

**Coalition of Local Health Officials**  
2017 Legislative Session  
End of Session Report

Adjourned Sine Die July 7<sup>th</sup>, 2017

End of Session Report  
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## 2017 Legislative Session Overview

This session began on the heels of an ugly fight for an initiative that would have raised revenue to assist in balancing the state budget. With the failure of Ballot Measure 97 Oregon's budget shortfall was upwards of \$1.8 billion. The legislative session was dominated by the discussions around revenue reform, PERS reform and cost-cutting actions. Republicans and Democrats were concerned about how to balance the budget, however, each party had significantly different strategies to do so (cost containment vs. revenue raising).

### *Public Health Wins -*

While not all of these bills were top priorities for CLHO they will go a long way to improving the health of Oregonians. These wins are not in any particular order and you can find more information about each in the report.

### **Funding Wins –**

- **\$5 million for Public Health Modernization**
- **\$10 million to fund a suite of reproductive health services, pre-natal and post-partum care for undocumented women**
- **\$36 million to fund health coverage for all undocumented children in Oregon**
- **No reductions to State Support for Public Health, Babies First! or School Based Health Centers**

### **Policy Wins -**

- **Raising the age of sale of tobacco and e-cigarettes from 18 – 21**
- **Requiring insurance companies to cover vaccines during an outbreak or emergency**
- **Medical Boards set prescribing guidelines for opiates**
- **Expanding naloxone to help reduce opiate overdose deaths**

Unfortunately another session passed without action on either establishing an e-cigarette tax or a traditional tobacco tax increase. Statewide Tobacco Retail Licensure (TRL) also died this legislative session. While the Clean Diesel bill technically passed it didn't establish the major goals of the original bill. Many of these bills will be introduced during the short session in February.

## CLHO Legislative Priorities

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 on positions and priority to the CLHO Board of Directors.

Prior to session CLHO staff and the Legislative Committee considered issues of interest that would both strengthen local public health and help to create healthier communities across Oregon.

The CLHO Legislative Committee developed an agenda of both policy and budget issues to start the session, and the CLHO Board endorsed the following as our organization's Legislative Agenda:

2017 CLHO Legislative & Funding Priorities:

### **SUPPORT AND IMPROVE THE PUBLIC HEALTH SYSTEM**

- Continue to fund important public health programs
- Fund Public Health Modernization with a \$30 million first step investment

### **ENACT TOBACCO PREVENTION POLICIES TO DECREASE YOUTH USE OF TOBACCO / NICOTINE**

- Enact a e-cigarette tax at a level high enough to discourage youth use to prevent the next generation of cigarette users
- Enact a statewide Tobacco Retail Licensure program to create a better enforcement system and punish bad actors from selling to youth
- Raise the age of sale of cigarettes/ other tobacco products and nicotine from 18 – 21 to ensure youth don't get addicted while their brains are still developing

### **SUPPORT CLEAN DIESEL LEGISLATION TO PROTECT FRAGILE CHILDREN FROM DIESEL PARTICULATE EXPOSURE**

- Enact diesel legislation and incentive programs created to protect everyone in Oregon from the health impacts of diesel pollution

**Many thanks to members of the CLHO Legislative Committee for their work this session!**

Silas Halloran-Steiner (Yamhill), Chair; Philip Mason (Clackamas), Vice-Chair; Charlie Fautin (Benton); Muriel DeLaVergne-Brown (Crook); Erika Zoller (Clackamas); Bruce Thomson (Benton); Ellen Larsen (Hood River); Courtney Vanbragt (Klamath); Rebecca Austen (Lincoln); Rachael Banks (Multnomah); Laurel Moses (Multnomah); Katrina Rothenberger (Polk); Carrie Brogoitti (Union); Tricia Mortell (Washington); Gary Vanderveen (Yamhill)

## Public Health Modernization – HB 2310

CLHO's top priority this session was to secure funding to implement the first phase of Public Health Modernization statewide and secure some technical changes to the bill that created Public Health Modernization, HB 3100 (2015).

*Public Health Modernization Funding* - There were several strategies CLHO staff used for generating the legislative support for this funding priority: we built a coalition of support, use a policy bill with a fiscal to build legislative support and use the OHA budget public hearing as an opportunity to discuss the need for public health funding. In addition to bringing attention through local health officials testimony and coalition partners, CLHO staff continued to meet with the Ways and Means members throughout the session. Overall legislators had a really tough time understanding the need for funding for Public Health Modernization. It was very important throughout the session to get very specific. Only when the Ways and Means Co-Chairs and Leadership saw a very specific plan for the \$5 million would they allow the funding to move forward.

