

HB 2419 (LC 473) – OHA Housekeeping

This measure amends or repeals statutes to align new statutory language as well as reflect current organizational structure and allow flexibility at the Oregon Health Authority (OHA).

- Changes Oregon Health Policy and Research (OHPR) to Oregon Health Authority (OHA) throughout statutes. Deletes references to OHPR Advisory Committee because it referred to when OHPR was outside of OHA/DHS.
- Expands the qualifications and experience that would qualify someone to be appointed as the State Public Health Officer (Public Health Division)
- Modifies definition of “health care interpreter” and revises membership of Oregon Council on Health Care Interpreters to better align with current business practice within OHA and those that govern CCOs.
- Removes all statutory references to Blue Mountain Recovery Center in ORS 426.010 and ORS 426.020 (Addictions and Mental Health Division)
- Aligns references relating to screening interviews and treatment programs for alcohol and drug diversion programs.
- Removes reference to prescription drugs and replaces the current definition of illegal drugs with the definition used in the Americans with Disabilities Act, allowing for people to be evicted if they have relapsed on alcohol or another controlled substance in residential treatment.

SB 227 (LC 474) – TBI Registry

The measure amends the statute that established the Oregon Trauma Registry (OTR) to allow the state to create a Traumatic Brain Injury Registry, utilizing OTR data. The state will compile a case list from the Trauma Registry of persons who experienced a traumatic brain injury (TBI). The compiled case list would be shared with the Department of Human Services (DHS), Seniors and People with Disabilities program. DHS staff would use the case list information for services planning and to conduct outreach and follow up with people with TBI. The measure amends the Trauma Registry statute to allow data from the Trauma Registry to be used for public health epidemiologic studies that will support overall system improvement and prevention of injuries. The Trauma Registry was enacted in 1999.

SB 228 (LC 475) – RPS Fees

RPS programs are 100% user-fee supported and are used to recover the direct costs of Radiation Protection Services (RPS) operations and administrative functions relating to the regulation of radiation. RPS is requesting a fee adjustment through statute to increase X-ray and tanning device registration fees and increase the radioactive material licensing fee cap. This will allow the RPS program to maintain fiscal solvency, and avoid staff reductions which could result in inadequate regulatory oversight.

SB 229 (LC 476) – Travel Stipend

This concept will permit members of the Oregon Consumer Advisory Council (OCAC) to receive a stipend and travel reimbursement. This will align the compensation and expense reimbursement for members of OCAC with other AMH Advisory Councils.

HB 2420 (LC 477) – 370 Evaluations

This concept will require individuals charged with a misdemeanor or Class C felony and unable to aid and assist in their own defense due to a mental illness to be interviewed by the Community Mental Health Program Director or designee. The interview is to determine if the services, supports and supervision are available in the community to divert the individual from the state hospital to the community for restoration.

HB 2421 (LC 480) – MH Drugs to CCOs

This measure would transfer the responsibility for management of all mental health drugs from FFS to CCOs and shift the associated dollars spent on these drugs from FFS to CCOs. This will allow the CCOs to coordinate all health delivery costs for their mental health clients.

SB 230 (LC 481) – Healthcare Workforce Information Collection

This measure requires all health care regulatory boards to participate in the Oregon Healthcare Workforce Database, created by HB 2009 in 2009. Expanded data collection will allow the Legislature, OHA, and other industry and education stakeholders to better understand Oregon's current health care workforce and plan for future needs.

SB 231 (LC 483) – Primary Care Transformation Initiative

This concept establishes an initiative that will strengthen investment and infrastructure for Oregon's primary care delivery system. Specifically, it would formalize a multi-payer primary care collaborative in statute and direct the group to design an initiative in which payers: a) pilot a small number of alternative primary care payments and develop benchmarks for success that would trigger continuation of the initiative past pilot phase; and b) make equitable investments in primary care transformation assistance.

Contact: Courtney Westling, Director of Legislative and Government Affairs, Oregon Health Authority, 503-602-1646, courtney.c.westling@state.or.us