

2019 End of Session Report

Sine Die June 30, 2019

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2019 Legislative Session Overview

The Legislature finally adjourned on Sunday, June 30th. This was definitely a session for the record books. The Democrats had a Supermajority in both chambers and the Senate Republicans staged two walk-outs to stop the Senate from getting quorum to do business. While the Senate Republicans said that they were using the tools in their tool box many believed it was undemocratic to withhold quorum and bring the legislature to a halt. While Oregon was the talk of the nation for a couple of days there was still great work - both policy and budget - that took place this session.

Here are the highlights of the legislative session:

Policy Wins:

- Universally-offered home-visiting program created and commercial insurance carriers required to cover benefit
- Tobacco tax increase \$2 a pack / E-cigarette tax enacted at 65% of wholesale price passed by the legislature to refer to the votes in November 2020
- Additional communicable disease training and kitchen inspections in Long-Term Care Facilities

Budget Investments:

- \$15 million General Fund investment in Public Health Modernization (\$10 million above the 2017 legislative session)
- \$5.5 million General Fund investment in State Support for Public Health to ensure stable funding
- \$4.7 million investment in the first phase on Universally-offered home-visiting

While there were definitely more almost wins and some huge disappointments (the failure of the effort to eliminate non-medical exemptions), overall, this was a pretty successful legislative session for the health of Oregonians.

Many thanks to the Oregon Coalition of Local Health Officials (CLHO) Legislative Committee and the CLHO Board of Directors for their work during the legislative session.

CLHO Actions this Legislative Session

This legislative session was one of our most active yet. With each Legislative Session CLHO improves at engaging local health officials in the bill analysis, legislative engagement on policy and budget issues, and coming to the Capitol.

This legislative session started with more preparation than any session in CLHO's existence. The CLHO Legislative Committee worked on CLHO's first-ever policy platform for six months prior to the start of the legislative session. The platform directed CLHO's prioritization of legislative issues and positions during the session. In addition, a Portland State University Graduate Policy Fellow researched public health issues and wrote white papers about them to gather information prior to the start of session. The CLHO Legislative Committee and the CLHO Board vetted, narrowed, and discussed the policy and budget priorities for CLHO. CLHO developed one-pagers in each of the legislative priorities (see appendix).

During the session the Legislative Committee delegated bill analysis to key public health officials to ensure they had experts looking at the specific public health issues in the bills and CLHO staff worked with these small groups to do bill analysis and report back considerations about the bills.

CLHO staff also worked with local public health officials to ensure that public health voices were heard in the legislature. CLHO drafted sample testimony for the Ways and Means roadshow, which happened across the state to gather community information about budget priorities, and supported local public health officials and partners in attending. In addition, CLHO sent out five action alerts about public health modernization, the tobacco tax, and immunizations to get the word out about opportunities and resources to advocate for public health.

CLHO Legislative Priorities

The CLHO Board of Directors selected three legislative priorities for the 2019 session: public health modernization, universally-offered home visiting, and tobacco and nicotine increase.

Public Health Modernization

Initially there was a \$47.7 million Policy Option Package that the Public Health Division requested in their Agency Request Budget to the Governor. The Governor included funding for public health modernization funded through a tobacco tax proposal that would also fund the Oregon Health Plan. During the course of the conversation on the tobacco tax there were significant concerns that modernization would not be sellable at the ballot so the conversation quickly turned to state general fund for the legislative session.

SB 5525 - Public Health Modernization Investment

This funding package increases General Fund by \$10 million, increases Federal Funds expenditure limitation by \$0.3 million and establishes six positions (5.28 FTE) to advance public health modernization activities. The additional investment will increase communicable disease prevention and response activities, support efforts to improve health equity, increase emergency response planning, and help develop tribal modernization plans, among other key modernization priorities. The total investment for the 2019-21 biennium for public health modernization is \$15 million.

Universally-Offered Home Visiting

Universally-offered home visiting had a rocky start during the legislative session. Some Oregonians read “universal” to mean “mandatory” and were very upset that the state was trying to require everyone to have home visits. This proposal really had two major components: SB 526, which created a universally available home-visiting program in Oregon and required commercial insurance carriers to cover the bill, and SB 5525A, the Oregon Health Authority (OHA) budget that would cover the Medicaid population and fund the Public Health Division staff.

SB 526 Enrolled - Establishes Voluntary Home Visiting Program in Oregon

SB 526 establishes a voluntary home visiting program in Oregon. The purpose of the program is to strengthen families and support child development. The

bill also requires commercial insurance to cover the benefit without any cost sharing.

SB 5525 - Investment in Voluntary Home Visiting

The Oregon Legislature invested \$2.9 million General Fund and increases Federal Funds expenditure limitation by \$1.8 million and establishes four positions (3.00 FTE) to implement a new voluntary universal nurse home visiting program for families with newborns. In order for coverage of these services to be available for all Oregon families, Senate Bill 526 (2019) requires health benefit plans offered in Oregon to reimburse the cost of the newborn home visiting services without any cost-sharing. For those who do not have health care through the commercial market, OHA is seeking a Medicaid State Plan Amendment for these services to be available to families who receive health care through the Oregon Health Plan. The Public Health Division will design the program consistent with the Family Connects home visiting model and implement it over a three-biennia period.

Tobacco/Nicotine Tax

There were quite a few bills that were introduced that would have raised tobacco and nicotine taxes including HB 2123, HB 2158, HB 2270, HB 2159, HB 2169 and HB 3266.

HB 2270, the bill introduced by the Governor, which included a \$2 per pack increase on combustible tobacco, a 65% wholesale tax on e-cigarettes, a minimum sale package on small cigars, and dedicated 90% of the revenue to the Oregon Health Plan and 10% of the revenue to tobacco prevention and cessation through investments in culturally specific organizations, tribes and public health.

The bill received an information hearing, two public hearings, and three follow-up hearings specific to issues brought up by the opposition in the House Revenue Committee. In the last two weeks of the legislative session with the amendment finally completed, the bill received a vote in the House Revenue Committee with a position vote to the Joint Committee on Tax Expenditures. The Joint Committee on Tax Expenditures includes Senate members who hadn't been working on the tobacco tax all session and started the conversation again with public hearings.

During the debate in the Joint Committee on Tax Expenditure two amendments were proposed and adopted. The first amendment replaced the preemption on e-cigarettes and the second amendment removed the minimum sale price for cigars and increased the cigar cap from \$.50 to \$1.00.

Here are the major policy and revenue components of the tobacco/nicotine tax bill:

1. \$2.00 per pack tax increase on combustible tobacco
2. First ever 65% wholesale tax on e-cigarettes
3. Exempts from taxation any e-cigarette that has been approved by the FDA as a cessation device and devices that are used solely for marijuana
4. Includes little cigars in the definition of cigarettes
5. Raises the cigar tax cap from \$.50 to \$1.00 per luxury cigar
6. 90% of the moneys are continuously appropriated to the OHA for the purposes of funding the maintenance and expansion of the number of persons eligible for medical assistance and funding the maintenance of benefits available under the medical assistance program, including mental health services
7. Allocates 10% of the revenue for distribution to tribal health providers, Urban Indian Health programs, regional health equity coalitions, culturally specific and community-specific health programs and state and local public health programs that address prevention and cessation of tobacco and nicotine use by youth and adults, tobacco-related health disparities, and the prevention and management of chronic disease related to tobacco and nicotine
8. Refers the proposal to the votes in November of 2020

on

General Public Health System Bills

SB 29 – Modifies terms in statute

No Position

Modifies term "venereal disease" to "sexually transmitted infection." Clarifies hearings procedure for certificates of need for certain health care facilities. This bill, as introduced, changed Oregon laws from "Local Public Health Department" to "Local Public Health Authority." Representative Greenlick asked the Public Health Division (PHD) and CLHO to take another look at those changes which will take place as joint interim work with the PHD, the Association of Oregon Counties (AOC) and CLHO.

