Coalition of Local Health Officials

2015 Legislative Session

Final End of Session Report

Adjourned Sine Die July 6th

End of Session Report

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# 2015 Legislative Session Overview

​The 2015 Legislative Session of the Oregon Legislative Assembly organized on January 12, 2015, with newly elected officials being sworn in. On February 2nd, 2015 the session began in earnest.

The 2014 November General Elections left the Democrats with strong majorities in both the House (35-25) and Senate (18-12). House Speaker Tina Kotek (D- N. Portland) and Senate President Courtney (D-Salem) were both re-elected by their peers to lead their respective Chambers. Senator Devlin and Representative Buckley were appointed to Co-Chairs of the important Ways and Means budget committee.

While it seems like a lifetime ago this session will be remembered for the political controversy surrounding Oregon’s First Lady, Cylvia Hayes, at the beginning of the legislative session with former-Governor Kitzhaber. In early February the rumors in the Capitol had reached a fever pitch when the leaders of the House and the Senate finally asked Governor Kitzhaber to resign. Governor Kitzhaber resigned on Friday, February 13th, and on February 18th, Secretary of State Kate Brown took the oath of office as Oregon’s 38th Governor. While she announced a few new staff members she largely kept members of former-Governor Kitzhaber’s staff while she worked to transition to the new office in five short days.

This Legislative Session will be remembered as much by what was accomplished as what was not accomplished. The 2015 Legislature invested $7.4 billion for K-12 education, created a mandatory sick leave policy for businesses, Low Carbon Fuel Standards, creating framework for marijuana legalization and set us on a path for modernizing our public health System. However, the legislature was unable to agree on a Transportation Package, increasing the minimum wage, or increasing the tobacco tax.

Adjourning sine die will mean dueling press releases on the legislative success and shortfalls and only time will tell how this legislative session is remembered.

# CLHO Priorities and Background

Many thanks to the members of the CLHO Legislative Committee who met once a month before session and twice a month during session to provide local public health perspectives and made recommendations to CLHO.

Prior to session CLHO staff and Legislative Committee sent out a survey to collect input on potential priorities. After reviewing the survey results the Legislative Committee prioritized six policy issues and asked staff to research the issue with potential solutions.

CLHO Legislative Committee developed an agenda of both policy and budget issues to start off the session right and the CLHO Board endorsed the following as our Legislative Agenda:

2015 CLHO Legislative & Funding Priorities:

1. Prohibit use and restrict access of E-Cigarettes by children under 18 and treat E-cigarettes like other tobacco products in Oregon law.
2. Restrict access to marijuana for infants and toddlers by requiring childproof containers, and strengthen restrictions against smoking marijuana indoors.
3. Support the Modernization of Public Health Task Force Recommendations within a four-year timeline and include state –local shared governance in legislation.
4. Preserve current funding for local health departments (includes CCare and TMSA/ TPEP Investments).
5. Increase funding to local health departments for comprehensive communicable disease prevention, planning and response activities.
6. Support $14 million in TMSA funds for chronic disease prevention and state and local public health infrastructure (POP 404, POP 405, PE Grants, TPEP)

# HB 3100 - Public Health Modernization

Recommendations by the Task Force on the Future of Public Health, created by HB 2348 (2013), envision a modern public health system that offers foundational public health programs and capabilities available in communities across Oregon. A modernized public health system is needed to keep Oregonians healthy-reducing the need for costly medical care, and assuring that children are ready to learn before entering a classroom.

CLHO supported **a new conceptual framework for Governmental Public Health in Oregon.** This framework will determine the foundational capabilities and programs that are present at every health department so that every Oregonian can be assured public health is providing them with the services that are essential in all communities.

An modernized public health system requires the flexibility to respond to new health challenges resulting from emerging infectious diseases, and aging population and changing chronic illnesses. This focus on capabilities and programs will ensure that all Oregonians have a local health department with the skills and services best needed to serve their community.

CLHO worked closely with the Task Force on the Future of Public Health and, in addition to supporting the recommendations created by the Task Force, we recommend:

* Adopting the Foundational Capabilities and Programs into statute with state funding to support implementation and capacity; and
* Creating a timeline of four years for implementing the adoption of the foundational capabilities and programs; and
* Ensuring State and Local health officials share responsibility for implementing a fully coordinated public health system.

Representative Greenlick and Senator Monnes Anderson both did a great job carrying the bills in their respective Chambers. They both focused on the importance of this bill when speaking to their colleagues.

