



END OF SESSION REPORT

Oregon Coalition of Local Health Officials

Abstract

This compilation of bills and bill summaries from the 81st Oregon Legislative Assembly was produced for local public health officials to capture the legislation that may have a direct impact on public health practice in Oregon.

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Summary of Session

On Saturday, June 26th the 81st Oregon Legislature adjourned Sine Die after an intense six months. This session was like no other in our state's history as Oregon faced a deadly pandemic, recovery from enormous wildfires, historic winter storms, an urgency for social justice and public safety reforms, and numerous other challenges impacting the health and well-being of Oregonians. The pandemic also required significant adaptations to operations at the Capitol with modified floor sessions, virtual committee meetings, and remote access only for the public.

Even with all these factors, the 2021 Oregon Legislature accomplished a great deal, passing bills to protect the health of Oregonians and to aid recovery from the challenges of the past year.

The CLHO Legislative Committee recommended and the CLHO Board approved one policy and two budget priorities for the 2021 Session: Public Health Modernization (PHM) funding, Universally-Offered Home Visiting (UoHV) funding, and statewide Tobacco Retail Licensure (TRL). Here is a brief summary of the policy and budget priorities that CLHO prioritized this legislative session.

- CLHO supported a PHM request in HB 5042, the Oregon Health Authority budget, for a \$68.9 million investment for the biennium in addition to previous investments. The Governor's Recommended Budget released in December 2020 allotted \$30 million to this budget request. However, advocacy from CLHO and partners throughout the session brought the final amount up to \$45 million in addition to funding from previous legislative sessions. This is an unprecedented investment into the public health system from the Oregon Legislature and a great opportunity to continue PHM efforts. While specific details are in the works, this funding will broadly go towards strengthening and expanding communicable disease work, improving health equity and eliminating disparities, tackling environmental health threats, and building emergency preparedness and response efforts.
- CLHO supported a UoHV request of \$5.1 million for the biennium (also within the OHA Budget, HB 5024). This funding was not included in the Governor's Recommended Budget, but by the end of the session, the Oregon Legislature voted to include \$7.8 million for the 2021-23 biennium. This will allow Oregon to continue rolling out the Family Connects Home Visiting program and to add services in additional communities.
- Finally, TRL (SB 587) passed with bipartisan support this session following years of advocacy from CLHO and partners such as the American Heart Association, the American Cancer Society – Cancer Action Network, the Oregon Pediatric Society, and the Oregon Academy of Family Physicians.

Acknowledgement

These public health accomplishments could not have been made without the tireless work of the CLHO Legislative Committee (members listed below). The Legislative Committee meet twice monthly throughout the session providing valuable public health expertise. Thank you for your time and effort, particularly with the many demands for your attention this session.

Bruce Thomson (Benton)
Sara Hartstein (Benton)
Erika Zoller (Clackamas)
Philip Mason-Joyner (Clackamas)
Heather Stuart (Crook)
Katie Plumb (Crook)
Tom Kuhn (Deschutes)

Jennifer Little (Klamath)
Katrina Rothenberger (Marion)
Sierra Prior (Marion)
Adelle Adams (Multnomah)
Carrie Brogoitti (Union)
Erin Jolly (Washington)
Gary Vanderveen (Yamhill)

CLHO Priority Issues

Prior to each odd-year legislative session the CLHO Legislative Committee and the CLHO Board engage on an intensive process to research and prioritize a few of the most pressing policy and budget items that we should advance in the legislative session.

CLHO focused public health officials' time and staff resources this legislative session on budget priorities including public health modernization and universally offered home visiting. Local public health officials, including administrators and local representatives serving on public health advisory boards, testified during the public testimony for the Public Health Division Budget during the Ways and Means Hearings. In addition to the public testimony, public health officials prioritized their time at the virtual road show and sent emails and letters to their local legislators.

CLHO staff lobbied legislators who sit on both the health policy and ways and means committees, developed talking points, and materials to build understanding of public health modernization. In addition to the development of materials CLHO staff hosted every other week meetings with a coalition of supporters for updates and strategy sessions. As a result of this hard work, and a recognition of the importance of public health due to the global COVID-19 pandemic significant investments were made this legislative session.

