**March**

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**Oregon Coalition of Local Health Officials www.oregonclho.org**

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**Fall**

2018 CLHO Legislative Overview

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# 2018 Legislative Session Overview

Legislative leaders came into the 2018 legislative session with their sights set on some lofty issues including creating a Cap and Invest or “Clean Jobs” program in Oregon, increasing the document recording fee by an almost 300% for much needed housing projects, and regulating industrial pollution. There were partisan disagreements along the way but the 2018 legislative session met many goals of legislative leaders.

Overall, in terms of Public Health issues that the Coalition of Local Health Officials (CLHO) engaged in there were not too many bills this session. CLHO supported a couple of bills in coalition with other partners and opposed (and helped kill) one bill in particular. The Public Health Community will definitely have work to do in the 2019 legislative session. Many of the bills that were introduced this session will continue to be of interested to local health officials in future legislative sessions.

This 2018 Legislative Overview is generally organized using the Modernization Foundational Programs as a guide: Access to Health Care Bills, Communicable Disease Bills, Environmental Health Bills and Prevention and Health Promotion Bills and, of course, budget and end of session bills. Hopefully, using this will also help members of CLHO Committees and others find bills of interest quickly.

# CLHO Legislative Committee

Many thanks to the CLHO Legislative Committee who met regularly during the legislative session to review and provide recommendations to the CLHO Board on the position and priority of bills of interest to health officials.

# Access to Health Care

## HB 4018 – Coordinated Care Organizations 2.0

CLHO Position – Support Bill passed

House Bill 4018 modifies requirements for coordinated care organizations (CCOs) and was a scaled back version of this bill introduced during the 2017 legislative session. This bill narrowly changed a couple of aspects of CCOs in support of greater transparency:

* Establishes meeting requirements for governing bodies of CCOs to ensure decisions were made in public.
* Modifies composition of a CCO’s governing body.
* Requires a CCO to spend earnings above specified threshold on services designed to address health disparities and social determinants of health consistent with federal terms and conditions under Section 1115 of the Social Security Act.
* Modifies composition of a CCO’s governing body specific to financial risk entities.

## HJR 203 – Hope Amendment – Health Care for All

CLHO Position – Support Bill Failed

House Joint Resolution 203 proposes amendment to Oregon Constitution to ensure access to affordable health care be submitted to the people for their approval or rejection at the next regular general election held throughout the state.

Unfortunately the discussion about this bill was about the budget challenge that the Constitutional Amendment may create on the state budget if Oregonians voted in favor. While this bill passed the House it failed to garner the support it needed to pass in the Senate.

# Budget / End of Session Bills

Every legislative session the legislature has two or three end-of-session bills that make statutory changes needed and allocate any final funding available. These are bills that CLHO has no position on but may have elements of interest.

## HB 5201 –Budget Reconciliation Bill

CLHO Position – No Position Bill Passed

This is the bill that is affectionately referred to as “the Christmas Tree” bill as there are budget “presents” or small allocations that help balance the State budget for the 2017-19 Biennia. There were no presents in this bill for public health this year but there weren’t any negative surprises either. The end of session Christmas Tree/ Reconciliation Bill has bee the bill that has swept other funds during recessions.

The bill allocates $96.9 million of the special purpose appropriation of $100 million that was established for state agencies to cover employee compensation costs. This is expected to cover almost all the estimated General Fund costs for changes to the compensation plans of state agencies.

House Bill 5201 also includes:

* $30 million special purpose appropriation to be used for potential future costs in the Oregon Health Authority and the Department of Human Services.
* $5.2 million General Fund for emergency winter housing and shelter.
* $1.4 million to the Department of Administrative Services for a Carbon Policy Office.

No money was included to backfill tobacco prevention and education program reductions made during the 2017 session.

## SB 5703 - Lottery, Criminal Fine Account, and Oregon Marijuana Account Allocations

CLHO Position – No Position Bill Passed

Senate Bill 5703 adjusts the Lottery, Criminal Fine Account and Oregon Marijuana Account allocations consistent with actions take during the 2018 Legislative Session. Of interest to public health are the changes in SB 1555 and allocation to the Oregon Health Authority for alcohol and drug prevention, early intervention and treatment.

This bill allocates $40,493,600 to the Oregon Health Authority for either the “Mental Health Alcoholism and Drug Services Account” OR “purposes related to mental health treatment and alcohol and drug prevention, early intervention and treatment.” This is the language change created in SB 1555 (outlined in this report).