The bill passed the House 54-5 and the Senate 18-10 and was signed into law by the Governor on XX.

Now the real work begins over the next two years to develop a plan, and funding request to move forward this new framework for state and local public health.

# Budget Bills

The Co-Chairs of the Joint Ways and Means Committee, Senator Devlin and Representative Buckley, came into the their roles this session with a vision and a framework that they released well in advance of the start of legislative session. The change in Governor did raise some early questions but they did not slow the legislature down. The joint Ways and Means Committee held their usual road show in the middle of session to hear priorities from communities around the state.

## SB5526 – Oregon Health Authority Budget

The Legislature approved a total Oregon Health Authority budget of $19.5 billion, including $2.1 billion General Fund, $11.3 million Lottery Funds, $5.8 billion Other Funds, $11.5 billion Federal Funds and 4,377 positions. The total funds budget is 9.9% higher than the 2013-15 budget, primarily the result of the expansion of health coverage under Medicaid, effective January 2014. The General Fund budget increases 9.2% over 2013-15. This budget also includes $122 million of Tobacco Master Settlement Agreement revenues, to fund the Oregon Health Plan, community mental health services, and tobacco prevention and cessation programs.

The Public Health Division Budget includes:

* $1.525 CCare General Fund restored to continue current caseload in the program (the former-Governor’s budget reduced the CCare budget by $2.8 million General Fund);
* $494,000 increase in forecast for tobacco revenues for a total of $15.6 million in Tobacco Use Reduction Account;
* $4.12 million in Tobacco Master Settlement Agreement funding for tobacco prevention (restoring former-Governor’s budget reduction);
* $500,000 for the planning and assessment work in HB 3100 – Public Health Modernization.
* $1 million in General Fund for emergency planning and response;
* $5 million reduction in general fund backfilled with Medical Marijuana licensing fees ending balance from the 13-15 biennium. In the final budget report the following language was included indicating that the funds swap is for General Funds dedicated to State Support for Public Health, “the Subcommittee expressed their expectation that this revenue source will be adequate to fund this program on an on-going basis. If that does not turn out to be the case, General Fund is intended to backfill this program, as well as other programs in Public Health where medical marijuana revenues have been used to replace General Fund.”

## HB5016 – Oregon Department of Education

The Legislature approved an Oregon Department of Education budget total funding level of $2,216,004,116 for the department, excluding the State School Fund, which is 6.5 percent more than the 2015-17 Legislatively Approved Budget as of December 2014. The primary reasons for this growth include increases in early learning, career and technical education (CTE), Science Technical Engineer and Math (STEM), and child nutrition programs.

There were several areas of increase to note in the Early Learning Division within the Oregon Education Department. The Legislative Fiscal Staff provided a list of the changes in “Grant in Aid” portions of the budget that list out the investments of the Subcommittee.

Here are Early Learning Division highlights:

* $4.5 million in PE ($4.12 million from Tobacco Master Settlement Agreement funds)
* $1.22 million in Farm to Schools
* $15 million in Early Learning Hubs ($10.3 million increase)
* $24 million in Health Families Oregon ($9.5 million increase)

## HB5039 – Tobacco Master Settlement Agreement

SB 5539 is the bill that actually allocates the Tobacco Master Settlement Agreement funds. CLHO has been advocating for these funds to be dedicated in tobacco prevention as part of the TMSA Coalition for two biennia. The TMSA Coalition was advocating for these funds to go to Physical Education grants, Tobacco Prevention and Healthy Communities (Obesity prevention).

1. To the Oregon Health and Science University Bond Fund established under section 14, chapter 921, Oregon Laws 2001............$ 30,909,888
2. To the Oregon Health Authority for expenses of the Oregon Health Plan............$101,760,000
3. To the Oregon Health Authority for community mental health programs...........$16,000,000
4. To the Department of Education for physical education related grants............$ 4,120,000
5. To the Oregon Health Authority for tobacco prevention and cessation programs............$ 4,120,000

The Legislature appropriates these bills in the TMSA budget bill but they are expended in the Oregon Health Authority and Department of Education budget bills.