Here are the major elements of the \$5 million plan:

\$ 3,900,000 – Special Payments to Local Public Health Authorities

\$1,100,000 – Public Health Division funding includes:

- \$261,426 - Chief Science Officer – Coordinate communicable disease prevention efforts and provide technical assistance
- \$838,574 – Data Reporting and Accountability Metrics tracking – (including BRFFS race over-sample, Oregon Healthy Teens survey and ALERT IIS Updating)

*Policy Changes to Modernization* - In addition to funding public health modernization this session there was a need for some technical changes to the HB 3100 that passed in 2015. HB 2310 was an agency bill that included some technical fixes to the language in HB 3100 (2015) establishing the framework for Public Health Modernization. County lobbyists, CLHO and OHA meet for the first two months fairly regularly to get agreement on the final language that passed unanimously in both chambers.

There is clearly a lot of work to be done to get legislative support for the very important public health prevention work within Public Health Modernization. Preparing for the 2019 legislative session much include work to get much more specific about the work within the Foundational Capabilities and Programs under the umbrella of "Public Health Modernization."

## Budget Bills

### HB 5026 – Oregon Health Authority Budget

#### *CLHO Position – Support w/ Amendments*

The Oregon Health Authority has a budget of \$2,198,573,066 General Fund, \$12,461,733 Lottery Funds, \$6,582,313,697 Other Funds expenditure limitation, \$10,922,831,459 Federal Funds expenditure limitation, \$40,000,000 Other Funds Nonlimited and \$106,448,361 Federal Funds Nonlimited, for a total funds budget of \$19,862,628,316 and 4,571 positions (4,531.60 FTE). The budget represents an increase of 1.9 percent General Fund and a total funds decrease of 1.4 percent, compared to the 2015-17 Legislatively Approved Budget. The small General Fund increase is made possible by the increases in Other Funds revenues available to fund OHP, as well as decreased caseload forecasts

*Health Services Division* –Health Services Division Budget of \$14,494,115,001, including \$1,438,453,274 General Fund, \$12,230,163 Lottery Funds, \$2,570,401,306 Other Funds expenditure limitation, \$10,473,030,258 Federal Funds expenditure limitation and 765 positions (756.10 FTE). The total funds budget is 1.8 percent lower than the 2015-17 Legislatively Approved Budget. This is primarily the result of the ACA caseload stabilizing in 2017-19 at a somewhat lower level than in 2015-17. The General Fund budget has increased by \$9.7 million since 2015-17, or 0.7 percent. The small General Fund increase is made possible by the increases in Other Funds revenues available to fund OHP, as well as decreased caseload forecasts.

*Public Health Division* – Public Health of \$587,634,827 total funds, which includes \$57,418,481 General Fund, \$150,322,819 Other Funds expenditure limitation, \$40,000,000 Other Funds Nonlimited, \$237,164,476 Federal Funds expenditure limitation, \$102,729,051 Federal Funds Nonlimited, and 749 positions (732.16 FTE). The budget represents a total funds decrease of 7.0 percent and General Fund increase of 44.0 percent compared to the 2015-17 Legislatively Approved Budget. The increase in General Fund is driven by the need to replace declining medical marijuana revenues and from an investment in Public Health Modernization

Here are the major funding aspects of the Public Health Division budget:

- \$5 million General Fund increase for Public Health Modernization – A \$5 million plan based on 78% going to local public health departments and 22% staying at the Public Health Division has been approved by the Co-Chairs of the Budget Committee.
- \$12.1 million General Fund to backfill Medical Marijuana reductions - For 2017-19, General Fund will completely replace transfers of medical marijuana revenues for the following programs: Emergency Medical Services/Trauma (\$3.1 million), Drinking Water (\$4.2 million), WIC Farmer's Market (\$6,250), School Based Health Centers (\$0.7 million), and CCare (\$3.4 million). All figures include cost allocation expenses. In addition, \$745,111 General Fund will be added to State Support for Public Health, in lieu of medical marijuana revenues, leaving a total of \$7.1 million of medical marijuana revenues in this program.
- \$2.0 million General Fund reduction in CAREAssist, \$525,000 in the Oregon Contraceptive Care (Ccare) family planning program, and \$180,000 in the Breast and Cervical Cancer Screening program to properly reflect the General Fund needed to support those programs' current caseloads and costs.

- \$3.6 million Other Fund reduction in Tobacco Master Settlement Agreement resources to Public Health were reallocated to the Health Systems Division to help fund the Oregon Health Plan. These resources currently help fund tobacco prevention and cessation programs, along with a total of \$16.3 million in tobacco tax revenues that fund the Tobacco Prevention and Education Program. These tobacco tax revenues will remain in the budget, and were increased by \$1.1 million consistent with the May 2017, Office of Economic Analysis revenue forecast.

