

LEGISLATIVE UPDATE

Prepared for OAFP

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HB 3063 – Eliminates Non-Medical Vaccine Exemptions

The Ways and Means Subcommittee on Human Services held an emotional hearing on HB 3063, which removes non-medical vaccine exemptions for children in schools and registered daycares. After two and a half hours of public testimony from parents, children, medical professionals and scientists, the subcommittee passed three amendments and moved the bill to full Ways and Means. The vote was split across party lines, with Democrats in support and Republicans opposed.

The amendments:

- Expand the diseases that “pose a threat” and for which children and employees must stay home from school and registered daycares,
- Appropriate OHA \$100,000 from the general fund, and
- Requires OHA to share copies of medical exemptions with the respective medical boards and report to the legislature annually.

Close to tears, Sen. Dallas Heard (R-Roseburg) said, “This is the most difficult bill I’ve ever heard in terms of keeping my attitude and emotions in check. I believe this bill, if passed in the House and Senate, truly is the beginning of the death of freedom.”

Rep. Rob Nosse (D-Portland) ended the discussion saying, “We live in society and part of democracy is legislating in the narrow place between what is good for the individual and what is good for the community. It’s in a constant tension. Today we are navigating that tension.”

Sen. Lee Beyer (D-Springfield) voted for the bill, but noted that he has serious reservations on the bill, and may not vote for it on the floor.

The Full Committee on Ways and Means passed the bill on Friday. It now heads to the floor for debate.

HB 2269 – Employer Responsibility Tax for Healthcare

Business groups finally had an opportunity to testify about the impacts a new health care tax on full-time and part-time workers would have. “This bill gives the Oregon Health Policy Board more than a blank check,” Amanda Dalton, representing the Northwest Grocery Association, told the House Revenue Committee. “It gives them a blank checkbook.”

The Oregon Health Authority describes HB 2269 as a 50-cent per hour obligation that employers must pay for every employee who works 8-hours per week or more, but that 50-cent rate is not in the bill. Paying for health insurance or into a health savings account for employees could offset that fee. The bill gives the Oregon Health Policy Board authority to set the rate and change it each year. “I have grave concerns about it not identifying how this would work, how employers will comply and what the fee would be,” Paloma Sparks, Oregon Business & Industries, said.

Supporters of the new tax including Felisa Hagins, SEIU, said, “Oregon should act to ensure that large health care employers pay their fair share for health care coverage

provided to their own employees.” She said “low-road employers” and “the worst offenders” should be publicized.

Kathy Gadinis, an agent with the Oregon Association of Health Underwriters, gave examples of businesses that would be negatively impacted by this new tax including one company that has 32 employees enrolled in their health plan plus another 43 part-time employees. “The cost for them would be almost \$17,000 and they already pay \$52,000 for health insurance for people who are on the plan,” she said.

An interim work group talked about an employer responsibility fee to raise \$120-million from companies that have employees on Medicaid. This new tax would raise an estimated \$500 million. The additional \$380 million would go into an as-yet-undefined health insurance premium assistance program to be administered by DCBS.

CCO Landscape may be Shifting

The Oregon Health Authority received 19 applications for new Medicaid contracts under its CCO 2.0 process.

PacificSource, MODA and Trillium all propose expanding their service areas.

Applicant	Proposed Service Area
AllCare CCO, Inc.	Josephine, Jackson, Curry and partial Douglas
Cascade Health Alliance, LLC	Partial Klamath
Columbia Pacific CCO, LLC	Clatsop, Columbia and Tillamook
Eastern Oregon Coordinated Care Organization, LLC	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler
Health Share of Oregon	Clackamas, Multnomah and Washington
InterCommunity Health Plans dba InterCommunity Health Network Coordinated Care Organization	Linn, Benton and Lincoln
Jackson County CCO dba Jackson Care Connect	Jackson
Marion Polk Coordinated Care	Marion, Polk, partial Benton, Linn, Clackamas and Yamhill
Northwest Coordinated Care Organization LLC (Moda Health Plan Inc.)	Clatsop, Columbia and Tillamook
West Central Coordinated Care Organization LLC (Moda Health Plan Inc.)	Lane

PacificSource Community Solutions - Central Oregon	Deschutes, Jefferson, Crook and partial Klamath
PacificSource Community Solutions - Columbia Gorge	Hood River and Wasco
PacificSource Community Solutions - Lane County	Lane
PacificSource Community Solutions - Marion and Polk Counties	Marion and Polk
Primary Health	Josephine, Jackson and partial Douglas
Trillium Community Health Plan, Inc.	Lane, Washington, Multnomah, Clackamas, partial Douglas and Linn
Umpqua Health Alliance, LLC	Douglas
Western Oregon Advanced Health, LLC abn Advanced Health	Coos and Curry
Yamhill County Care Organization	Yamhill and partial Clackamas, Marion, Polk, Tillamook and Washington

After the applications were submitted, PeaceHealth announced it was ending its contract with Trillium in Lane County and is aligning with MODA instead.

OHA will now review the proposals and is expected to announce the new five-year contract awards in July.

HB 2185 – Pharmacy Benefit Manager Requirements

The Senate Health Committee held a public hearing on HB 2185, which imposes new restrictions on pharmacy benefit managers (PBMs). Compass Oncology requested amendments to address the lack of transparency about “back-door” direct and in-direct fees that PBMs charge practice-based pharmacies. The Oregon State Pharmacy Coalition advocates for a major rewrite of the bill to robustly regulate PBMs.

Sen. Laurie Monnes Anderson (D-Gresham) asked the OHA to explain the fiscal impact added to a related bill, **HB 2840**, which is in Ways and Means, and said she would like to hold another hearing on HB 2185 to consider the proposed amendments.

SB 742 – Licensing Athletic Trainers

The House Health Committee held a public hearing on the bill, which removes “athletes” as the only target population athletic trainers can treat. Representatives are concerned the bill increases athletic trainers’ scope of practice, and proposed amending

it to be clear what injuries trainers may treat if “athletes” and “athletic injuries” are deleted.

Sam Johnson, Oregon Athletic Trainers Association, assured legislators, “We’re not trying to treat everybody. We’re trying to treat those we’re trained to treat, and that is the physically active.”

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

SB 129 Optometrist Telemedicine

“I never use my iPhone to diagnose eye problems,” Dr. McBride, a Beaverton optometrist, testified in to the House Health Committee. “At the end of the day, that’s what’s happening.”

This bill puts criteria in place to ensure patient safety and the appropriate use of optometrist telemedicine. It would set up a regulatory platform for the Board of Optometry to contemplate telehealth and telemedicine. There was no testimony opposing the bill.

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