Report on the 2017 Oregon Legislative Session

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Introduction

Oregon nurses won a number of important victories during Oregon’s 2017 legislative session. Together we worked to protect and expand access to health care for some of our most vulnerable patients, many advanced practice priorities were signed into law, and we had successes working in coalition with partners on issues ranging from expanded worker protections legislation to public health modernization.

Following the 2016 elections, Democrats controlled both the House of Representatives and the Senate, holding 35 of the 60 seats in the House, and 17 of the 30 seats in the Senate. Democrats gained one seat in the House and lost one seat in the Senate, leaving neither chamber with the three-fifths majority of one party—the threshold necessary to pass any new tax policy—which meant any revenue reform would need to be a bipartisan effort. Unfortunately, the two sides were not able to reach agreement on a corporate revenue reform package and the legislature adjourned without addressing Oregon’s 50th in the nation corporate tax rate.

Throughout the session, ONA nurses worked hard to help achieve unprecedented victories in defending and expanding access to health care for Oregonians. The legislature was able to come to agreement on a bipartisan plan to maintain coverage for 350,000 Oregonians on the Oregon Health Plan, and expanded health care coverage for all low-income children.

Oregon also took a ground-breaking step forward by passing the first-in-the-nation Reproductive Health Equity Act, which ensures access to the full spectrum of reproductive health care for all women in Oregon. Continuing our state’s trend of health care leadership, the legislature voted to allow nurse practitioners to perform vasectomies, expand the number of mental health care providers available to patients in Oregon and fund the first stages of Oregon’s Public Health Modernization efforts, which will help stabilize local public health departments.

Special thanks are due to ONA’s Cabinet on Health Policy (CHP) and Oregon Nurse PAC (ON-PAC) members. Your ON-PAC board worked hard to help elect a pro-nurse majority to the Oregon State Legislature, and your CHP developed and executed our 2017 legislative agenda. Before and throughout session, Cabinet and PAC members worked diligently to guide ONA’s work in Salem and consider our responses to bills that will impact Oregon nurses and patients.

In this report you can read more about how ONA’s priorities fared. For more information about any of the issues or bills discussed in this report, please contact ONA’s Government Relations team at (503) 293-0011.

Member Engagement

This was a record-breaking legislative session in terms of member engagement, which was instrumental in moving key policy priorities forward.

Nearly 300 nurses and nursing students came to the State Capitol for ONA’s 2017 Nurse Lobby Day in February, helping set a strong early precedent for robust member engagement in the 2017 session. Lobby day attendees met with more than 80 legislative offices and helped advocate for ONA’s legislative agenda.

However, ONA’s lobby day was just the beginning of nurses’ involvement. ONA members communicated the importance of meaningful tax reform at the revenue reform rally and lobby day in June during the final phase of the session. A large contingent of nurses joined a crowd of more than 1000 of our coalition partner members at the State Capitol to help ensure that legislators understood what was at stake for patients, families and communities in the context of a $1.4 billion budget deficit.
Over the course of the six-months legislative session, more than 50 nurses testified in front of legislative committees. A number of ONA members spoke about the need for revenue reform to members of the Joint Ways and Means committee both in Salem and in traveling committee hearings across the state, from Medford to Pendleton. In policy committee hearings in Salem, ONA members shared their stories on a host of issues including tobacco control, faculty loan repayment and vital public health programs.

Additionally, ONA members held numerous individual meetings with legislators through this session to advocate on crucial issues ranging from investing in vital health services, continuing to eliminate barriers for advanced practice and maintaining funding for school-based health centers.

### Revenue Reform and Access to Health Care

Although larger corporate tax reform did not come to fruition this session, ONA helped to expand Oregon’s Provider Tax to maintain Medicaid funding and make health care more affordable for many Oregonians.

**Commercial Activities Tax: HB 2830**

The primary task for many legislators this session was to address Oregon’s unstable and inequitable revenue system and the resulting $1.4 billion state budget gap. New revenue sources were necessary in order to fund health care and make meaningful investments in education, human services and public health.

After months of conversation in the House and Senate committees on Revenue and the Joint committee on Tax Reform, Senator Hass proposed House Bill 2830 which would have phased out Oregon’s corporate income tax and implemented a gross receipts or “commercial activities” tax. Under this proposal, all companies that do business in Oregon, not just those located here, would start paying Oregon taxes based on how much they do in in-state sales. Depending on the rates and structures discussed, various amendments would have raised between $600 and $890 million a biennium.

However, with just a few weeks of the legislative remaining, Legislative leadership announced that they lacked the necessary support to pass such a policy, particularly in the Senate. Consequently, comprehensive corporate tax reform did not move forward this session, resulting in lowered budgets and cuts to education and many human services programs.

