

February 10, 2019

### **Measles Outbreak Informational Hearing in House Health**

Washington State declared a state of emergency on Jan. 25<sup>th</sup> due to an outbreak of measles. Most of the cases in Washington have occurred in children who have not been vaccinated, says the Oregon Health Authority's Medical Director for Communicable Diseases and Immunizations, Paul Cieslak.

Cieslak added that since 1993, Oregon has had just 73 cases, but Oregon is among the highest in the nation for the rate of children entering kindergarten claiming vaccine exemptions.

Most of our measles cases do not come from Mexico where immunization rates are high, but rather from European countries.

"Even without a wall?" quipped Rep. Mitch Greenlick (D-Portland).

"Even without a wall," replied Cieslak.

### **SB 249 – DCBS Prior Authorization**

Oregon's Insurance Division says it receive 90 consumer complaints last year about prior authorization. The complaints include delay and denial of health care treatments. SB 249 would require insurance carriers to make a determination within two days of receiving a request for prior authorization or within 15 days of requesting additional information.

Insurance carriers said prior authorization is an important tool to "guard against waste and ensure that services delivered are necessary, safe and effective."

There was widespread support for the DCBS bill.

### **SB 139 – OMA Prior Authorization**

The Oregon Medical Association (OMA) says a recent survey of its members found that 45% say prior authorizations often delays care; another 33% said prior authorizations sometimes delays care; and, OMA says, the problem is getting worse.

Clinics and physicians gave examples including:

- A prior authorization request to surgically repair a deviated septum was made September 27; denied two weeks later; appealed; denied again in December; finally approved on January 10 only to learn the policyholder changed insurers January 1 and had to start over again with a different carrier.
- A nasal spray prescription for a 2-year-old with tonsillitis was denied. Instead, the insurer required step therapy using drugs not approved for children under 4. Appeals and denials delayed treatment for a month.

An orthopedic surgeon from Portland said, "Oregonians are having to pay more and more for insurance they can't use."

Insurers including MODA and Providence testified that prior authorization is an important tool for implementing evidence-based care. They detailed problems with OMA's bill but agreed to work with OMA on compromise amendments.

### **HB 2667 – Suicide Intervention and Prevention Coordinator**

Oregon’s suicide rate is 35% higher than the national average. In 2017, 825 people died by suicide in the state—87% were adults over the age of 25. Older adults are at particularly high risk of suicide, and it is the leading cause of death for people ages 25-44 in Oregon.

Currently the Oregon Health Authority has a Youth Suicide Intervention and Prevention Coordinator and a strategic plan to address the burden of youth suicide. This bill would create a corresponding position and plan for adults.

### **HB 2691 – OPAL for Adults**

The Oregon Psychiatric Access Line operated by Oregon Health and Science University (OHSU), provides real time psychiatric consultation to primary care providers. The 2018 Legislature provided funding for clinicians serving the adult population for the first time. “In its first three months, the program received 132 calls from 20 counties in Oregon, dealing with issues like how to approach a patient with paranoia, or how to treat anorexia in a first time mother,” says OHSU Psychiatrist John Betlinski.

This bill would put the program in statute.

Rep. Prusak (D-West Linn) asked Betlinski if the hotline also provided consultation for difficult prescriptions.

He responded that they do.

“I just added myself [as a sponsor] to this bill,” replied Prusak.

### **HB 2010 – Medicaid Funding Package and Reinsurance Program**

The House Health Committee heard the first piece of Democrats’ plan to fill the Medicaid funding gap this week.

Before session, the Governor convened a stakeholder workgroup to develop a plan for secure, long-term funding. HB 2010 reflects the workgroup recommendations. The package:

- Renews the hospital assessment for large hospitals at 6% of net patient revenue, and a lesser tax for small and rural hospitals
- Increases the health insurance premium tax to 2%, and adds a tax on stop loss premiums paid by self-insured entities.
- Sunsets in 2025

Republicans were clearly irritated by the process in which the package was created, and the speed at which it was moving through the legislature. Though no legislators were involved directly in the workgroup, Republicans were seemingly ignored in the development of the package. As Rep. Cedric Hayden (R-Cottage Grove) put it “my email must be broken, cause I haven’t gotten a single update in 18 months.” He had come prepared with two amendments—a premium tax carve out for schools, and a premium tax carve out for employers with fewer than 25 employees—both of which were shot down.

Hayden was also uncomfortable with the idea of passing only a partial package. The Governor’s plan also includes a \$2 per pack increase to the tobacco tax, and a tax on large employers whose employees are on the Oregon Health Plan—both of which have significant political difficulties. “This is a half baked cake at best,” Hayden told the Committee.

The Committee passed the bill and sent it to Ways and Means for further deliberation.

### **HB 2621 – Caring Contacts after Hospital Discharge**

This bill is the same as SB 141 that was heard in the Senate Health Committee last week. The hospital association says that people who are discharged from the hospital for a behavioral health condition are at increased risk for suicide. This led to HB 3090 (passed in 2017) that required hospitals to follow up with a patient treated for behavioral health issues after discharge.

