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83rd LEGISLATIVE ASSEMBLY
HOUSE INTERIM COMMITTEE ON HEALTH CARE
State Capitol
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Salem, OR 97301
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TO: House Interim Committee on Health Care
FROM: Alexandra Kihn-Stang, LPRO Analyst
DATE: January 13, 2026
RE: Summary of 2026 Committee Legislative Concepts

LC 188 (12/15/25): Creates a 10 year moratorium on the Health Care Cost Target program. Prevents the Oregon Health Authority from engaging in enforcement activities, including determining the cause for exceeding a cost growth target, requiring performance improvement plans, and imposing financial penalties.

LC 194 (1/8/26): Directs the Oregon Health Authority to make changes to how it sets coordinated care organization (CCO) capitation rates.

LC 241 (1/6/26)

- **Hospitals** (Section 1): Makes changes to screening requirements for determining presumptive eligibility for financial assistance by increasing the minimum amount the patient owes the hospital from \$500 to \$1500 for a single encounter.
- **Home Health and Residential Care** (Section 2 – 6)
 - Private Duty Nursing (**Section 2**): Specifies that home health agencies are not subject to Centers for Medicare and Medicaid Services (CMS) requirements unless the agency is certified by CMS.
 - Residential Care Quality Measurement Program (**Section 3**): Clarifies how data from the Oregon Department of Human Services Residential Care Quality Measurement Program must be published.
 - Residential Care Facility Administrators (**Section 4 – 6**): Specifies that a residential care facility administrator may have a bachelor's degree in any field, rather than only a health or social service- related field.
- **Medical Assistance** (Section 7 – 13)
 - Medicaid Carceral Transitions (**Section 7**): Permits the Oregon Health Authority to enroll an eligible person in prerelease benefits.
 - Complex Rehabilitation Technology Repairs (**Section 8**): Prohibits the Oregon Health Authority or a coordinated care organization from requiring prior authorization for the repair of complex rehabilitation technology if the repair costs

\$1500 or less. Sets a 72 hour timeline for the approval or denial of prior authorization requests for repairs costing more than \$1500.

- Health Evidence Review Commission (**Section 9**): Requires the Oregon Health Authority (OHA) to post a complete public agenda for a meeting of the Health Evidence Review Commission at least 14 days in advance of a meeting and prohibits agenda changes after posting. Directs OHA to provide written public testimony to commission members within 48 hours of the close of the public comment period.
- Medicaid Advisory Committee (**Section 10 – 13**): Makes changes to requirements for the composition of the Medicaid Advisory Committee.
- **Parent Providers** (Section 14): Allows a parent provider to be employed as a direct support professional or a personal support worker, directs the Oregon Department of Human Services to adopt rules that require comparable pay for parent providers employed as personal support workers and direct support professionals.
- **Dental** (Section 15 – 17)
 - DCO Patient Choice (**Section 15**): Directs the Oregon Health Authority to adopt rules that allow coordinated care organization (CCO) members choice in selecting an oral health provider and allows providers to inform CCO members about provider choice.
 - Out of State Dental Students (**Section 16 – 17**): Allows dental students from accredited dental schools to rotate in Oregon.
- **Commercial Health Insurance** (Section 18 – 36)
 - Anesthesia Time Limits (**Section 18 – 20**): Requires commercial insurance plans to cover medically necessary anesthesia services without restricting coverage based on the duration of services.
 - Dental Protections Parity (**Section 21 – 26**): Creates protections for dental providers related to dental insurance, including: establishing a timeline for dental insurers to respond to dental claims, prohibiting certain contract provisions, establishes requirements for when dental insurers may request a refund from a dental provider, and requires direct payments for covered services.
 - Health Insurance Mandate Review Advisory Committee (**Section 27 – 29**): Directs the Legislative Policy and Research Office (LPRO) to create a pilot program to evaluate proposed health insurance mandates and report findings to the Legislative Assembly.
 - Automatic Primary Care Assignment Repeal (**Section 30 – 36**): Repeals provision from [Senate Bill 1529 \(2022\)](#) that mandated the automatic assignment of primary care providers.
- **Pharmacy** (Section 37 – 39)
 - Pharmacy Services Administrative Organizations Technical Fix (**Section 37**): Amends statute established through [House Bill 3226 \(2025\)](#).

- Prescription Drug Affordability Board (**Section 38 – 39**): Allows the Governor to appoint the Chair of the Prescription Drug Affordability Board.
- **Psilocybin** (Section 40 – 43): Allows a psilocybin facilitators that completed an approved training in another state to practice in Oregon. Adds physical therapists and occupational therapists to become licensed as psilocybin facilitators.
- **Naturopathic Physicians** (Section 44 – 48): Allows naturopathic physicians to prescribe durable medical equipment, gives naturopathic physicians hospital admitting privileges, and lowers the age for a naturopathic physician to obtain a retired status license.
- **Worker’s Compensation Reclassification of Physician Associates and Nurse Practitioners** (Section 49 – 65): Allows physician associates and nurse practitioners to continue seeing worker’s compensation patients beyond 180 days without referring to an attending physician.