**Provider Tax: House Bill 2391**

The legislature was able to continue to adequately fund the Affordable Care Act’s expanded Medicaid population of 350,000 Oregonians who depend on the Oregon Health Plan to access care.

House Bill 2391 builds on Oregon’s existing provider tax by requiring hospitals, insurers and managed care organizations to pay minimally more in order to leverage additional federal matching funds. This $670 million in funding ensures that the expanded Medicaid population will continue to be able to access the Oregon Health Plan and creates a reinsurance program to help vulnerable Oregonians lower their premium costs. The bill passed with a bipartisan vote in both chambers and won the support of Oregon’s hospital association, 15 coordinated care organizations, and an overwhelming majority of insurers who do business in the state. It was signed into law by the Governor.

**Cover All Kids: Senate Bill 558**

Led by the leadership of Governor Kate Brown and Speaker Tina Kotek, Oregon became the sixth state to expand health care coverage for all low-income children with the bipartisan passage of Senate Bill 558. Currently, an estimated 17,600 children in Oregon still do not have access to
health insurance do to legal status, which has long-term effects on health of the community and overall economy. SB 558 changes this by modifying eligibility requirements for the Health Care for All Oregon Children program to ensure that all children who reside in Oregon are eligible for medical assistance if their family’s income is at or below 300 percent of the federal poverty level. The bill takes effect as soon as the governor signs it into law, marking a huge victory for the upstream health and well-being of our patients.

**Reproductive Health Equity: HB 3391**
HB 3391 requires coverage of reproductive health services, including well-women visits, contraceptive prescriptions, breast feeding counselling, abortions, screenings for sexually transmitted infections and pregnancy, as well as counselling for tobacco use and domestic violence. The bill will ensure reproductive health services for low-income undocumented women in Oregon and requires that health benefit plans may not impose a deductible, coinsurance, copayment or any other cost-sharing requirement on this coverage. The bill passed on a party line vote in both chambers and will ultimately save an estimated $1 million due to upstream preventative procedures and health care.

**ONA passed a number of policies that improve nursing practice in the 2017 session. ONA staff and members advocated in Salem to protect licensing standards and regulations for nurses, to invest in programs like evidence-based strategies around workplace violence, and to incentivize pursuing a career as a nursing instructor.**

**Nurse Faculty Loan Repayment: House Bill 2862**
Oregon currently faces a severe shortage of nurse faculty members that is having a significant effect on the future nursing workforce. Due to the high cost of receiving an advanced degree, coupled with the substantial pay disparities between educators and direct-care nurses, pursuing a career in academia remains prohibitive for many nurses.

House Bill 2862 (HB 2862) would have allocated an additional $350,000 to Oregon’s previously established Nurse Faculty Loan Repayment Program in order to assist eligible nurses in offsetting the costs associated with their education. Both nurse faculty leaders and previous grant recipients provided testimony in support of the bill, but ultimately it did not move forward this session due to a lack of available funding this biennium.

**Workplace Violence: House Bill 2620**
House Bill 2620 was brought forward by the Oregon Emergency Nurses Association and Legacy Health to make it an automatic felony to intentionally and knowingly assault a healthcare worker in a hospital. ONA worked to propose amendments to the legislation to add more evidence-based strategies in the legislation, including increased security in high-risk hospital units, as well as improved tracking of instances of violence. Although this bill failed to move out of committee, these strategies are pieces of a comprehensive approach to address and prevent workplace violence against health care workers that ONA is committed to working on in the future.

**Lactation Licensing: House Bill 2503**
House Bill 2503 originally sought to create additional licensing requirements for lactation consultants through a separate licensing board. ONA worked to amend this bill to exempt health care providers who are already board licensed from needing an additional lactation consultant license, taking an undue burden off of nurses. The bill passed with bipartisan support.

**Mandatory Continuing Education: Senate Bill 48**
Initially Senate Bill 48 sought to require continuing education on suicide prevention for health care providers. ONA helped introduce an amendment to ensure this continuing education was offered,
but changed the language so that continuing education credit hours are not conditional of licensure. The ONA proposed language was amended into the bill and SB 48 passed with bipartisan support in the House and Senate.

### Advanced Practice

Oregon is a national leader in advanced nursing practice standards. This session, ONA continued efforts to ensure that Oregon statute aligns with nurse practitioner scope of practice to help improve affordable access to care for all Oregonians.