SB 253– Local Public Health Authority Relinquishment

Support with Amendments

This public health modernization bill clarifies that OHA can appoint a Health Officer in a county that has transferred responsibility back to the state. Amendments negotiated between AOC, PHD, Lane County, and CLHO will allow a county to request the Local Public Health Authority back after at least four years if an ordinance requesting the original transfer is rescinded.

Budget Bills

This section includes information on the OHA Budget and Fee Bills and also includes a couple of updates from other fee bills that have aspects that may be of interest to local public health officials.

HB 5015 - Oregon Department of Education Budget

CLHO has not worked on the Department of Education budget bill, however, the Early Learning Division is now a part of the agency and there are Local Public Health Authorities that work closely with the Early Learning Hubs. Here is an overview of the Early Learning allocations in the Department of Education budget:

Early Learning Division, \$ in millions	General Fund	Total Funds
Oregon Pre-kindergarten/Early Head Start	158.1	158.1
Healthy Families	25.7	30.6
Office of Child Care	1.8	44.6
Transfers to Department of Human Services (DHS) including Employment-Related Day Care program	0	117.4
Relief Nurseries	9.4	11.4
Baby Promise Pilot	0	8.7
Kindergarten Partnership Initiative	8.7	8.7
Early Learning Hubs	15	17.9
Preschool Promise	37.1	37.1
Other Grants	0	3.1
Total	255.9	437.7

HB 5017 – Department of Environmental Quality Budget

Appropriates moneys from General Fund to the Department of Environmental Quality (DEQ) for certain biennial expenses. Here are a couple of highlights that may be of interest to local health officials.

Package 114, Reduce Wood Smoke Pollution. A one-time \$500,000 General Fund appropriation to support local efforts to reduce wood smoke in communities violating or at risk of violating federal air quality standards. The Environmental Protection Agency (EPA) designates areas that do not meet national ambient air quality standards as “nonattainment.” Klamath Falls and Oakridge have the nonattainment designation. Lakeview, Prineville, Medford, Eugene, Hillsboro, La Grande, and Burns are at risk of exceeding federal fine particulate standards. DEQ's base budget includes \$172,000 to support local programs regarding wood smoke.

Package 123, Harmful Algae Bloom Response and Assessment. \$579,590 General Fund appropriation and two permanent full-time positions (2.00 FTE): a Chemist and a Project Manager. The positions, originally approved by the September 2018 Emergency Board, will monitor and analyze water samples as part of OHA 's rules for drinking water testing around Harmful Algal Bloom.

HB 5029 - Other Funds - Marijuana Tax - Distribution Bill

2019-21 Oregon Marijuana Account (includes 17-19 carry forward)

Account	HB 3470 Distribution	Allocation
Cities	10%	\$22,345,600
Counties	10%	\$22,345,600
State School Fund	40%	\$103,764,900
Mental Health & Drug Services Account	20%	\$51,882,500
State Police Account	15%	\$38,911,800
Drug & Alcohol Abuse Prevention & Treatment	5%	\$12,970,600
	Total	\$252,221,000

HB 5029 transfers resources to the appropriate agency. The OHA will receive the 20% allocation and the 5% allocation which will be combined and used to fund behavioral health programs. The OHA 2019-21 budget uses \$64.9 million in forecasted recreational marijuana tax revenue to save a like amount of General Fund in behavioral health programs.

HB 5038 – Tobacco Master Settlement Agreement funds

Requires Oregon Department of Administrative Services to transfer certain amounts from Tobacco Settlement Funds Account for certain purposes.

House Bill 5038 allocates a total of \$132,414,501 from the Tobacco Settlement Funds Account for the following purposes in 2019-21:

- \$30,914,500 to the Oregon Health and Science University Bond Fund to pay debt service and administrative fees on Oregon Opportunity Bonds
- \$86,282,400 to the OHA for the Oregon Health Plan
- \$12,101,500 to the OHA for community mental health programs
- \$3,116,100 to the Department of Education for physical education related grants authorized by ORS 329.501
- \$1 to the Department of Justice as a placeholder for supplemental enforcement activities

HB 5050 - Christmas Tree Bill

This year there wasn't very much for public health in the Christmas Tree Bill except a few investments that were a result of bills that we were working on in coalition with other organizations.

SB 5525 - Oregon Health Authority Budget

Public Health Division Budget Overview

The Joint Ways and Means Subcommittee on Human Services recommended a total funds budget of \$730.2 million for public health. This is an almost 12% increase from the 2017-19 Legislative Adopted Budget (LAB). The state General Fund (GF) investment is an all-time high of \$92.3 million, largely due to investments in public health modernization, universally-offered home-visiting, and backfilling declining marijuana card-holder fees. There is also a decrease to the Tobacco Prevention and Education Program due to declining tobacco tax resources (\$266,426).

Below is a table of investments that the legislature has made into public health and other areas of interest in the OHA. This is not a comprehensive overview of the whole agency, only the investments in public health and other divisions at OHA that we have interest in such as CCO 2.0 and suicide prevention. These are additions and subtractions to the budget put forward by the Governor. Empty cells indicate no proposed changes.

Public Health Funding Packages	General Funds	Other Funds	Federal Funds	Total Funds	PHD FTE
081: E-Board Investment: Drinking Water Program	\$245,621				1
095: Rebalance: Return Willowa PH to OHA	\$134,663				
401: Universal Home-Visiting	\$2,856,925		\$1,834,405	\$4,691,330	3

405: Advances Public Health Modernization	\$10,000,000		\$343,287	\$10,343,287	5.28
417: State Support for Local Public Health Entities	\$5,480,601		(5,480,601)	0	0
418: Drinking Water Services fees		\$1,853,297		\$1,853,297	5
419: Food, Pool, & Lodging Fees (Wallowa County only)		\$64,450			
801: LFO Adjustments: Tobacco tax reductions to TPEP		(266,426)		(266,426)	
Health Systems Division Packages	General Funds	Other Funds	Federal Funds	Total Funds	OHA FTE
416: CCO 2.0 Staffing	\$585,286	\$70,828	\$(106,409)	\$549,705	6.10
801: LFO Adjustments: Alcohol and Drug Policy Comm	\$93,590			\$93,590	
802: School-Based Mental Health/ Suicide Prevention	\$10,000,000			\$10,000,000	2.64
Health Policy & Analytics	General Funds	Other Funds	Federal Funds	Total Funds	OHA FTE
416: Staffing for CCO 2.0	\$1,260,863		\$907,822	\$2,168,685	6.28

Communicable Disease Bills

This session had a number of bills introduced on behalf of vaccine-hesitant communities that local public health officials worried would have a negative impact on immunization rates. The single most controversial bill of the session, HB 3063, would have removed the non-medical vaccine exemptions for school-aged children, and received thousands of comments in the legislative record. The bill moved from the House to the Senate but was ultimately killed in negotiations for the Student Success Act. CLHO also worked hard to pass Long Term Care Facility (LTCF) kitchen inspections and advocated for local public health to administer the LTCF kitchen inspections. Though the LTCF bill did pass, we were not successful in getting LPHAs into the bill.

HB 2220 – Dentists providing vaccines

No Position

Authorizes dentists to prescribe and administer vaccines. Directs the Oregon Board of Dentistry to approve a training course on the prescription and administration of vaccines. Directs Board to adopt rules related to the prescription and administration of vaccines, including rules requiring dentists to comply with protocols and rules adopted by the OHA and coordinating with OHA's immunization registry.

HB 2600 – Infectious disease control in LTCF

Support with amendments

Requires personnel at specific facilities to receive training to recognize disease outbreaks and infection control at the time of hiring or annually as part of continuing education requirements. Requires specified facilities to establish and maintain infection prevention and control protocols that prevent development and transmission of communicable diseases. Requires a facility to designate an individual to be responsible for infection prevention and disease control protocols. Authorizes DHS to notify facilities in a community where an elevated risk of infectious disease outbreak exists. Requires DHS to inspect kitchens.

SB 142 – Modifies terms in statute

No Position

Changes "venereal disease" and "sexually transmitted disease" to "sexually transmitted infection." Changes certain references to "human immunodeficiency virus" and "acquired immune deficiency syndrome" to "blood-borne infection."