This bill only slightly changes some of the allocations for lottery, criminal fine and Oregon Marijuana account consistent with 2017 legislative intent, however, makes some minor updates. This bill confirms an allocation made during the 2017 legislative session of $10.1 million to the Oregon Health Authority for purposes related to drug and alcohol abuse and prevention. This is the allocation that many have been tracking and have thought eventually would come to the Public Health Division and Local Public Health. It is still unclear where those funds were allocated within OHA.

## HB 4163 – Program Change Bill

CLHO Position – No Position Bill Passed

This measure implements statutory changes necessary to support the 2017-19 legislatively adopted budget and to clarify the application of statutes. This measure, relating to state financial administration, is not an appropriation bill and therefore does not include the appropriation of funds. The measure, however, is necessary to achieve a balanced budget for the 2017-19 biennium. The measure has an emergency clause and is effective on passage.

Here are the pieces included in this bill that may be of interest:

* Permits the Oregon Health Authority to designate another entity to be responsible for the cancer registry.
* Moves civil penalties collected by Oregon Liquor Control Commission (OLCC) due to violations of laws and rules governing recreational marijuana from the OLCC’s Marijuana Control and Regulation Fund to the General Fund, consistent with where civil penalties are deposited in other agencies.

# Communicable Disease Bills

## HB 4157 – Infectious disease vaccines

CLHO Position – No Position Bill Failed

House Bill 4157 would require health benefit plan coverage of specified infectious disease vaccines to prevent the spread of meningitis. This bill was introduced by former representative Hack and fell short of meeting any of the legislative deadlines to move forward so CLHO did not engage on this bill.

# Environmental Health Bills

## SB 1541 – Cleaner Air Oregon

CLHO Position – Support Bill Passed

Senate Bill 1541 directs the Environmental Quality Commissions (EQC) to develop rules to reduce the public health risks of air toxics emissions.

The bill also directs the EQC to develop a pilot program for assessing the potential cumulative impacts from multiple sources of industrial air toxic emissions and under certain circumstances limit those emissions.

The bill directs EQC to establish a fee applicable to air quality permit holders to cover the direct and indirect costs associated with developing and implementing a program and rules to reduce the public health risks associated with industrial air toxics. Fees may be levied on all permitted sources of air contamination but restricts the base fees to no more than 35 percent of Air Contaminant Discharge Permit program or Title V program base fees collected in the calendar year 2018.

The Department of Environmental Quality (DEQ) will require 11 limited duration positions (5.00 FTE) in 2017-19 and 11 limited duration positions (10.00 FTE) in 2019-21 to develop and implement the new air toxics rules. The positions include permit writers, an air quality modeler, program coordinator, and management and IT support. In addition, DEQ will support expenditures within the Oregon Health Authority (OHA) to implement air toxics rules through a transfer of revenues from fees authorized by the bill.

Senate Bill 1541 increases Other Funds expenditure limitation by $2,000,156 to DEQ for the development of rules and the pilot program, and the subcommittee approved 11 limited duration positions (5.00 FTE) for the 2017-19 biennium. The bill also increases Other Funds expenditure limitation by $365,000 for OHA.

## HB 4003 – Diesel Regulation

CLHO Position – Support Bill Failed

A set of Democratic legislators wanted to come back with a more comprehensive diesel legislation with the failure of comprehensive diesel regulation in the 2017 legislative session. With Cleaner Air Oregon, and the Clean Jobs Bill there was just too many competing environmental health issues to have them all pass.

## SB 1509 –Local Enforcement of Diesel Idling

CLHO Position – No Position Bill Failed

This bill was seen by some as a minor compromise to the more comprehensive diesel regulation outlined in HB 4003. Senate Bill 1509 would have allowed local governments to regulate idling on a subset of diesel engines. This bill passed the Senate and the House failed to pass the bill because it did not go far enough.

# Health Promotion & Prevention

## HB 4110 – Marijuana Special Events with Free Samples

CLHO Position – Opposed Unless Amended Bill Failed

House Bill 4110 as introduced would have allowed marijuana processors, producers, retailers or wholesalers to receive special event licenses from the Oregon Liquor Control Commission. This bill would have allowed special event license holders to offer free samples of marijuana items. CLHO opposed this bill due to the fact that these free samples were not subject to the same regulations as marijuana edibles have in terms of labeling and child protective packaging.

CLHO worked to quickly pull together a coalition of local government, health, labor and public safety organizations who were also opposed to this bill. This bill died but will surely be back in future legislative sessions.

