

HB 2002 -1 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/20, 3/27

WHAT THE MEASURE DOES:

Establishes right to make decisions about individual's reproductive health and allows individual to bring civil against public body to enforce right. Modifies existing prohibitions against public body interference in pregnancy termination to include exercising an individual's reproductive health rights. Adds prohibitions against imposing liability or penalty for action impacting pregnancy outcome or aiding another individual to exercise the individual's reproductive health rights. Defines "reproductive health" and "reproductive health care." Modifies protections related to individual rights to refuse and provide reproductive health care information and services. Modifies provisions protecting privacy of minor's reproductive health care information. Modifies permitted health benefit plan exclusion of coverage for abortion services. Requires student health centers to provide enrolled students with access to emergency contraception and medication abortion. Defines "student health center." Requires Oregon Health Authority (OHA) to annually provide training to public institutions of higher education and public institutions to annually submit plan outlining compliance – with medication abortion access requirements. Requires Higher Education Coordinating Commission (HECC) to annually submit report to Legislative Assembly that includes specified information about reproductive health service access and cost. Establishes Student Health Center Reproductive Health Grant Fund to provide grants to public institutions of higher education to comply with medication abortion access requirements. Prohibits health benefit plan exclusion of medically necessary gender-affirming treatments. Requires carriers to satisfy network adequacy requirements for access to gender-affirming treatment providers and services. Requires Department of Consumer and Business Services (DCBS) to report to Legislative Assembly on implementation of insurance coverage requirements for access to gender-affirming treatment providers and services by December 31, 2026 and to conduct a target market conduct examination of all carriers to ensure compliance with requirements by January 2, 2027. Requires inclusion of gender-affirming treatment in state medical assistance program (Oregon Health Plan (OHP)) and requires coordinated care organizations (CCOs) to meet network adequacy requirements for access to gender-affirming treatment providers and services. Requires Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) to comply with gender-affirming treatment coverage requirements. Establishes minimum prescription duration requirements for contraceptives in medical assistance program at three months for initial prescription and 12 months for subsequent prescriptions. Requires Office of Rural Health (ORH) to administer program to provide grants to two federally qualified health centers (FQHCs) in rural and medically underserved areas of the state to operate pilot project providing expanded reproductive health services to individuals living in a geographical area of this state where there is limited access to reproductive health care. Requires ORH to report to Legislative Assembly by September 15, 2025 on results of pilot projects and recommendations for expanding program to additional areas. Requires OHA to implement reproductive health services and education programs. Prohibits adverse action by malpractice insurer against health care provider for providing or participating in reproductive or gender-affirming health care service that is lawful in state. Prohibits health care practitioner licensing boards from suspending or revoking license solely for providing reproductive or gender-affirming health care service. Exempts name and addresses of reproductive or gender-affirming health care service providers from public records disclosure and makes providers eligible for Address Confidentiality Program. Creates crime of interfering with a health care facility punishable by maximum of 364 days'

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imprisonment, \$6,250 fine, or both. Creates right of civil action for person or health care facility aggrieved by interference with health care facility. Repeals criminal provisions relating to concealing birth. Declares emergency, effective on passage.

FISCAL: May have fiscal impact, but no statement yet issued.

REVENUE: May have revenue impact, but no statement yet issued.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Adds Oregon Health and Science University (OHSU) to definition of "public body." Clarifies permitted legal action by individual to enforce right to decisions about reproductive health. Clarifies right of minor to consent to receive reproductive health information and services and prohibition against provider disclosing receipt of information or services. Changes responsibility to provide grants to public institutions of higher education to comply with medication abortion access requirements and report on reproductive health access and cost from HECC to OHA. Clarifies duration of contraceptive prescription required in medical assistance program. Clarifies prohibited adverse actions by malpractice insurers. Clarifies prohibition on health care practitioner licensing boards from suspending or revoking license solely for providing reproductive or gender-affirming health care service. Clarifies "because of sex" meaning for purposes of unlawful discrimination in employment. Establishes standards regarding interstate actions related to reproductive health care and gender-affirming treatments.

BACKGROUND:

Human reproductive health systems are a complex amalgam of organs and hormone-producing glands. According to the World Health Organization (WHO), reproductive health implies the ability to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

In 2017, the Legislative Assembly passed House Bill 3391, also known as the Reproductive Health Equity Act (RHEA). RHEA sought to solidify access to reproductive health services in several ways, including by requiring health insurance coverage of a wide array of reproductive health services, drugs, and products with no cost-sharing and protecting access to abortion services.

In 2022, the U.S. Supreme Court decided *Dobbs v. Jackson Women's Health Organization*, holding that the U.S. Constitution does not confer a right to abortion and overturning previous Supreme Court precedent. According to the Kaiser Family Foundation, since the *Dobbs* decision, 23 states have tried to implement a complete ban or a pre-viability ban on abortion.

House Bill 2002 would further protect access to reproductive health services in Oregon, including creating an enforceable right to make decisions about one's own reproductive health.