## SB5507 – Budget Rebalance Bill

SB 5507 is the end of session budget rebalance bill. This bill, along with SB501, the program change, make the final changes needed to balance the state budget, and any additional final statutory changes needed. SB5507 makes the final budget changes adding more funds into a couple of areas of interest including:

* $10,000,000 for grants to Safety Net clinics
* $160,000 for Dental
* $200,000 for Senior Farm Direct Nutrition Program
* $100,000 for WIC Nutrition Program
* $600,000 for School-Based Health Centers ($300,000 for three new Centers and $300,000 for parity)

SB 5507 includes two budget notes that are of interest for public health (see below):

**Budget Note:**

Given the expanded Healthy Families Oregon home visiting funding added to the Early Learning Division’s budget, the Early Learning Division and the Oregon Health Authority are instructed to:

* Develop a set of outcome metrics connected to evidence of impact for consideration by the Early Learning Council and the Oregon Health Policy Board that any home based service that receives state dollars must meet in order to continue to receive state funds, effective July 1, 2016;
* Develop a plan and timeline for integrating the state’s professional development system for early learning providers with the emerging professional development system for home visitors; and
* Develop a common program agnostic screening tool to identify potential parent/child risk factors and intake form for families who are eligible for home visiting services and require implementation by state funded home visiting programs by July 1, 2016.

The Early Learning Division and the Oregon Health Authority shall report on progress to the appropriate legislative committee

**Budget Note:**

The Oregon Health Authority, in collaboration with the Department of Consumer and Business Services, shall work with the University of Oregon on the vaccination program for meningitis. The Department of Consumer and Business Services shall ensure timely insurance coverage is covering appropriate costs for those with insurance. The Oregon Health Authority shall, within existing emergency preparedness funds, work with the University of Oregon on funding appropriate costs. The Oregon Health Authority and the University of Oregon shall report to the appropriate legislative committee the final cost of the program including any additional funding needs by December 2015 and any recommendations to ensure effective and efficient response to any future events.

**Here is more information on the budget changes to OHA in HB 5507:**

***Safety Net Capacity Grants*** - $10,000,000 one-time General Fund resources to provide grants to safety net providers, through the Safety Net Capacity Grant Program. This program will provide grants to community health centers, including Federally Qualified Health Centers and Rural Health Centers, as well as School-Based Health Centers, with the goal of providing services for children not eligible for any current state program.

The agency will need to develop an application process for these competitive grants; develop a process to award the grants, including amounts to fund education and outreach to the target population; develop a process for clinics to report services rendered; provide reporting to the Legislature and stakeholders; and include a stakeholder engagement process to advise the program development and implementation.

***Dental Investments*** - The Subcommittee approved a one-time appropriation of $160,000 General Fund for OHA to contract with the Dental Lifeline Network, or other qualified organization, for development and operation of a Donated Dental Services program to benefit needy, disabled, aged, and medically compromised individuals. The program will establish a network of volunteer dentists, including dental specialists, to donate dental services to eligible individuals, establish a system to refer eligible individuals to appropriate volunteers, and develop and implement a public awareness campaign to educate individuals about the availability of the program.

The program will report to OHA at least annually the number of people served, procedures during the year, procedures completed, and the financial value of the services completed. The funding is part of a commitment to spending on senior programs that originated in the 2013 special session.

***Farm Direct Investments*** - The Subcommittee approved $200,000 General Fund for providing fresh Oregon-grown fruits, vegetables, and cut herbs from farmers’ markets and roadside stands to eligible low-income seniors under the Senior Farm Direct Nutrition Program. Another $100,000 General Fund was added for the same purpose for eligible individuals through the Women, Infants and Children Program. Both these program enhancements are one-time.

***School-Based Health Centers*** - General Fund was increased by $600,000 for school-based health centers. This funding will provide state grants of $300,000 to three new school based health centers that recently completed their planning processes. It will also allow the agency to provide $300,000 of funding to existing school-based health centers to bring all centers closer to parity in state funding.

# Tobacco Bills

While work on tobacco-control bills took up a major portion of the session only two tobacco-control bills actually passed. Senator Steiner-Hayward introduced a suite of bills including tobacco retail licensure, changing the age for tobacco use from 18-21, and moving tobacco-control efforts to the Oregon Liquor Control Commission along with recreational marijuana. In addition to these efforts Senator Monnes Anderson introduced a bill to ban flavored tobacco products.

Senator Monnes Anderson has expressed interest in working on a strong Tobacco and Inhalant Delivery System Retail License system for Oregon during the interim. We believe that the 2016 session will also include efforts to create an exemption to the Indoor Clean Air Act for Vapor Shops.

## HB2546 – E-Cigarette Regulation

HB 2546 prohibits the sale and use of Inhalant Delivery Systems by children under 18. In addition to these provisions it also works to protect children from accidental nicotine poisonings. HB 2546 makes it unlawful to distribute, sell or allow to be sold e-cigarette products to children under 18, and distribute or allow to be sold e-cigarette products that are not packaged in child-resistant packaging.

