

Senate Bill 1547

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 **as introduced**. The statement includes a measure digest written in compliance with applicable readability standards.

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 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.

A BILL FOR AN ACT

Relating to access to health care; creating new provisions; amending ORS 430.397; and declaring an emergency.

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

PARENTAL ADMISSION OF MINOR FOR INPATIENT SUBSTANCE USE DISORDER TREATMENT

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

(a) **"Minor"** means an unemancipated individual who has not attained the age of majority, as described in ORS 109.510.

(b) **"Treatment facility"** has the meaning given that term in ORS 430.306.

(2) **When the director of a treatment facility receives an application under ORS 430.397**

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 from the parent or guardian of a minor for the voluntary admission of the minor for inpa-
 2 tient diagnosis, evaluation and treatment of a substance use disorder and the minor objects
 3 to the admission, the director may only admit the minor if:

4 (a) The period of inpatient treatment does not exceed 14 days; and

5 (b) In the opinion of the director of the treatment facility:

6 (A) The minor has a substance use disorder and has lost the ability to control the
 7 minor's personal use of a controlled substance or another substance with abuse potential,
 8 or whose use is to the extent that the health of the minor is substantially impaired or en-
 9 dangered or the social or economic functioning of the minor is substantially disrupted;

10 (B) There is no less restrictive alternative available for the minor's treatment;

11 (C) There is reason to believe that the minor's substance use disorder could be improved
 12 by the recommended course of treatment or would deteriorate further if left untreated; and

13 (D) The minor's condition or circumstances meet any other criteria for admission es-
 14 tablished by the Oregon Health Authority by rule.

15 (3) A minor admitted to a treatment facility under this section shall be discharged from
 16 the treatment facility:

17 (a) No later than 72 hours after the facility receives notice, in writing, from the minor's
 18 parent or guardian requesting the discharge; or

19 (b) If the director of the treatment facility determines that the minor will no longer
 20 benefit from continued treatment and the minor is not dangerous to self or others. Before
 21 discharging the minor under this paragraph, the treatment facility shall give notice, in
 22 writing, of the pending discharge to the child's parent or guardian.

23 (4) To the extent permitted under federal law, the treatment facility may disclose infor-
 24 mation regarding the minor's evaluation, diagnosis and treatment, or need for treatment, to
 25 the minor's parent or guardian, without the consent of the minor. The treatment facility
 26 shall encourage the minor to sign an authorization for the disclosure of information that is
 27 necessary for the parent or guardian to participate in the minor's discharge planning and to
 28 provide appropriate support to the minor following discharge.

29 (5) This section does not apply to:

30 (a) The voluntary admission of a minor to a state hospital under ORS 426.220; or

31 (b) The placement of a child or ward in a congregate care residential setting by the De-
 32 partment of Human Services under ORS 418.322.

33 (6) The authority shall adopt rules for the implementation of this section. The rules must
 34 prioritize the best interests of the minor and take into consideration any applicable due
 35 process rights of the minor, the rights and duties of the minor's parent or guardian to
 36 safeguard the mental and physical well-being of the minor and the state's interest in pro-
 37 viding treatment and recovery services and supports for minors experiencing substance use
 38 disorders.

39 **SECTION 2.** ORS 430.397 is amended to read:

40 430.397. (1) Any person may voluntarily apply for admission to any treatment facility operated
 41 pursuant to rules of the Oregon Health Authority.

42 (2) The director of the treatment facility shall determine whether the person shall be admitted
 43 as a patient, or referred to another appropriate treatment facility or denied referral or admission.

44 (3) If the person is under 18 years of age or an incompetent, the director of the treatment fa-
 45 cility shall notify the person's parents or guardian of the admission or referral.

1 (4) An application for admission of a minor to a treatment facility made by a parent or
2 guardian of the minor is subject to the provisions of section 1 of this 2024 Act.

3
4 **INSURANCE COVERAGE OF TREATMENT FOR CANNABIS USE BY MINORS**

5
6 **SECTION 3.** Section 4 of this 2024 Act is added to and made a part of the Insurance Code.

7 **SECTION 4.** (1) As use in this section:

8 (a) "Health benefit plan" has the meaning given that term in ORS 743B.005.

9 (b) "Mental health care provider" has the meaning given that term in ORS 475.528.

10 (2) A health benefit plan that reimburses the cost of hospital expenses shall reimburse
11 the cost of inpatient treatment for cannabis use for an enrollee who is a minor if prescribed
12 by the enrollee's mental health care provider based on a determination that the enrollee's
13 use is habitual and likely to lead to the unlawful use of controlled substances.

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

17 **SECTION 5.** Section 4 of this 2024 Act applies to health benefit plans issued, renewed or
18 extended on or after January 1, 2025.

19
20 **VIRTUAL OPIOID DEPENDENCY PROGRAM**

21
22 **SECTION 6.** (1) The Oregon Health Authority shall establish a virtual opioid dependency
23 pilot program to provide on-demand intervention and treatment for individuals with opioid
24 use disorder through the 9-8-8 suicide prevention and behavioral health crisis hotline. The
25 pilot program must enable an individual to call the hotline 24 hours a day, seven days a week,
26 and speak to a health care provider with prescribing privileges. The provider may imme-
27 diately:

28 (a) Start the caller on an opioid agonist therapy;

29 (b) Refer the caller immediately to treatment, transition services and ongoing depend-
30 ency care; or

31 (c) Take other appropriate steps to intervene and provide a pathway to treatment for the
32 caller.

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

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

39 **SECTION 7.** In addition to and not in lieu of any other appropriation, there is appropri-
40 ated to the Oregon Health Authority, for the biennium ending June 30, 2025, out of the
41 General Fund, the amount of \$5,000,000, which may be expended to establish and maintain
42 the pilot program described in section 6 of this 2024 Act.

43
44 **EMERGENCY MEDICAL SERVICES RECIPROCAL LICENSING**

1 **SECTION 8.** (1) The Oregon Health Authority shall convene an advisory committee to
2 provide recommendations to the authority regarding the establishment of an emergency
3 medical services reciprocal license program for emergency medical services providers, as
4 defined in ORS 682.025, and members of the Armed Forces of the United States who are
5 trained to provide emergency medical care.

6 (2) The advisory committee shall consist of at least nine members as follows:

7 (a) Two members who are members of the Senate;

8 (b) Two members who are members of the House of Representatives;

9 (c) One member who represents the authority;

10 (d) One member who represents the Oregon Military Department;

11 (e) One member who represents a patient advocacy group;

12 (f) One member who represents an association of hospitals; and

13 (g) One member who represents an ambulance service, as described in ORS 682.025.

14 (3) The advisory committee shall:

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

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

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

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

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

29 (C) To establish a fee for an application for a reciprocal license that is the same as the
30 fee for an application for an emergency medical services provider license issued under ORS
31 682.216.

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

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

39 **SECTION 9.** Sections 6 and 8 of this 2024 Act are repealed on January 2, 2026.

40 **SECTION 10.** The unit captions used in this 2024 Act are provided only for the conven-
41 ience of the reader and do not become part of the statutory law of this state or express any
42 legislative intent in the enactment of this 2024 Act.

43 **SECTION 11.** This 2024 Act being necessary for the immediate preservation of the public
44 peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect
45 on its passage.

