

SB 1547 A STAFF MEASURE SUMMARY

Senate Committee On Human Services

Action Date: 02/19/24

Action: Without recommendation as to passage, but with amendments and referred to Rules and Ways and Means by prior reference. (Printed A-Eng.)

Vote: 5-0-0-0

Yeas: 5 - Gelser Blouin, Manning Jr, Prozanski, Robinson, Weber

Fiscal: Fiscal impact issued

Revenue: No revenue impact

Prepared By: Iva Sokolovska, LPRO Analyst

Meeting Dates: 2/14, 2/19

WHAT THE MEASURE DOES:

The measure requires health plans to cover medically necessary treatment for cannabis use disorder for minors. The measure directs the Oregon Health Authority (OHA) to create a program where people with opioid addiction can get help through the suicide prevention hotline and access health providers. The measure creates an advisory committee that will make recommendations to OHA on how to make it easier for emergency medical workers and military medics to get licensed to provide emergency medical services. The measure declares an emergency and is effective on passage.

Detailed Summary:

Insurance Coverage of Treatment for Cannabis Use by Minors (Sections 1-3)

- Requires health benefit plans to reimburse the cost of medically necessary treatment for cannabis use disorder for an enrollee who is a minor, including inpatient treatment when medically appropriate for plans issued, renewed, or extended on or after January 1, 2025.

Virtual Opioid Dependency Program (Sections 4 and 5)

- Directs OHA to establish a virtual opioid dependency pilot program to provide on-demand intervention and treatment for individuals with opioid use disorder through the 9-8-8 suicide prevention and behavioral health crisis hotline.
- Requires the pilot program to allow individuals to call the hotline 24 hours a day, seven days a week, and speak to a health care provider with prescribing privileges. Permits providers to immediately start the caller on an opioid agonist therapy; refer the caller immediately to treatment, transition services, and ongoing dependency care; or take other appropriate steps to intervene and provide a pathway to treatment for the caller.
- Releases providers participating in the pilot program from civil liability for any actions taken in good faith.
- Directs OHA to report to the Legislative Assembly on the operation and outcomes of the pilot program by September 15, 2025.
- Sunsets on January 2, 2026.
- Appropriates \$5,000,000 to OHA to establish and maintain the pilot virtual opioid dependency program.

Emergency Medical Services Reciprocal Licensing(Section 6)

- Requires OHA to convene an advisory committee to provide recommendations for a reciprocal license program for emergency medical services (EMS) providers, including members of the Armed Forces of the United States who are trained to provide emergency medical care.
- Specifies membership and duties of the advisory committee.
- Directs the advisory committee to report to the Legislative Assembly by September 15, 2024, with recommendations for rules to establish the reciprocal license program.

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- Directs OHA to establish and begin issuing licenses under the reciprocal license program by January 1, 2025.
- Sunsets on January 2, 2026.

Declares an emergency, is effective on passage.

ISSUES DISCUSSED:

- Annual fentanyl overdose deaths in Oregon statistics
- Ambulance service providers workforce needs
- Familiarity with 988 line as advantage for providing intervention and treatment for individuals with opioid use disorder
- Use of cannabis among minors in Oregon

EFFECT OF AMENDMENT:

The amendment removes the provisions that permit involuntary admission of a minor for inpatient diagnosis, evaluation, and treatment of a substance use disorder. The amendment also modifies health benefit plan reimbursement requirements.

BACKGROUND:

In Oregon, rates of youth with a documented substance use disorder have remained above the national average and increased in 2019 ([Youth and Young Adult SUD Treatment and Recovery Report 2023](#)). Substance use disorder cases among young adults aged 18 to 25 have seen a slight decrease, yet Oregon's rates still surpass the national average within this demographic. As of 2022, a substantial 59 percent of emergency department visits for youth and young adults requiring substance use treatment were covered by the Oregon Health Plan (Medicaid). Individuals encountering substance use-related emergencies may undergo treatment and discharge, be transferred to other hospital units, or find themselves "boarded" within the emergency department. Boarding typically arises when a patient remains in the emergency department for more than 24 hours due to a lack of alternative care options and their insufficient stability for hospital discharge. Using marijuana can result in the development of problematic use, referred to as marijuana use disorder, which can manifest as addiction in severe cases. Statistics indicate that [approximately 30 percent](#) of marijuana users may experience some level of marijuana use disorder. Individuals who initiate marijuana use before the age of 18 are [four to seven times more likely](#) to develop a marijuana use disorder compared to adults. Marijuana use disorders frequently involve dependence, characterized by [withdrawal symptoms](#) when the drug is not consumed. Commonly reported symptoms among frequent marijuana users include irritability, mood swings, sleep disturbances, decreased appetite, cravings, restlessness, and physical discomfort, typically peaking within the first week after cessation and lasting up to two weeks. Marijuana use disorder escalates to addiction when an individual cannot cease using the drug despite its interference with various aspects of their life. Estimates of marijuana addiction are contentious, partly because epidemiological studies on substance use often utilize dependence as a measure of addiction, although dependence can exist without addiction. Studies indicate that [approximately 9 percent](#) of marijuana users will develop dependence, with this figure rising to [about 17 percent](#) among those who initiate use during adolescence. In 2015, around 4 million individuals in the United States met the diagnostic criteria for [marijuana use disorder](#), with 138,000 [voluntarily seeking treatment](#) for their marijuana use.

Opioid Use Disorder (OUD) is a chronic health issue demanding sustained supportive care. Those grappling with OUD confront various obstacles hindering their [access to care](#), such as societal stigma, [the availability of trained clinicians](#), and the financial burdens associated with therapy. A [systematic review](#) of telemedicine-delivered interventions for Substance Use Disorders highlighted studies investigating the efficacy of real-time telehealth approaches, including several focusing on individuals with OUDs. The majority of these studies indicated consistently high levels of client satisfaction with telemedicine interventions, especially in areas with limited care accessibility. Notably, the Alberta Virtual Opioid Dependency Program model showcased remarkable client satisfaction levels, marked increases in utilization, and promising initial clinical outcomes, according to a [2022 study](#) involving 440 clients.

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Emergency Medical Services, commonly referred to as EMS, constitutes a vital system dedicated to delivering immediate medical care during emergencies. Typically initiated through a call for assistance, such as dialing 911, EMS responds promptly to instances of severe illness or injury, prioritizing the provision of emergency medical attention to patients. Prehospital EMS is readily identifiable when emergency vehicles like ambulances or helicopters are observed responding to emergencies or transporting patients to and from medical facilities. Highly trained and licensed EMS personnel, including Emergency Medical Technicians (EMTs) and Paramedics, specialize in providing prehospital emergency medical care. In addition to their roles in emergency response, EMTs and Paramedics may also work in diverse settings such as private industry, clinics, hospital emergency departments, community health centers, or other medical facilities. Licensing requirements for EMS personnel [vary by state](#), with each state holding the legal authority and obligation to regulate EMS operations within its jurisdiction and define the scope of practice for state-licensed EMS professionals. Many active-duty military personnel, equipped with specialized training in emergency medical fields, pursue national EMS certification through the National Registry of EMTs (NREMTs). This national certification can streamline the process of obtaining individual state EMS licensure for uniformed military personnel transitioning into civilian EMS roles.