



## Report on the 2013 Oregon Legislative Session

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## **Introduction**

After the historic 2011-2012 state legislative sessions, when the Oregon House of Representatives was split evenly between 30 Democrats and 30 Republicans, Democrats picked up four seats in the 2012 general election and reclaimed the majority in the House. The House's 34 Democrats are two votes shy of the 36 votes needed to pass revenue-raising measures, meaning any revenue bill still requires bipartisan support. Although the Senate maintained their one-seat Democratic majority in the election, the Democrats' narrow Senate majority made passing legislation a challenge during the 2013 legislative session. Many bills that passed the House of Representatives died in the Senate, many without ever coming to a vote.

Despite continued economic growth, the state budget has not yet fully recovered from the recession, requiring the legislature to consider further budget cuts to vital programs and services relied on by many Oregonians. Republicans and Democrats engaged in a session-long debate over the best way to reduce these cuts; Republicans looked to cut benefits to retirees in the Public Employees Retirement System (PERS) while Democrats hoped to generate additional revenue through tax increases on the wealthy and large corporations, and by closing tax loopholes for off-shore bank accounts and some big banks.

With this difficult climate and ongoing health care reform efforts in mind, ONA's Cabinet on Health Policy, which sets ONA's legislative agenda, developed a limited list of priorities; anticipating health care reform would continue to require extensive time and effort on the part of ONA's staff and members. The resulting legislative agenda is attached at the end of this report. In addition to ONA's agenda, throughout the session the Cabinet takes positions on other pieces of legislation, which are also highlighted in this report.

This report is organized by issue area. Each section begins with a summary of legislative action in the specified issue area, and is followed by highlights of significant legislation in that category. At the end of the report you will find an index of additional bills that are related to health care reform, nursing practice, advanced practice, education and workforce issues, labor relations and civil rights issues and public health and safety.

For more information about any of the issues or bills discussed in this report, please contact ONA's Government Relations Office at (503) 293-0011.

## **Member Engagement**

Part of the success of ONA's legislative session is due to the ONA members around the state who advocated for our agenda, called legislators, activated colleagues and got involved. In February, we started the session by bringing nearly 300 nurses and nursing students from around the state to the Capitol to learn about the legislative process, and to lobby their elected officials. This group of nurse advocates met with over 80 legislators and legislative staff, and lobbied for some of ONA's top priorities including; payment parity for nurse practitioners and physician assistants (HB 2902), a public health proposal encouraging the legislature to invest Tobacco Master Settlement Agreement funds for tobacco prevention and public health programs, and began an important conversation with legislators about Oregon's safe nurse staffing law and how it could be strengthened.

As the session progressed, ONA members stayed engaged, regularly traveling to Salem to testify before legislative committees, making phone calls, sending emails, and meeting with legislators in the Capitol and at town halls as our legislative priorities advanced.

To see highlights from ONA's Lobby Day and ONA members testifying [CLICK HERE](#).

## Health Care and Health Care Reform

Nurses are the largest segment of Oregon's health care workforce. ONA is fully invested in health care reform efforts, and is committed to ensuring that Oregon's Health Systems Transformation and Health Insurance Exchange improve access to and quality of care, and include nurses and nurse practitioners in vital discussions about the future of health care and as valued providers within the reformed system.

### **CCO Implementation and Transparency (SB 412):**

Although many CCOs are operating throughout the state, they are still in their infancy and working to transition patients as smoothly as possible. This session, ONA supported a number of bills that aimed to increase CCO accountability and transparency. All of these bills were extremely controversial. The members of the legislature, at the request of CCOs and the Oregon Health Authority, continued to express a desire to give CCOs flexibility and limit the number of state regulations and mandates that apply to them.

In an attempt to bring accountability and transparency to CCO's decision-making process, ONA supported Senate Bill 412, and similar pieces of legislation, which would have required CCOs to abide by public meeting laws. Subjecting CCOs to public meeting regulations would allow stakeholders who may not be included in their local CCO's governing structure, including nurses and nurse practitioners, an avenue to voice their feedback, concerns and ideas, and would increase transparency and accountability for publically funded entities. These legislative efforts were not successful this session. ONA is committed to continue to pursue local and statewide policies that will ensure CCOs are transparent and accountable.

### **Oregon's Health Insurance Exchange: Cover Oregon (HB 2118):**

Oregon continues to lead the country in the implementation of an insurance exchange marketplace. The creation of an insurance exchange is part of the Affordable Care Act, aimed at improving the health of all Oregonians by providing health coverage options, increasing access to information, and fostering quality and value in the health care system.

Oregon's exchange, Cover Oregon, is scheduled to be up and running this October. Cover Oregon will host a website that will more easily allow consumers to search for health care coverage by geography, price, provider, quality ratings, and help identify any programs, subsidies, or tax credits consumers qualify for.

A variety of insurers have opted to participate in Oregon's insurance marketplace, making over 110 plans available. This will provide Cover Oregon with more leverage and increase the likelihood that the plans available through the exchange will be both fairly priced. Plans that fail to meet Cover Oregon's established standards will be excluded from the marketplace.

