
Oregon Health Authority Measure Summary

OHA Housekeeping

(HB 2419)

Concept: This housekeeping measure amends or repeals statutes to align new statutory language as well as reflect current organizational structure and allow flexibility at the Oregon Health Authority (OHA).

Need for Policy Change:

1. Changes Oregon Health Policy and Research (OHPR) to Oregon Health Authority (OHA) throughout statutes. Deletes references to OHPR Advisory Committee because it referred to when OHPR was outside of OHA/DHS.
2. Expands the qualifications and experience that would qualify someone to be appointed as the State Public Health Officer (Public Health Division)
3. Modifies definition of “health care interpreter” and revises membership of Oregon Council on Health Care Interpreters to better align with current business practice within OHA and those that govern CCOs.
4. Removes all statutory references to Blue Mountain Recovery Center in ORS 426.010 and ORS 426.020 (Addictions and Mental Health Division)
5. Aligns references relating to screening interviews and treatment programs for alcohol and drug diversion programs.
6. Removes reference to prescription drugs and replaces the current definition of illegal drugs with the definition used in the Americans with Disabilities Act, allowing for people to be evicted if they have relapsed on alcohol or another controlled substance in residential treatment.

Background:

1. Statute language needs to be updated to eliminate outdated organizational and committee structures.
2. ORS 431.045 provides that a physician certified by the American Board of Preventive Medicine can be appointed as the State Public Health Officer. There are other physicians with other qualifications and experience that could perform the State Public Health Officer functions. The statute is too limiting.
3. Individuals with Limited English Proficiency require the use of health care interpreters when accessing health care services. In 2001, ORS 413.550 - 413.558 (formerly 409.623) created the 25-member Health Care Interpreter Council to ensure the development of competent and accessible language access services. Since then, the landscape has changed and the stakeholders are different. Various agencies named in the legislation to have representatives serve on the Council are now inoperative or no longer fit the scope of the Council’s work. As a result, the Council does not represent the health care interpreter community and stakeholders. For example, the Council lacks representation of an actual Health Care Interpreter. Without the voices of interpreters, it is difficult to conceptualize fully the emerging needs of the industry.
4. The Blue Mountain Recovery Center in Pendleton, Oregon closed on March 31, 2014 and is no longer a facility delivering services.

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5. In Oregon Revised Statute related to driving under the influence of intoxicants (DUII), the screening referral work performed by Oregon’s Alcohol and Drug Evaluation Screening Specialists (ADES) is referred to as a “screening interview” for convicted individuals and as diagnostic assessment for individuals entering into a diversion agreement with the court. This is further complicated in the DUII convicted section in correctly referencing diagnostic assessment as the work performed by DUII treatment providers. This inconsistent language causes confusion regarding exactly the nature of the services provided by an ADES vs. clinical service. The multitudes of the current interchangeable references are confusing to clients, attorneys, and judicial officers.
 6. The original intent of ORS 90.440 was to allow group recovery homes (Oxford Houses) to immediately expel house members who have relapsed into their addiction. The language in the current statute equates a relapse with not taking prescribed medications as indicated. As a result, there have been instances where individuals have not taken prescribed medications as directed, but not as a result of a relapse, and have been given a 24-hour eviction notice. The second problem this legislative concept proposes to solve is in regards to what the statute considers sufficient proof of a person using or possessing alcohol or illegal drugs. The current statute considers a person saying they saw another individual using or possessing alcohol or illegal drugs sufficient proof to issue a 24-hour eviction notice. There is a lot of concern that this is being used to evict members who may not have actually relapsed, but are not liked by the other house members.

Fiscal Impact: None.

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