LOBBY OREGON

LEGISLATIVE UPDATE

Prepared for OAFP

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HB 2510 – Safe Gun Storage

The House Health Committee passed this bill on party lines. It would require gun owners to lock their firearms, and make them liable for injuries caused by a firearm stored unsecurely.

Rep. Cedric Hayden (R-Roseburg) told a story about his rural constituents responsibly using firearms in their own defense, saying, "I'm very concerned about my rural constituents' ability to protect their own."

Rep. Christine Drazan (R-Canby) said she was against the bill and had concerns about working this type of legislation remotely. She said her office received over 7000 emails on gun legislation before the Legislature, including this bill, largely opposing it. Committee Chair Rachel Prusak (D-Tualatin) responded that her office also received lots of public input on this bill, largely in favor.

The bill now goes to the House floor.

SB 772 – Naturopath Pay Parity

The Senate Health Committee held a public hearing on this bill, which would require individual and group insurance policies to pay naturopaths the same as other providers, using the same methodology. Dr. Jeff Clark, Oregon Association of Naturopathic Physicians, told the Committee that health insurers refuse to negotiate with naturopathic doctors on rates. He said Healthnet "shamelessly" pays naturopaths 20%, Moda 40%, and BlueCross BlueShield 60% of what they pay other providers.

Dr. Clark clarified that SB 722 does not lock in a fee-for-service model, and an amendment is being drafted to remove the emergency clause in order to give insurers more time to implement the new pay structure if passed. There are over 1000 licensed and practicing naturopathic doctors in the state; they are struggling to survive financially, he said.

The Committee ran out of time to hear additional testimony and carried the bill over.

SB 143 – Rural Medical Provider Tax Credit

The Senate Health Committee voted unanimously to extend the Rural Medical Provider Tax Credit until 2028.

The bill will now go to the Joint Tax Expenditures Committee, where it will be considered alongside other tax credits up for renewal.

HB 2958 – Pharmacist Prescribing of PrEP an PEP

This legislation will create an additional pathway for receiving HIV Pre-Exposure Prophylaxis (PrEP) and HIV Post-Exposure Prophylaxis (PEP) from licensed pre-approved pharmacists following a protocol approved by the Oregon Board of Pharmacy. In 2018, more than 27,000 people were diagnosed with new cases of HIV in the United States. Two-thirds were gay, bisexual or other men that have sex with men. Almost half

were Black, and one quarter were Latinx. Yet fewer than one percent of patients prescribed PREP are Black or Latinx. If current HIV rates continue, one in two black men who have sex with men will be diagnosed with HIV in their lifetime, say advocates.

Jonathan Frochtzwag, Cascades Aids Project (CAP), told the Committee, "We at CAP believe most people would benefit from engagement from access to comprehensive primary care rather than at the pharmacy. However, the reality is that primary care is not currently accessible or inclusive for many communities, including rural communities, and communities with disproportionately high rates of HIV and low rates of PREP use. Requiring members of marginalized communities to engage with primary care in order to get or stay on PrEP, will not result in increased engagement in primary care in these communities. It will simply result in continued underuse of PREP. When we have an opportunity to safely expand access to a healthcare service by offering a service outside of traditional health care, we should take it." He added, "I want to remind us of the medical and political establishments history of ignoring and opposing policies to address the HIV epidemic proposed by people living with HIV."

Lorren Sandt, Caring Ambassadors, told the committee, "we have no issue with the use of prep, nor do we have any issue with pharmacists prescribing PrEP, but we do have a concern that PrEP protocol does not include testing for hepatitis C. For those of you who are not aware, we have the third highest mortality from Hepatitis C in the nation, and thirty percent of people who have HIV have hepatitis C." She requests that hepatitis C testing be included in the protocol for PrEP and PEP prescribing.

The bill is scheduled for a work session next week.

HB 2376 – Naloxone Co-Prescribing

"Drug overdose is the leading cause of accidental death in the United States, with opioids being the most common drug" Rep. Rachel Prusak (D-Tualatin/West Linn) told the House Health Committee. She says HB 2376 requires the co-prescription of an opioid antagonist that temporarily counteracts the effects of an overdose, calling it a public health measure. Ohio, Virginia, Vermont, New Mexico, Rhode Island, New Jersey, Arizona, Florida, Tennessee, Washington and California have all passed similar legislation. But the issue is also personal for her, "my brother's life has been saved four times by naloxone" she told the Committee. "When states improve access to these drugs there is an 11% decrease in overdoses."

