

LEGISLATIVE UPDATE

Prepared for OAFP

March 7, 2021

HB 2949 – Behavioral Health Access Omnibus

The House Behavioral Health Committee heard nearly two hours of testimony on comprehensive legislation targeted at increasing access to behavioral health care, specifically for individuals who are black, indigenous and people of color (BIPOC).

A number of people testified about the difficulty in finding a provider who looks like them. Dr. Anjabeen Ashraf, a Muslim licensed professional counselor, says embedded classism in our training system leads to a dearth of BIPOC providers in Oregon. “The question is, who can afford to pay to become a mental health professional, and who can afford to *not* get paid when they become one” says Ashraf.

HB 2949 seeks to address the lack of access to behavioral health care through a number of routes. The bill:

- Allocates \$40 million to create a program within the Mental Health Regulatory Agency to expand mental health care workforce in communities of individual who are black, indigenous and people of color. The program must provide:
 - Mental health care provider pipeline development;
 - Scholarships for undergraduate students interested in careers in mental health care;
 - Stipends for students enrolled in graduate mental health education programs;
 - Mental health care workforce retention initiatives; and
 - A student loan forgiveness program for psychologists, social workers, licensed marriage and family therapists and licensed professional counselors who meet certain requirements
- Sets aside an additional \$50 million for the Oregon Health Authority to provide grants to community mental health programs to ensure access to mental health care for individuals disproportionately impacted. An amendment would put this funding in the Health Care Workforce Incentive Fund.
- Relaxes post-graduate hour requirements for licensure as a professional counselor or therapist
- Creates a Task Force on Expanding the Mental Health Workforce to report back with recommendations to the legislature no later than September 2022

There was no opposition to the bill, but COPACT, which advocates for the 6,300 Licensed Professional Counselors, Marriage and Family Therapists and Registered interns, voiced concerns about relaxing post graduate training requirements. Legislators on both sides of the aisle acknowledged there are a few wrinkles to iron out, but were adamant about making sure the bill passes this session.

HB 2361 – Behavioral Health Incentives

During the interim, Rep. Andrea Salinas (D-Lake Oswego). participated in an analysis of Latino mental health conducted by the Oregon Commission on Hispanic Affairs. “In

Morrow County, the county with the highest concentration of Latinx people, the ratio of community members to behavioral health providers is 2800:1,” says Rep. Salinas.

To address the dearth of behavioral health services for Latinx communities in Morrow, Malheur, Hood River and Umatilla counties, HB 2361 proposes to prioritize provider incentives for clinicians who commit to serving those communities.

HB 3123 – CCBHC Extension

in 2018 Oregon was selected as one of eight states to take part in a demonstration project to stand up Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are behavioral health centers with embedded physical health care that offer a “no wrong door” approach. As part of the demonstration, CCBHCs receive federal subsidies similar to Federally Qualified Health Centers (FQHCs). Oregon has 12 CCBHCs currently in operation.

The bill provides an unspecified amount of funding to extend the sunset on the demonstration program through 2023.

HB 2088 – Tribal Traditional Health Workers

This bill would be the first step to adding tribal traditional health workers to Oregon statute, Julie Johnson, Oregon Health Authority Tribal Affairs Director, told the House Health Care Committee. After its passage, OHA would work with tribes to develop a curriculum and training program for this new category of health workers who would provide culturally responsive care to tribal members, including using tribal-based practices.

Sandra Sampson, Treasurer of the Confederated Tribes of the Umatilla Indian Reservation, spoke in favor of the bill, saying it would “create a program by tribes for tribes.”

HB 2359 – Health Care Interpreters

Rep. Ricki Ruiz (D-Gresham) told the House Health Care Committee how his mother was misdiagnosed through a translation error. She was told she had pneumonia, only to learn a later that she actually had stage IV ovarian cancer. This is why we need this bill, he said.

HB 2359 would require providers to use a certified and trained health care interpreter from the OHA registry, and allow them to be fined \$1000 if they do not. It also reclassifies health care interpreters so they have labor protections like workers’ compensation, employer-related benefits and adequate working conditions.

The bill does a lot of things and is still under construction, Rep. Andrea Salinas (D-Lake Oswego) testified. She said the bill’s intent is to close the current loophole in Oregon law that does not hold providers or health care interpreter services accountable for working with non-qualified or non-certified interpreters.