**Nurse Practitioner Vasectomy Authority: House Bill 2103**

House Bill 2103 (HB 2103) was one of ONA and the Nurse Practitioners of Oregon’s (NPO) top priorities this session to modify Oregon law to allow nurse practitioners (NPs) to perform vasectomies. This law changes an arbitrary barrier to NP practice in Oregon and helps expand access to care: currently, patients in urban and rural areas alike have reported having to endure waiting periods as long as three months for a vasectomy appointment.

HB 2103 allows NPs to perform vasectomies, aligning Oregon statute with NP scope of practice. ONA worked to address prejudices and HB 2103 ultimately passed with bipartisan support in both chambers. The approval of this bill marks another landmark success for NPs practicing in Oregon, following multiple years of sustained advocacy. The legislation will go into full effect January 1, 2018.

**Nurse Practitioner Professional Corporations: House Bill 3439**

ONA also helped address another arbitrary barrier Advanced Practice Nurses face in Oregon statute by clarifying that professional corporations such as clinics can be co-owned and operated by Nurse Practitioners, Physician Assistants and physicians. This bill removes an outdated feature that essentially prohibited NPs and physicians from owning a clinic in partnership. Removing this barrier allows Nurse Practitioners to enter into owner partnerships with physicians in statute, enabling more Oregonians to access primary and preventative care. The legislature passed House Bill 3439 with bipartisan support, Governor Brown signed it, and the law will go into effect January 1, 2018.

**Access to Mental Health Care: House Bill 3355**

Across the state, it is clear that our health care system is not meeting the mental health needs of many patients, particularly in rural and vulnerable communities. The entire state, outside of Portland and Eugene, qualifies as a “mental health professional shortage area” with less than one psychiatrist per 30,000 residents.

ONA worked to address this issue by passing House Bill 3355, which would allow psychologists to prescribe with adequate education and training and when working in partnership and under the supervision of a psychiatric mental health nurse practitioner or a psychiatrist in a clinical setting. ONA worked to amend the original bill to include the more than 500 psychiatric nurse practitioners in Oregon as supervisors. HB 3355 was approved by both chambers late in the session and is expected to be signed into law to help expand robust mental health care access in Oregon.

**Provider Incentives: House Bill 3261**

ONA has long worked to increase health care availability across the state by recruiting and retaining qualified providers to areas that are traditionally underserved. This effort has culminated in a number of programs that incentivize providers, including Nurse Practitioners, in these areas through tax credits and loan repayment and forgiveness programs.

It’s key that these programs work to meaningfully retain providers who otherwise wouldn’t continue to practice in underserved communities. The legislature passed HB 3261, which creates a shared fund for provider incentive programs and requires the Oregon Health Policy Board, in collaboration
with the Oregon Health and Science University and the Office of Rural Health, to assess the health care workforce needs in Oregon and make allocation decisions to these incentive programs in the future based on the studied effectiveness of each.

**Insurer, Pharmaceutical and Provider Accountability**

As the largest segment of Oregon’s health care workforce, nurses are committed to holding insurers, providers, hospitals and drug manufacturers accountable to patients in Oregon. ONA engaged in a number of efforts this session to improve transparency and accountability for the major players in the health care delivery system and put patients and community health before profits.

**Prescription Drug Costs: House Bill 2387**
Rising prescription drug prices are one of the fastest growing health care cost drivers today with prices more than doubling over the past several years. Consequently, Representative Rob Nosse championed House Bill 2387, which sought to cap out-of-pocket costs at $100 or $250 depending on the insurance plan, increase transparency around drug company research and development, advertising and operating costs and profits, and create a new program to ensure that drug rebates benefited consumers, not insurance companies.

Large pharmaceutical industry groups waged an expensive campaign to stall and ultimately prevent House Bill 2387 from moving forward this session. However, great progress was made in raising the level of knowledge in the legislature on this issue, and it’s one that we will continue to pursue in future sessions.

**Prescription Drug Take Back Program: HB 2645**
In the United States, drug overdose is the leading cause of accidental death, with 20,101 overdose deaths caused by prescription pain relievers alone. Prescription drugs are simply too often a gateway for other opioid drugs: four in five new heroin users started out misusing prescription painkillers.

Given this overwhelming problem, longtime ONA member and nurse advocate Representative Sheri Malstrom proposed House Bill 2645 to set up a prescription drug take back program to help Oregonians safely dispose of drugs. HB 2645 sought to help address this problem by requiring drug manufacturers establish and fund a drug take-back program through kiosks in pharmacies and through a main-in service in more rural areas. Unfortunately, the bill died in the Joint Ways and Means Committee where it did not receive a work session to move forward before session ended.