Public Health Modernization – HB 5024 & HB 2965

Public health modernization – HB 5024 adds \$45 million general fund investment. Here is the information provided in the Legislative Fiscal Office summary, “While modest investments were approved in the previous two biennia, the recommended 2021-23 budget includes \$45 million to advance OHA’s public health modernization efforts. This funding will largely support the work of local public health authorities, community-based organizations, and tribes to improve health outcomes in the areas of communicable disease control, emergency preparedness, health equity and environmental health.”

This investment was listed as package 417 in the Oregon Health Authority budget bill and, according to the budget report, added 24 positions (24.0 FTE) and will build on the \$5 million and \$10 million investments from previous legislative sessions.

In addition to the investments in the OHA Budget bill, HB 5024, CLHO worked with Representatives Nosse and Prusak to introduce HB 2965. This bill extended the deadline for local public health authorities to submit their public health modernization plans from 2023 to 2025. However, this bill was also an excellent opportunity to speak with legislators about the importance of funding public health. Since HB 3100 (2015) passed there has been significant turn-over in the legislature and many new legislators do not know what “public health modernization” is or why it was created. This bill provided an opportunity to speak with the House and Senate Health Care Committees on the value of public health and why public health modernization was created in Oregon law.

HB 2965 passed, without amendments, both the House and Senate and the Governor signed it into law on June 14th, 2021.

Universally -Offered Home Visiting – HB 5024

Universally-offered home-visiting – HB 5024 adds \$7.8 million total funds investment. This investment is \$4.6 million general fund and \$3.2 million federal funds investments to continue the phased roll-out of the program.

This investment was listed as package 417 in the Oregon Health Authority budget bill and, according to the budget report, added four positions (3.5 FTE), to OHA to continue the rollout of the program established by SB 526 (2019). This investment should make these services available to an additional 2-4 communities during the 2021-23 biennium.

Tobacco Retail Licensure – SB 587 - Passed

SB 587 was introduced by tobacco control advocates with Senator Taylor as the chief sponsor. It built off momentum achieved in the 2020 short session when Senator Monnes Anderson made a significant run to pass statewide tobacco retail licensure. Due to the Republican walk-out in the 2020 session the bill did not pass. SB 587 was introduced to try and move quickly in the Senate and pass the bill.

OHA introduced HB 2071 as a House companion bill to SB 587 with some minor but important differences, however, since past legislative work and champions were in the Senate, SB 587 was ready to go earlier in the legislative session.

CLHO met weekly with the American Heart Association, American Cancer Society – Cancer Action Network, Oregon Pediatric Society, Oregon Academy of Family Physicians to ensure a strong coalition throughout the session to ensure that the SB 587 was on track and moving along to passage this legislative session. This session there was also support for this bill from the industry including NW Grocers Association, Oregon Vapor Trade Association, and other advocates.