HB 2546 also treats e-cigarettes like other tobacco products and includes them in the Indoor Clean Air Act beginning January 1st, 2015. The other provisions of the bill will go into effect upon passage.

Marijuana Bills

CLHO’s Legislative Committee prioritized children’s health in the marijuana discussion. However, early on it was apparent that the issues the legislature would be working on were farther in the depths of marijuana regulation that CLHO had the band-with to dive into. After several meetings at the beginning of session it was clear that protecting children from accidental ingestion was an issue that there was consensus on and should be included in their final bill, or they would delay implementation of edibles so the Oregon Liquor Control Commission could have more time to work on this issue.

## HB2041 – Tax on Recreational Marijuana

HB 2041 sets a point of sale tax on recreational marijuana. Sales will be tax-free until Jan. 4, 2016 and after which a 25 percent tax would kick in. Once the full program is running, the statewide tax will be 17 percent, with a provision to let local governments impose an additional 3 percent tax. The 25 percent tax sunsets December 2016 and will never be applied in recreational dispensaries.

## HB3400 – Retail Sale of Marijuana

HB 3400 puts forth a legal framework for implementing Measure 91. It also creates a process for setting standards for testing, labeling and packaging of marijuana.  Additionally, HB 3400 addresses the “leakage” of medical marijuana into the black market by establishing a tracking and reporting system for growers, while placing sensible plant limits on medical marijuana crop sizes.

In section 103, HB 3400 requires the Oregon Liquor Control Commission to consult with the Oregon Health Authority and the Oregon Department of Agriculture to develop rules that establish standards for the packaging of marijuana items that ensure products are packaged in child-resistant safety packaging and are not marketed in a manor that is attractive to minors among other requirements.

## SB460 – Marijuana Dispensaries

SB 460 allows for adults over the age of 21 to buy small amounts of pot from medical marijuana dispensaries starting Oct. 1, giving consumers an avenue for legal sales after possession becomes legal but before the state has a full system set up for recreational marijuana retailers. SB 460’s early start piece will help shift consumer demand away from the black market and into legitimate markets.

## SB844 – Task Force on Cannabis

SB 844 establishes the 15-member Task Force on Researching the Medical and Public Health Properties of Cannabis. The measure also addresses when a criminal conviction related to marijuana may be eligible for expunction. In addition, the bill modifies limitations for medical marijuana cardholders who are in palliative or hospice care and specifies that transplant hospitals may not deny a transplant to someone on the basis that the person is a registry identification cardholder.

## HB5047 – Implementing BM 91

This budget bill includes Other Funds expenditure limitation necessary for a number of agencies to implement House Bill 3400, House Bill 2041, Senate Bill 460 and Senate Bill 844, all related to marijuana programs. The affected agencies include the Oregon Liquor Control Commission, Oregon Health Authority, Department of Human Services, Department of Revenue, and Department of Agriculture. The Subcommittee approved a total of $17.5 million Other Funds expenditure limitation across the five agencies, and approved 77 positions (54.90 FTE).

The Subcommittee approved a budget for the Oregon Health Authority (OHA) medical marijuana program that includes $5.8 million Other Funds expenditure limitation and 25 positions (19.58 FTE) that will be paid using fee revenues generated by licensing growers, processors, and dispensaries. A portion of the expenditures ($1.3 million) will be passed through to Shared Services in both OHA and the Department of Human Services to support positions in the Office of Information Services and the Background Check Unit (15 positions and 6.26 FTE). Staffing is included to do inspections and enforcement related to grow sites, processors, and dispensaries, including work related to the early start of retail sales in dispensaries. Fourteen full-time Compliance Specialists positions (11.17 FTE) are included to do this work. The three positions related to the early start of retail sales in dispensaries are limited duration. The approved budget includes staff to manage the program, including policy, rule-making, communication and education.

# Women’s Health Bills

This session was quite a success for Women’s Health. Planned Parenthood and Women’s Health and Wellness caucus came into the session working for a comprehensive women’s health bill that would have aligned many provisions with the Contraceptive Care (CCare) program to ensure that all women had access to preventative care. The bill also contained a very controversial provision to ensure access to safe abortions and didn’t receive a hearing. There were several other bills that passed this session to ensure access to birth control and client protection.

