



## House Bill 2002 Overview

**To:** House Republican Caucus

**From:** Jacob Vandever, Legislative Director

**Date:** February 28, 2023 – Rev by ED

**RE:** HB 2002 Section by Section

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[HB 2002](#) – Modifies provisions relating to reproductive health rights.

**Chief Sponsors:** Rep. Valderrama, Nelson, Senator Lieber, Steiner

**Regular Sponsors:** Rep. Fahey, Pham K, Senator Campos, Dembrow, Frederick, Gelser Blouin, Golden, Gorsek, Jama, Manning, Meek, Patterson, Prozanski, Sollman, Taylor, Wagner, Woods

### Current Draft Analysis:

- **Section 1-12 – Reproductive Health Rights**
  - Defines “contraception” to include traditional contraception, postcoital methods drugs and devices, and any other process, device, or method to prevent pregnancy.
  - Defines “Reproductive Health Care” to include family planning and contraception, pregnancy termination services, prenatal, postnatal and delivery care, miscarriage managements, fertility care, sterilization services, treatments for STIs and reproductive cancers and any other health care and medical services related to reproductive health.
  - Declares every individuals’ fundamental rights to make decisions about their reproductive health.
  - Gives any person the right to bring civil action against a public entity to enforce the requirements of this act. Authorizes courts to grant injunctive relief.
  - A court may award reasonable attorney fees and costs to a prevailing plaintiff.
  - Prohibits public bodies from interfering with an individual’s ability to exercise their reproductive rights.
  - States that “reproductive health care” does not include the voluntary sterilization of a minor under the age of 15.
  - Adds licensed pharmacists to the list of providers who may provide reproductive health information and services to any person without regard to age.
  - Providers may not disclosure to a minor’s parent or guardian information regarding services to the minor unless the minor authorized the disclosure in writing. Except as provided in [ORS 192.567](#).
  - Allows a minor child to consent to reproductive health care services regardless of age. Currently a minor must be 15 or older to consent to medical treatment.
- **Section 13-18 – Reproductive Health Services (Student Health Centers)**
  - Requires student health centers operated by public higher education institution, including community colleges, to provide emergency contraception and medical abortion to enrolled students.
  - If institutions do not operate a student health center, they must provide information on how student may obtain medication abortion off campus.

- By April 1 of each year, each public institution of higher education shall submit a plan to OHA to demonstrate how the institution will ensure student access to medication abortions.
- Requires HECC to report to the legislature with a list of institutions who have submitted plans and which institutions have not submitted adequate plans.
- Establishes the Student Health Center Reproductive Health Grant Fund to appropriate money to the HECC for awarding grants to public institutions to purchase equipment, fund facilities, train staff, etc in order to provide medication abortions to students.
- **Section 19-26 – Gender-Affirming Treatment**
  - Prohibits health insurance plans from limiting or denying coverage for gender-affirming treatment determined necessary by a health care provider and is in accordance with accepted standards of care.
  - Insurers may not apply exclusions on the basis of being cosmetic treatments such as hair removal, facial reconstruction, and revisions to prior forms of gender-affirming treatment.
  - Carriers must satisfy network adequacy standards to ensure access to gender-affirming treatment providers.
  - Requires carriers to either contract with providers in sufficient numbers in different geographic locations or ensure enrollees have geographic access without unreasonable delay to out of network gender-affirming treatment providers with no more out of pocket costs than an in-network provider.
  - Directs DLCD to perform a market analysis and report back to the legislature.
  - Prohibits OHA or CCOs from limiting or denying coverage for gender-affirming treatment determined necessary by a health care provider and is in accordance with accepted standards of care.
  - Requires CCOs to contract with an adequate network of gender-affirming treatment providers to ensure access to their members.
  - Directs OHA to monitor CCO compliance and grant them rulemaking authority to carry out the provisions.
  - Requires the Public Employees’ Benefit Board and the Oregon Educators Benefit Board to reimburse the cost of gender-affirming treatment in line with the requirements on health insurance carriers.
  - **NOTE: Current law allows gender-affirming treatment without consent for minors 15 years and older. That is Oregon’s current age limit for medical consent. Oregon Health Authorities current guidelines include:**
    - *Age of medical consent varies by state. Oregon law – which applies to both Medicaid and non-Medicaid Oregonians – states that the age of medical consent is 15 (ORS 109.640). Physicians are not required to provide any medical service to a minor, and in most cases will encourage (and in some cases require) family engagement and supports unless it would endanger the patient.*
    - *In addition, guidelines contain numerous safeguards to ensure that candidates are appropriate for surgery and medically it is safer and easier to conduct surgery earlier, before secondary sex characteristics are fully developed.*
- **Section 27-28 – Contraceptives**
  - Directs OHA to ensure payment for dispensing prescription contraception to Oregon Health Plan Enrollees that lasts for a period for three months for the first dispensing and twelve months for each subsequent dispensing.
- **Section 29 – Federal Qualified Health Center Expansion Pilot Project**

