

## LEGISLATIVE UPDATE

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### **HB 3063 – Limits vaccination exemptions**

A small but very vocal minority descended on the Capitol, pleading with the House Health Committee to preserve their right to keep their children unvaccinated. “We are not a state to force medical procedures on people against their will,” one said.

HB 3063 is a response to the recent measles outbreak in Vancouver, WA and Portland. More than 70 people, most of whom are children under 10, have contracted the disease that was considered eradicated in the United States in 2000.

The bill would continue to allow medical exemptions for vaccinations but would eliminate religious and philosophical exemptions. Children who did not keep up with required vaccinations would not be allowed to attend public schools.

Oregon Health Authority testified that there are pockets of unvaccinated children where, if measles lands, it could spread very quickly.

Colin Cabe, MD, Kaiser, said, “There is no legitimate argument that vaccines are anything other than necessary, safe and effective.”

More than 1,000 pieces of written testimony were submitted.

### **SB 138 – Evidence Based Algorithms for Rx Drug Treatment for Mental Health**

This bill reestablishes the Mental Health Clinical Advisory Group, which would develop evidence-based algorithms for mental health treatments with mental health drugs. These algorithms will help formalize the advice dispensed through Oregon Psychiatric Access Line (OPAL), which provides real-time consultation for primary care physicians around the state. The bill provides the Oregon Health Authority with \$500,000 to support the work of the advisory group.

### **HB 2799 – Flat Dollar Copayments and Formulary Transparency**

Rep. Sheri Schouten (D-Beaverton) organized an interim work group to address mid-year changes to formularies, which can result in increased out of pocket drug costs for consumers, or remove their medication from the formulary altogether.

HB 2799 came out of that work group and requires carriers to offer, in at least 25% of their benefit plans, flat dollar copayments for prescription drug coverage. In addition, it requires carriers to report annually to the Department of Consumer and Business Services (DCBS) specified information about changes to the formulary, cost sharing, and utilization controls for prescription drugs.

“Does this bill actually lower drug costs? Or does it pass the expense to somewhere else in the system?” asked Rep. Christine Drazan (R-Canby)

This is a way for consumers to spread the cost out better over the course of a year responded advocates. They also told the Committee that Colorado and Montana have adopted these policies without seeing premium increases or other adverse outcomes.

Carriers estimate that this will raise premiums between 1-3%. They are also concerned the bill doesn't require employers to offer these plans.

**SB 754 – Nurse Educator Tax Credit**

Sen. Arnie Roblan (D-Coos Bay) has introduced a bill that would create a \$10,000 tax credit for nurse faculty members at licensed nurse education programs in rural communities. Roblan says his community has had a nursing shortage due to a lack of eligible teachers at Community Colleges.

“There are hundreds of students who would like these jobs, and hundreds of job openings, but what we have right now is a choke point,” Kyle Stevens, Southwest Oregon Workforce Investment Board told the Senate Health Committee.

Rep. Caddy Mckeown (D-Coos Bay) says “this is just a critical issue for rural communities.” They recognize that a tax credit is not going to make that difference up entirely, but it does show that the state recognizes this is a problem.

The Committee passed the bill; it now heads to the Joint Tax Expenditures Committee where it will be considered with other new credits, and those up for renewal.

**SB 742 – Athletic Trainer License**

Athletic trainers say athletes aren’t the only ones who could benefit from their skills. Sam Johnson, Oregon Athletic Trainers Society, said manufacturers, firefighters and the military are using athletic trainers to help treat injuries.

The bill would not change athletic trainers’ scope of practice but it would remove “athletes” as the only target population they can treat.

SB 742 also replaces the current registration requirement for athletic trainers with a new athletic trainer license.

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