Budget

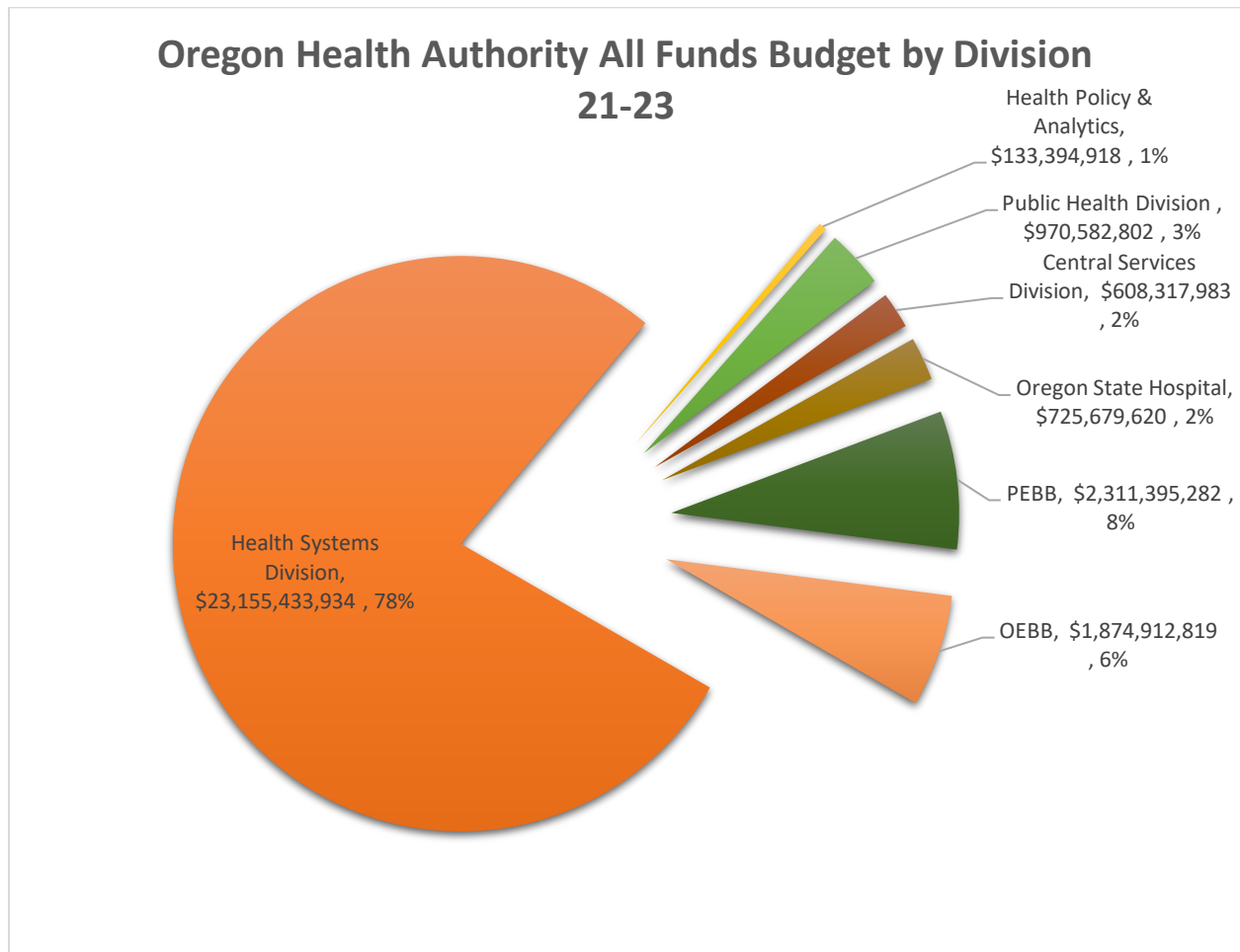
HB 5006 – Budget Reconciliation “Christmas Tree” Bill – Passed

HB 5006 is the end of session budget bill to help reconcile all the final adjustments that need to be made to state agencies. In addition, this bill also allocates funding to the Emergency Board to operate during the interim, as needed, while the legislature is not in session. Those are the two primary purposes to this bill in every session. This bill also allocated the American Rescue Plan Act funding by legislator to earmarked projects for the district.

HB 5024 – Oregon Health Authority Budget – Passed

HB 5024 includes a total funds budget of \$29,779,717,358 for the 2021-23 biennia. This budget includes a General Fund investment of \$3,628,672,665 and funds 4,658 positions within the

