
LEGISLATIVE UPDATE

Prepared for OAFP

April 18, 2021

HB 3108 – Increased Access to Primary Care

The House Health Committee passed HB 3108 with amendments that:

- Requires insurers offering plans on the exchange to offer at least one plan in each metal tier that includes three primary care visits with no cost sharing to the patient
- All plans sold off the exchange must include three free primary care visits
- Excludes OEGB/PEGB from the three free visit requirement
- Requires DCBS and OHA to create rules requiring commercial carriers and CCOs to assign patients to a primary care provider; the rules must be consistent with the recommendations of the Primary Care Payment Reform Collaborative
- Prohibits double copays for physical health and behavioral health services received on the same day at the same location
- Prohibits prior authorizations for behavioral health services provided in a PCPCH

Rep. Ron Noble (R-McMinnville) was the sole no vote. “I’m a little disappointed with the -6... it seems to me we’re willing to pass on the added expense to the private market when the state government is not willing to take on the added expense. Because if it’s going to cost us millions of dollars at the state government, it’s going to cost employers millions of dollars as well,” he said, referencing the exclusion of public employee plans from the three visit requirement. The bill’s sponsor, Rep. Rachel Prusak (D-Tualatin/West Linn) opted to remove OEGB and PEGB because of the cost.

The bill still has financial implications for the state however—OHA anticipates costs of \$663,282 total funds to modify the “open card” Medicaid Management Information System (MMIS) needed in order to track the member’s PCP assignment. “Open card” refers to the ~100,000 Oregonians on Medicaid who are not enrolled in a CCO.

The bill now goes to Ways and Means for funding.

HB 3159 – Data Justice Act (REALD/SOGI)

The Committee passed the bill with the new amendment discussed in the public hearing last week.

The bill now goes to Ways and Means where it will be considered for funding. The Oregon Health Authority estimates the measure will require 43 new positions and \$22.3 million in the 2021-23 biennium, and an additional \$18.2 million in 2023-25 to implement.

HB 3036 – PA Supervision

The House Health Committee passed the bill with consensus amendments that streamlines the supervision of physician assistants. The amendment changes what are

now called supervision agreements to “collaboration agreements.” The intent of the new law is to lessen the burden of hiring and employing physician assistants.

Those agreements must be written agreements kept at the place of employment that does not assign supervisory or legal responsibility to a physician. The agreement must be made available to the Oregon Medical Board upon request and must include a general description of how the PA will collaborate with physicians. If the PA has fewer than 2000 hours of post-graduate clinical experience, the agreement must also include a plan for the minimum hours per month during which the PA will collaborate both in person and through technology with a specified physician.

The bill now heads to the House floor for debate.

HB 2958 – Pharmacy PEP and PrEP Prescribing

This bill with the -7 amendment allows pharmacists to prescribe pre-exposure and post-exposure prophylactic antiretroviral drugs intended to prevent the reduce the likelihood of the acquisition of HIV. The State Board of Pharmacy shall adopt rules that limit PrEP prescriptions to a 30-day supply following a negative HIV test. The bill also requires insurer reimbursement of the pharmacist.

The bill passed the House Health Committee and now heads to the floor for debate.

HB 2359 – Certified and Qualified Health Care Interpreters

HB 2359 was still under construction when it had its public hearing back in early March. The House Health Committee passed the bill with new amendments this week that still require providers to use interpreters from the health care interpreter registry administered by the Oregon Health Authority. Providers must maintain records of each patient encounter in which an interpreter was used, but the amendment removes the vaccine and testing requirements that were in the base bill, and removes the ability of the Oregon Health Authority to issue civil penalties.

Rep. Andrea Salinas (D-Lake Oswego) says the new version of the bill does not address all the issues raised; namely the lack of reimbursement for health care providers who use interpretive services and the low wages for the interpreter workforce. “We also need to make sure that third party interpreter services are utilizing Certified and Qualified Health Care Interpreters, and that there’s an enforcements mechanism” Salinas told the committee. She plans to work on all of these issues in the interim.

HB 2949 – Behavioral Health Access Omnibus

The House Behavioral Health Committee unanimously adopted the -26 amendment to HB 2949 and passed it on to Ways and Means. This comprehensive legislation aims to increase access to behavioral health care, specifically for individuals who are black, indigenous and people of color. The amendment omits loosening of post graduate training requirements and the creation of a task force.

HB 2622 – Surgical Smoke

Stakeholders were able to find consensus on amendments to HB 2622 that allows hospitals and surgical centers to use “any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety.”

The bill passed unanimously. It now goes to the House floor for debate.

HB 3353 – Use of CCO Global Budgets to Address Health Equity

HB 3353 passed out of House Health this week and is now headed to Ways and Means to be considered for funding. The bill requires OHA to seek approval from the

federal government to amend Oregon's Medicaid program so that Coordinated Care Organizations can spend up to 3% of their global budgets on investments in health equity.

The Committee adopted an amendment that refined the language in the bill. Rep. Cedric Hayden (R-Roseburg) says the bill may need more work in Ways and Means.

SB 705 – Oregon Medical Board Expansion

This bill would increase representation on the Oregon Medical Board of physician assistants from one to three. The Senate Health Committee adopted the -1 amendment, which also enlarges the Board from 14 to 17 members, increases members of the public on the board from three to four, and allow board members to stagger terms from five to six terms. The bill now goes to Ways and Means.

SB 719 – Public Health Disease Reporting

All Oregon health care providers are required by law to report certain diseases to local health departments. This allows public health departments to follow-up with patients and help identify outbreaks. Oregon law allows limited release of information obtained during a reportable disease investigation to individuals who have been exposed, or if the release is necessary to avoid immediate danger to an individual or the public. Otherwise this information is exempt from public records disclosure.

The Senate Health Committee adopted the -2 amendment, which requires OHA and local public health administrators release aggregate information about reportable disease investigations if it does not identify individual cases or sources of information. The Society of Professional Journalists supported the amendment, which it said made the bill more responsive to requests for public information while ensuring individual health information would not accidentally be disclosed.

The bill passed the Committee without opposition. It now goes to Ways and Means.

HB 2164 and HB 3352 – Cover All People

These two bills would expand eligibility for the Oregon Health Plan to adults who would qualify but for their immigration status. HB 2164 and HB 3352 would expand the Cover All Kids program and give adults access to the Oregon Health Plan.

The Senate Health Committee amended both bills. HB 3352-3 is broader. It would cover all adults 19 or older, meaning everyone. HB 2164-6 would expand eligibility for the Cover All Kids program up to 26 years.

The Committee passed both bills, which will now go to Ways and Means. HB 3352 passed on party lines; Rep. Cedric Hayden (R-Roseburg) was the only “no” on HB 2164. He said he was concerned about funding the program without federal government support.

Jeff Scroggin, Oregon Health Authority, clarified that if both bills pass, OHA would reconcile them into a single program.

HB 2648 – Over the Counter Pseudoephedrine

HB 2648 would remove the requirement for Oregonians to have a prescription to buy pseudoephedrine. It passed out of the House Health Committee without opposition and now goes to the House floor.

HB 2010 – Public Option Study

The House Health Committee adopted the -3 amendment to HB 2010, which tasks DCBS and OHA with researching how Oregon could implement a public option plan,

while maintaining provider networks and reducing premiums. The agencies would report back prior to the 2022 session.

The bill now goes to Ways and Means.

###