To help Cover Oregon determine which carriers to continue to include and help consumers make accurate comparisons between plans, House Bill 2118 created a health plan quality metrics group. The members of this group will be appointed by the governor and asked to make

recommendations on appropriate health outcomes and quality metrics that the Oregon Health Insurance Exchange will use in the future. ONA supported HB 2118.

## Advanced Practice and Payment Parity

Nurse practitioners are a critical part of Oregon's health care workforce. They provide many of the same services physicians provide, and their patients have at least equal health outcomes when compared to physician's patients. Oregon has historically led the nation in advanced nursing practice policies. This session was no exception, and Oregon's nurse practitioners fared very well.

### **Payment Parity for Nurse Practitioners and Physician Assistants (HB 2902):**

Payment Parity for nurse practitioners was a top priority for ONA and the Nurse Practitioners of Oregon (NPO) this session. This was the third session ONA has introduced legislation to address the issue of private insurance companies cutting insurance reimbursements to non-physician providers. House Bill 2902 requires private insurance companies to reimburse nurse practitioners and physician assistants providing primary care or mental health services at the same rate as their physician colleagues when billing under the same code.

Reimbursement cuts by private insurers to nurse practitioners and physician assistants in primary care and mental health run counter to the goals of Oregon's health care reform, which include increasing access to primary and preventive care. Payment parity for NPs and PAs will help increase access to care, treat providers more equitably, and is supported by research and recommendations from a variety of sources that cite payment parity as part of the solution to the primary care and mental health provider shortage.

HB 2902 was one of the most contentious pieces of legislation this session. Physician groups, business groups, and insurance companies aggressively opposed this bill. Though the bill had strong bipartisan support, in order to get the Senate to pass the bill, ONA ultimately accepted a number of amendments that created a task force to report to the 2014 and 2015 legislatures on provider reimbursement issues, prohibited insurers from lowering physician rates to comply with the bill, and will sunset the full reimbursement provision in January 2018.

With passage of HB 2902, Oregon became the first state in the nation to require payment parity for nurse practitioners, continuing our history of leading the nation in removing barriers to and advancing NP practice.

### **Removing Dispensing Restrictions (SB 8):**

Working together with ZoomCare, ONA and NPO helped pass Senate Bill 8, which removed outdated restrictions on NP dispensing. Previously, NPs applying for dispensing privileges had to demonstrate a lack of readily available pharmacy services in their area, and show that having dispensing privileges would solve this problem. The passage of SB 8 allows all advanced practice nurses to help their patients fill prescriptions in a timely manner and without unnecessary hassle.

### **Removing Workers' Compensation Restrictions (SB 533):**

ONA and NPO also improved nurse practitioners' ability to treat Workers' Compensation patients. Senate Bill 533 extended the time NPs are able to treat Workers' Compensation patients from 90 to 180 days and the amount of time NPs can authorize time loss under Workers' Compensation from 60 to 180 days. Although SB 533 did not completely reduce arbitrary barriers imposed on NP practice in the Workers' Compensation system, it is a huge step forward and will improve access to and continuity of care for injured workers.

**Provider Incentives:**

Oregon's NPs are eligible for a number of state incentives that are designed to attract and retain primary care providers in rural and underserved areas of Oregon. In many areas of the state NPs are the only primary care providers. The legislature considered a variety of rural incentives this session, including a loan repayment program, the creation of scholarship programs, and the continuation of Oregon's current rural provider tax credit and loan forgiveness programs. Throughout session, legislators expressed frustrations that provider incentives do not have uniform criteria and may be outdated, or not serving the purpose for which they were intended. With the inability to fund all of the proposed rural incentives due to budgetary constraints, the legislature asked stakeholders—including ONA—to come together before the next legislative session to identify which incentive programs are most effective and propose a uniform set of criteria that can be applied to all rural provider incentive programs.

**Primary Care Loan Repayment Program (SB 440):**

Senate Bill 440 creates a new primary care loan repayment program for providers and funds it at \$4 million for the next two years. Creating this program was one of the conditions of Oregon's Medicaid Waiver that allowed the state to create CCOs. This program is aimed at improving the availability of primary care services; NPs are eligible to participate.

**Scholars for a Healthy Oregon (SB 2):**

Senate Bill 2 was brought forward by Oregon Health and Science University (OHSU) and creates a scholarship program that offers a limited number of MD, NP, PA, and DMD students full scholarships to OHSU in exchange for a commitment to practice in rural or underserved areas of Oregon for a set amount of time. This program will prioritize funding for students coming from rural areas, first-generation college students, and students from underrepresented backgrounds. Data has shown that students from rural areas are most likely to return to and continue to practice in rural areas. This program was funded at \$2.5 million and the first scholarships will be awarded to students entering health professional programs at OHSU in 2014.

**Primary Care Loan Forgiveness (HB 5008):**

The Primary Care Loan Forgiveness program was created by the legislature in 2011, and offers MD, NP, and PA students planning to practice in rural Oregon up to \$35,000 per year for their second and subsequent years of school. In order to qualify, students must be enrolled in a program that has a specific rural track and meet the program guidelines. Currently, the OHSU's DNP rural track is the only qualified NP program. Those who go on to practice in a qualified rural area can have their loans forgiven. The legislature's budget bill included \$1 million in funding for this program, which is estimated to fund about 14 scholarships at the \$35,000 level over 2 to 3 years.