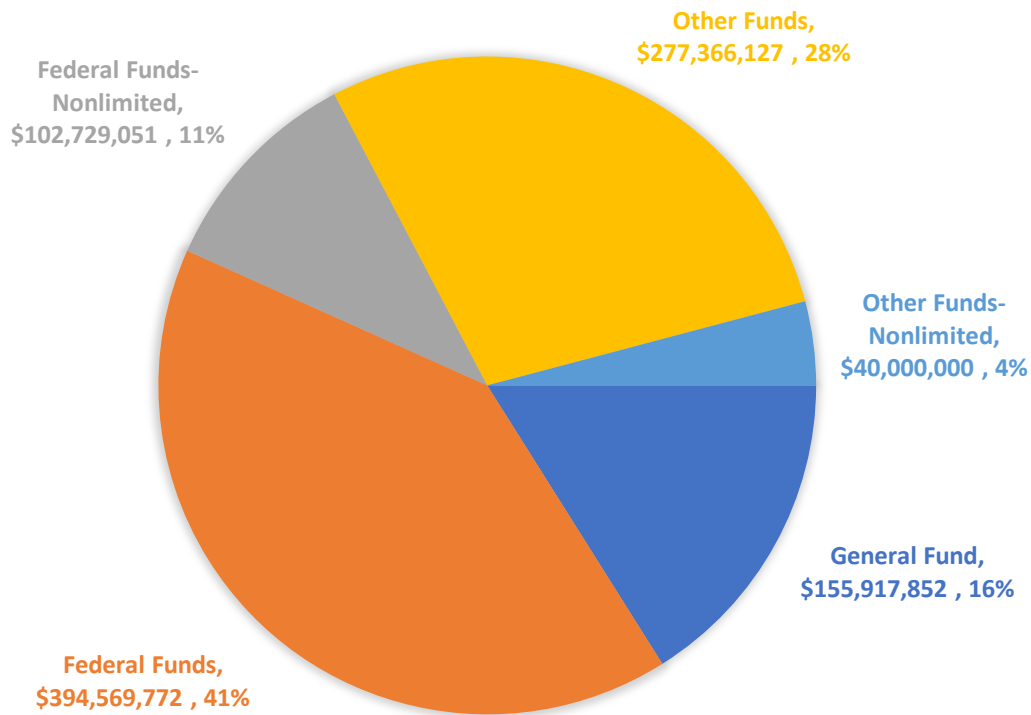
agency. This budget represents an increase of 47.1 percent General Fund and a total funds increase of 16.2 percent, compared to the Legislatively Approved Budget (LAB). These investments are needed to address the Oregon Health Plan's growing caseload, behavioral health needs, investments in health equity and eliminating health disparities and modernizing Oregon's public health system.



Public Health Division Highlights

There is a 66.8 percent increase in general fund investment from the previous biennium primarily from the two investments we were advocating for: public health modernization and universally offered home-visiting.

PUBLIC HEALTH DIVISION BY FUNDS, 21-23



The budget included several packages of general fund investments and changes. Here are the major programmatic highlights:

- Package 087- Provides \$1.5 million in general fund to backfill the loss in medical marijuana licensing fees that was providing funding to maintain State Support for Public Health; and
- Package 417 - \$45 million additional general fund investment in public health modernization; and
- Package 418 - \$7.8 million total fund investment in universally offered home-visiting; and
- Package 801 – Technical adjustments include: Senior/ WIC Nutrition investments of \$1.2 million, \$375,000 for domestic well and small water system testing in wildfire impacted communities, and \$2.2 million for BM 109 implementation.

[SB 5513 – Department of Education & Early Learning Division - Passed](#)

SB 5513 is the budget bill for the Department of Education, which includes the Early Learning Division until HB 3073 goes into effect and the Early Learning Division becomes the Oregon Department of Early Learning.

Here are the investments in early learning programs in the budget (figures in millions):

EARLY LEARNING DIVISION	GENERAL FUND	TOTAL FUNDS
Oregon Prekindergarten (OPK 3-5)	\$ 163.1	\$ 273.2
Early Head Start (OPK PN-3)	\$ 1.8	\$ 54.2
Preschool Promise (PSP)	\$ 38.3	\$ 146.8
Healthy Families (HFO)	\$ 26.8	\$ 36.9
Office of Child Care	\$ 1.9	\$ 46.5
DHS - ERDC	\$ -	\$ 121.3
DHS - Inclusive Child Care	\$ -	\$ 1.2
Baby Promise	\$ -	\$ 9.1
COVID Emergency CCDF Funding	\$ -	\$ 473.8
Preschool Development Grant (Birth to 5)	\$ -	\$ 20.3
Early Childhood Equity Fund (ECEP)	\$ -	\$ 23.9
Coaching / Professional Learning	\$ -	\$ 27.2
Parenting Education	\$ -	\$ 4.1
Relief Nurseries	\$ 9.8	\$ 19.7
KPI	\$ 9.1	\$ 9.1
Early Learning HUBs	\$ 16.3	\$ 22.9
Baker Early Learning Center (Baker SD 5J)	\$ -	\$ 1.4
Other EL Grants	\$ 9.4	\$ 29.3
TOTAL EARLY LEARNING DIVISION	\$ 276.5	\$ 1,321.0

[SB 5541 – Tobacco Master Settlement Account – Passed](#)

Tobacco Master Settlement Account (TMSA) payments to Oregon are deposited in the Tobacco Settlement Funds Account administered by the Department of Administrative Services (DAS). SB 5541 allocates these funds according to the purposes stated in the bill and are based on resources projected to be available for the 2021-23 biennium. As actual amounts vary, the allocations or distributions set forth could also vary.

