

## LEGISLATIVE UPDATE

Prepared for OAFP

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### **Rep. Greenlick removed as House Health Committee chair**

Rep. Mitch Greenlick (D-Portland) was removed as chair of the House Health Committee, a position he's held since 2005. House Speaker Tina Kotek took that action after Rep. Greenlick's outburst during a House Health Committee meeting when he shouted at a Pharma lobbyist, "What the hell is the problem? There is no problem except you people are trying to hide the ball." He went on to call Pharma's position "stupid."

At the end of the committee meeting Rep. Christine Drazen (R-Canby) said she was troubled by Rep. Greenlick's outburst that "demeaned other people from a position of power." Rep. Greenlick then accused her of "showboating."

Rep. Greenlick is still on the Health Committee but Rep. Andrea Salinas (D-Lake Oswego) is the new committee chair.

### **SB 734 – Naturopath Pay Parity**

"We all need choices for who we can see and who will provide the best service, and those providers who are highly qualified deserve to be paid. This bill seeks to address that," Rep. Lively told the Senate Health Committee this week.

The bill would require commercial insurance to reimburse naturopathic physicians at the same rate as licensed physicians.

The Oregon Association of Naturopathic Physicians says that payments are on average 40% less than what physicians, physician's assistants (PAs), and nurse practitioners (NPs) receive. One naturopath testified that her salary at an hourly level works out to be \$13, which was the same amount she made as a "sandwich artist" at Quiznos.

Naturopaths also argue that this is a workforce issue. In 2013, the Oregon Healthcare Workforce Committee developed a handful of recommendations to improving access to primary care in the state, including "make better use of naturopaths as part of the primary care workforce by removing contracting, credentialing, coverage, and payment barriers."

Commercial insurers say the bill would result in increased premiums for consumers. They are also concerned that the bill requires pay parity for *any* service performed by a naturopath; similar pay parity laws already on the books for NPs and PAs only require parity for primary care services.

Sen. Lee Beyer (D-Springfield) says we may need to tweak the language but fundamentally "we want to recognize that [naturopaths are] a legitimate choice for consumers, and that we should, within the confines of their contract, their scope of practice, their geography, their payment arrangement, they should be paid the same."

The Committee Chair asked stakeholders to come together to try and address the carriers concerns.

### **SB 649 – Vaccine Information**

Oregonians for Medical Freedom, an anti-vaccination group, introduced SB 649, which would require providers to give patients a packet of information before administering the vaccine. Supporters say they have “a right to specific product information and the need for greater transparency.”

The bill also changes the age of consent for vaccinations from 15 to 18.

The Oregon Medical Association opposes the bill saying it is redundant and unnecessary. “Federal law currently requires that physicians and other healthcare providers give patients vaccine information when a vaccine is administered.” The CDC Vaccination Information sheet is written in easy-to-understand language, geared for consumers.

Sen. Shemia Fagan (D-Portland) said, “I could see people being here on the opposite side of this bill. If all we had was a 67-page packet, parents would be in here asking for information in a more readable format.”

### **SB 703 – Selling Health Data**

Thirty-nine Oregon legislators are co-sponsoring legislation to protect personal health data. Rep. David Gomberg (D-Lincoln City) said, “The question is who owns your most personal information?” Currently, personal health data can be bought and sold as long as the individual’s identity is removed. “I should get a piece of the profits or the right to say no,” Gomberg said.

ACLU describes the bill as a Trojan horse. “On its face, this bill is being promoted as a privacy and transparency bill. We are convinced that it is something quite different.”

In written testimony, Rocky Dallum, an attorney at Tonkin Torp said, “The bill was introduced by Hu-manity.co, a company that seeks to profit from the sale of its technology platform. SB 703 is not about privacy of personal information; instead, it is about creating a demand for proprietary technology at the risk of significantly slowing the legitimate flow of de-identified vital and beneficial data.”

The hospital association, Oregon Medical Group and some other tech companies also oppose the bill.

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

Insurance Commissioner Andrew Stolfi says SB 249 will allow the insurance division to investigate whether an insurer is denying prior authorization requests without just cause.

There was no opposition to the bill, which passed the Senate Health Committee.

### **Lowering Rx Costs**

It was prescription drug week in the House Health Committee as legislators wrestle with how to lower the cost for consumers. There are a lot of ideas floating around but no clear path forward for what would work or what they will do.

### **HB 2689 – Import Rx from Canada**

One of Rep. Rob Nosse’s (D-Portland) ideas is for the Oregon Health Authority to develop a wholesale drug import program from Canada. “I don’t know why anyone who purchases prescription drugs wouldn’t consider this,” Rep Nosse said. “We would be working in Canada as a Canadian entity purchasing drugs.” He said this would result in significant savings on a number of drugs.

