

END OF SESSION REPORT

2022 Oregon State Legislature

Health Care

Legislative Highlights

Two bills important to note from this session are HB 1529 and HB 4035. HB 1529 passed with the -A9 amendment, which focused on providing reimbursement for at least three primary care visits annually. The -A9 amendment for HB 1529 was originally HB 4083. However, when it became apparent HB 4083 wouldn't pass, we managed to have it amended into SB 1529. HB 4035, which focuses on the development and implementation for creating a bridge plan for redeterminations, also passed this session and will lead to broader work on the development of a public option health care plan.

Below is a run-down of legislation in this area that passed this session, as well as those that didn't.

Significant legislation that PASSED:

- HB 4052: Requires Oregon Health Authority to administer a pilot program to provide grants to establish culturally and linguistically specific mobile health units to serve priority populations. The measure also requires OHA and the Oregon Advocacy Commissions Office to report to the legislature on recommendations for funding programs to address health inequities experienced by Black and indigenous communities, people of color, and members of tribes; Was amended with the -1 and -A2 amendments. *Passed with some opposition in both chambers.*
 - -1 amendment: Clarifies definition of "priority populations" and defines "communities of color." Clarifies role of required advisory committee, including specified membership. Clarifies pilot program grantee requirements. Clarifies reporting requirements regarding recommendations on how to fund robust culturally and linguistically specific intervention programs, across all relevant state agencies, designed to prevent or intervene in the health conditions that result in inequitable and negative outcomes for BIPOC individuals and tribal members. Deletes \$2,000,000 appropriation
 - -A2 amendment: Increases funds to OHA to allow them to carry out the bill
- HB 4034: Updates and clarifies a number of laws, including expressly allowing implementation of the Reproductive Health Equity Act and laws related to delivery of

health care during the COVID-19 pandemic. Was amended with the -3 amendment.

Passed with some opposition in both chambers.

- -3 amendment: Deletes REALD data collection and use provisions, which was included in the original bill. Clarifies applicability of telehealth provision to Board of Pharmacy licensees. Clarifies school-based health center provisions from HB 2591 (2021), including allowing OHA to grant up to 4 grants for mobile school-linked health centers. Allows private entity to swipe driver license or identification card to submit information to electronic system for purpose of transferring drug containing pseudoephedrine. Allows pharmacist to delegate to pharmacy technician final verification of prescribed drug and drug dosage, device or product.
 - *Minimal associated costs expected
- HB 4035: Requires Oregon Health Authority, in collaboration with Department of Human Services and Department of Consumer and Business Services, to develop and implement process for conducting medical assistance program redeterminations, when federal public health emergency ends. Was amended with the -1 and -A8 amendments.
Passed with some opposition in both chambers.
 - -1 Amendment:
 - Requires OHA and DHS to: Report information about redetermination process on publicly accessible website; Report changes to redetermination timeline to Legislative Assembly; Make publicly available, on a monthly basis, a report that monitors and tracks data on enrollment, renewal of enrollment, and disenrollment in the medical assistance program; Report use of waiver to Legislative Assembly; Immediately convene community and partner work group to develop an outreach and enrollment assistance program and a broad redeterminations communications strategy; Report work group's strategies to Legislative Assembly by May 31, 2022; Report monthly to Legislative Assembly once redeterminations
 - Requires OHA: Maintain continuous enrollment policy for the medical assistance program until at least May 31, 2022; Submit request to Legislative Assembly for resources needed during redetermination process; Submit request to Centers for Medicare and Medicaid Services (CMS) for any federal approval necessary to secure federal financial participation in

costs of administering the bridge program; Authorizes OHA to administer program upon CMS approval