**Rural Provider Tax Credit (HB 3367)**

The Rural Provider Tax Credit offers qualified rural health care providers - including NPs - a \$5,000 annual tax credit that is guaranteed for 10 years once a provider qualifies. This program was scheduled to expire this year, and renewing it was a top priority for ONA and many other provider organizations. There was extensive legislative discussion about this program and it was ultimately included in an omnibus tax credits bill, HB 3367, with several significant program changes.

First, it was renewed for only two years. This short timeframe is meant as a tool to motivate an interim conversation about alignment of the various incentive programs. Second, it no longer guarantees the credit for 10 years, decreasing the usefulness of the program as a recruitment tool, and third, in order to qualify, providers must now see a percentage of Medicaid and Medicare patients in proportion to the Medicaid and Medicare population in their county, up to a certain limit.

**Prior Authorization Form (SB 382):**

In order to increase the amount of time providers and their staffs can spend with their patients and decrease the amount of time they spend filling out paperwork, several provider organizations, including ONA, successfully encouraged the legislature to pass Senate Bill 382 this session. SB 382 directs the Oregon Health Authority and the state Department of Consumer and Business Services to jointly develop a universal form that providers can use to request prior authorization for prescription benefits. This will help standardize the authorization process for providers and insurers.

**Provider Credentialing (SB 604):**

Senate Bill 604 is another attempt to make administrative processes more efficient for providers. The bill directs the OHA to create a workgroup to study and establish an electronic credentialing program for providers. This single database will allow hospitals, insurers and health plans, to access credentialing information providers have already submitted to licensing boards, preventing providers from having to submit the same information to multiple entities.

**Prescription Drug Monitoring Program (SB 470):**

Since being implemented in 2011, Oregon's prescription drug monitoring program has had a significant preventative effect on prescription drug deaths in Oregon. Senate Bill 470 builds on that success by requiring that some additional prescription drug information be reported to the OHA while taking steps to ensure that certain information is exempt from public disclosure. It also allows the OHA to share necessary prescription drug information with authorized members of a practitioner's staff, giving practitioners more time to spend with patients.

**Nursing Practice****Safe Nurse Staffing**

In 2001, ONA helped enact Oregon's safe nurse staffing law. In 2005, with ONA leading the effort, the legislature passed House Bill 2800, which significantly strengthened our safe nurse staffing law. This groundbreaking legislation, the first of its kind in the country, fundamentally changed how nurse staffing decisions are made in Oregon; helping ensure that each patient receives safe and effective nursing care by empowering a Hospital Nurse Staffing Committee to craft a staffing plan for each unit within their facility. This unique committee approach helps ensure that the obligation of the nurse to provide safe patient care that meets the patient's needs is the primary consideration in determining nurse staffing levels.

All-in-all, ONA nurses believe Oregon's unique approach to staffing can work, and recommended that ONA continue to refine the current law. The 2012 ONA House of Delegates voted to support an Action Report aimed at strengthening and expanding Oregon's safe nurse staffing law. The Action Report calls on ONA to refine and update current language within the law, expand the law to cover home health and hospice nurses, and create new enforcement tools for both nurses and the state.

ONA is in the early stages of developing a long-term package of reforms to Oregon's safe nurse staffing law. ONA nurses began to have conversations with legislators about this important issue during the 2012 legislative session. During Nurse Lobby Day, nurses took time to educate legislators on the impact staffing has on patient care and the overall health care system.

ONA looks forward to continuing to work with ONA members and members of the legislature to strengthen Oregon's safe nurse staffing law to provide the best possible care for Oregonians, and

to improve working conditions for Oregon's nurses. The vital conversations nurses had with legislators during the 2013 legislative session are an important first step in educating members of the legislature about this issue.

**Safe Patient Handling (SB 572):**

Safe patient handling is an important workplace safety issue for Oregon's nurses. As patients become heavier, taking steps to mitigate the dangers of lifting patients and utilizing appropriate equipment is increasingly important for both health care providers and patients. Health care facilities that incorporate safe patient handling programs see decreases in nurses and other health care workers musculoskeletal injuries, as well as an increase in savings and improved patient care.

This session, ONA joined SEIU in working on Senate Bill 572. This legislation tried to ensure that each hospital in the state utilized evidence-based best practices as well as emerging national standards to establish safe patient handling policies, by providing for a safe patient handling committee at each hospital that would include workers who perform lifting tasks, including nurses. The legislation also properly identified the role of the registered nurse in assessing and planning for each patient's safe handling needs.

SB 572 was a proposal that is consistent with the work ONA has done in partnership with a number of hospitals around the state. Despite the fact that many facilities in Oregon already have implemented programs similar to the one described in SB 572, the hospital association opposed this legislation and was ultimately able to prevent it from passing this session. ONA will continue to work with individual facilities and the legislature to ensure each facility in Oregon utilizes safe patient handling best practices.