## HB2758 – Client Protection

HB 2758 prohibits insurance carriers and third-party administrators from disclosing to anyone other than the enrollee receiving services, personal information about an enrollee, upon the request of the dependent enrollee. This bill specifies procedure for enrollees making a confidential communication request. The Department of Consumer and Business Services is required to submit a report no later than December 1, 2016 on the effectiveness of the process.

## HB2879 – Pharmacy Prescribing Birth Control

HB 2879 directs Board of Pharmacy (BOP) to adopt rules allowing licensed pharmacist to prescribe and dispense hormonal contraceptives to persons 18 and older, or persons under 18 years of age, if that person has evidence of previous prescription. This bill directs BOP to work in consultation with Oregon Medical Board, Oregon State Board of Nursing and Oregon Health Authority, with consideration of American Congress of Obstetricians and Gynecologists guidelines, to develop standard procedures for prescribing contraceptives. The bill further specifies that rules need to include: BOP-approved training program; requirement that patient use self-screening risk assessment tool prior to pharmacist prescribing contraceptive; that pharmacist advise and refer patient to patient’s primary care practitioner upon prescribing and dispensing contraceptive; provides patient with written record of contraceptive prescribed and dispensed.

## HB3343 – 12 Months Dispensing of Birth Control

HB 3343 would require health insurance plans to cover a 12-month distribution of birth control, after an initial three-month supply. HB 3343 would closely emulate the practices in the CCare program.

# Environmental Health Bills

There was quite a bit of discussion of bills protecting the public’s health by addressing environmental concerns such as aerial pesticide spraying, radon and asbestos in demolished old homes, diesel pollution and many others. While many of these bills did not make it through the whole legislative process, some did. Here are a couple of bills that may be of interest to local public health.

## SB478 – Toxic-Free Kids Act

SB 478 establishes the “Toxic-Free Kids Act” requiring the Oregon Health Authority to establish and maintain on its website a list of designated high priority chemicals of concern for children’s health used in children’s products. OHA is directed to review and revise to keep the list current.

## HB3225 – Oil Train Planning

HB 3225 directs the Oregon State Fire Marshall to adopt a plan to coordinate response to oil or hazardous materials spills or releases that occur during rail transport. The bill establishes the Oil and Hazardous Material Transportation by Rail Action Fund to receive and account for gifts, grants, donations, endowments, or bequests from any public or private source to carry out the provisions of this bill, and requires the Fire Marshal to submit a report by February 1st each year to the Legislative Assembly.

A $365,225 General Fund appropriation was made to the Oregon State Police’s 2015-17 budget, which will allow the Office of the State Fire Marshal to hire a position to coordinate outreach and develop the spill response plan with local public safety organizations; and provide funding for exercises, training, and support for local public safety partners.

## HB3549 – Aerial Pesticides

HB 3549 requires the Oregon Department of Agriculture to establish qualifications for obtaining and maintaining an aerial pesticide applicator certificate, requires the Pesticide Analytical Response Center to develop standards for response to pesticide related complaints, requires a biennial report to the Legislative Assembly, and increases the maximum the Department may establish as a pesticide registration fee. In addition, the bill requires the Department to operate a 24-hour hotline to receive and coordinate responses to pesticide related complaints by the public and report to the Legislative Assembly biennially.

# Child Health & Early Learning Bills

## SB213 – Early Learning Hub Metrics

SB 213 codifies provisions in HB 2013 from the 2013 legislative session, which authorized the establishment of Early Learning Hubs. These include authority to require a local match. SB 213 instructs the Early Learning Council to develop metrics that focus on community readiness and tracking outcomes. These metrics are also to include child performance metrics. SB 213 also requires an annual report to the Legislature by September 15th of each year as well as an evaluation of the Hubs and their performance by February 2019, with recommendations. The budget for the Oregon Department of Education (SB 5016) will provide the funding of this evaluation.

## SB520 – Pharmacists Immunizations

SB 520 modifies the age for which pharmacist may administer vaccines from eleven to seven years of age and older.

## SB698 – School Nurses

SB 698 creates a position of a State School Nursing Consultant in the Oregon Health Authority to coordinate and collaborate with the Oregon Department of Education’s school nurse specialist in providing leadership and integration in the delivery of nursing services in schools. The bill also establishes the 14-member Task Force on School Nursing charged with examining and recommending sustainable funding sources for school health services. One of the seats on the Task Force is dedicated to a representative of Local Public Health Officials.

