

# A-Engrossed Senate Bill 1547

Ordered by the Senate February 23  
Including Senate Amendments dated February 23

Sponsored by Senators HAYDEN, SMITH DB; Senator BONHAM (Presession filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure. The statement includes a measure digest written in compliance with applicable readability standards.

**Digest: The Act requires health benefit plans to cover treatment for a minor's cannabis use under certain conditions. The Act requires OHA to set up a short-term program to test a way to help people with drug addiction. The Act requires the program to allow people to call the mental health hotline and get treatment right away for drug addiction. The Act directs the OHA to convene a group to give advice to the OHA. The Act requires the group to suggest to OHA how to set up a program to allow EMTs who are licensed in another state to get a license in this state. The Act requires the OHA to set up the program and begin issuing licenses by a certain date. The Act takes effect when the Governor signs it. (Flesch Readability Score: 68.4).**

*[Digest: The Act permits a treatment facility to admit a minor for inpatient substance use disorder treatment for up to 14 days when the parent consents to treatment but the minor does not. The Act directs the OHA to adopt rules setting out the criteria and procedure for admission when the minor objects or the length of proposed treatment is more than 14 days. The Act requires health benefit plans to cover inpatient treatment for a minor's cannabis use under certain conditions. The Act requires OHA to set up a short-term program to test a way to help people with drug addiction. The Act requires the program to allow people to call the mental health hotline and get treatment right away for drug addiction. The Act directs the OHA to convene a group to give advice to the OHA. The Act requires the group to suggest to OHA how to set up a program to allow EMTs who are licensed in another state to get a license in this state. The Act requires the OHA to set up the program and begin issuing licenses by a certain date. The Act takes effect when the Governor signs it. (Flesch Readability Score: 61.2).]*

*[Permits the director of a treatment facility to admit a minor for inpatient substance use disorder diagnosis, evaluation and treatment for up to 14 days with parental consent when the minor objects to the admission. Directs the Oregon Health Authority to adopt rules setting forth criteria and procedure for admission when the minor objects to the admission or the director of the treatment facility recommends a longer period of treatment. Permits the treatment facility to disclose information regarding the minor's treatment to the minor's parent or guardian.]*

Requires the Oregon Health Authority to establish a virtual opioid dependency pilot program to provide immediate intervention and a referral to treatment to callers to the 9-8-8 hotline by a qualified health care provider. Gives health care providers civil immunity for actions taken in good faith. Sunsets January 2, 2026.

Requires health benefit plans to cover *[inpatient]* **medically necessary** treatment for cannabis use by a minor under certain conditions.

Directs the Oregon Health Authority to convene an advisory committee to provide recommendations on the establishment of an emergency medical services reciprocal licensing program. Requires the advisory committee to submit a report to the interim committees of the Legislative Assembly related to health care not later than September 15, 2024. Requires the authority to establish and begin issuing licenses under the reciprocal license program not later than January 1, 2025. Sunsets January 2, 2026.

Declares an emergency, effective on passage.

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## A BILL FOR AN ACT

Relating to access to health care; and declaring an emergency.

**Be It Enacted by the People of the State of Oregon:**

## INSURANCE COVERAGE OF TREATMENT FOR CANNABIS USE BY MINORS

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 **SECTION 1.** Section 2 of this 2024 Act is added to and made a part of the Insurance Code.

2 **SECTION 2.** (1) As used in this section, “health benefit plan” has the meaning given that  
3 term in ORS 743B.005.

4 (2) A health benefit plan shall reimburse the cost of medically necessary treatment for  
5 cannabis use disorder for an enrollee who is a minor, including inpatient treatment when  
6 medically appropriate.

7 (3) The coverage required by this section may be subject to provisions of the health  
8 benefit plan that apply to other inpatient benefits under the plan including, but not limited  
9 to, deductibles, coinsurance or other cost-sharing.

10 **SECTION 3.** Section 2 of this 2024 Act applies to health benefit plans issued, renewed or  
11 extended on or after January 1, 2025.