**Health Professionals' Services Program (HB 2124):**

There were several pieces of legislation this session that proposed changes to the Health Professionals' Services Program, which is the monitoring program for certain licensees, including nurses, who have addiction or mental health disorders that have impacted their professional practice. HB 2124 became the vehicles for these program changes, and ONA was involved to ensure that licensing boards have the ability to require those who supervise licensees enrolled in the program to go through a specialized supervisor training. This element was included in the final bill.

**Cultural Competency Continuing Education (HB 2611):**

ONA supports policies that ensure adequate, affordable access to health care services, and promote culturally competent and sensitive nursing and health care in a variety of settings.

Instead of a cultural competency continuing education (CE) mandate, House Bill 2611 was a compromise that will allow professional licensing boards to require cultural competency CE if they choose to do so, and will ensure that cultural competency CE is able to fulfill existing CE requirements. This allows each licensing board to determine the best approach for ensuring their licensees are culturally competent. This approach recognizes that each health professional is different and an across-the-board approach for all health care professionals is not the best solution.

ONA members have expressed an interest in further exploring the possibility of employer-based cultural competency training, which would include all employees working in a health care setting, from receptionist to CEO, not just those licensed by a health professional board. An employer-based approach has the ability to be focused on the needs of clients served by a particular facility and could go a long way towards ensuring that the training is embedded within the culture of a workplace, making it more impactful for all employees.

### **Medical Malpractice Reform (SB 483)**

Senate Bill 483 was a priority for Governor Kitzhaber and was the product of an interim work group. This legislation creates a voluntary early disclosure and offer program, giving health care providers (including those licensed by OSBN) the opportunity to have a confidential discussion with a patient following an adverse event, and if appropriate, to have a mediation with the patient to determine appropriate compensation. If the mediation process doesn't lead to a satisfactory resolution, the patient still has the opportunity to go to litigation.

## **Organized Labor and Retirement Security**

ONA's Cabinet on Health Policy made retirement security one of ONA's top legislative priorities for the 2013 legislation session. This encompasses PERS reforms and broader retirement security in the private sector.

### **Retirement Savings Task Force (HB 3436):**

As nurses, ONA members are on the front lines caring for Oregon's seniors during their retirement years. Retirement is often a time when people face growing medical needs and expenses, which can be much higher than retirees have planned for, or can afford. Currently, nearly half of all working Oregonians between the ages of 25-64 are not covered by a retirement plan at work. Without a secure retirement, these workers are at risk of retiring into poverty and relying heavily on publically-funded services, or forgoing necessary medical care.

ONA worked in coalition with a number of other organizations, including the AARP, SEIU, Family Forward Oregon, and Main Street Business Alliance on House Bill 3436. This legislation was targeted to help address Oregon's retirement insecurity crisis. HB 3436 created a task force to study the retirement insecurity issue and make recommendations to the legislature regarding ways to address it and how to promote retirement savings for all Oregonians. In the final days of session, HB 3436 passed out of both chambers on a party-line vote—with Democrats supporting the measure and Republicans opposing it.

### **PERS Reductions (SB 822):**

Many ONA members in public service at OHSU and in county health departments throughout the state participate in the Public Employees Retirement System (PERS). Oregon's PERS remains one of the most stable and best funded public pension systems in the country. During the 2013 legislative session, ONA opposed changes to PERS that were unfair to workers and unconstitutional.

Governor Kitzhaber declared before the start of the 2013 legislative session that he planned to look to PERS to help balance the state budget. In his proposed budget, he recommended cutting cost of living adjustments (COLA) for retirees whose benefit is greater than \$24,000 a year, ending the out-of-state retirees' benefit that off-sets Oregon's income tax, and making the 6 percent employer pick-up - currently all or nothing - a part of contract negotiations. The Democrats in the legislature, the majority party, were not interested in the governor's proposals, but did propose changes to the PERS system.

Senate Bill 822, which ONA opposed, was passed by the Senate and the House of Representatives, and signed into law by Governor Kitzhaber. SB 822 reduces PERS recipients' COLAs based on their income, with higher-income retirees receiving a lower percentage increase

and lower income retirees keeping the same COLA. It also eliminates out-of-state retirees' Oregon income tax benefit. Senate bill 822 was significantly less severe than the governor's plan.

While dozens of PERS bills were introduced in the 2013 session, SB 822 was the only PERS reform-related legislation to pass. It passed both chambers on a party-line vote—Democrats supported the measure, while Republicans voted no and demanded additional cuts.

While passage of SB 822 was disappointing to say the least, and if it is upheld in the courts will have a very real financial impact on PERS members, the bottom line is that cuts could have been much worse. Democratic leadership in both the House and the Senate were able to prevent even more draconian measures from passing, and defeated procedural motions to bring bills to the floor that would have decimated PERS.

At the end of the session, the PERS discussion resurfaced in conjunction with revenue. The legislature grappled over a "grand bargain" that would combine revenue-raising measures with additional PERS cuts in the final days of session. Democrats looked to raise revenue to fund mental health services while Republicans looked to PERS for additional funding for K-12 education. Ultimately, both proposals died on the Senate floor. The House never voted on the "grand bargain" bills and the legislature adjourned without any additional revenue for mental health services or K-12 education.

