
LEGISLATIVE UPDATE

Prepared for OAFP

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HB 2981 – Palliative Care Reimbursement

Medicare and most Medicaid programs and private insurers cover one form of supportive care—hospice—for patients who are dying. Coverage of, and reimbursement for, palliative care services by Medicaid varies by state. According to the National Academy for State Health Policy, as of January 2021, six states provided funds for palliative care programs and education. House Bill 2981 requires the Oregon Health Authority to establish and administer a program to provide palliative care services for Medicaid beneficiaries. HB 2981 echoes a similar bill passed in California in 2018.

The Oregon Hospice and Palliative Care Association brought this bill forward last session. Their lobbyist says it was on the “go-home list” with no opposition, but ran into a constitutional problem in the last hour.

Marianne Parshley, MD, testified on behalf of the Oregon Chapter of the American College of Physicians. “Beyond providing better care for these patients, palliative care has been shown to reduce utilization of more expensive routes of treatment including but not limited to emergency rooms and hospitalizations, which actually saves money for the payers. For example, Aetna showed an 81% decrease in acute hospitalizations, saving 12,000 dollars per participating member; Kaiser showed a savings of \$8000 per member while increasing patient satisfaction by 13%. Since its passage, there has been much needed growth in community palliative care programs and services.

There is no opposition but amendments will be coming to fix some technical issues with the bill.

HB 3046 – Behavioral Health Treatment Coverage

HB 3046 would require Coordinated Care Organizations, individual and group health plans to cover behavioral health treatment, and restrict them from utilizing review criteria for such treatment. Dr. Joseph Parks, a psychiatrist and Medical Director, National Council of Behavioral Health, walked the Committee through the 2019 *Wit v. United Behavioral Health* case, which found in favor of 11 plaintiffs and over 50,000 class members who had been denied behavioral health coverage. The decision dealt with what is “medically necessary” in behavioral health treatment.

HB 3046, introduced by Rep. Rob Nosse (D-SE Portland), would implement the decision for CCOs and individual and group plans in Oregon. Dr. Parks said Missouri did this 10 years ago. “It is doable and will not increase your costs,” he told the House Behavioral Health Committee.

Nearly a dozen advocates testified in support of the bill. Coalition for a Healthy Oregon (a coalition of CCOs) said that it would like to work with Rep. Nosse on amendments. The Committee ran out of time to hear everyone who signed up to testify, so it carried the bill over.

HB 2469 – OHP Behavioral Health Checkups

Rep. Duane Stark (R-Grants Pass) introduced this bill, which would allow the Oregon Health Plan to cover six preventative behavioral health checkups per year without first requiring a diagnosis. The bill's wording is far from complete, Rep. Stark said, and he is waiting on feedback from the Oregon Health Authority about whether it needs a bill to do this.

"We have preventative health in every other area ... [This bill] would open the door for [preventative behavioral health checkups] to be normalized without a diagnosis," Rep. Stark told the House Behavioral Health Committee.

HB 2980 – Peer Respite Centers

This bill would allocate \$2.25 million to create three peer respite centers – short-term places for people in crisis to rest for a few nights – around the state. With six beds each, the centers would address a gap in the mental health system between the state hospital and mental health holds in regular hospitals.

Rep. Cedric Hayden (R-Roseburg) said, "You can look at this as a pilot project. We need 36 of these – one in every county – or more. But it's hard to get a program like this off the ground." A similar bill passed out of committee in the 2019 session.

Several advocates and providers testified in support of HB 2980. Kevin Fitts, Oregon Mental Health Consumer Association, told the House Behavioral Health Committee that peer respite centers has been a legislative behavioral health priority for the last 20 years.

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