



Oregon Academy of Family Physicians September 2022 Legislative Workdays report

Legislative workdays took place September 21 - 23, 2022 and consisted, primarily, of informational hearings related to progress on program/policy implementation or potential legislation for the 2023 legislative session.

During these informational committee hearings no decisions were made and while some Committee members pushed back on opinions or information provided by presenters, the overall conversations were rarely contentious.

Committee Summaries:

House Healthcare:

Sustainable Health Care Cost Growth Target Program Update: Patrick Allen, Director of OHA, presented on this topic. The presentation included information on cost growths by service area and insurance providers. It also included information on the importance of controlling healthcare cost growth and how they came to their intended targets for this.

- *Patrick Allen presentation, highlights:*
 - OHA wants healthcare cost growth to go up less than inflation
 - Suggested target is 3-4% growth rate per year
 - Oregon could save \$31 billion by 2030
 - Next steps include a 2020-2021 healthcare cost report and implementing accountability for healthcare providers and services: Accountability will include:
 - Transparency, performance improvement plans, and financial penalties for not staying within the target range

During the Q&A, Rep Nosse asked several clarifying questions. Of most note: “if a provider increased costs above the 3-4% target because they increased their employee wages or some other thing that impacted their finances, would they immediately be fined for going past the target?” The answer was no. OHA would investigate the reason the cost was increased outside the target range for that location/provider/service site, and then enter the conversation into the public policy world. If it was seen as a reasonable hike with a cause, they likely wouldn’t be fined.

Commented [IMC1]: It was unclear what the Director meant by this statement and no clarifying question was asked by the committee.

HB 4035 (2022) Post-PHE Eligibility Redeterminations and Bridge Program Updates:

Patrick Allen (Director of OHA) and Fariborz Pakseresht (Director of DHHS) presented. The presentation focused on where OHA and DHHS are with preparing for the Public Health Emergency (PHE) ending, what happens once it ends, and how it will impact Oregonians.

- *Patrick Allen and Fariborz Pakseresht presentation, highlights;*
 - Since the first 4 months after the emergency ends will require a lot of background work, OHA estimates they will have 10 months to contact people and work with them to ensure they remain covered
 - They currently don’t know when the Public Health Emergency will end. DC rumors suggesting that the end will be March 2023 or even later
 - OHA presented on the ONE customer service improvements that they are implementing or are about to implement.
 - They gave a brief overview of how they’ll be approaching communication with Oregonians in three stages: Pre-PHE ending, PHE ending notice (the Federal Government will give everyone a 60 day notice to this occurring), and Renewal Period. The dates for these stages are/will be updated as the PHE is renewed or declared ending.
 - OHA shared the goals of the Bridge Plan and that approximately 300k Oregonians will no longer be eligible for OHP

- The Bridge Plan has created 4 stages to move these people off of OHP and into the Bridge Plan

During the Q&A, Rep Salinas asked if they're looking at expanding the qualification for the Bridge Plan to 138-400% below FPL, which they're not actively looking at but are paying attention to that group of people. Rep Moore-Greene asked if they have the personnel to make all of this happen, and it was reported they need a couple thousand employees to achieve this, which they don't currently have.

1115 Waiver Update:

Presentation by Patrick Allen (Director of OHA), with Lory Coyner (Senior Medicaid Policy Advisor of OHA) present to answer questions. The presentation also included information on Designated State Health Programs (DSHP).

- *Patrick Allen presentation, highlights:*
 - They're anticipating approval of the waiver by 9/30/22
 - January 2023 will start the new CCO contract year
 - Discussions with CMS focused on:
 - ensuring people can maintain their health coverage
 - addressing social issues that impact a person's health
 - understanding communities know best both about their needs and how to meet them and putting that information into action, and
 - creating a more equitable, culturally and linguistically responsive healthcare system.
 - The presentation also reviewed Designated State Health Programs (DHSP), which allow for states to ask for federal funding for "Medicaid like" services that are not Medicaid eligible
 - To have DHSP, a state commitment has to be put in place, which means some additional state spending
 - DHSP would save the state \$662m in the long run. OHA submitted a placeholder legislative concept for implementing DSHP

During the Q&A, the Committee members asked a few clarifying questions, which did not provide us with any additional information.