SB 5541 includes the following TMSA allocations from the Tobacco Settlement Funds Account for 2021-23:

- \$30,912,380 to the Higher Education Coordinating Commission, XI-L Oregon Health and Science University Bond Fund to pay debt service and administrative fees on Oregon Opportunity Bonds.
- \$100,209,000 to the Oregon Health Authority for the Oregon Health Plan.
- \$12,960,000 to the Oregon Health Authority for community mental health programs.
- \$3,344,000 to the Department of Education for physical education related grants authorized by ORS 329.501.
- \$750,000 to the Department of Justice for required TMSA enforcement activities.

The use of TMSA revenue for these programs has not changed from prior biennia.

Communicable Disease

HB 2752 – Vaccine Information Packet – Did not pass

HB 2752 would have required licensed health care providers to provide vaccine information packets to patients who receive a vaccine. HB 2752 did not pass.

SB 254 – School Vaccine Mandate – Did not pass

SB 254 was introduced with minor improvements to HB 3063 (2019), which would eliminate the philosophical exemption to vaccines for students attending public schools. Due to the COVID-19 pandemic and challenges in a virtual legislative session, advocates did not pursue this legislation during the 2021 legislative session.

SB 719 – Data Transparency for Reporters – Did not pass

SB 719 was in response to the COVID-19 pandemic when reporters have had concerns about the availability of data. The Society for Professional Journalists introduced SB 719 to require the Oregon Health Authority or local public health administrator to release aggregate information about reportable disease investigations that does not identify individual cases or sources of information. CLHO, OHA and other County Lobbyists worked to amend the bill to help meet the goals of the Society for Professional Journalists without disclosing individual protected health information or overburdening the public health system. The bill passed out of the Senate Health Care Committee and was stuck in the Ways and Means Committee upon adjournment.

COVID- 19 Response

HB 3057 – COVID -19 Data – Sharing - Passed

HB 3057 authorizes the Oregon Health Authority (OHA) to disclose protected health information related to COVID-19 if disclosure is required for evaluation, treatment, or care coordination of individuals tested for, or exposed to, COVID-19. This bill also allows the OHA to enter into agreements to disclose information to organizations known as exchanges. Specifies any Personal Health Information (PHI) that may lead to identification of an individual is confidential and exempt from disclosure based on Oregon law. This bill sunsets the OHA's authority to disclose on June 30, 2022.

HB 3400 – Eastern Oregon Public Health Lab – Did not pass

HB 3400 would have allowed for another public health lab in Oregon. Eastern Oregon public health administrators worked with Representative Owens to make the case for the issue. There was the potential for ARPA funding for a needs assessment. HB 3400 did not pass.

Emergency Preparedness & Response

HB 2235 – Emergency Response Workforce – Did not pass

HB 2235 would have directed the Office of Emergency Management to study the workforce needs during a major emergency and make recommendations. HB 2235 did not pass.

HB 2327 – Long-Term Care Facilities Emergency Response – Did not pass

HB 2327 was introduced by the Oregon Health Care Association (OHCA) and supported by the Service Employees International Union (SEIU) in response to the COVID-19 pandemic and the needs of the long-term care facilities. There was a significant fiscal impact to this bill.

CLHO worked closely with Multnomah and Washington Counties and the proponents of the bill to amend the bill. HB 2327 did not pass.

HB 2927 – Creates Oregon Department of Emergency Management – Passed

HB 2927 renames the Office of Emergency Management to the Oregon Department of Emergency Management (ODEM) and establishes ODEM as an independent state agency, effective July 1, 2022. The measure also establishes the Local Government Emergency Management Advisory Council to provide advice and recommendations to ODEM regarding ODEM's emergency preparedness and response functions. Additionally, the Oregon Homeland Security Council is transferred from the Office of Emergency Management to the Office of the Governor.