### **Public Sector Organizing (HB 3342)**

House Bill 3342 was a top priority for the Oregon AFL-CIO this session and ONA was proud to support it. HB 3342 prohibits public employers from supporting or opposing efforts to form a union, and keeps public funding out of union organizing. This bill comes after a few high-profile public entities hired union busting firms to deter organizing efforts. Passing this bill was an uphill battle and it passed during the final days of session on a largely party-line vote, with Democrats supporting it and Republicans opposing it.

## **Public Health**

ONA has a strong history of advocating for policies that improve public health, and public and environmental health are key components of ONA's Health Policy Platform.

### **Tobacco Master Settlement Agreement:**

ONA worked with a number of public health partners to help ensure the state legislature dedicated a portion of the Tobacco Master Settlement Agreement (TMSA) funds for their original intent—tobacco prevention, cessation, and the health-related cost of tobacco use. Prior to the 2013 legislative session, Oregon had never invested any of the TMSA funds in these important prevention services, despite the fact that tobacco use remains the leading cause of preventable death in Oregon.

The TMSA campaign crafted a proposal for the legislature's consideration, requesting the \$120 million available from the TMSA be invested in prevention, cessation, physical education, school based health centers, and Oregon's health systems transformation efforts. In the 2013-2014 budgets, Oregon invested TMSA funds towards their intended purpose for the first time.

The legislature dedicated \$4 million to the state's Tobacco Prevention and Education Program, \$4 million to physical education in public schools, and the remaining \$112 million in Oregon's health

systems transformation. This is a great first step and ONA will continue work on this issue to help ensure these funds continue to be used for their intended purpose in the future.

**Sick Days (HB 3390):**

When employers do not provide sick days for their employees, it encourages workers to come to work ill, and forces low-wage workers to choose between paying their rent and working sick. Allowing workers to earn sick days on the job supports Oregon's efforts to transform our health care system and promotes health-conscious policies within our communities.

After working to help successfully pass a paid sick days policy for the City of Portland this spring, ONA and other coalition partners began working with state legislators to pass a statewide policy to ensure that every Oregonian has protected or paid sick time at work. Although many legislators expressed interest in a sick days policy, the legislation was not successful this session.

ONA will continue working on this issue and plans to participate in a legislatively-led workgroup that will discuss opponents' concerns and offer recommendations to the legislature regarding a potential statewide sick days policy. The workgroup will consist of both supporters and opponents of the bill. ONA hopes to revive this bill in the coming legislative session.

**Vaccination Education (SB 132):**

Wellness and disease prevention are core tenants of ONA's Health Policy Platform. Policies that prevent disease not only keep people well, but also help reduce the cost of caring for Oregonians. Senate Bill 132 helps ensure that parents who choose not to vaccinate their children against preventable diseases have access to unbiased and medically accurate information about immunizations, vaccine-preventable diseases, and herd-immunity. SB 132 passed the Senate and House, helping to ensure parents are making informed decisions about their children's health and wellness, while still allowing parents to opt-out of school-required vaccinations for their children after having a conversation with a health care provider or watching an informational video.

**Toxic Disclosure for Children's Products (HB 3162):**

House Bill 3162 would have required manufacturers to stop using certain high priority chemicals of concern in specified children's products. The Oregon Health Authority (OHA) would have been required to compile and maintain a public list of products containing those chemicals. Manufacturers would then have five years to phase out the use of those chemicals in their products, or apply for a waiver to continue using the chemicals.

HB 3162 started out as a bi-partisan piece of legislation, with both Democratic and Republican sponsors, and received a number of Republican votes in the House of Representatives. Unfortunately, it died in the more narrowly divided Senate.

**Moving Forward**

All in all, the 2013 legislative session was a successful one for ONA. Under the strong leadership of our members, we were able to pass the nation's first payment parity law for nurse practitioners, encourage the legislature to change history by dedicating a portion of Oregon's Tobacco Master Settlement dollars to tobacco prevention, health care transformation, and physical education, and remove arbitrary dispensing and Workers' Compensation restrictions for Oregon's nurse practitioners. We also made meaningful progress in a number of areas where we will continue to engage as we move towards more comprehensive successes in the next legislative session. ONA

members made their voices heard throughout the 2013 legislative session and it made a difference.

Now that Oregon has moved to annual sessions, the Legislature will convene again in February 2014 for a short 35-day session. While this short session will largely deal with budget issues, there is an opportunity to advance policy legislation, and ONA will continue to work, along with our partner organizations, to implement a statewide earned sick day policy and to advocate for Oregon's nurses.