David Westbrook with Lines for Life says that “Caring Contacts,” provide in-depth follow up phone calls, which help to reduce the risk of suicide by 30-50%.

Rep. Alyssa Keny-Guyer (D-Portland) says that there was a companion bill 3091 that would have required insurers to pay for this care as medically necessary. “If this is to set up a system, I’m supportive. But I don’t want to let insurers off the hook.”

Westbrook says that it costs just \$65 per patient to provide multiple calls.

### **HB 2257 – Opioid Package**

The Governor’s Opioid Task Force brought a comprehensive package of services in HB 2257. Among other provisions, the bill declares substance abuse disorder a chronic illness. Gov. Kate Brown told the House Health Committee, “It’s medical problem that needs a medical solution.”

Sen. Dennis Linthicum (R-Klamath Falls) said two million Americans suffer from opioid abuse and, nationally, opioid addiction claims 200 lives every day.

The bill also expands addiction and recovery services for pregnant women based on Project Nurture, which works with peer mentors and doulas to support new mothers.

The bill would also provide:

- Data to health care providers on opioid prescribing patterns
- More access to a variety of treatment options including Medication Assisted Treatment in communities and in the corrections system
- Support for families, especially new mothers, struggling with addiction issues.
- A prohibition on prior authorizations by CCOs for the first 30 days of treatment for addiction services and
- Better access to the Prescription Drug Monitoring Program (PDMP) for dental directors, pharmacy directors and CCO medical directors.

### **HB 2339 – Operating funds for Sobering Centers**

Rep. Duane Stark (R-Grants Pass) is leading the effort to secure state funding for sober centers operating funds. “These sobering centers are doing a fantastic job,” Rep. Stark said. The director of the Grants Pass Sobering Center said they had 150 patients in January 2019. We see all kinds, he said, including the 23-year-old power drinker and the 63-year-old chronic alcoholic. Last week we also had a family with three children after the father got a DUI.

Rep. Stark said he is asking for \$1 million for 2019-2021.

In addition to the original sobering centers in Portland, Eugene and Medford, new sobering centers have opened or are being planned in Grants Pass, Roseburg and Salem.

### **HB 2627 – Peer Managed Recovery Centers**

This bill requires the Oregon Health Authority to incubate and fund four new Recovery Community Organizations that are led and governed by people in recovery.

Eric Eisler, MD, medical director at Serenity Lane in Eugene, said, “Long-term peer support is the key to recovery.”

### **HB 2624 – ED Boarding**

This bill is the same as SB 140 that was heard in the Senate Health Committee last week. The goal of both bills is to create an Emergency Department Boarding Pilot Project in six hospitals, one of which is a rural/frontier hospital, with \$250,000 for each pilot.

Sharon Meieran, MD, an emergency room physician in Portland, said some patients in mental health crisis sit in hospital emergency rooms for days, weeks, even months, waiting for an appropriate community placement. “It’s heart wrenching, inhumane, and unacceptable,” she said.

Alesha Beamer, PeaceHealth, Eugene, said they need additional services for youth and adolescents. “Last year our emergency departments served 579 youth in crisis, 20% of whom remained in the ED for more than 24 hours,” she said.

The hospital association is working on amendments to the bill.

### **SB 379 – Drug-Free Workplace**

Supporters of SB 379 say no one should suffer negative consequences from using legal substances. They want to prohibit employers from enforcing drug-free workplace requirements on employees who use cannabis. Casey Houlihan, Oregon Retailers of Cannabis Association, said, “This is talking about off-hours consumption and not impairment on the job.” But that’s not how Oregon employers read the bill.

Hospitals, construction companies, trucking firms, logging companies, small businesses and others said they run safety sensitive businesses that would be threatened by this bill. They said there is no simple test to determine whether an employee, with cannabis in their system, is impaired. Cannabis can remain in someone’s system for days, even weeks, after consumption.

Hospitals said they are concerned about patient safety and federal law if they can’t enforce drug-free workplaces. They said the bill would increase the risk of medication errors and mishandling confidential patient information. It would also jeopardize federal Medicaid and Medicare funding.

### **SB 144 – Whole Body Anatomical Donations**

The Senate Health Committee continued hearing testimony on whole body donations. One private, for-profit company supports the bill. A long list of opponents includes all of the donor agencies and organizations that operate in Oregon.

“We would be dismantling and reinventing one of the most successful donor registries in the nation,” Leslie Brock, Executive Director of Donate Life Northwest said. “This would lead to a dramatic drop in people registered as donors, which in turn would lead to more lives lost every day of those on the transplant waiting list.”

She said the bill would require them to eliminate the current system and the 2.5 million Oregonians currently registered as donors would have to re-register.

There are four whole body donation companies in Oregon. But the bill is written so only one of those companies, MedCure, would qualify, putting the other three out of business. So those other companies also oppose the bill.

OHSU, OMA, Providence and Legacy also weighed in, in opposition to this bill.

###