

LEGISLATIVE UPDATE

Prepared for OAFP

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SB 554 – Gun Safety Omnibus

The House Rules Committee held hearings this week to discuss the merging of two gun safety measures under consideration this session—a ban on weapons in public buildings, and “safe storage” requirements. SB 554 as written includes the concealed firearms ban even for people with concealed weapons permits, and has already been passed by the Senate. The “safe storage” provisions come from another bill, HB 2010 which has not passed out of the House yet.

The reason is largely a procedural one. Floor votes on gun safety legislation tend to be lengthy, and minority republicans tend to deploy parliamentary procedures that slow down the process further. House Democrats hope they can pass both policies with just one vote.

The downside for the Democrats is that by combining both bills, House Republicans may have enough political cover to walk out, denying a quorum on the day the bill is scheduled for a vote. GOP members are facing mounting pressure from gun rights groups to walk out, going so far as to attempt a recall on the Senate Republican leader for not doing so.

HB 2081 – Cost Growth Benchmark Implementation

The Senate Health Committee began hearing House bills this week, starting with HB 2081. The bill codifies in statute the recommendations of the Cost Growth Benchmark Implementation Committee. That group was responsible for working through the details of the program over the last two years.

- Requires Oregon Health Authority to adopt criteria for waiving the requirement that a payer or provider undertake a performance improvement plan if necessitated by unforeseen market conditions or other equitable factors
- Allows OHA to impose financial penalties on providers or payers that exceed the cost growth target without reasonable cause in three out of five calendar years, or on any provider or payer that does not participate in the program
- Removes requirement that Oregon Health Policy Board approve performance improvement action plan or other escalating enforcement action recommendations before OHA and Department of Consumer and Business Services can implement
- Requires OHA to develop a schedule of civil monetary penalties for entities that fail to report cost growth data or to develop and implement a performance improvement plan.
- Prohibits OHA from imposing penalties before January 1, 2026.

There was little discussion and no opposition.

Universally Offered Home Visits

2019's SB 526 created Universally Offered Home Visits for families with new babies. The program will offer every family a free, voluntary, 2-hour visit with a highly trained registered nurse around 3 weeks after a baby's birth in the baby's home, including foster and adopted newborns. The House Early Childhood held an informational session; since the 2019 bill went directly from the Senate to Ways and Means, it bypassed the House Committee.

Sen. Elizabeth Steiner Hayward (D-NW Portland/Beaverton) testified about the importance of early intervention from her perspective as a family physician and a mother. "I have a strong interest in moving services upstream for infants and children. I came to the Legislature because I really believe Oregon can be the healthiest in the nation. To do that, we need to intervene early. The earlier we engage with people, the more successful we will be." She recounted her own struggles as a young mother, saying, "I had horrible undiagnosed postpartum depression and anxiety, and a baby who wouldn't sleep. I would've loved to have a trained public health nurse come visit me and really listen to what was going on."

Cate Wilcox, Maternal and Child Health Manager, OHA Public Health Division, updated the Committee on the bill's implementation. The plan was to roll out this program over three biennia. The pandemic delayed the start of services to the first cohort of communities by at least a year, and the onboarding of the next communities by at least 2 years, Wilcox said. OHA estimates it will be fully implemented by 2027.

Currently seven communities are rolling out in the program, covering 17 counties. The first adopters will be Marion, Benton, Linn and Lincoln Counties in May, Washington County in June, and Deschutes, Crook and Jefferson Counties in July 2021. OHA anticipates that 300 communities will be participating by the end of the biennium.

Oregon is the first state to include Universally Offered Home Visits in commercial health plans, and OHA is working to include them in CCO benefit packages as well.

Rep. Suzanne Weber (R-Tillamook) told the Committee that she had the pleasure of experiencing such a visit after her newborn granddaughter was born. "I got to see how the home visit by the nurse really impacted the new mother and the new baby," she said. "It was a wonderful, wonderful experience. ... This is something that is really important to society." She said she is concerned about its long-term funding.

COVID-19 Vaccines, Variant Testing and Tracing

"There's a fair amount of not so good news," Patrick Allen, Oregon Health Authority Director, told the House Health COVID Subcommittee on Wednesday. While Oregon has the third lowest cumulative number of coronavirus cases in the nation, its rate of growth over the past two weeks is the fourth highest in the country. Grant County is the second highest in the country in terms of growth of cases. "It looks a lot like November," Allen said.

Virtually all West side counties in high-risk counties. "As the Governor has said over and over, this is a race between vaccination and the spread of COVID, especially the B117 variant," Allen added. The B117 variant, first detected in the United Kingdom, is now dominant in the US.

Allen reported that 37% of people living in Oregon are vaccinated, and 23.9% are fully vaccinated. This rate 75% for seniors 70 and older, and 65% for those aged 65-59. Resuming the use of Johnson & Johnson's vaccine would help increase Oregon's vaccine capacity. The state has about 100,000 J&J doses that are paused.

Rep. Cedric Hayden (R-Roseburg) asked what percentage of the population OHA is hoping to vaccinate. Allen replied that research has not identified a “rock solid herd immunity number,” but OHA is aiming to vaccinate 70-80% of the population. He noted that the more contagious the disease, the higher the vaccination rate needs to be. Because Oregon has had a really low rate of cases compared to other states, it may need to vaccinate more people to reach herd immunity.

Subcommittee Chair Maxine Dexter (D-Portland), a pulmonologist, voiced concern about the relatively low uptick in vaccinations in communities of color and asked what OHA is doing to address this. Allen responded “there is solid progress” but more OHA needs more tools and more doses.

Rep. Hayden asked for clarification about mask mandates being made permanent, which he has heard about in the news. Allen responded that the wording of “permanent” is due to “an accident in state statute” which only allows for “temporary” rules (that are 6-months long and cannot be extended) and “permanent” rules (everything else). “I don’t want to make anyone wear masks forever. / don’t want to wear masks forever. The same goes with staying 6 feet away from people,” Allen said. The “permanent” mask mandate will go away as soon as the disease is under control enough that it is not capable of overwhelming the health system or killing people way over the rate of other diseases, he said.

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