Healthcare Workforce–Board Perspectives:

Various licensing boards presented on the healthcare workforce crisis as it relates to the licensed individuals they oversee. Two perspectives of note were from the Oregon Medical Board and the Oregon Mental Health Regulatory Agency.

- *Nicole Krishnaswami (Executive Director, Oregon Medical Board) and Kathleen Harder (Immediate Past Chair, Oregon Medical Board) presentation, highlights:*
 - Physician burnout rates spiked to a new high, which led to the creation of the Oregon Wellness Program, meant to aid licensed physicians in reducing their burnout
 - The Board expects that by 2035 they will not have enough licensed providers to serve Oregonians
 - They also expect that 1 in 5 physicians will quit due to burnout in the next two years

There were no Committee member questions of note directed at this Board.

House Human Services:

Oregon Department of Human Services vision for next biennium - policy changes and how we get there:

Fariborz Pakseresht (Director of DHHS) presented on this topic. The presentation focused on the 5 legislative concepts ODHHS submitted.

- *Fariborz Pakseresht (Director of DHHS) presentation, highlights:*
 - DHHS is trying to change from a system where people are trapped by regulation to a person-centered system where people are free to pursue their goals.
 - DHHS has 5 legislative concepts they've submitted:

- (1) LC 369: Community-based organizations grant fund—this grant fund will allow ODHHS to fund CBOs, whose services are closely tailored to their community’s goals. They want to prioritize CBOs that help people of color
- (2) LC 368: Employment First—this LC proposes strategies to integrate Employment First Policy for the Lane v Brown Settlement Agreement and Executive Orders 13-04 and 15-01 into the state statute
- (3) LC 370: Expanding Temporary Assistance for Needy Families (TANF)--They’re proposing redesigning and expanding TANF to allow DHHS flexibility to meet families’ diverse needs and support healthy development for more of Oregon’s children
- (4) LC 337: Stabilizing our long-term care workforce—there is a long-term care workforce crisis. They’re proposing to allow entry-level personal care assistants to gain credit for becoming Certified Nursing Assistants (CNAs) through on the job experience
- (5) LC 380: SOGIE Confidentiality—This is a legislative fix. Currently, DHHS and OHA do not collect information on the sexual orientation or gender identity expression of young people in care. This hinders their ability to tailor services to this population’s needs. Before they can begin collecting that data, DHHS wants the legislature to make this information protected and non-reportable to protect the identities of young people

During the Q&A, the Committee members asked a few clarifying questions, which did not provide us with any additional information.

Senate Human Services, Mental Health, and Recovery:

Innovative Ideas for Medical Coordination:

Bill Bouska and Dr. Carissa Cousins, both from Samaritan Health Services, presented on Samaritan Health Services “Encompass Project.”

- Bill Bouska and Dr. Carissa Cousins presentation, highlights:
 - Encompass is care coordination for children in the foster system for Lynn, Marion, and Bethel counties
 - Critical information gets lost when a foster youth goes through multiple transitions, which causes health care to suffer. This is their attempt to remedy that
 - Encompass Care Coordination Model:
 - Care coordinator that stays with the child through transitions
 - Children may change medical providers, dentists, foster homes, case workers, etc; as long as the child stays in their tri-county area, the care coordinator stays with the child
 - Facilitate transitions to out-of-county providers, family reunification, adoption, transition out of care
 - They’ve seen improved outcomes in many health care related areas for the child using this model
 - They want to expand services statewide

During the Q&A, conversations centered around the positive outcomes of this system and the amount of money it could save CCOs—which, it was noted, will be hard for them to track. It was also stated that the rate of chronic diseases and illnesses is higher in foster care youth than the general population.