The Oregon Association of Hospitals and Health Systems testified in support of the bill and asked for amendments to clarify that if health providers are themselves health care interpreters, they not be not required to use an interpreter on the registry; make sure the bill does not impede electronic interpretation services; and keep interpreter details separate from patient records.

SB 169 – Non-Compete Statute Reform

The Senate Committee on Labor and Business passed SB 169 which updates existing non-compete statutes. This bill was based on a heavily negotiated bill from the 2020 Short Session but died because of the Republican walk-outs.

The bill reduces the maximum term of noncompetition agreements from 18 months to 12 months. It also disallows the use of non-competes for employees who earn less than \$100k. annually. That number will adjust for inflation.

The Committee voted unanimously to support. It now goes to the Senate floor for debate.

HB 2044 – Drug Price Transparency Program

The Department of Consumer and Business Services described HB 2044 as a technical fix to the Drug Price Transparency Program, which was created by HB 4005 (2018) and updated by HB 2658 (2019). DCBS told the House Health Committee that HB 2044:

- Streamlines DCBS' access to data in the OHA All Payer All Claims database
- Requires drug manufacturers to report information on patient assistance programs for new drugs
- Expands health insurer reporting requirements to insurance markets beyond the small group and individual markets
- Protects sensitive and personally identifiable consumer information reported to the program

Pharma and the Biotech Innovation Organization testified against the bill. Joanne Chan, Pharma, said, "This is not a technical change. This is a substantive change that is not currently required."

SB 457 – Health Evidence Review Commission and Pharmacy and Therapeutics Committee

SB 457, introduced by Sen. Tim Knopp (R-Bend) on behalf of the Oregon Bioscience Association, would require OHA to appoint an advisory committee for prescription drug rule making, modify the required coverage of prescription drugs in the Oregon Health Plan, require OHA to adopt and maintain a partially-aligned preferred drug list for Coordinated Care Organizations, and change membership and term limits in the Health Evidence Review Commission (HERC) and Pharmacy and Therapeutics (P&T) Committee.

Rocky Dallum, Oregon Bioscience Association, testified in support of the bill and -1 amendment in the Senate Health Care Committee. He said SB 457 would "improve the process and structure of HERC and P&T and direct them to consider types evidence they don't currently do."

Lorren Sandt from the Caring Ambassadors Program, a patient advocacy group, also spoke in support of the bill. She said HERC and P&T's "meetings are basically conducted in a way that discourage public participation."

Two CCOs, Coalition for a Healthy Oregon and HealthShare, testified in opposition. HealthShare's Medical Director Cat Livingston said she is "concerned about significantly changing the voting membership of HERC and P&T, and allowing industry representatives appointed by an outside party to have full voting authority. This bill has the potential to harm the infrastructure of our evidence-based health care." Coalition for a Healthy Oregon raised concerns about a preferred drug list, saying that this would expand reimbursement for the most expensive drugs, making it very difficult to maintain sustainable cost growth.

HB 2517 – Utilization Management Protocols

This issue was dealt with in the 2019 and 2020 sessions, and passed the House Floor and out of Senate Health Care Committee in 2020. Supported by the Oregon Medical Association and 40 other organizations, it would require CCOs to report annually the number of requests for prior authorization, including initial and reversed denials and reasons for them to the Oregon Health Authority, and insurers to report them to DCBS. The bill also modifies utilization review requirements and step therapy coverage guidelines for insurers. Different from previous sessions, HB 2517 would also cover PEBB and OEGB.

Courtney Dresser, OMA, told the House Health Committee that 29 states now have a law like this, and at least nine others are currently considering one.

Vince Porter of Cambia Health Solutions testified in opposition to the parts of the bill that were not included in the carefully negotiated 2019 and 2020 versions, such as adding “medical necessity” to the exception process, and a 72-hour turnaround on coverage decisions. He hopes to work with supporters to amend the bill so Cambia can be neutral on it.

HB 2627 – Interim Therapeutic Restorations by EPDHs

HB 2627 would allow expanded practice dental hygienists (EPDH) to perform interim therapeutic restorations – non-drill fillings – ordered by a dentist. Rep. Cedric Hayden (R-Roseburg) said that allowing these providers to provide a temporary fix until a dentist can evaluate and permanently treat an issue will help ensure Oregonians have access to dental health. There was no opposition to the bill.

###