## HB 5516 – Oregon Department of Education

CLHO Position – No Position

Early Learning Division is funded with \$380,557,077 total funds, including \$247,940,701 General Fund. This is a 3.9 percent total funds and 10.4 percent General Fund increase from the 2015-17 Legislatively Approved Budget. This set of programs, which was established in ODE by House Bill 3234 (2013), funds services to children ages zero to six. Other Funds expenditure limitation and Federal Funds expenditure limitation support childcare and Head Start collaboration. The funding mechanism is generally grants to other entities. The largest program funded with these resources is the Employment Related Day Care (ERDC) administered by the Department of Human Services (DHS).

Here are the Early Learning Division Programs and funding:

Early Learning Division	General Fund	Total Funds
Oregon Prekindergarten/Early Head Start	152.3	152.3
Healthy Families	24.8	29.5
Office of Child Care	2.1	125.2
Relief Nurseries	8.9	11.0
Kindergarten Partnership Initiative	9.1	9.1
Early Learning HUBs	15.0	17.8
Early Learning Service Providers Capacity Building	-	-
Preschool Promise	35.7	35.7
<b>TOTAL</b>	<b>\$ 247.9</b>	<b>\$ 380.6</b>

## SB 5539 – Tobacco Master Settlement Agreement

CLHO Position – No Position

On November 23, 1998 46 states and the four largest United States tobacco manufacturers, Philip Morris Incorporated, R. J. Reynolds Tobacco Company, Brown & Williamson Tobacco Corporation, and Lorillard Tobacco Company, collectively known as the Original Participating Manufacturers (OPMs) entered into an agreement known as the Master Settlement Agreement (MSA). For release from past and present smoking-related claims by the states and for a continuing release of future smoking-related claims, the OPMs agreed to make annual payments to the states in perpetuity.

The Subcommittee approved the following allocations from the Tobacco Settlement Funds Account:

- \$30,906,415 is allocated to the Department of Administrative Services, Oregon Health and Science University Bond Fund to pay debt service and administrative fees on the Oregon Opportunity Bonds.
- \$3,564,100 is allocated to the Department of Education for physical education related grants authorized by ORS 329.501.



- \$13,841,200 is allocated to the Oregon Health Authority for community mental health programs
- \$154,844,700 is allocated to the Oregon Health Authority for the Oregon Health Plan.

## **SB 5518 – Department of Environmental Quality**

*CLHO Position – No Position*

The Department of Environmental Quality has a total funds budget of \$383,275,720 and 743 positions (722.14 FTE). The budget includes \$44,981,201 General Fund, \$4,687,925 Measure 76 Lottery Funds, \$172,864,750 Other Funds expenditure limitation, \$131,686,687 Other Funds Nonlimited, and \$29,055,157 Federal Funds expenditure limitation. The approved budget makes reductions to existing service levels, eliminates long-term vacant positions and adds resources to air toxics monitoring, water quality improvement, wastewater permitting, wood smoke reductions, septic system grants and planning for a large information technology project.

Here are the policy packages for areas that CLHO has an interest:

- Package 114 – Reduce the Wood Smoke Emissions - Adds \$250,000 General Fund that will be used to support the wood smoke reduction program, which works with local communities to reduce wood smoke emissions through woodstove changeouts, education and outreach, and woodstove curtailment. This is added on a one-time basis.
- Package 115 – Reduce the Harmful Diesel Emissions - This package is tied to legislation that would modify the Clean Diesel Engine Fund to make explicit the agency's statutory authority to receive Volkswagen settlement funds and to expend them from the fund under the terms of the final decree. The package adds \$737,022 Other Funds expenditure limitation for one position to develop administrative rules during the first year of the biennium and then phases in three positions in the latter part of the biennium to implement the Volkswagen award program. With this level of staffing, DEQ expects that the entire settlement could be disbursed within eight years. The Settlement agreement allows the recipient to expend up to 15 percent of the received funds on administrative costs.
- Package 124 – Onsite Septic System Loan Program - Provides \$1,300,000 General Fund for low cost loans to repair or replace failing onsite septic systems and \$200,000 for administrative costs. SB 1563 (2016) established this program. DEQ will use an outside contractor to run the program. If the full \$200,000 isn't needed for administering the remaining funds are to be used to fund additional loans. This funding is added on a one-time basis.
- Package 136 – Lead Paint Task Force – This package adds \$50,000 to fund a lead based paint task force.

