

Senate Bill 1598

Sponsored by Senator REYNOLDS, Representative NOSSE, Senators PATTERSON, CAMPOS, GELSER BLOUIN, Representatives NATHANSON, PHAM H

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: Updates the preventive health services that must be covered by some health benefit plans. Gives the Public Health Officer the power to make some health benefit plans provide coverage for vaccines. Gives the Public Health Officer the power to issue a standing order for a prescription. Takes effect when the Governor signs it. (Flesch Readability Score: 62.4).

Requires certain health benefit plans to provide coverage for preventive health services in accordance with federal rules in effect on June 30, 2025, and immunizations recommended by the Public Health Officer in the future.

Authorizes the Public Health Officer, or designated physician, to issue a standing order for a prescription to control, prevent, mitigate or treat any infectious or noninfectious disease or other significant public health concern.

Declares an emergency, effective on passage.

1 A BILL FOR AN ACT

2 Relating to access to health services; creating new provisions; amending ORS 743A.262; and declar-
3 ing an emergency.

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

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6 COMMERCIAL COVERAGE OF PREVENTIVE HEALTH SERVICES

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

9 743A.262. (1) Notwithstanding any other provision of law, a health benefit plan that is not a
10 grandfathered health plan **must provide coverage of the following:**

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

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

16 (b) **Immunizations recommended by the Public Health Officer appointed under ORS**
17 **431.045 pursuant to subsection (2) of this section.**

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

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

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

25 (4)(a) **The Oregon Health Authority shall publish on its website any recommendations**

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 issued by the Public Health Officer under subsection (2) of this section, specifying the legit-
2 imate medical purpose promoted by the recommendation, the class of individuals for whom
3 the recommendation is intended to benefit and any special instructions for health care pro-
4 fessionals to administer, deliver or dispense the recommended immunization.

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

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9 **AUTHORITY TO ISSUE STANDING ORDERS**

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

12 (a) "Administer" means the direct application of a drug or device whether by injection,
13 inhalation, ingestion or other means, to the body of a patient by:
14 (A) A practitioner or practitioner's authorized agent; or
15 (B) The patient at the direction of the practitioner.

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

19 (c) "Device" means an instrument, apparatus, implement, machine, contrivance, implant,
20 in vitro reagent or other similar or related article, including any component part or acces-
21 sory, that is required under federal or state law to be prescribed by a practitioner and dis-
22 pensed by a pharmacist.

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

27 (e) "Drug" means:

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

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

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

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

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

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

44 (b) In developing a standing order, the Public Health Officer shall rely upon evidence and
45 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 within 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.