SB 488 – Flu vaccinations to inmates

No Position

Requires Department of Corrections to offer immunization against influenza virus to each inmate in physical custody of department.

Environmental Health

HB 2020, the Cap and Trade bill which CLHO did not work on, dominated most of the discussions about environmental health this session and made it challenging to get attention to important environmental issues like diesel pollution. HB 2007, the diesel emissions bill CLHO has been working on for two sessions, had to wait until the final days of session because legislative priorities were focused elsewhere.

HB 2007 – Diesel Regulation

Support

Directs DEQ to award grants to reduce emissions from diesel engines. Phases-in prohibition of specified vehicles, in specified locations, with diesel engines that have not been retrofitted.

HB 2059 – Fee increases for food production licenses

No Position

Extends sunset on State Department of Agriculture authority to annually impose limited fee increases for certain licenses related to food production.

HB 2060 – Closure of food establishments

No Position

Requires Oregon Department of Agriculture (ODA), prior to ordering the condemnation or closure of a food establishment, to provide a 30-day notice of the impending order in addition to: providing notice as statutorily required for establishments with lapsed authorizations, or providing notice per ODA rule that allows a minimum of 45 days for compliance for establishments that have never obtained authorization.

SB 27 – Restructuring Drinking Water Quality Act

Support

The Drinking Water Services (DWS) program at OHA regulates and monitors state drinking water systems and is the primacy agency enforcing the federal Safe Drinking Water Act. The measure broadens the statutory authority for DWS to collect fees in order for the agency to support a wider range of regulatory functions and provide assistance to local public health authorities.

SB 28 - Increase Food, Pool, and Lodging program maker fees

Support

The measure increases the fees for food, pool, and lodging entities regulated by the OHA and, through the delegation of responsibilities, by local public health authorities. These fees were last increased in 2003.

SB 90 - Single use straws

No Position

Prohibits a food and beverage provider or a convenience store from providing a single-use plastic straw to a consumer unless specifically requested by the consumer. Prohibits a local government from enacting a local ordinance that differs from the provisions in this Act after the effective date of the Act. This bill also allows local environmental health specialists to enforce this bill and offer penalties for non-compliance.

Prevention and Health Promotion

This session saw several bills that were intended to loosen regulation around the Indoor Clean Air Act and increase access to marijuana which CLHO opposed.

HB 2098 - Marijuana regulation and advisory

No Position

Makes technical changes, including adding laboratory licensees to certain statutes, correcting citations, and clarifying how producers may handle kief, the resin crystals that can separate from marijuana flower during processing. Makes changes to enforcement by increasing the maximum civil penalty for recreational marijuana violations from \$5,000 to \$10,000 per violation and requiring Oregon Liquor Control Commission (OLCC) to revoke the marijuana retailer license for failure to pay the retail tax or file a Department of Revenue return twice in any four consecutive quarters. Allows the OLCC to establish pilot programs to expand access to medical marijuana. Clarifies that a recreational grow site applicant must demonstrate continuous registration as a grow site to qualify for the exemption from the land use compatibility requirement. Establishes an advisory committee to advise the OLCC, OHA, and ODA on standards for testing the potency of marijuana and marijuana items.

HB 2257 – Governor’s Opioid Task Force Package

Support

Declares substance use disorders (SUD) chronic illnesses. Requires the Department of Corrections to study and report on SUD treatment options for individuals in custody. Establishes a pilot program to treat pregnant individuals suffering from SUDs and enhances access for individuals receiving treatment for SUD services that are publicly funded. It also establishes accreditation standards for SUD programs, and improves use of the state's prescription drug monitoring program.

HB 2563 – Newborn screening

No Position

Establishes Newborn Bloodspot Screening Advisory Board in OHA.

HB 2579 – Farm-to-School grants

No Position

Expands the types of entities that may receive Farm-to-School grants, establish a new competitive grant, direct Oregon Department of Education and specified partners to evaluate program outcomes and provide technical assistance, training, and resources, and would appropriate \$15 million from the General Fund.

HB 2638 - Drug and Alcohol Policy Commission membership

No Position

Requires at least 75% of members of Drug and Alcohol Policy Commission to represent public health and health care stakeholder groups.

HB 3273 – Drug - Take Back

Support

Creates a drug take-program to allow for the safe disposal of prescription drugs.

HB 3436 - Age verification for e-cigarettes purchase through the mail

No position

Establishes requirements for delivery sellers of inhalant delivery systems including: independent third-party age verification, signed certification by the consumer verifying address, age, and knowledge that false reporting on the form is illegal, verification that the name on the customer verification matches the name on the check or card payment system, and a statement issued to the customer describing the illegality of underage sales of inhalant delivery systems.

SB 52 - Student suicide prevention policy

Support

Directs school districts to adopt policy requiring a comprehensive district plan on student suicide prevention in accordance with rules adopted by the State Board of Education and in consultation with the OHA.

SB 218 - Marijuana licensing

No Position

Authorizes the OLCC to refuse to issue initial marijuana production licenses based on the supply of and demand for marijuana.

SB 420 - Expunge Marijuana convictions

No Position

Allows person to apply to court to set aside most convictions for possession, delivery, and manufacture of marijuana if such conduct upon which conviction was based is no longer crime.

SB 485 - Student suicide prevention planning

Support

Requires the OHA (OHA) to collaborate with public and private schools, public and private universities and colleges, and runaway or homeless youth service providers on a communication plan for responding to suspected suicides of persons 24 years or younger.

SB 665 - Naloxone in schools

No Position

Adds naloxone to the definition of medication for purposes of administering medicine to students and other individuals on school premises.

SB 707 – Youth suicide prevention

No Position

Establishes a Youth Suicide Intervention and Prevention Advisory Committee to advise OHA on suicide intervention and prevention for youth. Directs the Youth Suicide Intervention and Prevention Coordinator to consult with the

advisory committee to update the Youth Suicide Intervention and Prevention Plan, and to include recommendations for administrative and legislative changes to address service gaps in the Coordinator's annual report to the Legislative Assembly.

Access to Care

The access to care bills that CLHO have focused on in the past have largely been about expanding coverage or ensuring that there is a budget for the Medicaid program. This session CLHO was interested in increasing partnerships between local public health authorities and Coordinated Care Organizations and worked to pass a bill that requires CCOs to collaborate with LPHAs on Community Health Assessments and Community Health Improvement Plans.

HB 2010 - Extends sunset on reinsurance program

No Position

Oregon uses provider assessments to help cover the state's share of Medicaid services and certain hospital initiatives provided through Oregon Health Plan, as well as Medicaid-eligible long-term nursing services supported in the Department of Human Services budget. The adoption of House Bill 2391 in 2017 expanded Oregon's use of provider assessments to include an assessment on rural type A/B hospitals and a 1.5% assessment on health insurance premiums. The bill also created the Oregon Reinsurance Program to stabilize rates and premiums for individual health benefit plans and provide greater financial certainty to health insurance consumers. This bill extends the sunset dates for the Oregon Reinsurance Program and the assessments on Diagnostic Related Group hospitals, rural type A/B hospitals, and insurance premiums. Also increases the assessment on insurance premiums to 2% and expands this assessment to include stop-loss insurance.

HB 2267 - CCO and LPHA partnerships for CHAs and CHIPs

Support

Requires CCOs to collaborate with local public health authorities and hospitals to conduct a community health assessment and adopt a community health improvement plan. Creates the CCO Reinsurance Program in OHA and specifies the program is to make payments to CCOs that incur high costs and to manage costs systemically. Establishes the Tribal Advisory Council. Modifies composition of CCO community advisory council by increasing from one member to two, who within the last six months was a Medicaid recipient or a parent, guardian, or primary caregiver of an individual who was a recipient of Medicaid.

Social Determinants of Health

CLHO tracked several bills that impacted health equity and the social determinants of health. Historically CLHO has also worked on affordable housing and also supported the passage of statewide renter protections.