## **HB 5006 – End of Session Budget Reconciliation Bill**

*CLHO Position – No Position*

HB 5006 was the end of session budget reconciliation bill. This bill included the final budget adjustments to make the budget balance. This budget made several additions into the Public

Health Division Budget and included a budget note on the reduction of Tobacco Master Settlement funds into the Tobacco Prevention and Education Program.

Budget Note: The Oregon Health Authority, in collaboration with the Tobacco Reduction Advisory Committee, shall make recommendations to the Public Health Advisory Board on reductions to the Tobacco Prevention and Education Program, based on the loss of Tobacco Master Settlement Agreement (TMSA) funding, that reflects best practices for tobacco control, to minimize programmatic disruption. The Oregon Health Authority shall report to the Legislature the impact of the loss of TMSA funding to tobacco prevention in Oregon, across state and local programs, health communications, tobacco cessation, and data and evaluation.

\$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

\$1,000,000 General Fund was added for the same purpose for eligible individuals through the Women, Infants and Children Program

## **Communicable Disease**

### **HB 3276 – Vaccines in an Outbreak**

*CLHO Position – Support*

HB 3276 Engrossed requires health benefit plan coverage of health services to reimburse the cost of necessary antitoxins, serums, vaccines, immunization agents, antibiotics, antidotes and other necessary items if the Public Health Director determines that there exists a disease outbreak, epidemic or other condition of public health importance in a geographic area of the state or statewide. This bill also specifies that insurers cover the cost of necessary antitoxins, serums, vaccines, etc. The Public Health Director shall convene a task force to develop recommendations to improve student health insurance coverage.

The Public Health Director shall convene a task force consisting of representatives from public universities and other key stakeholders, including but not limited to representatives of:

- (a) The Department of Consumer and Business Services;
- (b) Insurers;
- (c) Coordinated care organizations; and
- (d) Local public health authorities.

### **HB 274 – Vaccine Preventable Disease Education**

*CLHO Position – Support*

SB 274 will require each post-secondary educational institution that provides housing for students to provide education on vaccine-preventable diseases (like meningitis) to students enrolling in the institution for the first time.

## **SB 579/ SB 580 / SB 869 – Vaccine Informed Consent**

### *CLHO Position – Opposed*

Oregonians for Medical Freedom introduced several bills to raise the bar and make it more difficult to get kids immunized. Each of these bills would have required providers to provide additional information about immunizations and potential risks beyond the basic education and make it more challenging to get children immunized.

## **Prevention and Health Promotion**

### **HB 2114 – Opiate Prescribing Guidelines**

#### *CLHO Position - Watch*

HB 2114 directs the Oregon Medical Board, the Oregon State Board of Nursing and the Oregon Board of Dentistry to provide notice to licensees regulated by each board who are authorized to prescribe opioids or opiates of the Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications, as endorsed by the Oregon Medical Board in January 2017 no later than January 1, 2018.

### **HB 2198 – Medical Marijuana Program Changes**

#### *CLHO Position - Watch*

House Bill 2198 establishes within OHA the Oregon Cannabis Commission. The commission will consist of nine members, which include the Public Health Officer or his/her designee and eight members appointed by the Governor according to specified criteria. Members of the commission are not entitled to compensation but may be reimbursed for travel expenses. The overall purpose of the commission is to determine a possible framework for the future governance of the Oregon Medical Marijuana Program (OMMP) and steps the state must take to ensure research on cannabis and cannabis-derived products is being conducted for public purposes. The bill also requires the commission to provide advice to OHA and the Oregon Liquor Control Commission (OLCC) with respect to the administration and enforcement of medical marijuana, and develop long-term strategic plans for ensuring cannabis will remain a therapeutic and affordable option for people with debilitating medical conditions. The commission must report its recommendations to the Legislature by December 15, 2017.

The budgetary impact on OHA and OLCC, of the provisions un-related to the Oregon Cannabis Commission, is currently indeterminate. The potential impact depends on the following: 1) the additional number of medical growers choosing to register for the METRC system by opting to transfer up to 20 pounds of marijuana per year; and 2) whether these medical growers elect to remain with OHA medical licensure as opposed to fully migrating to OLCC licensure. These variables are also tied to the fiscal impact of Senate Bill 1057, which directs OHA to enter into an agreement with OLCC to track marijuana plants and products produced in the medical marijuana system and allows OHA to charge a fee to support the tracking system. It is anticipated OHA and OLCC will return to the Legislature with updated licensee numbers, staffing needs and corresponding expenditure and revenue estimates after the January 1, 2018 deadline in Senate Bill 1057, by which growers, processors and dispensaries must file an application with OLCC, if they elect to fully migrate to OLCC licensure.

