

HB 2002 B -B19 STAFF MEASURE SUMMARY

Senate Committee On Rules

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Meeting Dates: 6/15

WHAT THE MEASURE DOES:

Establishes right to make decisions about individual's reproductive health and allows individual to bring civil action 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 and permitted disclosure of information to minor's parent or legal guardian. 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 OHA 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 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 plan offered by Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) to comply with gender-affirming treatment coverage requirements. Requires OHA to ensure payment sufficient to provide 12 months of prescription contraceptives in medical assistance program. 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 area of state with 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' imprisonment, \$6,250 fine, or both. Creates right of civil action for person or health care facility aggrieved by interference with health care facility. Establishes standards regarding interstate actions related to reproductive

health care and gender-affirming treatments. Repeals criminal provisions relating to concealing birth. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Impacts of *Dobbs* decision in Oregon
- Recent actions on gender-affirming care by European countries
- Examples of gender-affirming care, continuum of gender-affirming treatments, and gaps in access and coverage in Oregon
- Oregon standards for consent to medical procedures by minors

EFFECT OF AMENDMENT:

-B19 Clarifies that insurance coverage provisions do not affect age of consent for medical care. Clarifies definition of “reproductive health care” to exclude elective sterilization of a minor under 15 years of age. Clarifies circumstances permitting a minor under the age of 15 to obtain an abortion to include professional judgement that notification or consent may result in harm to the minor or not be in their best interests. Specifies that a person, including a health care provider, who has reasonable cause to believe that a minor has suffered abuse must immediately comply with applicable mandatory child abuse reporting laws. Removes requirements that student health centers provide access to emergency contraception and medication abortion. Removes requirement for Office of Rural Health to administer pilot projects for expanding reproductive health service access in rural parts of the state. Clarifies that creation of crime of interfering with a health care facility does not restricts rights of free expression or lawful picketing, protesting, or peaceful assembly. Removes repeal of crime of concealing the birth of an infant.

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 A further assures access to reproductive health services in Oregon, including creating an enforceable right to make decisions about one's own reproductive health. The measure also requires coverage of gender-affirming treatments by the state's medical assistance program and health insurers.