HB 2891 – Pandemic morgue requirements for LPHAs – Did not pass

HB 2891 would have required local public health authorities and other health care partners to establish sufficient amounts of "certain supplies" to continue in normal operation for 120 days at 25 percent mortality rate. Certain supplies would have included body bags and mortuary refrigeration. CLHO testified on the record concerns about this bill. The Chair of the House Veterans and Emergency Preparedness Committee was committed to this issue, however, deferred further conversation on this issue to an interim workgroup. HB 2891 did not pass.

Early Learning

HB 3073 – Creates Department of Early Learning and Care – Passed

There are two major policy changes created in this bill:

1. Creates and Department of Early Learning and Care and eliminates the Early Learning Division within the Department of Education (transitioned by 2023)
2. Makes changes to the Employment Related Day Care (ERDC) program and transitions the program from the Oregon Department of Human Services to the newly created Department of Early Learning and Care.

Environmental Health

HB 2618 – Sharps waste disposal – Did not pass

HB 2618 would have directed the Department of Environmental Quality to study methods for disposal of sharps waste and provide the results to interim legislative committees by September, 2022. HB 2618 did not pass.

HB 2842 – Healthy Homes Program – Passed

HB 2842 establishes the Healthy Homes Program within the Oregon Health Authority for

the purpose of awarding grants to eligible entities that provide financial assistance to low-income households and communities disproportionately affected by environmental pollution or other hazards, and to landlords for the repair and rehabilitation of residential dwelling units. The measure establishes the Interagency Task Force on Health Homes which sunsets in 2023. This measure also creates a \$10 million Healthy Homes Repair Fund, separate and distinct from the General Fund.

[SB 762 – Wildfire Prevention and Response – Passed](#)

SB 762 was a major piece of legislation addressing Oregon’s devastating 2020 wildfire season. \$195 million is allocated in this bill to several agencies relating to wildfire presentation and response and wildfire smoke prevention. The major agencies impacted by this bill are many.

The Oregon Health Authority will receive \$4.8 million to address wildfire smoke impacts. Here is information from the Legislative Fiscal Office Analysis, “measure directs OHA, in consultation with the Department of Human Services (DHS), to establish and implement a grant program that allows local governments to equip public buildings with smoke filtration systems so these buildings can serve as cleaner air spaces during poor air quality events. OHA must require recipients to provide access to clean air shelters at no charge. The measure requires OHA to establish a program to increase the availability of smoke filtration systems among persons more vulnerable to the health effects of wildfire smoke who reside in areas susceptible to wildfire smoke. The measure authorizes OHA to issue grants for the purchase of smoke filtration devices. OHA is directed to give grant priority to installations in residential buildings occupied by persons who qualify for the Oregon Health Plan or Medicaid and are vulnerable to the health effects of wildfire smoke.”

[Health Care](#)

[HB 2164 – Cover All People – Did not pass](#)

HB 2164 was introduced by the Governor and did not pass. CLHO supported HB 2164 and HB 3352 which were companion bills for most of session. See HB 3352. HB 2164 did not pass.

[HB 2508 – Telemedicine – Passed](#)

HB 2508 requires the Oregon Health Authority to develop administrative rules for reimbursement for telemedicine at the same rate for a health service delivered in person. This bill also requires regulated commercial plans and dental-only plans to cover telemedicine during a state of emergency (if certain criteria are met).