### **HB 2735 - Transfer Smoke Shops from OHA to OLCC**

*CLHO Position – Opposed*

This bill would have transferred duties, functions and powers of the Oregon Health Authority related to certification and regulation of smoke shops and cigar bars to the Oregon Liquor Control Commission.

### **HB 2736 – ICAA Exemptions**

*CLHO Position – Opposed*

This bill would have allowed the on-premise consumption of alcoholic beverages in smoke shops certified by the Oregon Health Authority.

### **HB 3404 – Rear Facing Car Seats Until Two**

*CLHO Position - Support*

HB 3404 requires toddlers to be in a rear-facing car seat until two years of age. This change mirrors the recommendations by the American Academy of Pediatrics.

### **HB 3440 – Overdose Prevention - Naloxone Expansion**

*CLHO Position – No Position*

HB 3440 Engrossed permits pharmacist, pharmacy, health care professional or any person designated by State Board of Pharmacy (SBP) to administer naloxone and distribute necessary medical supplies to administer naloxone. This bill provides good faith immunity from liability to individual who administers naloxone and prohibits insurer of health benefit plan from requiring prior authorization of payment during first 30 days of treatment with naloxone. It also prohibits individuals taking or intending to take prescribed medication for drug abuse or dependency treatment from being denied access to drug court. Oregon Health Authority (OHA) is required to develop and maintain online, searchable inventory with following information: each opioid and opiate abuse or dependency treatment provider in Oregon; treatment options offered by providers; and maximum capacity of each provider. OHA is directed to report annually to legislature on treatment options as specified, and every three months to local health department on total number of opioid and opiate overdoses and related deaths.

This bill was further amended to specify that prior authorization is not required during first 30 days of treatment with naloxone. Clarifies that prior authorization may be required for reimbursement for payment for prescribing opioids or opiates for purposes other than medical management or treatment of opioid or opiate abuse or addiction. OHA is required to develop criteria by which a practitioner may be required to receive training on prescribing opioids or opiates, establishing a Prescribing Practices Review Subcommittee to advise OHA on interpreting prescription information and the necessity of practitioner training, and requiring OHA to coordinate with health professional regulatory boards to make resources available to practitioners regarding the best methods to change prescribing practices with respect to opioids and opiates and to incorporate alternative pain management options.

### **HB 3461 – Department of Justice TMSA Enforcement**

*CLHO Position – Support*

HB 3461 will provide the Attorney General with increased enforcement authority over contraband with non-participating manufacturers in the Tobacco Master Settlement Agreement.

## **HB 3464 – Protecting Oregonians**

*CLHO Position – Support*

HB 3464 will prohibit a public body from disclosing specified information concerning person unless required by state or federal law. This bill will also direct the Attorney General to provide templates and guidance to local governments, and agencies about when information is required to be provided to Immigration and Customs Enforcement Agents.

## **SB 4 – Physical Education Requirement**

*CLHO Position – Support*

SB 4 phases in the requirements for physical education established ten years ago.

## **SB 307- Cannabis Cafes and Marijuana Temporary Events**

*CLHO Position - Opposed*

SB 307 would have allowed the Oregon Liquor Control Commission to license and regulate temporary marijuana events that would have permitted the consumption and sale of marijuana products. The bill would have also allowed the social consumption of combustible marijuana in designated areas of licensed retailers and potentially clubs on outside patios in non-residential areas. CLHO staff spent a considerable amount of time this session working with partners to ensure that this bill did not pass and that additional exemptions to the ICAA were not passed into law.

## **SB 319 –Marijuana Dispensary and Retailer Locations**

*CLHO Position - Neutral*

SB 319 served primarily as a technical fix bill clarifying the language that dictates the siting of dispensaries and retailers in relation to schools. SB 319 permits cities and counties to allow dispensaries and retailers to be within 1,000 feet of school IF the dispensary or retailer is not within 500 feet of the school and a physical or geographic barrier is present capable of preventing children from easily accessing the dispensary or retailer.

## **SB 754 – Raising the Age of Sale of tobacco & e-cigarettes from 18-21**

*CLHO Position - Support*

SB 754 will raise the age of sale of tobacco and inhalant delivery systems from 18 to 21.

## **SB 998 – Tobacco Retail Registry**

*CLHO Position - Opposed*

SB 998 would have created a registry of all tobacco retailers. The bill did not include a meaningful fee to ensure additional compliance checks. The bill preempts local governments from adopting ordinance or rule that provides for regulation of tobacco products or inhalant delivery systems. CLHO worked with a coalition of tobacco prevention advocates to kill this bill.

## **Access to Health Care Bills**

This session was quite a session for health care bills. Both the Senate and the House introduced bills to regulate Coordinated Care Organizations for the next iteration of their five-year contracts.