## HB 4133 – Maternal Mortality & Morbidity Review Committee

CLHO Position – Support Bill Passed

House Bill 4133 establishes the Maternal Mortality and Morbidity Review Committee in OHA with the purpose of studying the incidence of maternal mortality and severe maternal morbidity and making policy and budget recommendations to reduce the incidence of maternal mortality and severe maternal morbidity in Oregon. The Committee will consist of at least 11, but no more than 15, members appointed by the Governor consistent with various parameters outlined in the bill. Committee members are not entitled to compensation, but may be reimbursed at the discretion of OHA for travel and other expenses incurred in the performance of the committee’s responsibilities. Two members of the Committee outlined in the report much have expertise in public health one from the “Authority” and another that is not specified and could be a local health official.

The Committee must submit a progress report to the legislature no later than January 1, 2019, related to the Committee’s membership and rules. The Committee must also submit biennial reports including the following information: 1) a summary of the committee’s conclusions and findings related to maternal mortality; 2) aggregated data related to the cases of maternal mortality in Oregon; 3) a description of actions necessary to implement any recommendations of the Committee to prevent occurrences of maternal mortality; and 4) recommendations for allocating state resources to decrease the rate of maternal mortality. The first biennial report is due no later than January 1, 2021; all biennial reports submitted after this date must include a description of how the reported information relates to severe maternal morbidity.

The Committee must also perform studies and reviews of the incidence of maternal mortality no later than July 1, 2019, and of severe maternal morbidity no later than July 1, 2021.

A General Fund appropriation of $46,202 for OHA’s costs of supporting the Committee in the 2017-19 biennium. With this funding, OHA anticipates establishing one permanent, full-time Operations and Policy Analyst 3 position (0.17 FTE) in the Public Health Division to work with the committee chair to convene review meetings and establish committee work plans.

## HB 4137 – Alcohol and Drug Policy Commission 2.0

CLHO Position – Support w/ Amendments Bill Passed

House Bill 4137 includes several provisions impacting the Alcohol and Drug Policy Commission (ADPC). The bill clarifies the appointment of the

ADPC director and authorizes the director to appoint employees to carry out the Commission’s charge to improve the effectiveness and efficiency of state and local alcohol and drug abuse prevention and treatment services. The bill authorizes the ADPC to conduct studies in collaboration with other state agencies and to apply for grants from public and private sources. The ADPC director is required to enter into agreements with the Oregon Health Authority (OHA), Department of Justice, Department of Human Services, and other state and local agencies for sharing information necessary to carry out the duties of the Commission. Additionally, the bill requires the ADPC to do the following:

1. Develop preliminary recommendations for the scope and framework of the ADPC’s comprehensive addiction, prevention, treatment, and recovery plan by September 15, 2018;
2. Incorporate preliminary recommendations of the plan into a request-for-proposal by November 1, 2018;
3. Report the recommendations for the scope and framework of the plan and the status of the request-for-proposal to the legislature no later than December 31, 2018; and
4. Complete the recommendations for the scope and framework of the plan by July 1, 2020.

The ADPC must review and update the plan by July 1 of each even numbered year, beginning July 1, 2020. The bill also requires OHA to align its substance abuse prevention and treatment activities with this plan.

The ADPC budget currently resides in the OHA Health Systems Division; ADPC will depend on OHA staff and resources to develop the preliminary recommendations, request-for-proposal, and reporting requirements discussed above. The bill appropriates $46,202 to support these costs during the 2017-19 biennium. These funds will pay for one permanent Operations and Policy Analyst position (0.17 FTE) to develop the request for-proposal and work with stakeholders in developing the comprehensive plan, including working with the ADPC and its steering subcommittees. This work continues into the 2019-21 biennium with an expected increased need for staff to complete the requirements in the bill.

## HB 4143 – Governor’s Opioid Task Force Recommendation

CLHO Position – Support Bill Passed

House Bill 4143 requires certain action by the Department of Consumer and Business Services (DCBS), Department of Corrections (DOC), and

Oregon Health Authority (OHA) related to the treatment of substance use disorder and, in particular, the treatment of opioid and opiate addiction and overdoses. The bill requires DCBS, in consultation with OHA, to study and report on existing barriers to effective treatment for, and recovery from, substance use disorders. DCBS must report the findings of these studies, along with recommendations for legislation, to the legislature no later than June 30, 2018.

The bill also requires OHA to establish a pilot project in Coos, Jackson, Marion, and Multnomah counties for determining the effectiveness of establishing immediate access to appropriate evidence-based treatment for persons who suffer opioid and opiate overdoses. The pilot project may include the following activities: 1) creating a direct link between an emergency department and appropriate treatment and resources; 2) using peer recovery support mentors to facilitate the link between an emergency department and treatment and resources; and 3) any other programming aimed at reducing deaths caused by opioid and opiate overdoses by providing persons who suffer from overdoses with immediate access to treatment and resources.