- Directs the Office of Rural Health to administer a program to provide grants for two federally qualified health centers in rural areas to operate a pilot project to expand reproductive health services in rural areas of the state where access is limited.
- **Section 30 – Education Programs**
  - Directs OHA to implement reproductive health services and education programs.
  - Requires OHA to certify and authorize providers in order for them to receive funding for the provision of reproductive health services.
- **Section 31-38 – Protections for Providers and Individuals (Malpractice insurance and licensing)**
  - Prohibits malpractice insurers of health care providers from penalizing a provider based on providing reproductive or gender affirming care that is lawful in Oregon but may be in violation of laws in other states.
  - A licensing board may not suspend/revoke the license of a provider who has been convicted solely for providing reproductive or gender-affirming treatment that is lawful in Oregon and performed in accordance with standards of care.
- **Section 39-44 – Confidentiality**
  - Exempts from public records disclosure the personal information of an individual who provides reproductive and gender-affirming health services.
  - Gives the Attorney General rulemaking authority to establish an application to be filed by a health care provider who performs abortions or gender-affirming treatments.
  - Directs health professional regulatory boards to not disclose the information to another public entity if it relates to the provision of or referral for reproductive or gender-affirming health services.
- **Section 45-46 – Health Care Facilities**
  - Creates the crime of interfering with a health care facility as a Class A misdemeanor.
  - Regardless of a criminal prosecution, a person or facility aggrieved by the conduct may bring civil action against the person or group and recover damages.
- **Section 47-48 – Conforming Amendments**
- **Section 49-50 – Repeals**
  - ORS 109.610: Right to care for certain sexually transmitted infections without parental consent
  - ORS 109.660: Construction
  - ORS 167.820: Concealing the birth of an infant- A person commits the crime of concealing the birth of an infant if the person conceals the corpse of a newborn child with intent to conceal the fact of its birth or to prevent a determination of whether it was born dead or alive.
  - ORS 435.200: Interference by public body with right to obtain and use safe and effective methods of contraception prohibited.
  - ORS 435.435: Effect of refusal to consent to termination- The refusal of any person to consent to a termination of pregnancy or to submit thereto shall not be grounds for loss of any privilege or immunity to which the person is otherwise entitled nor shall consent to or submission to a termination of pregnancy be imposed as a condition to the receipt of any public benefits.
- **Section 51 – Appropriations**
  - Appropriates an unspecified amount from the General Fund to the Office of Rural Health for their rural reproductive health pilot programs.
- **Section 52 – Miscellaneous**

- This act applies to insurance plans, OHP Plans, and PEBB/OEBB plans issued on or after January 1, 2024.
- Emergency Clause

**Amendment Analysis:**

- No Amendments Posted

**LPRO Staff Measure Summary**

**Revenue Impact:** No Revenue Impact Posted

**Fiscal Impact:** No Fiscal Impact Posted

**Supporters:** TBD

**Opponents:** TBD