## **HB 2391 – Hospital and Commercial Insurance Tax**

*CLHO Position – No Position*

HB 2391 makes changes to the current DRG hospital assessment program by increasing the rate to 6% (0.7% of that rate is not reimbursed), discontinuing the Hospital Transformation

Performance Pool, and exempting OHSU from that program; creates a new rural hospital assessment program; creates a new managed care/insurer tax at a rate of 1.5%, which includes the Public Employees Benefit Board self-insured plans; and establishes the Oregon Reinsurance Program, including transfers of funds to help support the program. These changes are expected to result in additional revenues of \$500 million in the 2017-19 biennium to be used to fund the Oregon Health Plan and to help fund a reinsurance program. Total revenues include amounts that will be used to repay certain of the providers for some or all of their assessments. This figure does not include revenues associated with the new OHSU inter-government transfer program.

## **HB 3391 – Reproductive Health Equity Act**

### *CLHO Position - Support*

House Bill 3391 updates the state Insurance Code by requiring health benefit plans offered in Oregon to include certain health care services, drugs, devices, products and procedures related to reproductive health. This coverage includes: Well-Women visits; screenings and counseling for sexually transmitted infections; pregnancy related services; screening, counseling and intervention for tobacco use and domestic violence; breast-feeding counseling and supplies; breast cancer screening; certain contraceptives approved by the United States Food and Drug Administration; and voluntary sterilization. Health benefit plans may not impose a deductible, coinsurance, copayment or any other cost-sharing requirement on this coverage. The bill allows insurers to offer religious employers a health benefit plan that does not include coverage for contraceptives or abortion procedures that are contrary to the religious employers' tenets. The bill allows the Department of Business and Consumer Services (DCBS) to grant waivers from the requirements in the bill to the extent necessary to continue receiving Federal Funds and requires the agency to collaborate with OHA to explore federal funding opportunities. DCBS is also required to report to the Legislature by September 15, 2019, on insurers' compliance with the bill, including the issuance of civil penalties to enforce compliance.

The bill also requires OHA to administer a program to reimburse the cost of services described in the bill for individuals who can become pregnant and would be eligible for Medicaid except for their immigration status. This provision becomes operative January 1, 2018 and results in estimated General Fund costs of \$10.2 million for the 2017-19 biennium. The majority of the costs approximately \$6.2 million—represent special payments in the Public Health Division to support the expansion of the reproductive health services in 2017-19 to an estimated 22,873 individuals who would be eligible for Medicaid except for immigration status. The bill also results in OHA expanding postpartum services to pregnant women for 60 days after birth for delivery and non-delivery services, which increases the level of non-federal reimbursed services provided to women in the CAWEM program at an estimated General Fund cost of \$3.4 million in the Health Systems Division. This cost is net of General Fund savings of \$38,000 from an estimated 1,146 clients expected to take advantage of contraceptive services, which is expected to lower the number of unintended pregnancies. Federal Funds savings from the reduced number of unintended pregnancies are expected to total nearly \$1.1 million. The remaining General Fund costs of nearly \$600,000 represent costs for the Public Health Division to administer the program, which includes two positions, and Statewide Assessments and Enterprise-wide costs related to updating systems for medical eligibility and benefits.

The Subcommittee amended the bill, directing OHA to design a statewide program to provide access to abortion coverage for Oregon residents enrolled in health benefits plans that currently do not provide coverage. Both OHA and DCBS must report by November 1, 2017 on any actions taken



towards this requirement. The amendment also clarifies health benefit plans are not required to cover abortions if the insurer offering the plan had excluded coverage in all its individual, small group and large group plans, during the 2017 plan year.

### **HB 2527 – Pharmacists prescribing Injectable Birth Control**

*CLHO Position – Support*

This bill expands the ability of pharmacists to allow pharmacists to prescribe self-administered hormonal contraceptives and administer injectable hormonal contraceptives.

### **SB 111 – School Nursing**

*CLHO Position – Support*

SB 111 started the session as a recommendation from Taskforce on School Nursing created by Senate Bill 698 (2015). The Oregon Department of Education will do a pilot and study to try and maximize Medicaid billing. There is a direct correlation between a school nurse and educational achievement and identifying strategies to get more school nurses can help.

### **SB 558 – Cover All Kids**

*CLHO Position – Support*

Senate Bill 558 modifies current law regarding the eligibility of children who receive medical assistance under the Health Care for All Oregon Children to include those children who reside in Oregon as opposed to the current requirement for eligible children to be “lawfully present” in the state. The bill maintains the existing family income threshold of 300 percent of the federal poverty level for children to be eligible for medical assistance. The bill makes the eligibility changes effective January 1, 2018.