The bill requires OHA to submit a report to the legislature no later than December 31 of each year, regarding the efficacy and implementation of the pilot project, which may include recommendations for legislation. The pilot project becomes operative on January 1, 2019 and sunsets on January 1, 2022.

Additionally, the bill requires practitioners to register with Oregon’s Prescription Drug Monitoring Program by July 1, 2018, to ensure the development, administration, and evaluation of best practices for prescribing opioids and opiates. OHA may adopt rules to administer this registration requirement.

The bill appropriates $2.0 million General Fund to OHA for carrying out the pilot project. Most of this amount will support grants or contracts with the four pilot project counties, while $200,000 will pay for one position (0.67 FTE) in OHA to oversee the pilot project and for external evaluation.

## SB 1555 – Technical Budget Fix – Marijuana Tax Account

CLHO Position – No position Bill passed

Current law dedicates 20 percent of the moneys deposited into the Oregon Marijuana Account “to be used solely for purposes for which moneys in the Mental Health Alcoholism and Drug Services Account may be used.” SB 1555 replaces this restrictive language with “to be used solely for mental health treatment or for alcohol and drug abuse prevention, early intervention and treatment” for the 2017-19 biennium. This bill is needed because funding into the Mental Health Alcoholism and Drug Services Account cannot be used for Community Mental Health programs where the 2017 budget committee thought they were investing the funding. Passage of this bill should not affect where any of the resources go it will just allow CMHPs to have flexibility with the funding allocated.

# Other Bills of Interest

## HB 4006 – Housing Data

CLHO Position – Support Bill Passed

House Bill 4006 appropriates $1,730,000 General Fund to the Department of Land Conservation and Development (DLCD) for the purpose of providing technical assistance to local governments to increase the affordability of housing. House Bill 4006 also appropriates $270,000 General Fund to Oregon Housing and Community Services (OHCS) for the purpose of conducting a study on the costs of affordable housing and providing technical assistance grants related to the development of subsidized affordable housing.

This bill also requires the Housing and Community Services Department to annual provide to each city with population greater than 10,000 data showing percentage of renter households in city that are severely rent burdened. Requires city in which at least 25 percent of renter households are severely rent burdened to complete survey related to affordability of housing within city and to hold public meetings to discuss issue.

## HB 4007 – Housing Bill

CLHO Position – No Position Bill Passed

House Bill 4007 allows individuals to create a first-time home buyer savings account within a financial institution to pay or reimburse eligible

costs to purchase a single-family residence. The bill also allows a subtraction from federal taxable income, equal to funds contributed to the account holder’s first-time home buyer savings account, up to $5,000 per year for an individual filing as single and $10,000 per year for joint

filers.

House Bill 4007 also increases the document recording fee for certain real property documents, which is currently $20. The measure increases the document recording fee to $60, which will result in an additional $30.5 million in revenue in the 2017-19 biennium and $61 million in the 2019-21 biennium. Pursuant to statute, 10 percent of revenue is dedicated to the Emergency Housing Assistance Program; 14 percent is dedicated to the Home Ownership Assistance Program; and 76 percent is dedicated to the General Housing Account program, all of which are administered by the Housing and Community Services Department. This fee increase represents a significant increase in permanent, ongoing revenue for these programs.

## SB 1529 – Amendments for Tobacco Tax Increases

CLHO Position – No Position Amendments failed

Senate Bill 1529 was a revenue bill about connecting (or disconnecting) Oregon’s tax code to the Federal Tax changes. However, during the debate on the bill Representative Buehler introduced two amendments that would increase the tobacco tax by .15 cents and create a very small “vape” tax. The two tax increases would have raised $60-70 million a biennia and dedicated the funding to the DHS Foster Care system.

Based on CLHO’s past position we would have opposed the tobacco tax because it was not the 10 percent increase needed to decrease youth consumption. Also of interest, the E-cigarette industry lobbyist did say on the record that they would support a modest increase in e-cigarette “juice” if it were accompanied by an exception to the Indoor Clean Air Act for sampling of flavors.

## SB 1540 – Abuse Reporting & Investigation

CLHO Position – No Position Bill Passed/ Issue Failed

Senate Bill 1540 would have changed the age for mandatory reporters to report “sexual contact” from 18 to 12. This change in mandatory reporting may have had an impact on the public health workforce that may be engaging with teens in a non-clinical setting. At least one school district has interpreted the current law that any discussion with a school teacher, counselor, or sexual health education teacher that includes a disclosure of sexual contact with another student must be reported to DHS as abuse. There is a real and valid concern that students who are seeking support and advice will be afraid to come forward if other agencies interpret the mandatory reporting law similarly. However, in the end the legislature couldn’t agree if the age should be 12 or 14 and removed the whole provision from this bill.