HB 2262 – Early Learning Council changes

No Position

Directs Early Learning Council to coordinate and align the system of early learning services, eliminates ELC's implementation and oversight duties, adds ensuring that families are healthy, stable, and attached to ELC's goals, reduces ELC to nine voting members, requires one voting member be an Oregon tribal representative, makes state agency officials nonvoting members, and directs ELC to designate a committee, separate from the ELC, to serve as a state advisory council for the federal Head Start Act. The bill also changes the purpose of the Youth Development Council from an oversight to a coordinating body.

HB 3427 - Student Success Act

No Position

Establishes a modified commercial activities tax of 0.57% on Oregon commercial activity over \$1 million and requires income from commercial activities tax be deposited in Fund for Student Success (FSS). Requires funds in FSS to be spent on increasing learning time, decreasing class size, offering a well-rounded education, or student health and safety. Requires Oregon Department of Education (ODE) to work with grant recipients to establish growth targets for the following metrics: percentage of third graders reading at grade-level proficiency, percentage of ninth graders completing that year with at least six credits toward graduation, percent of students graduating or completing high school, and percent of students attending school more than 90% of instructional days. Expands access to free meals at school. Establishes statewide school safety and prevention system and the Early Childhood Equity Fund. Invests \$2.8 million in expanding Relief Nursery services and \$2 million in expanding the Healthy Families Oregon home visiting program. There is also funding delineated to address behavioral, mental and physical health needs of students

SB 608 - Renter Protections

Support

Prohibits evictions without cause after the first year of occupancy and adds the following circumstances to the existing list of reasons that a landlord may evict for-cause: when the premises are sold to a buyer as a primary residence; when the premises will be occupied by the landlord or an immediate family member; or when the premises are being renovated,

demolished, or removed from residential use. If a landlord uses one of the new reasons to evict, they must provide 90 days notice and one month's rent to assist the tenant with relocation. Also provides for fixed-term tenancies to automatically convert to month-to-month unless the parties agree to a new term or a tenant has received at least three written, contemporaneous warnings about violations in the preceding 12 months. Limits rent increases to no more than 7% plus the average change in the consumer price index, no more than once in any 12-month period, unless: the premises are considered new construction, the landlord is resetting rent for a new tenant after a compliant tenant vacated voluntarily, or the rent is subsidized.

Bills that failed

Communicable Disease Bills

HB 2744 – Immunization requirement changes: Failed

Oppose

Eliminates annual reporting and exclusion cycle for schools and child care facilities. Requires school administrators to exclude on the first day of school any child not up-to-date on vaccines. Removes ability to exclude unvaccinated students exposed to a school restrictable disease. Students could not be excluded until they begin exhibiting symptoms. Requires schools to report number of students excluded due to a restrictable disease to their local public health authority.

HB 2745 – Providing immunization information packets: Failed

Oppose

Requires licensed health care providers providing vaccines to provide the vaccine package insert, vaccine excipient table, vaccine information sheet, and a list of high-priority chemicals included in the vaccine. Requires OHA to make these documents available on website. Requires parental consent for vaccinating children under age 18.

SB 565 - Employers requiring vaccinations: Failed

Oppose

Would have made it illegal for employers to require nurses and other medical staff to get vaccines to gain or keep their jobs.

SB 647 - Immunization requirement changes: Failed

Oppose

Eliminates annual reporting and exclusion cycle for schools and child care facilities. Requires school administrators to exclude on the first day of school any child not up-to-date on vaccines. Removes ability to exclude

unvaccinated students exposed to a school restrictable disease. Students could not be excluded until they begin exhibiting symptoms. Requires schools to report number of students excluded due to a restrictable disease to their local public health authority.

SB 649 - Providing immunization information packets: Failed

Oppose

Requires licensed health care providers providing vaccines to provide the vaccine package insert, vaccine excipient table, vaccine information sheet, and a list of high-priority chemicals included in the vaccine. Requires OHA to make these documents available on website. Requires parental consent for vaccinating children under age 18.

Preparedness

HB 2620 – City fire District: Failed

Oppose

Authorizes cities and rural fire protection districts to adopt plans to provide ambulance and emergency care services to city or rural fire protection district. Requires counties to adopt plans to provide ambulance and emergency care services to county and to negotiate intergovernmental agreements with cities and rural fire protection districts within counties for coordination of ambulance services.

Prevention and Health Promotion

HB 2233 – Social cannabis consumption: Failed

Oppose

Allows the consumption and sale of marijuana items at temporary events and cannabis lounges, subject to OLCC regulation and local government authorization.

SB 639 - Social cannabis consumption: Failed

Oppose

Allows for the consumption and sale of marijuana items at temporary events and cannabis lounges, subject to OLCC regulation. It also allows for growers and processors to offer tours to adults and to partner with a retailer for on-site sales to tour patrons. The measure also clarifies where marijuana delivery is allowed.

Appendix

OREGON COALITION OF LOCAL HEALTH OFFICIALS Policy Platform

2019

The Oregon Coalition of Local Health Officials (CLHO) works with and on behalf of the 33 local public health authorities in Oregon who work every day to prevent the spread of disease, protect the public's health, and promote health. CLHO staff monitor policy issues closely during the legislative session to stay connected to the bills in process that impact local public health authorities and community health. Local public health officials in Oregon crafted the following policy statements to support CLHO staff in prioritizing which bills to monitor during the 2019 legislative session.

The Oregon Coalition of Local Health Officials support

Clean Air

- A statewide, comprehensive smoke and vape-free workplace law with no exemptions or preemption of local ordinances.
- An effective statewide tobacco retail licensing law that requires retailers to purchase a license in order to sell any tobacco products, including inhalant delivery systems.
- A tax increase for cigarettes, inhalant delivery systems, and other tobacco products.
- Improved air quality by reducing sources of fine particulate (PM 2.5) pollution (diesel and wood smoke).

Healthcare Access

- Equal access to low- or no-cost vaccines across the lifespan including strong vaccination programs that protect priority populations and their families and include right-to-know policies.
- Comprehensive access to low- or no-cost, effective reproductive health services for all Oregonians.

STI Prevention

- The vital and unique role played by public health in the prevention of Sexually Transmitted Infections (STIs).

Public Health Lab

- A robust Oregon State Public Health Lab as a vital component of the Oregon public health system in rapidly detecting and protecting communities from health threats.

Preparedness

- Sustaining and building the capability and capacity of every local public health authority in Oregon to be able to carry out the important work of ensuring their communities are prepared for, protected from, and resilient in the face of all health threats and hazards, including those resulting from infectious disease outbreaks, natural disasters, or human-caused incidents.

Safe Drinking Water

- A strong system of improving local and state capacity to assess and manage risks associated with private wells to protect both the lifelong health of Oregonians and the state's groundwater resources.



For more information please contact Morgan Cowling, Executive Director
morgan@oregonclho.org | 503-329-6923 | oregonclho.org



Public Health
Prevent. Promote. Protect.

OREGON COALITION OF LOCAL HEALTH OFFICIALS Legislative Priorities

2019

The Oregon Coalition of Local Health Officials (CLHO) works with and on behalf of the 33 local public health authorities in Oregon who work every day to prevent the spread of disease, protect the public's health, and promote health. CLHO advocates for legislation and policies that promote health and well-being for all people in Oregon and future generations.

THE OREGON COALITION OF LOCAL HEALTH OFFICIALS SUPPORT

PUBLIC HEALTH
MODERNIZATION:
\$47.7 MILLION BUDGET
REQUEST



Public health modernization ensures basic public protections critical to the health of all in Oregon and future generations.

A \$47.7 million biennial investment will continue the great work started in communicable disease, health equity, and assessment and expand the work to focus also on environmental health threats so that all Oregonians will have equal access to the same protections.

UNIVERSAL HOME
VISITING:
\$8.7 MILLION BUDGET
REQUEST



Universal home visiting promotes safe and healthy environments during early childhood which forms the foundation for lifelong physical and mental well-being.

Investing \$8.7 million in universal home visiting will phase in a plan to support all families and connect them into their community system of care and refer them into other home-visiting programs, giving Oregon families the support they need so all children can thrive.

TOBACCO & NICOTINE
TAX INCREASE



Tobacco use is the number one preventable cause of death and disease in Oregon. Increasing taxes on tobacco and nicotine products will prompt quit attempts, reduce consumption, and prevent youth from ever starting.