**Coordinated Care Organizations: House Bill 2122**
Coordinated Care Organizations (CCOs) provide care to most of Oregon’s Medicaid population and are intended to improve health outcomes, health integration and health equity for some of Oregon’s lowest income patients. One of the stated goals of CCOs is to promote community health through upstream, preventative health programs. However, in CCOs’ current contracts, there are few requirements on how CCOs spend their net patient revenues.

House Bill 2122 would have required CCOs to reinvest a reasonable and set percentage of their profit margin back into local communities. In addition, the bill sought to increase transparency and accountability, promote alternative payment methodologies based on health improvement and outcomes, and require nonprofit or public benefit corporation status. The bill was passed out of the House Rules Committee on a party-line vote and was referred to the Ways and Means Committee, where it did not receive a work session in time to move forward before session adjourned.
Hospital Property Tax Exemption and Community Benefit: House Bill 2047 and House Bill 2115

Currently, hospitals in Oregon are required to contribute to the overall health of their communities in order to maintain their tax-exempt non-profit status. In years past, this community benefit has largely been spent covering the medical costs of uninsured patients. However, with the advent of the Affordable Care Act, more Oregonians are now insured, meaning many services that were once considered hospital charity care are now reimbursable, resulting in record hospital profits across the state.

House Bill 2115 and House Bill 2047 would have implemented minimum thresholds for community benefit spending and would have excluded hospital-owned clinics from being tax exempt. These provisions would have held hospitals more accountable to the patients they serve. However, HB 2115 and HB 2047 did not move forward out of the House Committee on Revenue.

Public Health

ONA has a strong history of advocating for public health improvements. This session, we successfully passed a number of policies that have a tremendous impact on the overall health of our patients, and laid the groundwork for future conversations on tobacco and nicotine taxes and addressing Oregon’s housing crisis.

Public Health Modernization: HB 2310

Although 95 percent of Oregonians now have health insurance, there are still tremendous gaps in health care across Oregon. ONA members see how public health programs like nurse visiting, disease control and prevention, and clean air and water translate into better health outcomes at the bedside.

House Bill 2310 (HB 2310), which would begin the first phase of Public Health Modernization through a $5 million biennial allocation of general funds, passed with unanimous support in the House of Representatives and State Senate and was signed into law by the Governor. HB 2310 is the first phase in improving and expanding public health which will help ensure basic protections critical to the health of all people in Oregon and future generations.

Youth Tobacco Prevention

ONA worked on a number of policies this session to increase Oregon’s tobacco taxes. Currently at just $1.32 tax per pack for cigarettes, Oregon is 31st in the nation for cigarette taxes and lacks any tax for nicotine products. A number of bills to raise tobacco and nicotine taxes were discussed in the Revenue committees this session; however, due to the larger budget issues being discussed, no proposal was able to gain the political capital necessary to move forward.

Senate Bill 754, which raises the minimum age of purchase for tobacco use to 21, did ultimately pass with bipartisan support. However, the bill does not provide for any enforcement mechanism, which will make it challenging to meaningfully implement. ONA worked on a number of bills to put in place a tobacco retail licensure system to address this problem. Like the licensing systems we have for alcohol and marijuana, tobacco licenses would enable the state to enforce public health policies and punish retailers for selling to minors.

Senate Bill 235 originally sought to create such a licensing system in Oregon, but due to a broad relating to clause, SB 235 was ultimately amended to change the definition of “enclosed spaces” to allow smoking patios at bars, which ONA worked to vehemently oppose. The bill ultimately passed through both chambers with only a few legislators voting against the amendment and final bill.

Protecting the Indoor Clean Air Act

Although we were unsuccessful in amending Senate Bill 235, public health advocates helped defeat a number of significant Indoor Clean Air Act threats that were waged primarily by the recreational marijuana and e-cigarette industries.
Senate Bill 307 sought to allow for the social consumption of marijuana at temporary events like an outdoor festival, and Senate Bill 799 would have allowed vape-shop patrons to sample liquids for e-cigarettes in the store. These proposals were both in direct violation of the Indoor Clean Air act’s provision that smoking is not allowed in public accommodations such as stores and parks. Public health advocates came out in force to oppose these efforts and were ultimately successful in making sure they did not move forward.

**Stable Housing: House Bill 2004**
ONA continued its advocacy in partnership with the Stable Homes coalition this session to help advance renter protections and address Oregon’s housing crisis to help ensure more patients are able to have their most basic needs met. House Bill 2004 sought to expand protections for Oregon renters by prohibiting the practice of no-cause evictions (except under certain circumstances) and lifting a long-standing statewide ban preventing local governments from enacting policies to curb rising rental costs.