## Index of 2013 Legislative Measures

### Health Care and Health Care Reform

<b>HB 2118</b>	Creates health plan quality metrics work group. <b>Support</b>	Passed
<b>HB 2216</b>	Extends sunset on collection of hospital assessment (the provider tax used to leverage federal dollars and fund many of Oregon's vital health and human services) to September 30, 2015. <b>Support</b>	Passed
<b>HB 2385</b>	Requires health insurance to cover chemical dependency and mental or nervous conditions for treatment resulting from conviction of driving while under the influence of intoxicants. <b>Support</b>	Passed
<b>HB 2445</b>	Requires the Oregon Health Authority to adopt by rule procedures and criteria for certification, suspension and decertification of school-based health centers. <b>Support.</b>	Passed
<b>HB 2922</b>	Establishes Affordable Health Care for All Oregon Plan, operated by the Oregon Health Authority according to policies established by the Affordable Health Care for All Oregon Board. <b>Support</b>	Failed
<b>HB 3260</b>	Requires the Oregon Health Authority to conduct study or contract with third party to study and recommend best option for financing health care services in Oregon. <b>Support</b>	Passed
<b>HB 3407</b>	Establishes the Traditional Health Workers Commission within the Oregon Health Authority to advise on adoption of criteria and descriptions for coordinated care organizations to use with respect to health care workers who are not licensed by the state. <b>Neutral</b>	Passed
<b>SB 282</b>	Makes legislative finding that the Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010 are unconstitutional. <b>Opposed</b>	Failed
<b>SB 412</b>	Requires Coordinated Care Organizations to adhere to public meeting laws. <b>Support</b>	Failed
<b>SB 686</b>	Includes insurance companies in definition of real estate, goods and services that are subject to penalties for unlawful trade practices. <b>Support</b>	Failed
<b>SB 823</b>	Requires the Oregon Health Authority to create new programs and expand existing programs to increase capacity statewide to provide mental health services and serve individuals with mental illness. <b>Support</b>	Failed
<b>Nursing Practice</b>		
<b>HB 2037</b>	Requires, under specified circumstances, certain professional regulatory boards to issue authorization to practice profession to spouse or domestic partner of active member of Armed Forces who is subject of military transfer to Oregon. <b>Neutral</b>	Passed

<b>HB 2124</b>	Modifies the health professionals' services program. ONA amendment allows supervisor training to be required. <b>Support Amended Version</b>	Passed
<b>HB 2498</b>	Requires state agencies, boards and commissions to collaborate with the Department of Revenue to establish uniform system of identification numbers, in order to facilitate operation of pilot project that requires licensees to demonstrate and maintain tax compliance as condition of issuance or renewal of license. <b>Neutral</b>	Failed
<b>HB 2521</b>	Specifies requirements for provision of comprehensive medication management services by coordinated care organizations. <b>Support Amended Version</b>	Failed
<b>HB 2611</b>	Provides that certain boards may adopt rules under which board may require person authorized to practice profession regulated by board to receive cultural competency continuing education. <b>Support Amended Version</b>	Passed
<b>HB 2691</b>	Allows nurses licensed and in good standing in another state, to practice in Oregon without Oregon licensure for up to five days a year, if the practice is not compensated and for the general public benefit. <b>Neutral</b>	Passed
<b>HB 2719</b>	Implements expansion of medical assistance eligibility required by Patient Protection and Affordable Care Act. <b>Support</b>	Failed
<b>HB 2871</b>	Extends a pilot project that requires certain licensees to demonstrate and maintain tax compliance as a condition of issuance or renewal of license. <b>Neutral</b>	Passed
<b>SB 483</b>	Authorizes health care facilities, health care providers, and patients to file a notice of adverse health care incident with the Oregon Patient Safety Commission. Directs the commission to use information received from notices of adverse health care incidents to improve patient outcomes and reduce frequency of adverse health care incidents. Prohibits insurers from taking certain actions based on notice of adverse health care incident. <b>Neutral</b>	Passed
<b>SB 572</b>	Requires hospital to implement safe patient handling policy. <b>Support</b>	Failed

### Advanced Practice

<b>HB 3367</b>	Establishes connection to federal law for purposes of earned income tax credit; Includes an extension of the rural and frontier providers tax credit <b>Support</b>	Passed
<b>HB 2684</b>	Changes circumstances under which licensed physical therapist must refer a person to a nurse practitioner, physician, osteopathic physician, chiropractic physician, podiatric physician and surgeon, naturopathic physician, dentist, or physician assistant. <b>Neutral</b>	Passed
<b>HB 2902</b>	Requires private insurers to reimburse nurse practitioners and physician assistants in independent practice at the same rate as physicians when performing the same mental health or primary care service and billing under the same billing code. <b>Support</b>	Passed