Raising the price of cigarettes \$2 per pack and enacting a 65% wholesale price tax will save lives and money in lost productivity while investing in healthcare and prevention.



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PUBLIC HEALTH MODERNIZATION 2019

invest to protect all people in Oregon

The governmental public health system is currently undergoing a large transformation known as public health modernization which has a goal of ensuring all in Oregon can expect basic public protections critical to their health and the health of future generations. The 2017 Legislature made a \$5 million investment to modernize communicable disease work with a focus on marginalized communities. An additional investment will continue this work and also focus on environmental threats.

Communicable diseases are costly, debilitating, and deadly.



Oregon has the third highest prevalence rate of Hepatitis C in the nation and African Americans, American Indians, and Alaska Natives are disproportionately impacted.¹



Rates of syphilis have increased by 1500% in the past 10 years in Oregon. Syphilis, left untreated, can cause damage to the brain and heart, mental illness, serious birth defects, stillbirth, and death.²

Environmental health threats from drought, wildfires, contaminated drinking water, increased allergens, and diseases spread by ticks and mosquitoes are on the rise.



Everyone in Oregon was impacted by wildfires in 2018; Portland had days with the second worst air quality in the world in July and in August Southern Oregon had the worst air quality in the country.³



The Oregon Health Authority identified 41 drinking water systems at risk for similar algal blooms to the 2018 Salem drinking water crisis.⁴

The public health system needs additional funding to:

- Track, investigate, and stop diseases and other public health threats
- Inform the public about health problems in the community and how to stay safe
- Prepare for and respond to emergencies and disasters that endanger the public's health and safety
- Mobilize community partners to work together to address local public health challenges
- Enforce laws and regulations that keep people safe

2019 Recommendation

Investing an additional \$35 million in Public Health Modernization funding for the state public health division, local public health authorities, and tribes will ensure safe drinking water, reduce exposure to unhealthy air from wildfire smoke, and prevent diseases.



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Public Health
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PUBLIC HEALTH MODERNIZATION

invest to protect all people in Oregon

2019

The Problem:

Oregonians are experiencing health challenges that cannot be addressed by the health care system alone and are experiencing the health effects and costs of a changing environment and emerging communicable diseases. Some groups, like lower-income families and communities of color, are disproportionately impacted by communicable diseases and environmental threats like wildfire smoke.

Significance of this Issue:

Public health modernization means everyone in Oregon can expect basic public protections critical to their health and the health of future generations; these include clean air, safe food and water, health promotion and prevention of disease and responding to new health threats. In 2015 the Oregon Legislature adopted a new framework, public health modernization, for the state and local public health system. This framework will focus the public health system's work to address current and emerging threats to Oregonians' health that current state and federal funding are able to address.

A 2016 assessment of the state and local public health system found that to implement the new framework, a \$210 million biennial investment is needed. This new framework will need to be implemented in phases, and in partnership with the health care and early learning systems, over the next three biennia.

In 2017 the Oregon Legislature invested \$5 million in communicable diseases, health equity, and assessment aligned with the Public Health Modernization framework. Local Public Health Authorities are using this funding to address local health needs including addressing local disease control, the increasing rates of STIs, improving immunization rates, preventing Norovirus in Long-Term Care Facilities, and increasing cancer prevention methods.

2019 Legislative Request:

An additional \$35 million biennial investment will continue the great work started with the initial investment in communicable disease, health equity, and assessment and expand the work to focus also on environmental health threats so that all Oregonians will have equal access to the same protections. This \$35 million investment would provide the Public Health Division, Local Public Health Authorities and Tribes funding to expand the current work to protect the public's health through the prevention of disease and infections, engaging the health system to improve immunization rates, and the protection of seniors against Norovirus and pneumonia. It also would allow a focus on environmental health threats from things like drought, deteriorating air quality, wildfires, heat waves, and contaminated drinking water.

References

1. Thomas, Ann et al. (2015). *Viral Hepatitis in Oregon*. Retrieved from https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTD/VIRALHEPATITIS/ADULTVIRALHEPATITIS/Documents/Viral_Hepatitis_Epi_Profile.pdf
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3. Stiles, Greg. (2018). Mail Tribune. *All of Oregon at Risk in 2019*. Retrieved from <http://mailtribune.com/news/top-stories/wildfire-affects-all-oregonians>
4. Radnovich, Connor. (2018). Statesman Journal. *State identifies dozens of systems at risk for toxic algae blooms*. Retrieved from <https://www.statesmanjournal.com/story/news/2018/06/13/salem-water-update-41-systems-risk-toxic-algae-blooms-oregon-health-authority/696665002/>



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UNIVERSAL HOME VISITING for healthy Oregon families

2019

Children in Oregon need nurturing environments to set them on the path to success and lifelong health. In 2017, Oregon experts in Governor Brown's Children's Cabinet identified home visitation programs that provide support to new parents and put their child on an early path to success as an evidence-based strategy that provides the biggest return on investment while helping families be successful.

We can do better to ensure every child in Oregon has a fair start in life.



One in four Oregon women report symptoms of prenatal or postpartum depression which can put babies at risk for developmental, emotional, behavioral, and learning problems.¹



Families with children under five are twice as likely to experience poverty.²



In Oregon in 2017, there were a total of 11,077 children in the state found to be victims of abuse and neglect. Almost half of these children were younger than age six and more than a quarter of them were under the age of three.³



Forty-four percent of Oregonians have experienced two or more Adverse Childhood Experiences (ACEs) which impact lifelong health and opportunity.⁴

Families participating in a Universal Home Visiting program called Family Connects had:



Increased community connections to community resources

Increased utilization of higher quality child care

Increased-quality parenting behaviors

Increased home environment safety and quality



Decreased maternal clinical anxiety

Decrease in infant emergency medical care⁵



Universal Home Visiting promotes safe and healthy environments during early childhood which forms the foundation for lifelong physical and mental well-being.

2019 Recommendation

Investing \$8.7 million in Universal Home Visiting will phase in a plan to support all families and connect them into their community system of care and refer them into other home-visiting programs, giving Oregon families the support they need so all children can thrive.

References:

1. Oregon Health Authority. (n.d.). Prenatal and Postpartum Health. Retrieved from https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/Documents/Prenatal-Postpartum-MCH%20Data%20Book%202017_OHA8136-5.pdf
2. National Center for Children in Poverty. (2010). Who are America's Poor Children? Retrieved from http://www.nccp.org/publications/pub_912.html



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UNIVERSAL HOME VISITING for healthy Oregon families

2019

The Problem:

Oregon families are struggling to have their basic needs met and escape intergenerational poverty. Oregon ranks 30th in childhood wellbeing, our children experience more adverse childhood events than the United States as whole, and Oregon's high school graduation rate is the 46th worst in the United States(4, 6). Further, one in four Oregon women report symptoms of prenatal or postpartum depression and 48% of these women were still depressed when their child was 2 years old(1).

Significance of this Issue:

The birth of a child is a monumental change for any family and all families need support to guarantee a healthy and productive Oregon. Universal Home Visiting is an evidence-based solution that has been shown to have favorable impacts on child health, maternal health, child development and school readiness, reducing child maltreatment, positive parenting practices, family economic self-sufficiency, and linkages and referrals(7). Further, one universal home visiting program found that for every dollar spent on the program it resulted in \$3 cost savings in pediatric emergency room visits and other home visiting programs resulted in up to a \$5.70 savings for ever dollar spent(5, 8).

Oregon must do better to prioritize and increase positive parenting practices. Children who experience high levels of negative parenting are more likely to be antisocial and delinquent as adolescents and boys with negative parenting more often grow up to have children with similar behaviors, continuing an intergenerational circle(9). A review of home visiting programs found that 15 of the 17 programs had a positive impact on parenting practices and the Family Connects Universal Home Visiting Program found participating families had both higher quality parenting behaviors and home environments(7, 5). By supporting Universal Home Visiting, we will be supporting families with the tools they need to navigate early childhood and beyond.