Advocates told the Committee that according to the CDC only one naloxone prescription is dispensed for every 70 high dose prescriptions for opioids. One recent study showed that co-prescribing laws increased naloxone prescribing 255%. Another showed that after one year of these laws being in effect, ER visits for patients with long-term opioid prescriptions went down 63%.

The Oregon Medical Association (OMA) and other physician groups testified in opposition to the bill. "We have supported naloxone co-prescribing because we support the CDC guidelines…The concern with this bill is that it puts these guidelines and recommendations into statute," says OMA's Courtni Dresser.

The bill is scheduled for a work session next week.

HB 2648 – Over the Counter Pseudoephedrine

Numerous legislators support removing the requirement for Oregonians to have a prescription to get pseudoephedrine. Oregon is the only state in the country that requires prescriptions for the purchase of these medicines.

The bill is scheduled for a work session next week.

HB 2010 – Public Option Study

Rep. Andrea Salinas (D-Lake Oswego) says that since the introduction of the Affordable Care Act's insurance marketplace, Oregonians who purchase insurance on the marketplace have seen a 71.5% increase in premiums.

While the underlying bill would have implemented a public option, an amendment asks DCBS and OHA to research how Oregon could implement a public option plan, while maintaining provider networks and reducing premiums. The agencies will report back prior to the 2022 session.

Elise Brown, America's Health Insurance Plans, testified in opposition to the bill. "Despite the legislatures intentions to lower health care costs, a public option fails to address the root causes of high cost health care"—legislatively mandated coverage of new procedures and treatments and the "ever-increasing cost of prescription drugs." She says that that new drugs with higher and higher introductory prices, and 1000% price increases to decades old drugs represent the biggest threat to health system sustainability.

Others took umbrage with the notion of capping provider rates, saying doing so continues to trap us in a fee-for-service model.

HB 3107 – Testing for Spinal Muscular Atrophy (SMA)

Rep. Rob Nosse (D-Portland) has introduced legislation that would require birthing facilities to screen for detection of spinal muscular atrophy, a rare and debilitating disease. "The earlier there is a diagnosis, the sooner therapy can begin to mitigate or even stop the effects of the disease. However, once SMA has caused damage to someone's body, there is nothing that can be done to reverse the irreversible damage that has been caused."

The Northwest Regional Newborn Bloodspot Screening Advisory Board recommended in their 2020 report that newborns be screens for SMA, as it is the most common cause of genetic death among infants. 34 other states already require testing.

The House Health Committee passed the bill unanimously. It now goes to Ways and Means to be considered for funding.

SB 800 – Essential Workforce Healthcare Program

Senate Health held a public hearing focused on an amendment that is still being drafted. It would replace the bill and create a trust for long term care employees to access more affordable health insurance.

Melissa Unger, SEIU, told the Committee that the proposed insurance scheme would be a self-insured plan, which Medicaid-funded long term care employers could opt-in to. It would be at least as good as the Affordable Care Act silver plan, and initially available to employers with over 100 employees.

Governor Kate Brown committed $10 million in her budget to this pilot, as well as ongoing resources. Unger said she is hopeful that one-time resources will also be available from the 2021 American Rescue Plan to help fund this in the beginning.

SB 755 – Ballot Measure 110

This bill would implement Ballot Measure 110, the Drug Decriminalization and Addiction Treatment Initiative, in statute. After a joint mearing in the House Committee on Behavioral Health and Senate Judiciary Committee in mid-March, the House Behavioral Health Committee held an informational meeting about it this week.

Aaron Knott, Legislative Director, Multnomah County District Attorney's Office, walked Committee members through the complex issues discussed in a workgroup and

proposed in more than a dozen amendments before the Senate Judiciary Committee, with more on the way. House Behavioral Health Committee members had the opportunity to ask questions about the bill and amendments, such as what will happen with people who receive multiple violations, juveniles and people from out-of-state. Many of these issues will be established by rule after SB 755 is passed.

The Senate Judiciary Committee has scheduled work sessions to move the bill.

HB 2469 – OHP Behavioral Health Checks

Rep. Duane Stark (R-Grants Pass) introduced this bill, which would allow the Oregon Health Plan to cover preventative behavioral health checkups without first requiring a diagnosis. The House Behavioral Health Committee unanimously adopted the -1 amendment, which deleted language specifying that up to six behavioral health checkups would be covered per year, and passed the bill. Now, the bill would cover as many checkups as people need or want, just as with other primary care checkups, Rep. Stark told the Committee.

The bill now goes to the House floor.

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