<b>HB 2997</b>	Requires direct entry midwives to obtain a license to practice midwifery, with some exceptions. <b>Neutral</b>	Passed
<b>SB 8</b>	Removes certain restrictions on authority of nurse practitioners or certified clinical nurse specialist to dispense prescription drugs. <b>Support</b>	Passed
<b>SB 136</b>	Provides that Oregon State Board of Nursing may authorize certified registered nurse anesthetists to prescribe prescription drugs under specified circumstances. <b>Support</b>	Passed
<b>SB 210</b>	Authorizes certified nurse anesthetists to deliver certain services without medical collaboration in connection with procedures performed in location at which medical, surgical or dental services are rendered, other than ambulatory surgical center or hospital. <b>Support</b>	Passed
<b>SB 382</b>	Directs the Department of Consumer and Business Services and Oregon Health Authority to jointly develop form that providers in this state may use to request prior authorization for prescription drug benefits. <b>Support</b>	Passed
<b>SB 470</b>	Allows authorized practitioners to delegate authority to access the prescription drug monitoring program to qualifying office staff. <b>Support</b>	Passed
<b>SB 533</b>	Extends nurse practitioners' ability to treat workers' compensation patients and authorize time loss to 180 days. <b>Support</b>	Passed
<b>SB 604</b>	Requires the Oregon Health Authority to establish program for purpose of providing credentialing organizations with access to information that is necessary to credential or re-credential health care providers. <b>Support</b>	Passed
<b>SB 717</b>	Requires specified health care professional training programs, including NPs, to include in required curricula training on standardized clinical breast examinations. <b>Neutral</b>	Failed
<b>Education and Workforce Development</b>		
<b>HB 2325</b>	Directs Legislative Assembly to appropriate from the General Fund to the State School Fund amount equal to amount of the corporate kicker, in effect implementing Measure 85, passed in the 2012 General Election. <b>Support</b>	Passed
<b>HB 2912</b>	Requires the Department of Education, Department of Community Colleges and Workforce Development, and the Bureau of Labor and Industries to develop and implement long-term goals that establish joint advisory committees related to career and technical education and address barriers inhibiting student movement from high schools to post-secondary school programs and workforce. <b>Support</b>	Passed
<b>HB 2913</b>	Clarifies that the committee formed by the Department of Education, Department of Community Colleges and Workforce Development, and Bureau of Labor and Industries is established to set goals, develop grant criteria, review grant applications, and make recommendations related to awarding grants under Career and	Passed

	Technical Education Revitalization Grant Program. <b>Support</b>	
<b>HB 2960</b>	Requires portion of each meeting of governing body of coordinated care organization to be open to the public, for purpose of taking comment and announcing significant decisions. <b>Support</b>	Failed
<b>HB 5008</b>	Appropriates moneys from General Fund to Emergency Board for allocations during biennium; includes funds for Primary Health Care Loan Forgiveness program. <b>Support</b>	Passed
<b>SB 2</b>	Establishes Scholars for a Health Oregon Initiative to provide free tuition and fees at OHSU to qualifying NP students and students of other specified health care disciplines in exchange for the student's commitment to work in a medically underserved area upon graduation. <b>Support</b>	Passed
<b>SB 440</b>	Creates primary care provider loan repayment program and establishes Primary Care Provider Loan Repayment Fund. <b>Support</b>	Passed
<b>Labor Relations and Civil Rights</b>		
<b>HB 3342</b>	Prohibits public employer from assisting, promoting, or deterring union organizing and from using public property to hold a meeting with employee or supervisor if for the purpose of the meeting is to assist, promote, or deter union organizing. <b>Support</b>	Passed
<b>HB 3436</b>	Creates Oregon Retirement Savings Task Force. <b>Support</b>	Passed
<b>HB 3444</b>	Provides if public body agrees to pay or provide benefit to retired employees other than payments required or provided for in statutes, public body must create separate account for funding those benefits and make annual contribution to account in amounts necessary to amortize liability for benefits in 25 years or less. <b>Oppose</b>	Failed
<b>HB 3521</b>	Automatically registers qualifying Oregonians to vote when they obtain a driver's license or other form of identification from the DMV. <b>Support</b>	Failed
<b>SB 658</b>	Limits cost of living adjustments for monthly benefit payments under Public Employees Retirement Systems to members of system who have at least 10 years of creditable service at time member retires, becomes disabled, or dies. <b>Oppose</b>	Failed
<b>SB 822</b>	Modifies cost-of-living adjustment under Public Employees Retirement System. <b>Oppose</b>	Passed
<b>Public Health &amp; Safety</b>		
<b>HB 2275</b> <b>HB 2463</b>	Increase the cigarette tax. <b>Support</b>	Failed
<b>HB 2331</b>	Imposes excise tax on sale of sugar-sweetened beverages and concentrates. <b>Support</b>	Failed

<b>HB 2404</b>	Permits person 21 years or older to operate motorcycle without wearing a helmet if the person has motor vehicle liability insurance that provides personal injury protection benefits. <b>Oppose</b>	Failed
<b>HB 2870</b>	Allows counties to impose a local tax on cigarettes and tobacco products. <b>Support</b>	Failed
<b>HB 3162</b>	Requires the Oregon Health Authority to maintain list of designated high priority chemicals of concern for children's health used in children's products. <b>Support</b>	Failed
<b>HB 3390 SB 801</b>	Requires covered employer to implement paid sick leave for eligible employees. <b>Support</b>	Failed
<b>HB 3403</b>	Establishes Health Vending Task Force to study matters related to nutritional requirements for food and beverage items sold in vending machines in public buildings. <b>Support</b>	Failed
<b>SB 132</b>	Changes certain documentation that must be submitted to school administrator for purpose of opting out of immunizations. <b>Support</b>	Passed
<b>SB 347</b>	Modifies crime applicable to possession of firearm, or instrument used as dangerous weapon, while in or on school grounds. <b>Support</b>	Failed
<b>SB 444</b>	Creates offense of smoking in cars with kids. <b>Support</b>	Passed
<b>SB 490</b>	Requires crisis pregnancy centers to provide notice and disclosures about the nature of the services provided and not provided at the center. <b>Support</b>	Failed
<b>SB 700</b>	Requires person to request criminal background check before transferring firearm to any other person. <b>Support</b>	Failed
<b>SB 722</b>	Direct the Oregon Health Authority to prepare human papillomavirus and comprehensive related cancer control plan as addendum to the Oregon Comprehensive Cancer Plan. <b>Support</b>	Passed
<b>SB 752</b>	Revises definition of "ambulatory surgical center" to include facility operated substantially for purpose of performing abortions. <b>Oppose</b>	Failed
<b>HB 5030 &amp; SB 5519</b>	The Oregon Health Authority budget and the Oregon State K-12 Education budget allocated \$4 million of the Tobacco Master Settlement funds to the state Tobacco Prevention and Education Program and \$4 million of the Tobacco Master settlement funds to physical education in public schools. The remaining \$112 million will be dedicated to Oregon's Health Systems Transformation efforts. <b>Support</b>	Passed