2019 Legislative Request:

An \$8.7 million biennial investment in Universal Home Visiting will phase in a plan to support all families and connect them into their community system of care and refer them into other home-visiting programs, giving Oregon families the support they need so all children can thrive.

References:

1. Oregon Health Authority. (n.d.). Prenatal and Postpartum Health. Retrieved from https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/Documents/Prenatal-Postpartum-MCH%20Data%20Book%202017_OHA8136-5.pdf
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7. Sama-Miller, Emily et al. (2018). Home Visiting Evidence of Effectiveness Review: Executive Summary. Retrieved from https://homvee.acf.hhs.gov/homvee_executive_summary.pdf
8. National Conference of State Legislatures. (n.d.) Home visiting: improving outcomes for children. Retrieved from <http://www.ncsl.org/research/human-services/home-visiting-improving-outcomes-for-children635399078.aspx>
9. Oregon State University. (2009). Positive parenting can have lasting impact for generations. Retrieved from: <https://today.oregonstate.edu/archives/2009/sep/positive-parenting-can-have-lasting-impact-generations>



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ALERT!

The state legislature has released [HB 3063](#) which would eliminate the non-medical vaccine exemption for children. CLHO voted last week at our Board meeting to support this bill. Passing HB 3063 would help improve Oregon's vaccination rates.

HOW TO TAKE ACTION

Submit written testimony.

Submitted written testimony needs to be in by today (2/28) at 1PM to be considered part of the hearing at 3:00PM today, but you can still submit testimony until 5PM on March 1st. Email testimony to hhc.exhibits@oregonlegislature.gov.

Resources

[Testimony Template](#), Coalition for HB 3063
[Sample Messages](#), Oregon Pediatric Society
[Communicating Effectively About Vaccines](#), ASTHO

Submit letter to the editor.

Oregon newspaper submission information is [here](#) and letter to the editor tips are [here](#).

Please help show broader support for this bill - call or email your legislators by Friday March 8th.

For help finding your legislators, visit <https://www.oregonlegislature.gov/>

CLHO LEGISLATIVE TOOLKIT

Let Caitlin or Morgan know if you have any questions or need support in any way and let us know if you take action!

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Advocate for Public Health Modernization Funding Today!

There is still time to advocate for public health modernization funding. SB 5525 is in the Joint Ways and Means Subcommittee on Human Services and we need an influx of letters and calls to continue to ensure that the legislature invests in public health modernization for the next biennium!

HOW TO TAKE ACTION

Call, write, or email your legislators. For help finding your legislators, visit <https://www.oregonlegislature.gov/>

The lists below show our first and second priority legislators. If you are represented by anyone listed, it is even **more** essential that you contact your legislator. If your legislator is not on listed, please contact subcommittee co-chairs Senator Lee Beyer and Representative Rob Nosse.

Co-Chair Senator Lee Beyer

Capitol Phone: 503-986-1706

Email: Sen.LeeBeyer@oregonlegislature.gov

Co-Chair Representative Rob Nosse

Capitol Phone: 503-986-1442

Email: Rep.RobNosse@oregonlegislature.gov

First Priority (Subcommittee on Human Services)

Senator Lee Beyer, Representative Rob Nosse, Senator Dallas Heard, Senator Rob Wagner, Representative Cedric Hayden, Representative Andrea Salinas,

Second Priority (Full Ways and Means)

Senator Betsy Johnson, Senator Elizabeth Steiner Hayward, Representative Dan Rayfield, Senator Jackie Winters, Representative David Gomberg, Representative Greg Smith, Senator Lew Frederick, Senator Fred Girod, Senator Bill Hansell, Senator Dallas Heard, Senator James Manning Jr., Senator Arnie Roblan, Senator Chuck Thomsen, Representative Paul Holvey, Representative Susan McLain, Representative Mike McLane, Representative Rob Nosse, and Representative Carla Piluso

CLHO put together an [email template](#) to get you started, but please personalize it to your community to make the biggest impact.

~Please let us know when you take action!~

Other helpful resources

[CLHO Modernization 2019](#)

[OHA Public Health Modernization Fact Sheet](#)

[OHA Public Health Division Public Health Modernization Implementation Interim Evaluation Report September 2018](#)

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Public Health Modernization Advocacy Opportunities

There are opportunities to advocate for public health modernization funding in the next month. We encourage you to invite your public health modernization partners (e.g. health system partners, Community Health Advisory Committee members, etc) that could speak to the impact of the work they are doing. Please let Caitlin know if you or a partner will be participating in the community hearings or in Salem.

HOW TO TAKE ACTION

1. Testify at a Community Hearing

The Ways and Means Committee sets a budget for the coming two-year period and holds meetings across the state to learn about community priorities. This year they will have people sign up to testify by subject which could help ensure that public health advocates are heard during these meetings. Please note that no written testimony will be accepted for the community hearings. [Here is a link to the agendas and meeting information.](#)

- **Coos Bay:** March 9, 2019, from 1:00 - 3:00PM at Marshfield High School Auditorium, 972 Ingersoll Ave.
- **Pendleton:** March 15, 2019 from 5:30 - 7:30PM at Blue Mountain Community College Pioneer Hall, Bob Clapp Theatre 2411 NW Carden Ave.
- **Redmond:** March 16, 2019 from 2:00 – 4:00PM at Deschutes County Fair and Expo Center, Three Sisters Conference and Convention Center (South Sister) 3800 SW Airport Way
- **Portland:** March 21, 2019 from 5:30 – 7:30PM at Portland Community College - Cascade MAHB 104 Auditorium 5514 N. Albina Ave

2. Testify in Salem

In Salem there is a (very) tentative public hearing scheduled for March 26th from 8:30-10:30. Please save the date and let Caitlin know if you will be attending in person. You will also be able to submit written testimony to this hearing.

Resources

[Testimony Template](#)

[Public Health Modernization One Pager](#)

[Public Health Modernization Explained](#)

[OHA's Modernizing Oregon's Public Health System](#)

[OHA's Modernization Interim Evaluation Report](#)

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Let Caitlin know if you have questions, need help drafting or reviewing testimony, or need support in any other way and **let us know if you take action!**

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HB 2270: Advocate for Tobacco and Nicotine Taxes Today!

HB 2270 was voted out of the House Revenue Committee this morning! Please contact your Representatives and Senators and tell them how important it is for them to vote yes!

How to take action:

Call or email your legislators and ask them to vote YES on HB 2270. For help finding your legislators, visit <https://www.oregonlegislature.gov/>

[Here is a email template to get you started.](#)

If you are limited on time, you can also use this link which has an email template: <https://p2a.co/gTWZlIf>

Why this is important:

The use of e-cigarettes by our youth is skyrocketing. In fact, the US Surgeon General called it an epidemic. We have a chance to help change this trend and save our kids. The Coalition of Local Health Officials supports HB 2270 which raises Oregon's tobacco tax by \$2 and (for the first time ever) taxes e-cigarettes.

Tobacco is the number one cause of preventable death in Oregon. Tobacco causes more deaths than obesity, alcohol, motor and firearms accidents and illicit drug use combined. Oregon hasn't raised the tobacco tax in almost 20 years and we currently don't tax e-cigarette products at all.