<b>Drug</b>	<b>Cost in US</b>	<b>Cost in Canada</b>	<b>Treatment Use</b>
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Enbrel	\$5,052 per month	\$1,620	Crohn's Disease
Humira	\$5,040 per month	\$1,524	Crohn's Disease
Genvoya	\$2,850 per month	\$1,350	HIV
Trucada	\$1,620 per month	\$810	HIV Prevention
Albuterol	\$73 per month	\$13	Bronchospasm
Hydrochlorothiazide	\$31 for 8 weeks	\$2	Blood Pressure
Novolog	\$1,050	\$870	Type 1 Diabetes
Restasis (eye drop)	\$97 multi dose	\$5	Chronic Dry Eye
Levothyroline	\$32 for 8 weeks	\$6	Hypothyroidism
Metoprolol	\$85 for 1 month	\$18	Chest Pain

Vermont passed a similar bill and a Vermont State Senator said they project a conservative savings of \$5 million per year.

Chris Ward, who represents Pharma, used to be a Canadian legislator. "I think there's no prospect of the Vermont bill working as proposed." He went on to say, "Canadian drug wholesalers, suppliers, and consumer groups will resist Oregon's proposal because it would divert limited Canadian prescription drug supplies."

Other Pharma testimony said, "No importation program proposal has been able to guarantee consumers will be kept safe from dangerous counterfeit drugs."

A number of individuals told their personal stories about high drug costs that forced them to skip doses or not refill prescriptions.

The Oregon Pharmacists Association opposed the bill saying lower drug prices in Canada are more likely the result of their single payer system than drug price negotiation.

### **HB 2679 & HB 2680 – Bulk Purchasing Agreements**

Another idea from Rep. Rob Nosse (D-SE Portland) would have the Oregon Prescription Drug Program (OPDP) pursue bulk-purchasing agreements with California or a Canadian province to gain price leverage.

Chris Ward, the former Canadian legislator, said, "You are not going to find a Canadian drug wholesaler who will work with you on this."

### **HB 2658 – Rx Manufacturers Must Report Price Increases**

This bill would require pharmaceutical manufacturers give the Department of Consumer and Business Services (DCBS) 60-days notice of any planned price increases of 10% or more for brand-name drugs, or 25% or more for generics. Rep. Andrea Salinas (D-Lake Oswego) says Pharma, "Plays a game of "not us" while pointing fingers at others in the Rx supply change."

Rep. Rachel Prusak (D-Tualatin) who works as a nurse practitioner, said the 60 day notice, "might make manufacturers think twice before raising the price."

When Pharma described legal and practical problems with advance notice, including the potential hoarding of drugs to sell at a higher price later, Rep. Greenlick lost control (see "*Rep. Greenlick removed as House Health Committee chair*" above).

### **HB 2690 – Paying Cash for Rx instead of Insurance**

This would allow pharmacists to let consumers know their Rx may be less expensive if they don't use their insurance and just pay cash. Under the bill, those cash payments would count toward the person's insurance deductible.

### **HB 2961 – Rx Ads Must Disclose Price**

This bill would require manufacturers to disclose the wholesale price of a drug in any advertisement, with penalties of up to \$5,000 for each violation

Rep. Rachel Prusak (D-Tualatin) said, “This would allow consumers to make informed decisions.”

“This will help peel back one layer of secrecy about the cost of drugs for consumers. Many consumers pay the full price for prescription drugs until they meet their deductible, so knowing the list price would have an immediate impact,” OSPIRG’s Mark Griffith told the House Health Committee.

“We think this bill is a non-starter to begin with,” Eric Williams, representing Pharma, said. “When people complain they are complaining about their co-pays or co-insurance. Typically these approaches focus on list price. The wholesale price is not a price we set, so it would be hard to include in an ad.”

### **HB 2753 – Pharmacists could Substitute Generic Rx**

Current Oregon law allows pharmacists to substitute generic drugs. This bill requires pharmacists to fill a prescription with the less-expensive generic.

Rep. Andrea Salinas (D-Lake Oswego) said prescription drugs are a dysfunctional, market. “This essentially makes generics the default drug, as long as they are cheaper,” she said.

Rep. Tiffany Mitchell (D-Astoria) is concerned that giving generics a statutory advantage could have the unintended consequence of raising generic prices, as long as the generic keeps its price below the brand name.

Pharmacist Kevin Russell said, “I don’t think [this bill] is necessary, we already substitute generics in every case we can. It seems an awkward, convoluted solution... I see this as a barrier rather than helping.”

### **SB 204 – EMT Tax Credit**

Bob Duehmig, Deputy Director of the Office of Rural Health, and the Oregon Rural Health Association’s Sam Barber testified in support of the bill that would extend the sunset on a \$250 tax credit for volunteer emergency medical service providers in Oregon.

These providers must spend at least 20% of their practice time as volunteers, and work 25 miles from a population center of 30,000.

“I know the order from the Tax Credits Committee has been to cut out tax credits, that there are too many tax credits in this state,” says Sen. Laurie Monnes Anderson (D-Gresham).

“This is a good one... It is probably one of the most targeted [credits] we have,” replied Sen. Lee Beyer (D-Springfield).

“I don’t think I’ve ever met a tax credit I didn’t like,” added Sen. Dennis Linthicum (R-Klamath Falls).

The Committee passed the bill unanimously. It now goes to the Joint Tax Expenditures Committee where it will be considered with newly proposed tax credits, as well as other existing credits set to expire.

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