**Oregon  
Nurses Make  
A Difference**

## **Oregon Nurses Association 2013 Legislative Agenda**

The Oregon Nurses Association (ONA) is Oregon's oldest and largest professional association and labor union for registered nurses, and ONA is proud to represent over 12,000 Oregon nurses. From school-based health centers, to emergency rooms, to public health departments to nurse practitioner-run clinics, ONA members are on the front lines of our health care system. ONA works to support policies that ensure the best working conditions for nurses, and the very best health care for the patients they serve.

### ***Top Priorities for Our Members***

The Oregon Nurses Association's *Cabinet on Health Policy* has identified the following as ONA's legislative priorities for the 2013 session:

- **Health Care Reform:** As the largest segment of Oregon's health care workforce, nurses are invested in health care reform, and committed to ensuring that both Oregon's Health Systems Transformation and Health Insurance Exchange improve access and quality of care, and include nurses and nurse practitioners as providers.
- **Safe Nurse Staffing:** Oregon took a unique approach to address safe nurse staffing in 2001 by establishing nurse staffing committees in Oregon hospitals and empowering nurses to help set staffing levels in their facilities. Safe nurse staffing not only ensures the safety of nurses and patients, but is a top predictor of job satisfaction and retention for nurses. Oregon's nurse staffing law hasn't been modified since 2005. ONA has begun the process of reviewing the law and is working to develop recommendations to strengthen the law to better protect nurses and patients.
- **Improving Access to Primary Care and Mental Health Services:** Cuts by private insurers to reimbursement for nurse practitioners and physician assistants in primary care and mental health run counter to goals of health care reform including increasing access to primary and preventive care. Payment parity for nurse practitioners and physician assistants for primary care and mental health services will increase access to care, treat these providers fairly, and is supported by research and recommendations from many sources.
- **Retirement Security:** ONA nurses in public service at OHSU and in county health departments throughout the state participate in the Public Employees Retirement System, which remains one of the most stable and best funded public pension systems in the country. ONA will work to ensure that any changes to PERS are fair to workers, constitutional, and result in savings to the system.

- **Tobacco Master Settlement Agreement funding invested in tobacco prevention, cessation, and health care services:** ONA supports allocating TMSA funds for their original intent—tobacco prevention, cessation, and health related costs of tobacco use. Oregon has yet to invest any of the TMSA funding in these important services. Tobacco use remains the leading cause of preventable death in Oregon, and targeted investments in prevention, cessation, physical education and school based health centers will help keep kids healthy and off tobacco, will improve public health and will decrease costs to the health care system.

### ***Additional Priorities for ONA Nurses***

- **Rural and Primary Care Health Care Workforce Incentives:** Nurse practitioners are a critical part of Oregon’s health care workforce. They provide many of the same services physicians provide, and have at least equal outcomes to physician care. Nurse practitioners are eligible for a number of state incentives that are designed to retain primary care providers in rural Oregon. Indeed, in many areas of the state NPs are the only primary care providers. These incentives include the Rural Subsidy Program.
- **Workers Compensation Timelines:** Currently Oregon nurse practitioners have 90 days to treat injured workers. While many workplace injuries are resolved in this time, some require a longer treatment period. Extending the time a nurse practitioner can treat an injured worker would improve access and continuity of care for injured workers.
- **Removing Dispensing Restrictions for Nurse Practitioners:** Removing outdated restrictions on nurse practitioner dispensing will allow nurse practitioners to help their patients fill prescriptions in a timely manner and without unnecessary hassle.
- **Earned Sick Days:** Almost half of private sector workers, and over 80% of low-wage workers don’t have paid sick days. Workers without paid time off are 1.5 times more likely to go to work with a contagious illness. They are also more likely to send their kids to school sick because they can’t afford to take time off to keep their kids home. Oregon nurses see what happens when patients don’t have access to paid sick time: they get sicker, and are more likely to spread disease. A paid sick days policy would prevent workers from having to make an impossible choice between lost wages—and fear of discipline—and working sick.
- **Funding for Nursing Programs:** Nursing programs at OHSU and in Oregon’s Community Colleges prepare students to enter Oregon’s nursing workforce. Funding for these programs is essential to meet the workforce needs of our future, especially as health reforms that focus on primary and preventive care and expanded access to care are implemented.

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