[HB 2591- School Based Health Center Expansion – Passed](#)

HB 2591 expands planning grants to ten additional school districts or education service districts to develop plans for school-based health centers. HB 2591 allocated \$2.55 million for planning grants for school districts or education service districts to engage with health systems, local public health authorities about the gaps in access and determine needs for a school-based health center or school health model. Here is the breakdown of the allocation in the bill:

- School-based Health Center Planning - \$995,000 General Fund for planning grants to 10 school districts or education service districts to evaluate the need for school-based health centers (SBHCs) in their communities, and to develop a plan to address this need. OHA is directed to contract with a nonprofit organization to facilitate and oversee the planning process and to provide technical assistance to grantees. After the planning process is complete each grantee is to receive funding to operate a school-based health center or school nurse model.
- Telehealth - \$975,000 General Fund for grants to three school-based health centers to operate pilot projects to expand student access to health care services through telehealth. OHA is directed to coordinate with a statewide nonprofit organization with experience supporting school-based health centers and school nurses, in order to carry out this grant program.
- Mobile SBHCs - \$285,000 General Fund for grants for up to three school districts or education service districts to implement a mobile school-linked health center through a mobile medical van where children can receive primary care services near school grounds from licensed or certified health care providers. These clinics are not subject to the school-based certification requirements or funding formulas for school-based health centers under ORS 413.225.

CLHO supported this bill as a slate of bills that the Health Kids Learn Better (HKLB) was working on garnering support for through the coalition.

HB 3352 – Cover All People – Passed

HB 3352 creates the Cover All People program within the Oregon Health Authority to ensure that all Oregonians, regardless of immigration status, have access to health care. HB 2164 was an accompanying bill that did not pass. HB 3352 allocates \$100 million in funding to ensure access and directs the OHA to work to get federal match. The bill also allows OHA to restrict eligibility (after significant consultation with community-based organizations representing communities impacted by this measure) to manage the Cover all People program to the \$100 million funding allocated.

HB 3353 – CCO Medical Flexibility – Passed

HB 3353 would require the Oregon Health Authority to request approval from CMS to allow coordinated care organizations (CCOs) to spend three percent of their global budgets to address the needs of local communities. This bill also specifies the allowable expenditures to include funding programs or services that improve health equity or enhance provider payments. If the CMS waiver request is approved the bill requires a CCO to spend at least 30 percent of specified funds on programs or efforts to address health inequities and at least 20 percent to improve behavioral health. These CCO expenditures must be informed or directed by local community organizations and approved by the CCO's community advisory council.

Health Equity

HB 2337 – Racism as a Public Health Crisis – Did not pass

As introduced, HB 2337 would have established racism as a public health crisis, require all state agencies to collect demographic data consistent with rules created by the Oregon Health Authority, fund mobile health units delivered by local public health authorities and many other important priorities to advance the goals of promoting health equity and eliminating health disparities. CLHO provided feedback to the sponsors of the bill that local public health authorities should not be the delivery mechanism for mobile health units. Except for the issue of mobile health units, CLHO was supportive of the bill. See HR 6. HB 2337 did not pass.

HB 2760 – Regional Health Equity Coalitions – Did not pass

This bill was a mirror to SB 70, which did pass the legislature. See SB 70. HB 2760 did not pass.

HB 3112 – Cannabis Equity Act – Did not pass

HB 3112, was called the Oregon Cannabis Equity Act, and the overall goals of the legislation (from the one-pager submitted as testimony) was to “provide equal opportunity for Black, Indigenous, and Latinx ownership in the growing cannabis industry and invests in communities disproportionately impacted by over-policing and cannabis criminalization.”

CLHO did not engage on the entire bill but one portion of the bill that would have allowed social consumption licenses for the consumption of edible and inhalant marijuana indoors and outdoors. CLHO worked with other tobacco prevention advocates to narrow the social consumption license to outdoor use only. Cannabis cafes, social consumption licenses, indoor and outdoor public use of cannabis will be an ongoing issue until there is a legal place for low-income people in Oregon to use marijuana. HB 3112 did not pass.

HB 3159 – Health Care Collecting REALD & SOGI Data – Passed

HB 3159 requires coordinated care organizations, health care providers or a health care provider’s designee, or health insurers, to collect data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity from the organization’s patients, clients, or members. These organizations must provide this data to the Oregon Health Authority (OHA) annually. OHA may provide incentives to entities impacted by this measure to assist with the costs of making changes to electronic health records systems, to ensure this data is collected.

HR 6 – Racism as Public Health Crisis - Passed

House Resolution 6 was a house resolution declaring racism a public health crisis. This resolution was introduced on June 24th, near the end of session, and immediately referred to the House Rules Committee, one of the few policy committees still open. The bill did not include any of the policy or programmatic recommendations included in HB 2337. The bill passed the House by a vote of 35-20. Because this was not a bill it did not move to the Senate. The Speaker signed the resolution and it was filed with the Secretary of the State’s office.