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Coalition of Local Health Officials List of Tracked Bills for 2019 Session

Bill #	Bill Summary	Position
Child & School Health		
HB 2224	Directs Department of Education to distribute grants for improving student outcomes by supporting social, emotional, mental and physical health needs of students.	Watch
SB 526	Directs Oregon Health Authority to design, implement and maintain voluntary statewide program to provide nurse home visiting services to families with infants up to six months of age.	Support with amendments
HB 2626	Expands eligibility for Women, Infants and Children Program nutrition assistance to mothers of children up to 12 months of age, paid for with state funds.	Support
HB 2639	Expands eligibility for Women, Infants and Children Program nutrition assistance to children five years of age or older who have not begun attending school, paid for with state funds.	Support
HB 2837	Requires Department of Human Services to adopt by rule program that provides financial assistance to recipients of supplemental nutrition assistance for purchasing locally grown fruits and vegetables from participating farmers' markets, farm share sites and retail outlets.	Support
SB 727	Requires Department of Human Services to contract with nonprofit organization to implement and administer program to assist recipients of supplemental nutrition assistance in purchasing locally grown fruits and vegetables from farmers' markets, farm share sites and retail outlets that participate in program.	Support
HB 2262	Modifies duties and membership of Early Learning Council.	No Position
HB 2349	Directs Early Learning Division to establish child care provider business training program.	No Position
HB 2579	Expands types of entities that may receive grant from Farm-to-School Grant Program to purchase food produced or processed in state or to identify sources of foods or to process foods.	No Position
HB 2607	Requires school districts to provide instruction in oral health.	No Position
HB 2666	Requires school districts to provide instruction in oral health.	No Position
SB 130	Directs Oregon Health Authority to award grant moneys to eligible school-based health center pilot projects to expand access to health care services and improve health and education outcomes for students through telehealth.	No Position
SB 131	Requires Director of Oregon Health Authority to appoint Children's Health Advocate to investigate complaints and take steps to ensure access to and reimbursement of timely health care for children placed by Department of Human Services in private child-caring agencies.	No Position
SB 543	Authorizes formation of children's service districts.	No Position
SB 584	Establishes Statewide School Safety and Prevention System.	No Position
SB 142	Changes "venereal disease" and "sexually transmitted disease" to "sexually transmitted infection." Changes certain references to "human immunodeficiency virus" and "acquired immune deficiency syndrome" to "blood-borne infection.".	Watch
Communicable Disease		
SB 29	Modifies term "venereal disease" to "sexually transmitted infection." Clarifies hearings procedure for certificates of need for certain health care facilities.	Watch
HB 2600	Requires long term care facilities, conversion facilities and residential care facilities providing care to six or more residents to adopt specified protocols and procedures regarding preventing and reporting disease outbreaks.	Support with amendments
HB 2783	Requires parent who declines immunization for child to submit to administrator document including health care practitioner signature verifying practitioner reviewed immunization information with parent and certificate verifying parent completed vaccine educational module as condition of child's attendance at school or other children's facility.	Support with amendments
HB 3063	Removes ability of parent to decline required immunizations against restrictable diseases on behalf of child for reason other than child's indicated medical diagnosis.	Support
HB 2744	Modifies provisions relating to immunization records required for children attending schools and children's facilities.	Oppose
HB 2745	Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.	Oppose
SB 565	Establishes that decisions related to immunizations are personal health care decisions and that immunizations may not be mandated as condition of employment for registered nurses or other medical staff unless required by federal law.	Oppose
SB 647	Modifies provisions relating to immunization records required for children attending schools and children's facilities.	Oppose
SB 649	Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.	Oppose
HB 2220	Authorizes dentists to prescribe and administer vaccines.	No Position

HB 2529	Directs Governor, with recommendations from Oregon Health and Science University Board of Directors, to appoint Rare Disease Ombudsman.	No Position
HB 2563	Establishes Newborn Bloodspot Screening Advisory Board in Oregon Health Authority.	No Position
SB 488	Requires Department of Corrections to offer immunization against influenza virus to each inmate in physical custody of department.	No Position
SB 628	Requires that post-secondary institution of education that requires students to receive immunizations accept from student who declines immunization certification that student has completed vaccine educational module.	No Position
Environment		
HB 2063	Extends authorized uses of moneys received by state pursuant to Volkswagen Environmental Mitigation Trust Agreement and deposited in Clean Diesel Engine Fund.	No Position
HB 3326	Appropriates moneys to Department of Environmental Quality to fund laboratory services for public water systems that are susceptible to hazardous algal blooms and to Oregon Health Authority to hire recreational hazardous algal bloom coordinator.	No Position
HB 3340	Declares harmful algal blooms to be menace to public health and welfare.	No Position
SB 928	Establishes Oregon Climate Authority and creates Oregon Climate Board, effective on passage.	No Position
HB 2007	Extends authorized uses of moneys received by state pursuant to Volkswagen Environmental Mitigation Trust Agreement and deposited in Clean Diesel Engine Fund.	Support
HB 2860	Requires Oregon Health Authority to analyze ground water contaminant data and provide education in areas with ground water contaminant problems.	Support
SB 27	Authorizes Oregon Health Authority to adopt by rule schedule for fees assessed on water suppliers to partially defray costs of authority related to performance of certain duties under Oregon Drinking Water Quality Act.	Support
SB 28	Increases fees related to tourist facilities, public spas, pools and bathhouses, bed and breakfasts, restaurants and vending machines and for plan review for restaurant construction or remodeling.	Support
HB 2059	Extends sunset on State Department of Agriculture authority to annually impose limited fee increases for certain licenses related to food production.	No Position
HB 2060	Authorizes State Department of Agriculture to order closure of food establishment if department authorization required for operation of food establishment has not been obtained or has lapsed.	No Position
HB 2271	Changes punishment for unlawful air pollution in the second degree from specific fine violation to Class A misdemeanor.	No Position
HB 2610	Requires Oregon Health Authority to establish program for periodic health inspection of hotel or inn guest facilities.	No Position
HB 2656	Prohibits certain forest operation activities on forestland that supplies drinking water for one or more public water systems.	No Position
HB 2794	Requires Department of Environmental Quality to conduct water quality study.	No Position
HB 2916	Expands transitional housing accommodations allowed inside urban growth boundary to include other structures.	No Position
SB 90	Prohibits food and beverage provider or convenience store from providing single-use plastic straw to consumer unless consumer specifically requests single-use plastic straw.	No Position
Healthcare		
HB 2010	Extends Oregon Reinsurance Program and authorizes Department of Consumer and Business Services to request extension of waiver for state innovation.	Watch
HB 2269	Requires employers with 50 or more employees to expend amount established by Oregon Health Policy Board toward providing health care to employees.	Watch
HB 3354	Requires local public health authorities and coordinated care organizations to provide funding to support school-based programs providing dental disease prevention services.	Support with amendments
HB 3318	Expands rural health care income tax credit to include pharmacist services performed in rural areas.	Support
HB 2267	Requires coordinated care organization to conduct community health assessment and adopt community health improvement plan in collaboration with local public health authorities and hospitals.	Support
HB 2186	Adds further specification to prohibition on discrimination against health care providers by insurers in participation in or coverage under health benefit plan.	No Position
SB 721	Requires coordinated care organization to reimburse cost of services provided by school-based health centers to members of coordinated care organization at rate paid to in-network providers.	No Position
HB 2161	Requires hospitals and health clinics to include with claim for charitable property tax exemption report of amount spent on charitable care and all compensation paid to individual director, officer, employee or agent that exceeded \$1 million.	No Position
HB 2266	Directs Public Employees' Benefit Board and Oregon Educators Benefit Board to impose surcharge on eligible employee who arranges coverage for spouse or dependent with access to medical coverage as employee in health benefit plan offered by Public Employees' Benefit Board or Oregon Educators Benefit Board.	No Position
HB 2268	Requires Oregon Health Authority, in coordination with Department of Consumer and Business Services, to report to interim committees of Legislative Assembly related to health, no later than September 20, 2020, recommendations for aligning financial regulation of coordinated care organizations and health insurers.	No Position
HB 2609	Directs Oregon Health Authority to disclose certain patient information to dental directors for specified purposes.	No Position