The total fiscal impact of the bill is \$36.1 million General Fund. OHA estimates an additional 14,174 children will be found eligible for medical assistance during the 2017-19 biennium, over the 18-month period starting January 1, 2018 as a result of the eligibility change. The fiscal includes Personal Services and related Services and Supplies for six permanent positions: four Operations and Policy Analysts responsible for outreach and marketing activities and two Human Service Specialists to handle the increased caseload. The majority of the costs represent special payments for the medical assistance coverage of the additional children at the estimated 2017-19 rate Medicaid is expected to pay for Oregon Health Plan children on a per member per month basis. Contrary to the coverage currently provided to children who receive Health Care for all Oregon Children medical benefits, which is eligible for federal match at either the traditional Medicaid or Children’s Health Insurance Program rate, depending on the family income level, the additional caseload cost under Senate Bill 558 will not be eligible for Federal Funds because of federal citizenship and immigration status requirements.

### **Environmental Health Bills**

This session was the first session CLHO made a major environmental health bill, Clean Diesel, one of our legislative priorities. In addition to the Clean Diesel bills there were quite a few other bills that addressed environmental health concerns such as woodstove replacements, on-site septic systems, and healthy school environments.

### **HB 2301 – Environmental Health Specialist Change**

*CLHO Position - Support*

HB 2301 was a housekeeping bill for the Public Health Division. Included in the bill was a provision that made it slightly easier to become an Environmental Health Specialist.

### **HB 2748 – Woodstove Replacement Program**

HB 2748 came as a taskforce recommendation that requires that the Department of Environmental Quality (DEQ) to prioritize any funds they receive for wood stove replacement programs for communities that are at risk of, or are currently in nonattainment for fine particulate matter (PM2.5).

### **SB 812 – On-Site Septic System Loan Program**

*CLHO Position – Support*

SB 812 makes changes to an already existing program that was established in 2016 with SB 1563. SB 812 makes useful changes to the program by clarifying the program's focus, ensuring that it does not require small business or homeowners to replace systems not required by law or policy, and it allows an owner to borrow an amount less than the full system replacement price.

### **SB 1008 – Clean Diesel**

*CLHO Position - Support*

SB 1008 has had a long journey through the 2017 legislative session, originally beginning the session as a task force recommendations that would create standards for on-road diesel fleets and off-road diesel engines, as well as establish an incentive program for the retrofitting or repowering of old diesel engines. SB 1008 was also the vehicle for accepting the Volkswagen settlement dollars that would go towards incentivizing the retrofitting, repowering, or replacement of on-road diesel fleets. SB 1008 ended the session as a heavily watered down version of the original bill using roughly 30% of the Volkswagen diesel settlement resources to support the retrofitting of diesel school buses to meet school bus standards established in law in 2009.

### **HB 1062 – Safe and Healthy Schools**

*CLHO Position - Support*

SB 1062A works toward creating such an environment by requiring school districts to develop and maintain a Healthy and Safe Schools Plan. This plan incorporates existing and new environmental health regulations into one document and identifies an individual responsible for implementing and maintaining the plan. This bill passed out of the Subcommittee on Education and the Full Committee on Ways and Means unanimously.

## **Social Determinants of Health Bills**

### **HB 2402 – Homeless Birth Certificates**

*CLHO Position- No Position*

HB 2402 directs the Oregon Health Authority to establish a grant program so that individuals who are homeless can obtain a certified copy of individual's certificate of live birth at either reduced cost or free of charge.

### **HB 2724 - Rent Guarantee Program**

HB 2724 would have directed the Housing and Community Services Department to develop and implement a Rent Guarantee Program to provide incentives and financial assistance to



landlords that rent or lease to low income households by guaranteeing payments to landlords for unpaid rent and for eviction and property damage costs.

## **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.

### **Tobacco & E-Cigarette Tax Bills –**

*CLHO Position Support*

HB 2024, HB 2037, HB 2056, HB 2062, HB 2119, HB 2406, HB 2662, HB 3403 and HB 3178 were all introduced this legislative session to increase the tobacco tax and establish a tax on e-cigarettes. Due to the number of bills introduced we took a general position of “\$1.50 increase or more with at least 10% of the new revenue dedicated to prevention including tobacco prevention.”

### **Tobacco Retail License - SB 235/ HB 3388**

*CLHO Position Support*

For the third session in a row we were unable to pass a statewide comprehensive tobacco retail license program. CLHO with the Oregon Nurses Association and Multnomah County tried several legislative strategies to get the bill passed. The House Health Care Committee did pass the bill with a Ways and Means referral.