SB 70 – Regional Health Equity Coalitions - Passed

SB 70 would codify in law the definition for Regional Health Equity Coalitions (RHECs), fund existing RHECs and fund the expansion of RHECs across the state. Funding for these RHECs would be in the OHA budget bill, HB 5024.

Health Promotion & Prevention

HB 2071 – House Tobacco Retail Licensure – Did not pass

HB 2071 was introduced by OHA to fulfill the Governor's recommended budget, however, advocates decided to move forward with the Senate Bill. See SB 587. HB 2071 did not pass.

HB 2148 – Tobacco and E-Cigarette Flavor Ban – Did not pass

HB 2148 was introduced on behalf of Governor Brown and as recommended by a Vaping Task Force that was convened after the epidemic of vaping-related illness that was plaguing youth in 2019. Tobacco advocates prioritized the passage of statewide tobacco retail licensure this session. HB 2148 did not pass.

HB 2261 – Inhalant Delivery Systems Internet Sales Ban – Passed

HB 2261 was introduced by Representative Marsh (and other House and Senate advocates) and Attorney General Ellen Rosenblum to prevent youth from purchasing inhalant delivery systems via the internet. This was the third session that Representative Marsh has introduced this legislation since the idea won her local "there oughta be a law" contest locally.

HB 2315 – Continuing education for suicide risk assessment – Passed

HB 2315 requires some licensed mental health professionals to receive continuing education (at least two hours every two years, or three hours every three years) for suicide risk assessment, treatment and management.

CLHO supported this bill as a slate of bills that the Health Kids Learn Better (HKLb) was working on garnering support for through the coalition.

HB 2381 – Youth suicide interventions to include children under ten – Did not pass

HB 2381 modified laws regarding youth suicide intervention and prevention to include children under ten. HB 2381 did not pass.

CLHO supported this bill as a slate of bills that the Health Kids Learn Better (HKLb) was working on garnering support for through the coalition.

HB 2621 – Expands definition of "public place" for ICAA – Did not pass

HB 2621 would have expanded the definition of "public place" for the Indoor Clean Air Act to common areas of commercial residential buildings and residential buildings with two or more

rental units. However, tobacco advocates really wanted to focus on tobacco retail licensure this session and not have other smaller bills be a distraction. HB 2621 did not pass.

HB 2640 – Alcohol in Smoke Shops – Did not pass

HB 2640 would have allowed a third-party vendor to provide alcoholic beverages for on-premise consumption at certified smoke shops. HB 2640 did not pass.

HB 2758 – Public health OLCC Commissioners – Did not pass

HB 2758 would have required at least two of the Commissioners on the Oregon Liquor Control Commission to have two seats filled with people who have a background in public health. While there was support for public health perspective on the OLCC there was never agreement as to exactly how that should look. HB 2758 did not pass.

SB 64 – Public Health Housekeeping Bill – Passed

SB 64 made many small technical changes to the statutes directing the Oregon Health Authority's Public Health Division. CLHO worked with the Public Health Division on an amendment that allowed more flexibility for local public health administrators serving as ex-officio members of Vector Control Districts to appoint someone to attend as their designee.

SB 395 – Active transportation Investment – Did not pass

SB 395 would have required expenditures on footpaths and bicycle trails from one to five percent of the State Highway Fund. SB 395 did not pass.

CLHO supported this bill as a slate of bills that the Health Kids Learn Better (HKLB) was working on garnering support for through the coalition.

SB 555 – Double- up food bucks – Did not pass

SB 555 would fund Double Up Food Bucks, created through SB 555 and SB 440, a SNAP incentive program with a proven record of success. For every dollar spent on SNAP-eligible foods at participating farmers markets, farm share programs, and grocery stores across the state, shoppers will receive a dollar to spend on Oregon-grown fruits and vegetables

CLHO supported SB 440 and SB 555 through partnership with other food insecurity and healthy foods advocates. HB 5006, the Budget Reconciliation bill, did include \$4 million in funding for the Double-Up Food Bucks program.