

LC 450: Oregon Health Authority Technical Fixes

Several technical fixes to public health statutes will improve OHA's ability to serve the public health needs of people living in Oregon, without making substantive policy changes.

Hemodialysis Technician Definition

Generally, hemodialysis technicians are responsible for operating dialysis machines that act as artificial kidneys by removing waste from blood and removing excess fluids from the body in instances of kidney failure or disease. Hemodialysis certification ensures the technician knows how to correctly set up the dialysis machine, mix the appropriate solution, and check safety measures during treatment.

However, the current definition of "hemodialysis technician" in statute makes it difficult for OHA to cite a person for not being certified when providing hemodialysis services. Based on DOJ guidance, this bill clarifies that a hemodialysis technician must be certified.

Clinical Laboratory Improvement Amendments Program

Current statute does not align with current laboratory certification processes as required by the federal Clinical Laboratory Improvement Amendments (CLIA) Program. Instead, it still describes a previous program which ended in 1999.

This bill removes portions of the statute that are out of date, as well as portions that are already in the United States Code of Federal Regulations and do not need to be duplicated in state statutes.

Confidentiality for Psilocybin Investigations

Currently, information related to investigations of licensed psilocybin businesses is not protected from disclosure. The identity of a person who files a complaint with Oregon Psilocybin Services regarding a licensee, permittee, or applicant is not confidential and may be subject to a public records request. Complaints may include sensitive and

personal information related to a client’s psilocybin administration session at a licensed service center or identifiable information about a client’s specific accessibility or language needs. Many individuals have expressed that they are hesitant to file a complaint due to safety concerns or fear of retaliation.

This bill makes information related to investigations confidential and exempt from public records requests, and protects information gathered in the course of an investigation. This aligns with similar provisions for other health regulatory boards, to encourage individuals to openly share pertinent information that may affect client and public safety.

Modernizing Environmental Health Specialist Registration

With climate change, wildfires, and pollution threatening Oregon, Oregon needs environmental health specialists more than ever. However, the Environmental Health Registration Board’s statutes and registration requirements are more than 30 years old, and do not reflect today’s education and training.

Also, the requirements in Oregon statute are stricter than those of the National Environmental Health Association (NEHA), the national entity that offers the exam Oregon applicants must pass to be registered. Under state law, people interested in the profession need one of a few specific degrees, which excludes individuals with other valuable professional backgrounds and education. Even people from other states who have successfully done this work do not qualify in Oregon. Requirements for supervised experience are so restrictive that trainees often hit statutory “snags”, making full registration frustrating and difficult. All this discourages interested people from getting registered and working in Oregon.

Updating the statutes to mirror the NEHA requirements will reduce barriers for interested applicants, and help fill vacant positions to protect the citizens of Oregon from the effects of climate change, wildfires, pollution, and unhealthy drinking water.

Overdose Reporting Due Date

ORS 432.141 directs OHA to submit an opioid overdose report to the legislature each year by September 15. To ensure the most accurate and useful information, OHA uses data from the Centers for Disease Control and Prevention (CDC) to characterize overdose trends in Oregon, including overdose disparities by race, ethnicity, gender, and geographic location. Unfortunately, the CDC’s schedule for finalizing this data does not allow sufficient time for OHA to receive, analyze, and publish the most up-to-

date information by September 15. As a result, the full report has consistently been published after the due date in recent years.

Extending the legislative report due date to January 15 will enable OHA to include the most up-to-date and accurate information about overdoses in Oregon.

School Based Health Centers

School-Based Health Centers (SBHCs) work to meet the health and wellness needs of young people. Several statute updates would improve their operations.

ORS 413.225 defines SBHCs as clinics that are “organized through collaboration among schools, communities and health providers, including public health authorities” This definition excludes the individuals SBHCs were created to serve – that is, children and youth. While SBHCs work hard to include the perspectives of youth who are disproportionately impacted by health inequities, formal recognition of the importance of student participation in SBHC decision making would promote still greater youth engagement. This involves simply adding “youth” to the list of collaborating parties listed in ORS 413.225.

ORS 413.223 refers to grants for SBHCs that are no longer available through OHA, because the funds were distributed and the grant projects completed several years ago. This language has caused confusion among community partners seeking funding opportunities, which could be avoided if the language were removed.

ORS 413.223 also limits OHA to contracting with only one single entity to provide SBHC technical assistance. SBHCs often request assistance in specialized areas such as youth engagement, culturally responsive care, Coordinated Care Organization (CCO) partnerships, and billing and sustainability. Authorizing OHA to contract with multiple entities would better support SBHCs, as different contractors may better meet each clinic’s and community’s diverse local needs.

Carceral Reentry

The 2022-2027 Medicaid 1115 demonstration waiver seeks to provide up to 90 days of limited pre-release Oregon Health Plan (OHP) benefits to eligible individuals in carceral settings. Currently, ORS 414.025(2) suspends OHP benefits for anyone in a correctional facility. Adding language that allows eligible individuals to be enrolled in pre-release benefits under the “1115 waiver or State Plan, or as otherwise required by federal law” removes any barriers to implementing the waiver. This language also creates the opportunity for the carceral benefit package to be extended beyond the

term of the current 2022-2027 waiver, and ensures there are no barriers to aligning the 1115 work with the federal Consolidated Appropriations Act (CAA) of 2023, which also contains requirements for states to provide benefits to certain populations in carceral settings.

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