### **Lifting Preemption on Rent Stabilization - HB 2001**

*CLHO Position – Support*

HB 2001 would have repealed statewide prohibitions on city and county ordinances regulating rents. HB 2001 would have permitted cities or counties to adopt rent stabilization programs with certain restrictions, and impose a moratorium on rent increases greater than five percent for residential tenancies.

### **Housing Protections - HB 2004**

*CLHO Position - Support*

HB 2004 prohibits landlords from terminating month-to-month tenancies within 60 days of receiving tenant requests to repair or correct building, health, and/or housing code violations or anything making the property uninhabitable during the first nine months of the tenant's occupancy.

### **Community Benefit Restructuring – HB2115**

*CLHO Position – No Position*

HB 2115 brought public sector union, SEIU, and the County assessors to try and kill two birds with one stone; better define in Oregon statute non-profit hospital community benefit tax status.

### **CCO Reform Bills – HB 2122 / SB 233 / SB 234**

*CLHO Position – Watch*

Both the Senate and the House took the opportunity to try and establish new requirements for Coordinated Care Organizations for the next five-year contract period. At the end of the legislative session the House, Senate and Coordinated Care Organizations couldn't agree on any required changes and all three bills died.

## **Residential Solid Fuel Heating Air Quality Improvement Fund – HB 2124**

### *CLHO Position – Support*

HB 2124 would have made a slight but important fix to existing statutes related to “Oregon’s Heat Smart Program”. The original statutes created a “solid fuel heating air quality improvement fund” for the purposes addressing wood smoke pollution. The fund has never been used. HB 2124 clarified that appropriations to the fund can be used for grants, loans, rebates or other subsidies for the replacement or removal of old wood stoves.

## **Cleaner Air Oregon - HB 2269**

### *CLHO Position - Watch*

HB 2269 would have required the Department of Environmental Quality (DEQ) to maintain a fee schedule that is sufficient to cover reasonable costs—including levels of staffing necessary to successfully administer the permit program, meet industry needs and expectations, and protect the health of Oregonians. HB 2269 would have also made changes to the Clean Diesel Engine Fund that would have made it possible to receive moneys pursuant to the Volkswagen Environmental Mitigation Trust Agreement.

## **Ground Water Contaminant – HB 2404**

### *CLHO Position – Support*

HB 2404 would have directed the Oregon Health Authority (OHA) to analyze home sale well test data and provide public education in areas where contaminants are present; it would have created a new revolving loan fund to help low-income property owners and landlords repair drinking water wells or install water quality treatment systems if necessary. HB 2404 would have also required landlords to test drinking water wells and inform tenants whether bacteria are present and the level of nitrate meets federal standards. Test results must be reported to the Department of Environmental Quality (DEQ). HB 2404 was also consistent with OHA’s guidelines, requiring landlords to test for arsenic once in the life of the well and yearly for total coliform bacteria and nitrates.

## **Drug Take Back Program – HB 2645**

### *CLHO Position – Support*

HB 2645 would have established a statewide prescription drug take-back program to ensure that prescriptions weren’t getting into our water streams and available for accidental ingestion.

## **Wood Smoke Replacement Program - HB 2725**

### *CLHO Position - Support*

HB 2725 would have directed the Environmental Quality Commission to develop a grant program where the Department of Environmental Quality (DEQ) distributed funds to local communities to support wood stove replacement programs. The concept outlined in HB 2725 was a key recommendation from the legislative task force on wood stove emissions formed by HB 3068 (2015) session. HB 2725 also had a placeholder for a general fund appropriation to DEQ for this program. This bill was a more robust version of HB 2748.

## **CCO Re-enrollment – HB 2838**

### *CLHO Position – Support*

HB 2838 would have required the Oregon Health Authority to take steps to support Coordinated Care Organizations with their application assistance. This bill would have allowed local health departments to be applications assisters.

### **Inspections of Long-Term Care Facilities – HB 2919**

#### *CLHO Position – Support*

HB 2919 would have required senior community residence kitchens to meet best practices for food safety in food service establishments. HB 2919 would have made these facilities subject to the same licensing, inspection and enforcement provisions as any other food service establishment that serves the public.

### **Marijuana Social Consumption Task Force – SB 308**

#### *CLHO Position - Support*

SB 308 would have created a taskforce on the social consumption of marijuana products. SB 308 would have charged the taskforce with identifying existing legal barriers to the consumption of marijuana in social settings, such as the ICAA; opportunities for tourism related to social consumption; existing methods used by the OLCC, state police and local law enforcement to enforce laws prohibiting social consumption; and lastly evaluate potential economic opportunities.

## **Appendices - One-Pagers Used During the Legislative Session**