- OHA and DHS: Gives flexibility until December 31, 2023 to maintain coverage for Oregonians and minimize the risk of disruptions in coverage or care for high-risk populations or populations at risk of becoming uninsured; Permits them to temporarily waive limits on disclosure of enrollee information to promote greater information sharing with community partners that are assisting individuals who are reapplying for or seeking to maintain eligibility in the medical assistance program or who are in transition to coverage under the health insurance exchange
 - Task force: Creates task force to develop a proposal for a bridge program to provide affordable health insurance coverage and improve the continuity of coverage for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income; Requires task force report bridge plan proposal to Legislative Assembly by May 31, 2022
- HB 4150: Requires Health Information Technology Oversight Council to convene one or more groups of stakeholders and experts to explore options to accelerate, support and improve secure, statewide community information exchanges. *Passed with some opposition in both chambers.*
 - SB 1529: Applies the pharmacy benefit manager requirements established in HB 2185 (2019) to all contracts entered into, renewed, or extended on or after January 1, 2021, and contracts automatically renewed on or after January 1, 2023. SB 1529 A also allows the Oregon Health Authority to declare a health care emergency and to deploy SERV-OR volunteers. Was amended with the -2 and -A9 amendments. *Passed with some opposition in both chambers.*
 - -2 amendment: Directs the agency to provide workers' compensation coverage for SERV-OR providers. Removes provision that would allow a pharmacist or pharmacy technician to scan a driver's license or ID card when dispensing pseudoephedrine.
 - -A9 amendment: Allows Public Health Director to direct and deploy SERV-OR providers upon approval of Governor. Requires individual and group health insurance policies, health care service contractors, multiple employer welfare

arrangements, and state medical assistance program to reimburse cost of at least three mental or physical health primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing. Requires insurer offering qualified health plan on health insurance exchange to offer at least one plan in each

- This amendment was previously HB 4083
- *May have fiscal impact
- SB 1554: Directs Oregon Health Authority to study public health system response to COVID-19 pandemic. Was amended with the -1 amendment. *Passed with some opposition in both chambers.*
 - -1 amendment: Increase general funds to OHA by \$899,573 for the purpose of carrying out the bill
- SB 1555: Specifies reimbursement that must be paid by insurers covering universal newborn nurse home visiting services. *Passed with some opposition in both chambers.*
- HB 4003: Directs Oregon State Board of Nursing to issue nurse internship license to qualified applicant. Was amended with -2 and -A3. *Passed with some opposition in the Senate, but full support in the House.*
 - -2 amendment: Makes receipt of academic credit for nurse intern permissive. Requires Board to allow for and encourage participation by individuals practicing as certified nursing assistants, licensed professional nurses or medical assistants in the nurse internship licensure program. Deletes requirement that Health Care Workforce Committee convene advisory committee. Clarifies health care settings nurse shortage provisions apply to. Clarifies Board's required support of wellness program available to nurses practicing in Oregon. Modifies effective dates.
 - -A3: Increased OR State Board of Nursing funds by \$500,000

Significant legislation that DID NOT PASS:

- HB 4039: Modifies financial requirements for coordinated care organization expenditures on social determinants of health and health equity.
 - Failed in Ways and Means, after having a hearing and work session in House Health Care

- HB: 4132: Requires Department of Consumer and Business Services to study trends in reimbursement paid to specified health care providers by insurers and third party administrators and report findings to interim committees of Legislative Assembly related to health no later than September 15, 2023.
 - Failed in Ways and Means, after having a hearing and work session in House Health Care

- HB 4083: Requires individual and group health insurance policies, health care service contractors and multiple employer welfare arrangements to provide reimbursement for at least three primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing.
 - In committee upon adjournment
 - Failed in Ways and Means, after hearing and work session in House Health Care
 - Was amended into SB 1529 as -A9 amendment, which passed

- SB 1553: Requires health care practitioner to exercise proper degree of care to preserve health and life of child born alive after abortion or attempted abortion.
 - Failed in Health Care Committee

- HB 4109: Directs Newborn Bloodspot Screening Advisory Board to evaluate and make recommendations on adding diseases to Oregon newborn bloodspot screening panel under specific circumstances.
 - Failed in Ways and Means after a public hearing and work session in House Health Care

- HB 4142: Expands crime of assault in the third degree to include causing physical injury to person working in hospital while worker is performing official duties.
 - Passed the House with some opposition. Was not voted on in the Senate, so failed upon adjournment.