

February 14, 2021

HB 3108 – Increased Access to Primary Care

Rep. Rachel Prusak (D-Tualatin) led a work group during the interim to address access barriers like income, insurance, geographical distance and race and ethnicity. “Research consistently demonstrates that access to primary care reduces disparities in health outcomes, improves health system efficiency, and reduces health system costs.” Oregon also ranks as the second worst state in the nation for access to behavioral health services, says Prusak, and she is confident that some of the policies in HB 3108 can help change that.

The bill requires insurers to cover three primary care visits with no cost-sharing to the patient and to assign members to a primary care provider if they do not choose for themselves. The bill also requires insurers to cover physical and behavioral health visits conducted on the same day, and to charge just one copay the visits.

Insurers testified in support of the bill, championing in particular the assignment component of the bill, “it is essential for us to move forward with value-based payment. In order for providers to take on risk, and in order for payers to assign that risk and effectively measure quality and patient outcomes, we need to tie people to a primary care provider” Providence’s Jessica Adamson told the Committee. Providence is also supportive of allowing patients to change their provider at any time.

Rep Christine Drazan (R-Canby) asked Adamson whether the mandates in the bill would impact cost negatively.

Adamson responded that while there are *some* specialty services that occur in the primary care setting, there aren’t a lot of “upper end” psychiatric services provided there. “We want people to have access to [psychologists and psychiatrists in primary care]...In our view, by opening that up and reducing those barriers, what we’re able to do is prevent someone from ending up in the emergency room in crisis, which is way more expensive... Frankly, this puts the insurance industry on a level ground.”

Rep. Prusak says she is working with stakeholders on some technical fixes to the bill.

HB 3057 – Health Information Exchange Data Sharing

Rep. Andrea Salinas (D-Lake Oswego) told the House COVID-19 Committee that this bill was negotiated with OHA and the Oregon Health Leadership Council (OHLC) over the interim. She said its goal is to allow for better care coordination for Oregonians suffering from COVID. Currently, if someone tests positive for COVID, that information must be shared with OHA. But current law prevents OHA from sharing that information with much of the health system. HB 3057 seeks to connect OHA data with OHLC’s information exchange system, which is used by clinics and payers.

Tom Holt on behalf of the Oregon Health Leadership Council, told the Committee that this bill would mean providers using electronic medical records would see an alert pop up if one of their patients tests positive for COVID. The data is covered by HIPAA, which ensures no one else would have access to it. Holt testified that OHA and OHLC have

done a lot of work to prepare for the bill's hopeful passage, and the system is ready to go live in two to three weeks from when the bill is signed into law.

HB 2199 – Jails Must Contact Primary Health Care Providers

HB 2199 would require jails to contact pre-trial detainees' primary health care providers within 72 hours of booking to ensure they receive prescribed treatment and medication. Rep. Marty Wilde (D-Eugene) told the House Judiciary Committee that he introduced this bill because he heard many stories of pre-trial detainees not receiving adequate physical, mental or behavioral health treatment while in jail. Pre-trial detainees are presumed innocent, and prisoners are the only people in the US constitutionally required to receive health care, he said.

The Oregon State Sheriffs Association testified against the bill as written, saying it would be extremely difficult and expensive to implement at the local level. Rep. Wilde responded that he was open to amendments to clarify that the bill would mandate jails to make a "reasonable effort" to contact primary care providers, and only require medically-necessary treatment. He also introduced HB 2100, a funded version of the bill, to cover jails' costs.

Rep. Maxine Dexter (D-Northwest Portland), a practicing pulmonologist, said that the bill does not say treatment plans must be implemented, just that pre-trial detainees' primary care providers must be notified. This is standard practice for providers, she said, and is a matter of a "three-minute fax," which she imagines would not be too expensive for jails, as long as people know who their primary care provider is.

HB 2081 – Cost Growth Benchmark Continuation

HB 2081 represents the culmination of three years of work to try and contain rising health care costs in Oregon. The bulk of this program passed in 2019, but the legislature still must act to implement accountability measures for entities who do not meet the 3.4% cost growth target created by the Implementation Committee.

The base bill is just a placeholder, but the -1 amendment contains the accountability recommendations from the Committee. The bill does three things:

- Requires performance improvement plans for payers and provider organizations who exceed the cost growth target without reason in a given year, beginning in 2023
- Establishes financial penalties for payers and provider organizations who exceed the cost growth target without reason in three out of five years, beginning in 2026
- Creates civil penalties for failure to report data/participate

The Oregon Health Authority's Jeremy Vandehey told the House Health Committee "Our goals for this program are transparency and collaboration. I hope that we never have to implement these penalties, but the Committee felt that it is was important to have something to ensure everyone is coming to the table in good faith."

Hospitals say they are supportive of this work, but reminded the Committee that there's more work to be done. They stressed that real time actionable data is critical to implement population health strategies and to be able to make improvements year over year.

William Olson, CCO of Providence, says that currently the claims lag is such that they don't have a real picture of spending until the third quarter, which makes timely changes difficult. He hopes that data will be available on a quarterly basis in the future.

The bill continues the work of the stakeholder committee to work through the remaining issues at hand.

HB 2362 - Mergers and Acquisitions

Rep. Andrea Salinas (D-Lake Oswego) is proposing a bill that would charge the Oregon Health Authority and the Oregon Health Policy Board with reviewing mergers, acquisitions and affiliations,

OSPIRG's Maribeth Guarino says we've already seen price increases correlated to consolidation in the Portland market. "The share of physicians affiliated with large health systems increased by 82% from 2016-2018. In the same time the average silver plan premium for a 40-year-old went from \$300 per month to over \$400 per month." Other proponents of the bill noted that healthcare increased nearly 29% over the course of four years, faster than the rest of the United States.

Providers were split on the bill. The Oregon Nurses Association and Planned Parenthood support the bill, but the Oregon Medical Association and the Oregon Independent Medical Clinics are opposed.

The hospital association is strongly opposed to the bill "and any legislation that limits innovative partnerships or affiliations to better serve our patients" said VP of Policy and Strategy Sean Kolmer. "Oregon moves towards a value-based payment system, hospitals may need scale to effectively implement population health strategies. HB 2362 is in direct conflict with these transformation goals. The cost of regulatory review will add to the cost of care due to administrative waste from increased staffing, rulemaking, legal services, compliance, and other burden not related to improving the delivery of care."

Health plans were also opposed to the bill. PacificSource also opposed the bill for a variety of reasons, but focused testimony on the duplicative nature of the bill. "Oregon law already maintains a number of public processes to analyze and ultimately determine whether a transaction should be approved" Rick Blackwell told the Committee. In the commercial market, for transactions involving an insurer, DCBS requires voluminous information to be submitted to the agency. The process can take between 6-18 months, and allows the Director to deny a transaction if they find that it would result in a highly concentrated insurance market or monopoly.

The Chair of the House Health Committee asked Rep. Salinas to convene a workgroup with stakeholders, OHA and DCBS and to return with an amendment by the end of February.

SB 40 – Clinical Component Requirement for Out-of-State Nurses

The Senate Health Committee heard SB 40, which would allow the State Board of Nursing to define "clinical component" by rule. Ruby Jason, State Board of Nursing, told the Committee that nurses educated in Oregon must complete a Practicum where they interact with patients. This bill would allow the Board to require those licensed in other states and countries to have graduated from a program with a clinical component.

There was no opposition to the bill.

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