## SB895 – Immunization Education

SB 895 requires schools and children facilities to report annually to the Oregon Health Authority on the number of children served by the school who are in attendance conditionally because of an incomplete immunization schedule. The bill also requires local health departments to make available aggregate data on the immunization rate, by disease, of children in the area. OHA is required to help compile this data, if requested. Schools and children facilities are, in turn, required to make this information available to parents.

## SB901 – Insurance reimburse provider, not the client

SB 901 requires provider that bills insurer for covered hospital, nursing, medical or surgical services to be reimbursed directly by insurer. Applies to reimbursements on claims on or after January 1, 2017.

# Social Determinants of Health Bills

## SB454 – Mandatory Sick Time

SB 454 requires most employers having six or more employees to implement a sick time policy allowing an employee to earn, accrue, donate or use up to 40 hours of paid sick time per year. Most employers who employ fewer than six employees are required to implement an unpaid sick time policy.

# Bills that Did Not Pass

This is the short list of bills that didn’t pass this legislative session. It is important to note that several of the bills were high priorities for CLHO and CLHO staff spent quite a bit of time lobbying on these bills as well as those that passed. Several of these bills are assured to come back in future legislative sessions and we may see the minimum wage bill on the 2016 Ballot.

## Tobacco Retail Licensure – SB663/ SB417 /HB3534

Senator Steiner Hayward introduced the original bill, SB 417, which died in the Senate Business and Transportation committee. In order the keep the concept alive the Senate Health Care Committee “gut n stuffed” SB 663, the Public Health Modernization bill, and moved the bill to Senate Finance and Labor committee. Senator Hass tried to broker a compromise between the public health community and the tobacco industry but was unsuccessful. I suspect that we will see this issue in future legislative sessions.

## Smoke Shop Fee - SB416

SB 416 requires smoke shops to pay a certification fee to the Oregon Health Authority. These certifications must be renewed every five years. The Oregon Health Authority currently certifies smoke shops, but the smoke shops do not pay a fee. Instead the costs of certification come out of funding dedicated for tobacco prevention and education. Unfortunately at sine die SB 416 did not pass. It passed the Senate but died in the House. There was an unsuccessful effort to revive it in the final hours of session.

The two major points of contention in this bill were the preemption on cities and counties to create retail license programs, and an amendment for Vapor shops to allow the sampling of products indoors.

## Tobacco Tax – HB2066/ HB2166 / HB2555

There was little real discussion of any of these bills during the legislative session.

## E-Cigarette Tax – HB2074/ HB2134

E-Cigarette tax was an issue that we will probably see in future legislative sessions. In theory, there was broad support across party lines. Like many issues the devil will be in the details. An e-cigarette tax and retail licensure would compliment each other very nicely.

## Tobacco Preemption Lift – HB2160/ HB2162

While there was interest in lifting the preemption on local jurisdictions in concept there was very little movement in public.

## Community Benefit to Public Health – HB2304

Representative Greenlick likes to recycle ideas he’s had from previous sessions and this is one of those bills. The Hospitals and Health System Association greatly opposed this bill and it didn’t receive a hearing.

## Tobacco Flavor Ban – SB415

Senator Monnes Anderson has been very worried about the fact that flavored tobacco targets youth. The Senate Health Care Committee held a hearing on this bill and then referred the bill to Senate Finance to discuss the potential impact this bill would have on tobacco tax revenue.

## Eliminate Immunization Exemptions – SB442

Senator Steiner-Hayward introduced SB 442 that would have eliminated all philosophical exemptions for vaccines. This was probably one of the most controversial bills this legislative session.

## Comprehensive Women’s Health – SB894

SB 894 was the comprehensive women’s health bill introduced this session. This bill included provisions for women to access safe abortions and did not receive a hearing. Legislators turned their attention to other women’s health bills that would have the political support to pass.

## Clean Diesel – SB 824

While SB 824 was compromised to a Task Force to Investigate a Clean Diesel Program there just wasn’t enough momentum to get the bill through the legislative session.

## Minimum Wage Increase $15 – HB2009

Discussion of increasing the minimum wage is not an issue that will die with the 2015 legislative session. There are already discussions about potential ballot initiatives and coming back for a compromise bill in the 2016 legislative session.

## Nurses at Blood Drives – HB2541

An priority bill for the Oregon Nurses Association, HB 2541 would have required nurses at blood drives helping to ensure the safety of blood drives and the blood supply.

## Senior Farm Direct Nutrition Increase – SB700

While SB 700 didn’t pass there was additional funding to Senior and WIC Farm Direct Nutrition in the final budget bill that passed.

# Appendices –