HB 2693	Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is provided in person.	No Position
HJM 5	Urges Congress to pass legislation recognizing that full spectrum of reproductive health care is settled law and is fundamental right for all women.	No Position
SB 204	Extends sunset for tax credit for provision of volunteer emergency medical services in rural area.	No Position
SB 687	Directs Public Employees' Benefit Board and Oregon Educators Benefit Board to establish pilot programs allowing public employees who live in geographic area served by Eastern Oregon Coordinated Care Organization to obtain health services from Eastern Oregon Coordinated Care Organization.	No Position
SB 770	Establishes Task Force on Universal Health Care charged with recommending to Legislative Assembly design of Health Care for All Oregon Plan, administered by Health Care for All Oregon Board to provide publicly funded, equitable, affordable, comprehensive and high quality health care to all Oregon residents.	No Position
SB 9	Allows pharmacists to prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies.	No Position
HB 2801	Requires pharmacists to label prescription drugs in language other than English if patient to whom prescription drug is dispensed is person of limited English proficiency.	No Position
HB 3230	Requires insurance coverage of pelvic examinations and Pap smear examinations to include reimbursement for medical devices and items that clinician determines best suit needs of patient.	No Position
Housing		
SB 608	Prohibits landlord from terminating month-to-month tenancy without cause after 12 months of occupancy.	Support
Marijuana		
HB 3424	Exempts persons designated to produce marijuana by three or more registry identification cardholders from specified fee.	Watch
HB 2099	Allows transfer of information that may be used to identify consumer of marijuana items if information is protected.	No Position
SB 599	Establishes Medical Marijuana Patient Access Committee to study and recommend methods to reduce barriers to accessing medical marijuana and to advise Oregon Health Authority on issues related to accessing medical marijuana.	No Position
HB 2233	Provides for regulation by Oregon Liquor Control Commission of consumption and sale of marijuana items at temporary events, including licensure of premises at which temporary events are conducted.	Oppose
SB 639	Provides for regulation by Oregon Liquor Control Commission of consumption and sale of marijuana items at temporary events, including licensure of premises on which temporary events are held.	Oppose
HB 2098	Directs Oregon Liquor Control Commission to establish advisory committee to advise commission, Oregon Health Authority and State Department of Agriculture on standards for testing marijuana.	No Position
HB 2382	Allows certain counties to adopt ordinance to impose tax on medical and recreational marijuana production.	No Position
HB 2655	Provides that conditioning employment on refraining from using any substance that is lawful to use in this state is unlawful employment practice.	No Position
HB 2672	Authorizes Department of Revenue to reimburse State Department of Agriculture, State Department of Energy and Water Resources Department for expenses incurred in administration and enforcement of activities related to cannabis.	No Position
HB 2723	Directs Oregon Liquor Control Commission to develop Internet-based system to enable ordering and delivery of cannabis for medical use to registry identification cardholders.	No Position
SB 218	Authorizes Oregon Liquor Control Commission to refuse to issue initial marijuana production licenses based on supply of and demand for marijuana.	No Position
SB 379	Provides that conditioning employment on refraining from using any substance that is lawful to use in this state is unlawful employment practice.	No Position
SB 382	Removes limit of 20 pounds on transfer of usable marijuana from medical marijuana grow site to recreational marijuana processor or wholesaler.	No Position
SB 387	Allows medical marijuana processing site to transfer certain medical marijuana products to person responsible for producing medical marijuana under specified conditions.	No Position
SB 420	Establishes procedures for persons with qualifying marijuana convictions to file motion requesting court to enter order setting aside conviction.	No Position
SB 585	Directs Oregon Liquor Control Commission to establish Responsible Cannabis Retailer Program to prevent sales of marijuana items to minors.	No Position
Other		
HCR 19	Establishes deadlines for completion of legislative measures for 2019 regular session of Eightieth Legislative Assembly.	No Position
Budget		
SB 5519	Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Oregon Liquor Control Commission.	No Position
SB 253	Authorizes Public Health Officer to appoint local health officer in certain counties.	Support with
SB 5525	Appropriates moneys from General Fund to Oregon Health Authority for certain biennial expenses.	Support with
SB 5526	Approves certain new or increased fees adopted by Oregon Health Authority.	Support with

HB 2377	Transfers moneys from certain funds and accounts to General Fund for general governmental purposes.	No Position
HB 5017	Appropriates moneys from General Fund to Department of Environmental Quality for certain biennial expenses.	No Position
HB 5018	Approves certain new or increased fees adopted by Department of Environmental Quality.	No Position
HB 5029	Maintains and reserves lottery revenues available to benefit public purposes during biennium beginning July 1, 2019, in Administrative Services Economic Development Fund.	No Position
HB 5038	Requires Oregon Department of Administrative Services to transfer certain amounts from Tobacco Settlement Funds Account for certain purposes.	No Position
HB 5044	Appropriates moneys from General Fund to Oregon Climate Authority for biennial expenses.	No Position
HB 5045	Approves certain new or increased fees adopted by Oregon Liquor Control Commission.	No Position
HB 5050	Appropriates moneys from General Fund to Emergency Board for allocations during biennium.	No Position
Preparedness		
HB 2620	Authorizes cities and rural fire protection districts to adopt plans to provide ambulance and emergency care services to city or rural fire protection district.	Oppose
HB 2522	Creates income tax credit for taxpayers that purchase certain emergency preparedness supplies.	No Position
HB 2535	Creates Task Force on Disaster Response and Recovery.	No Position
Prevention		
HB 2348	Directs Department of Human Services to reduce employment-related child care subsidy recipient copayments to no more than seven percent of household income.	No Position
HJR 15	Encourages state agencies to follow Childhood and Early Parenting Principles as framework for policies and programs for early parenting and early childhood development.	No Position
HB 3341	Increases distance from certain parts of public places and places of employment where person may not smoke, aerosolize or vaporize from 10 feet to 25 feet.	No Position
HB 3355	Removes limit on number of chemicals Oregon Health Authority may include on list of high priority chemicals of concern in children's products.	No Position
SB 665	Directs State Board of Education to adopt rules for administration of naloxone or any similar medication designed to rapidly reverse overdose of opioid drug.	No Position
HB 2065	Directs each manufacturer of covered drugs that are sold within this state to participate in drug take-back program for purpose of collecting from certain persons those drugs for disposal.	Support
HB 2257	Declares legislative intent to consider substance use disorder as chronic illness.	Support
HB 3273	Directs each covered manufacturer of covered drugs that are sold within this state to develop and implement drug take-back program for purpose of collecting from individuals and nonbusiness entities covered drugs for disposal.	Support
SB 257	Appropriates moneys from General Fund to Higher Education Coordinating Commission for agricultural experiment station and branch stations, Oregon State University Extension Service and Forest Research Laboratory programs of Oregon State University.	Support
SB 485	Directs Oregon Health Authority to collaborate with certain schools and facilities when developing plan for communication following suspected suicide.	Support
SB 52	Requires school district to adopt policy requiring comprehensive district plan on student suicide prevention.	Support
HB 2289	Establishes Task Force on School Safety Features.	No Position
HB 2327	Establishes Statewide School Safety and Prevention System.	No Position
HB 2638	Modifies membership of Alcohol and Drug Policy Commission.	No Position
HB 2667	Establishes Adult Suicide Intervention and Prevention Coordinator within Oregon Health Authority.	No Position
HB 2813	Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete six hours of continuing education related to suicide risk assessment, treatment and management every six years and to report completion of continuing education to authority or board.	No Position
HB 2897	Establishes Early Childhood Equity Fund.	No Position
SB 1005	Adds two members to Task Force on School Safety.	No Position
SB 707	Establishes Youth Suicide Intervention and Prevention Advisory Committee.	No Position

SB 910	Requires retail or hospital pharmacy to provide written notice in conspicuous manner of availability of naloxone at pharmacy.	No Position
Tobacco & Revenue		
HB 2123	Expands definition of "tobacco products" for purpose of taxation to include inhalant form nicotine.	Support with amendments
HB 2159	Imposes tax on distribution of inhalant product based on percentage of wholesale sales price.	Support with amendments
HB 2169	Imposes tax on distribution of inhalant product based on percentage of wholesale sales price.	Support with amendments
HB 2158	Removes per cigar limitation on cigar tax.	Support
HB 2270	Increases tax on distribution of cigarettes.	Support
HB 3266	Increases cigarette tax.	Support
HB 2125	Increases privilege taxes imposed upon manufacturer or importing distributor of malt beverages or wine.	No Position
HB 2848	Prohibits person from mailing or shipping inhalant delivery system without meeting certain requirements.	No Position
HB 3436	Prohibits person from mailing or shipping inhalant delivery system without meeting certain requirements.	No Position
SB 185	Prohibits person licensed to distribute cigarettes or tobacco products from affixing Oregon tax stamps or purchasing untaxed roll-your-own tobacco unless person certifies to Attorney General that cigarettes or tobacco was purchased directly from manufacturer or importer.	No Position