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13 **VIRTUAL OPIOID DEPENDENCY PROGRAM**  
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15 **SECTION 4.** (1) The Oregon Health Authority shall establish a virtual opioid dependency  
16 pilot program to provide on-demand intervention and treatment for individuals with opioid  
17 use disorder through the 9-8-8 suicide prevention and behavioral health crisis hotline. The  
18 pilot program must enable an individual to call the hotline 24 hours a day, seven days a week,  
19 and speak to a health care provider with prescribing privileges. The provider may imme-  
20 diately:

- 21 (a) Start the caller on an opioid agonist therapy;  
22 (b) Refer the caller immediately to treatment, transition services and ongoing depend-  
23 ency care; or  
24 (c) Take other appropriate steps to intervene and provide a pathway to treatment for the  
25 caller.

26 (2) Health care providers participating in the pilot program shall be immune from civil  
27 liability for any actions taken in good faith.

28 (3) No later than September 15, 2025, the Oregon Health Authority shall report to the  
29 interim committees of the Legislative Assembly related to health on the operation and out-  
30 comes of the pilot program. The report may include recommendations for legislation to es-  
31 tablish a permanent program.

32 **SECTION 5.** In addition to and not in lieu of any other appropriation, there is appropri-  
33 ated to the Oregon Health Authority, for the biennium ending June 30, 2025, out of the  
34 General Fund, the amount of \$5,000,000, which may be expended to establish and maintain  
35 the pilot program described in section 4 of this 2024 Act.  
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37 **EMERGENCY MEDICAL SERVICES RECIPROCAL LICENSING**  
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39 **SECTION 6.** (1) The Oregon Health Authority shall convene an advisory committee to  
40 provide recommendations to the authority regarding the establishment of an emergency  
41 medical services reciprocal license program for emergency medical services providers, as  
42 defined in ORS 682.025, and members of the Armed Forces of the United States who are  
43 trained to provide emergency medical care.

- 44 (2) The advisory committee shall consist of at least nine members as follows:  
45 (a) Two members who are members of the Senate;

- 1 (b) Two members who are members of the House of Representatives;
- 2 (c) One member who represents the authority;
- 3 (d) One member who represents the Oregon Military Department;
- 4 (e) One member who represents a patient advocacy group;
- 5 (f) One member who represents an association of hospitals; and
- 6 (g) One member who represents an ambulance service, as described in ORS 682.025.

7 (3) The advisory committee shall:

8 (a) Determine the military occupational specialties that are comparable to each type of  
9 emergency medical services provider;

10 (b) Determine the necessary training and education required to enable a member of the  
11 Armed Forces of the United States to be eligible for a reciprocal license as an emergency  
12 medical services provider; and

13 (c) Provide recommendations for rules to establish the reciprocal license program, in-  
14 cluding rules:

15 (A) To allow the authority to issue a reciprocal license to a member of the Armed Forces  
16 of the United States who has received military training to provide emergency care, regard-  
17 less of whether the member has completed any training and education required for licensure  
18 under ORS 682.216;

19 (B) To require an ambulance service that employs or contracts with an emergency med-  
20 ical services provider who holds a reciprocal license to ensure the licensee is appropriately  
21 trained; and

22 (C) To establish a fee for an application for a reciprocal license that is the same as the  
23 fee for an application for an emergency medical services provider license issued under ORS  
24 682.216.

25 (4) Not later than September 15, 2024, the advisory committee shall submit a report, in  
26 the manner provided in ORS 192.245, to the interim committees of the Legislative Assembly  
27 related to health. The report must include the recommendations described in subsection (3)  
28 of this section.

29 (5) The authority, in consultation with the advisory committee and the department, shall  
30 establish and begin issuing licenses under the reciprocal license program described in this  
31 section not later than January 1, 2025.

32 **SECTION 7.** Sections 4 and 6 of this 2024 Act are repealed on January 2, 2026.

33 **SECTION 8.** The unit captions used in this 2024 Act are provided only for the convenience  
34 of the reader and do not become part of the statutory law of this state or express any leg-  
35 islative intent in the enactment of this 2024 Act.

36 **SECTION 9.** This 2024 Act being necessary for the immediate preservation of the public  
37 peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect  
38 on its passage.