

Enrolled
Senate Bill 1598

Sponsored by Senator REYNOLDS, Representative NOSSE, Senators PATTERSON, CAMPOS, FREDERICK, GELSER BLOUIN, Representatives NATHANSON, PHAM H; Senator MANNING JR, Representatives ANDERSEN, GRAYBER

CHAPTER

AN ACT

Relating to access to health services; creating new provisions; amending ORS 743A.262; and declaring an emergency.

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

COMMERCIAL COVERAGE OF PREVENTIVE HEALTH SERVICES

SECTION 1. ORS 743A.262 is amended to read:

743A.262. (1) Notwithstanding any other provision of law, a health benefit plan that is not a grandfathered health plan **must provide coverage of the following:**

[(1)] (a) [Must provide coverage of preventive health services as] **Preventive health services** prescribed by the United States Department of Health and Human Services pursuant to 42 U.S.C. 300gg-13 in rules adopted and in effect on [January 1, 2023; and] **June 30, 2025.**

[(2) May not impose cost-sharing requirements on an enrollee for preventive health services, except as allowed by federal law.]

(b) **Immunizations recommended by the Public Health Officer appointed under ORS 431.045 pursuant to subsection (2) of this section.**

(2)(a) **In order to promote a legitimate medical purpose, the Public Health Officer may issue evidence-based recommendations for immunizations.**

(b) **In issuing the recommendations, the Public Health Officer shall consider evidence-based guidance and recommendations from medical and scientific organizations.**

(3) **A health benefit plan described under subsection (1) of this section may not impose cost-sharing requirements on an enrollee for the preventive health services or immunizations described under subsection (1) of this section, except as allowed by federal law.**

(4)(a) **The Oregon Health Authority shall publish on its website any recommendations issued by the Public Health Officer under subsection (2) of this section, specifying the legitimate medical purpose promoted by the recommendation, the class of individuals for whom the recommendation is intended to benefit and any special instructions for health care professionals to administer, deliver or dispense the recommended immunization.**

(b) **A health benefit plan described under subsection (1) of this section must provide coverage of a recommended immunization no later than 15 business days following the date of publication.**

AUTHORITY TO ISSUE STANDING ORDERS

SECTION 2. (1) As used in this section:

(a) “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion or other means, to the body of a patient by:

- (A) A practitioner or practitioner’s authorized agent; or
- (B) The patient at the direction of the practitioner.

(b) “Deliver” or “delivery” means the actual, constructive or attempted transfer of a drug or device other than by administration from one person to another, whether or not for a consideration.

(c) “Device” means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, that is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

(d) “Dispense” means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(e) “Drug” means:

(A) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any of them;

(B) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in a human or other animal;

(C) Articles, other than food, intended to affect the structure or any function of the body of humans or other animals; and

(D) Articles intended for use as a component of any articles specified in subparagraph (A), (B) or (C) of this paragraph.

(f) “Practitioner” means a person licensed and operating within the scope of such license to prescribe, dispense or administer drugs or devices in the course of professional practice.

(2)(a) The Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority and designated by the Public Health Officer, may issue a standing order to prescribe a drug or device to control, prevent, mitigate or treat any infectious or noninfectious disease or other significant public health concern.

(b) In developing a standing order, the Public Health Officer shall rely upon evidence and consider guidance and recommendations from medical and scientific organizations.

(3)(a) A standing order issued under this section must:

(A) Promote a legitimate medical purpose.

(B) Specify the class of individuals for whom the order is intended to benefit.

(C) Describe any special instructions for use of the drug or device prescribed by the standing order.

(D) Describe any special instructions for practitioners to administer, deliver or dispense the drug or device prescribed by the standing order.

(E) Specify whether the standing order applies statewide or to a specific geographic area in this state.

(F) Comply with accepted medical standards in this state.

(b) A standing order issued under this section may include appropriate recommendations for follow-up care.

(4) The Public Health Officer or the physician described in subsection (2) of this section may withdraw a standing order at any time.

(5)(a) Except as provided in paragraph (b) of this subsection, the Public Health Officer or the physician described in subsection (2) of this section shall, before issuing a standing order under this section, solicit input from the local health officers, as defined by ORS 431.003, for the geographic area to which the standing order will apply, and may solicit input from other stakeholders.

(b) The Public Health Officer or the physician described in subsection (2) of this section is not required to solicit input under paragraph (a) of this subsection if the Public Health Officer or physician determines that soliciting input would result in a delay that is likely to endanger the public health.

(6)(a) Notwithstanding any other provision of law, the state, the Public Health Officer and the physician described in subsection (2) of this section are immune from civil or criminal liability or professional disciplinary action related to the issuance of a standing order, except for acts or omissions constituting gross negligence or willful or wanton misconduct.

(b) A practitioner who prescribes, dispenses or administers drugs or devices in good faith under a standing order issued under this section is immune from civil or criminal liability.

(c) This section does not create a private cause of action.

(7) The authority may adopt rules necessary to carry out this section.

(8) A standing order issued under this section may not require a person to receive, use or administer a drug or device or withhold a drug or device from a person.

CAPTIONS

SECTION 3. The unit captions used in this 2026 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2026 Act.

EFFECTIVE DATE

SECTION 4. This 2026 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2026 Act takes effect on its passage.

Passed by Senate February 19, 2026

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Obadiah Rutledge, Secretary of Senate

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Rob Wagner, President of Senate

Passed by House March 3, 2026

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Julie Fahey, Speaker of House

Received by Governor:

.....M,....., 2026

Approved:

.....M,....., 2026

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Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M,....., 2026

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Tobias Read, Secretary of State