Ultimately, numerous concessions were made in order for HB 2004 to secure the support needed to pass the Senate floor, including the removal of the rental cost stabilization provision. Despite these compromises, the bill ultimately never made it to the Senate floor for a vote due to a lack of confirmed support needed for passage. ONA nurses know that stable and safe housing has a tremendous impact on health, which is why we are proud to continue to support efforts to improve affordable access to housing in our communities moving forward.

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**Children’s Health**

The Legislature passed a variety of bills this session that will make a significant impact on children’s health, many of which were led by ONA members and nurse advocates Representative Sheri Malstrom and Senator Laurie Monnes Anderson.

**School Nurses: SB 111**
Currently, 58 percent of Oregon children are covered under the Oregon Health Plan, but very few districts bill for the services school nurses provide to students at school. Oregon is falling significantly short of the national and state recommended ratio of one school nurse for every 750 students, with the average for the 2014-15 school year at one school nurse for every 2,178 students, ultimately putting the health and safety of some of Oregon’s most vulnerable children at risk.

Senate Bill 111 passed this session, allowing school districts to collaborate and work with the Oregon Health Authority and the Department of Education in pilot projects to expand their use of Medicaid billing to help fund additional school health services.

**Vitamin K: HB 2644**
ONA member Representative Sheri Malstrom’s priority bill, House Bill 2644, was approved this session. The bill makes a simple change to Oregon statute to ensure Vitamin K is delivered to newborns via the more effective method, which is currently though an injection. Currently, Oregon allows providers to use both shots and drops to deliver Vitamin K to newborns, which is essential to help them form blood clots and stay healthy in the first few weeks of life. This bill works to deliver a vital vitamin in the first few weeks of life via the best method, as determined by evidence-based science.

**Rear-facing car seats: House Bill 3404**
HB 3404 aligns Oregon’s statute with the American Academy of Pediatrics’ recommendation that infants and toddlers ride in a rear-facing car seat until age two. Rear-facing child seats are significantly more effective than front-facing car seats at protecting children from collision injuries. The bill was approved by both the House and Senate and was signed by the Governor.
In 2017, ONA continued its work to expand worker protections on the job, advance economic justice and promote policies that will help give more Oregonians a fair shot.

**Union Security Agreements: Senate Bill 1040**

Senate Bill 1040 (SB 1040) ensures that private sector labor unions can enter into union security agreements with employers and prohibits local regions from enacting anti-worker policies that undermine this practice. As a large statewide and predominantly private sector labor union, ONA played an important role in advocating for this legislation, which now codifies in Oregon statute the National Labor Relations Act’s authority. Crucially, the bill also ensures that Oregon workers in the private sector are protected from the deceptive, anti-union attacks being waged across the country in an effort to diminish the voice of working people in advocating for improved standards.

**Public Employee Retirement System**

Discussions around the Public Employee Retirement System (PERS) and how to address its associated costs continued this session. In light of the $1.4 billion budget shortfall and the need for bipartisan support in order to pass meaningful corporate tax reform to invest in services, potential adjustments to PERS rose to the forefront as part of a possible compromise revenue package.

ONA continued our work in coalition with public sector union partners to help ensure that harmful cuts to retirement benefits did not move forward with the budget deficit as the legislative justification. Given the state’s funding outlook, some legislators continued to communicate a narrative that public sector workers, including ONA nurses working throughout Oregon, were largely responsible for the shortfall and would have to endure cuts to promised retirement benefits in order to stabilize the budget.

To that end, a range of bills were proposed that sought to curtail future public employee retirement benefits, including redirecting a portion of the Individual Account Program that Tier 2 and OPSRP member funds to help pay for PERS costs and changing the final average salary calculation from 3 years to 5 years to determine benefit amounts.

Moving forward, ONA will continue to monitor and advocate against future legislative efforts to roll back PERS retirement benefits that members have long been promised and continue to work tirelessly to earn each day.

**Moving Forward**

The 2017 session was historic for ONA both in member turnout and in our efforts to protect and expand health care access for all Oregonians.

Over the next two years, we need to work to meaningfully address Oregon’s unsustainable and inequitable revenue system in order to make significant investments in education, public health and human services programs. We also need to continue to advance public health policies like Paid Family Leave and tobacco control, engage in efforts to improve and hold accountable players in our health care system, and fight against new anti-worker attacks that will try to silence us.

As we prepare for these new challenges, we want to thank you for your support during the legislative session. We hope you’ll continue to support this work as we advocate for Oregon’s nurses and patients throughout the 2018 short legislative session and in the 2018 elections.

Thank you!