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LC 222: Public Health Technical Fixes

Oregon Health Authority (OHA) proposes minor updates to several statutes to improve its ability to serve the public health needs of people in Oregon.

Reestablish Oregon State Public Health Laboratory administration and licensing authority to maintain quality oversight

The Oregon State Public Health Laboratory (OSPHL) administers the Clinical Laboratory Improvement Amendments of 1988 (CLIA 88) program, to ensure that clinical laboratories conduct accurate health testing that produce results Oregonians and their health care providers can depend on. In 2025, state legislation inadvertently removed parts of the statute that allowed the OSPHL to establish fees and administer a licensing program.

Without this authority, the OSPHL cannot provide quality oversight of clinical laboratory testing nor maintain regulation of clinical laboratories. This proposal restores the previous authority to issue licenses and establish fees for Oregon-specific clinical laboratory oversight.

Relocate school nursing positions under one agency

In 2015 the Oregon Legislature created a State School Nurse Consultant (SSNC) position within OHA. At the time, this made sense because OHA had capacity through its school-based health center program. However, Oregon Department of Education (ODE) and OHA now agree that the position is a better fit for ODE, which already manages a large portion of this work. This proposal moves the SSNC position to ODE, where it can conduct the same work more efficiently alongside other school nursing positions within in one agency.

Improve outdated licensing processes and requirements for denture technology

Several statutes governing the Board of Denture Technology are outdated:

- Current law requires that the Health Licensing Office (HLO) consult with the Higher Education Coordinating Commission about applicants who seek licenses. However, because applicants now submit transcripts directly from accredited schools, this consultation is no longer necessary.
- Current law is not flexible when a candidate fails a practical examination, and does not authorize the Board of Denture Technology to best support additional training for such candidates.
- Current law does not allow the Board of Denture Technology to accept training completed in other states or countries, which creates unnecessary barriers for qualified applicants.

This proposal moves certain requirements into administrative rule, which will allow the Board to modernize the requirements for Denture Technology when appropriate, keep licensing efficient, and provide a clearer pathway for more denturists to enter the field.

Align Environmental Health Specialist trainee statutes so qualified applicants can start work more easily

Environmental Health Specialists inspect places such as restaurants, pools, hotels, septic systems, and environments in schools and day cares to ensure that they are safe for visitors and employees.

Current statutes governing how people can register as Environmental Health Specialists make it far more difficult than necessary. The law contains a mix of unclear requirements for people with and without college education and often relies on OHA granting waivers to allow registration. In practice, this means many people who want to become registered, and should be able to, cannot. The result is a severe, ongoing workforce shortage of registered Environmental Health Specialists, slowing the licensing and inspection of businesses and facilities important to people's health.

This proposal sets a clearer path for those with a graduate degree to get a trainee registration, to help relieve this shortage.

Allow more comprehensive Public Health Modernization reporting to the Legislative Fiscal Office

Under current statute, OHA must submit a report to the Legislative Fiscal Office by June 30 of even years describing funding related to Public Health Modernization foundational capabilities. In the past two biennia, OHA has not been able to collect all the information needed to submit this report by the June 30 deadline. This is due to reporting timelines for funded partners as well as to extended evaluation periods to estimate funds needed for the next phase of work. OHA proposes moving the due date to September 15 of each even year to allow for additional data to come from funded partners and to follow the release of the agency request budget.

Codify Tribal public health modernization funding in statute

Through OHA's government-to-government relationship, in consultation with the Nine Federally Recognized Tribes in Oregon, OHA has distributed public health modernization funding to Tribes since 2019. However, the statute for public health modernization does not include reference to Tribes.

This proposal codifies involvement of the Nine Federally Recognized Tribes in Oregon in public health modernization, and clarifies that OHA will distribute a portion of the funds to the Nine Federally Recognized Tribes in Oregon. Tribal Health Directors support this proposed change to statute.

Reduce administrative burden and costs by allowing remote In-Home Care Agency (IHCA) surveys

Under current statute, IHCAs are required to have an on-site survey every two years. The survey process consists of a brief entrance meeting; the review of specific client, caregiver, and agency documents; and exit interview with the agency administrator or staff. The process does not include home visitation of agency clients. Like many health care providers, IHCAs are now completely paper-free, which allows the comprehensive document review and employee interviews to be accomplished remotely using virtual meeting and other digital review tools. The on-site requirement provides no added benefit for the survey process as there are no review activities that are directly relevant to client safety. Modern remote survey methods have proven effective and efficient in many other health care settings and are currently used by the IHC program to conduct both initial surveys and complaint investigations.

This proposal removes the on-site survey requirement for IHCAs. Removing the on-site survey requirement reduces program costs, increases capacity to conduct more surveys annually, and addresses surveyor safety concerns.

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