naturopathic Medicine.

SB 334 - WATCH

SB 334 would have required, until June 30, 2016, medical assistance coverage of prescription drugs that are immunosuppressant drugs or drugs for treatment of seizures, cancer, HIV or AIDS.

SB 352 - WATCH

SB 352 would have authorized a district attorney to initiate commitment proceedings when a person charged with certain crimes lacks the capacity to stand trial for a crime and is dangerous and in need of commitment.

SB 364 - WATCH

SB 364 would have established an Applied Behavior Analysts Board in the Oregon Health Licensing Agency.

SB 366 -WATCH

SB 366 would have required insurers to pay indemnities under a health insurance policy directly to providers of health services.

SB 379 - WATCH

SB 379 would have limited patient data that must be reported to the Oregon Health Authority by providers of mental health and addiction services.

SB 381 - WATCH

SB 381 would have established requirements for licensure of providers of applied behavior analysis services.

SB 399 - WATCH

SB 399 would have required state agencies to deposit moneys agencies receive through imposition of civil penalties into the General Fund and not into the other funds account continuously appropriated to agency.

SB 412 - WATCH

SB 412 would have expanded the definition of "public body" subject to public meetings law to include coordinated care organizations.

SB 413 - WATCH

SB 413 would have required an insurer offering health benefit plans to provide annual notice to policyholders of specified information about the Department of Consumer and Business Services' rate review process .

SB 415 - WATCH

WHAT THE MEASURE DOES: Prohibits discretionary clauses in health insurance policies, contracts and certificates offered or issued in Oregon.

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SB 459 - WATCH

SB 459 would have required coordinated care organizations to establish a grievance procedure for providers and health care entities participating, or wishing to participate in an organization to dispute decisions made by the organization.

SB 515 - WATCH

SB 515 would have authorized the Director of Department of Consumer and Business Services to conduct public meetings on an insurer's request for approval of premium rates for individual or small employer health benefit plan.

SB 530 - NEUTRAL

SB 530 would have directed certain health professional regulatory boards to adopt rules by January 1, 2016, requiring licensees to document participation in continuing education opportunities relating to cultural competency approved by Oregon Health Authority.

SB 608 - WATCH

SB 608 would have required the Department of Consumer and Business Services to adopt form and standards for enrollees to claim reimbursement of out-of-network provider charges paid by the enrollee.

SB 621 - WATCH

SB 621 would have required the Director of the Oregon Health Authority to appoint members to an advisory committees or subcommittees of Health Evidence Review Commission if the commission determines it lacks the required expertise or upon request by an interested outside party.

SB 686 - SUPPORT

SB 686 would have included insurance in the definition of real estate, goods and services that are subject to penalties for unlawful trade practices.

SB 687 - WATCH

SB 687 would have required coordinated care organizations to screen combat veterans and members of Armed Forces for mental health and traumatic brain injury.

SB 723 - WATCH

Sb 723 would have authorized the Public Employees' Benefit Board and Oregon Educators Benefit Board to contract with coordinated care organizations to provide health coverage to public employees.

SB 729 - WATCH

SB 729 would have allowed coordinated care organizations to participate in Oregon Health Insurance Exchange.

SB 823 - WATCH

SB 823 would have required the Oregon Health Authority to create new programs and

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expand existing programs to increase capacity statewide to provide mental health services and serve individuals with mental illness.

SB 827 - WATCH

SB 827 would have clarified which activities of groups forming coordinated care organizations are exempt from state and federal antitrust laws under the state action doctrine.

SJR5 - WATCH

SJR 5 proposed an amendment to the Oregon Constitution to allow the legislature to impose limitations on civil damages.

SJR30 - WATCH

SJR 30 proposed an amendment to the Oregon Constitution to limit awards of non-economic damages in medical liability actions to \$1 million.