

LEGISLATIVE UPDATE

Prepared for OAFP

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HB 2011 – Cultural Competency CE

“The impetus for this bill is simple: certain communities in Oregon face disparities in access health care, the quality of care received, and health outcomes,” says Speaker Tina Kotek (D-N Portland).

In 2013, the Legislature considered a bill that as written, would have required cultural competency continuing education for all licensed practitioners. Provider groups asked instead to create a voluntary framework. The first report on these voluntary frameworks was received in 2018, and showed that only 4 of the 22 licensing boards have self-imposed a cultural competency requirement.

The bill requires cultural competency continuing education as a condition of licensure. An amendment will clarify that licensing boards may accept continuing education not approved by the OHA if they address a list of skills identified by the OHA in rule.

The Oregon Medical Association is supportive of the bill with the amendment. OMA lobbyist Courtni Dresser says that the amendment will recognize that not all learning opportunities are CME.

SB 808 – Suicide Continuing Education

Sen. Lew Frederick (D-N Portland) wants to require 3-6 hours of suicide risk assessment continuing education for health care professionals, teachers, and administrators every 6 years. Multiple health care professionals testified in support as well. There is no opposition.

SB 889 – Health Care Cost Growth Benchmark

This will create a Health Care Cost Growth Benchmark Implementation Committee, modeled after a program in Massachusetts. Their goal will be to make recommendations to the 2021 legislative session.

It will cost \$1 million to implement, so the bill now goes to Ways and Means.

HB 3095 and 3279 – SUD and MH Reimbursement

Two bills seek to increase payments for substance use treatment and mental health treatment.

HB 3279 would require the Oregon Health Authority to set the base reimbursement rate for substance use treatment at the same rate as mental health services, while HB 3095 would require OHA to increase their base fee-for-service rates for behavioral health providers by 35 percent.

HB 3095 also includes a \$10 million appropriation to the healthcare provider incentive fund for mental health loan repayment.

Both bills were sent to Ways and Means without recommendation as to passage.

SB 978 and HB 2013 – Firearm Safety

Governor Kate Brown testified on a pair of firearm safety bills this week, saying, “As the governor of this state I cannot, and will not, stand by while firearms take the lives of our citizens and officers. It is simply unacceptable.”

The Senate bill is the vehicle for a swath of regulations including:

- Allows a retailer to set the age a customer must be to purchase a firearm. Under current Oregon law, a retailer who requires a customer to be older than 18 is discriminating.
- Requires firearms to be stored with a trigger lock, gun safe, cable-lock with certain exceptions. If your gun is stolen and it is unlocked, you may be held personally liable for damages.

HB 2013 seeks to strengthen law enforcements’ ability to enforce the relinquishment of firearms in the case of a restraining order or conviction of domestic abuse. The bill requires an affidavit showing how and where the guns have been stored.

Both bills are scheduled for a work session next week.

HB 3342 – Plant Based Meals

The Osteopathic Physicians and Surgeons of Oregon (OPSO), Rep. Marty Wilde (D-Eugene) and Rep. Tiffany Mitchell (D-Astoria) support a bill that would require hospitals, in-patient acute psychiatric care facilities, and prisons to serve plant based meals any time a meal is served in their facilities. The bill defines plant-based meal as an entire meal that contains no animal products, or byproducts including meat, poultry, fish, dairy or eggs.

Mitchell says her own father “was a walking heart attack waiting to happen,” but after going plant based lost 150 pounds and was able to stop taking his two blood pressure medications and one statin medication.

There is an amendment that adds long term care facilities, and aligns the bill with federal regulations that hospitals must already comply with.

The hospital association is supportive of the bill with the amendment.

HB 2269 – Employer Assessment heads to Revenue Committee

Legislative Counsel insists that a bill designed to raise \$500 million is NOT a “bill to raise revenue” and therefore does NOT need a three-fifths vote to pass. “It’s not a bill for raising revenue because it’s not mandatory,” Laurie Freeman told the House Health Committee. “Employers have a choice; expend the money on their employees or send the money to the tax.”

The business community and other opponents of the bill were never given an opportunity to testify on the bill, which would require employers with 50 employees (not FTE) working 8 or more hours per week, to spend 50-cents per hour for each employee’s health care expenses, either through insurance or some type of health savings account.

“I have a problem with this bill,” Rep. Ron Noble (R-McMinnville) said. “Employers following state and federal law, doing what we asked of them, and we don’t like the result so we are going to go and take more from them.”

The bill would raise \$120 million to help pay the state portion of Medicaid and another \$380 million for an undefined premium subsidy program.

Rep. Rachel Prusak (D- West Linn) said, “What we have is people working in places where they can’t access insurance, so this is seeking a solution to that.”

The bill passed on a straight party-line vote. It now goes to the Revenue Committee and then to Ways and Means.

HB 3262 – Employer Tax for employees on public assistance

Employers would be required to pay the state's cost for any assistance program — Medicaid, SNAP, TANF, or others — used by any of their employees or their minor children. There was no discussion in committee about how this would work administratively or how much money it would raise for the state.

The House Health Committee sent the bill without recommendation to the Revenue Committee and then on to Ways and Means.

Student Success Considers Business Taxes

Legislators on the Student Success Revenue Subcommittee debuted their corporate tax reform proposal this week that would raise an additional ~\$1 billion annually for education. The proposal is based on a gross receipts tax (otherwise known as a commercial activities tax or CAT) similar to Measure 97 that failed in 2016. But there are key distinctions this time around. Embedded in the policy is a reduction to personal income tax, lowering the bottom three tax brackets by .25%

Legislators are also looking to cast a much wider net, which allows them to lower the tax rate significantly. In the proposal, businesses with \$150k or less in revenue would not have to file. Those between \$150k and \$1 million in revenue would pay a flat \$250 fee. And the tax rate (somewhere between .5-9%) would then apply to all filers above \$1 million in gross receipts. Petroleum products and certain medical providers may be excluded altogether.

While one option is to implement a straightforward CAT, the subcommittee has considered allowing deductions of either input costs or labor costs in an attempt to alleviate or avoid the “pyramiding” of taxes. Critics of gross receipts tax often note that a product can be taxed multiple times before it reaches the consumer, which can drive up prices significantly.

Legislators on both sides of the aisle were impressed by the proposal, but remain concerned that rising costs elsewhere in the state budget will eat into any revenue raised.

“How do we make sure that these dollars are here for these reasons a biennium from now? The dollars that we are about to generate are general fund dollars; they are fungible. And for those of us who really want to make sure they get to the classroom, I think it behooves us to devise a mechanism to provide some assurance that happens” commented Rep. Greg Smith (R-Heppner).

Sen. Tim Knopp (R-Bend) concurred. Public employee pensions and health care costs will eat up three quarters of the revenue within six years, he told the committee.

Prescription Drug Savings bills move forward

The House Health Committee is desperately searching for a way to lower prescription drug costs. So it approved three bills, each with a different twist on the same basic idea.

HB 2679 would allow bulk purchasing with California.

HB 2680 would allow bulk purchasing with Canada

HB 2689 would allow wholesale importation of drugs from Canada

Rep. Cedric Hayden (R-Cottage Grove) said, “This sounds like a Canadian wild goose chase” to which Rep. Rachel Prusak (D-West Linn) responded, “A lot of people are buying their drugs from Canada now.”

All three bills were sent to Ways and Means on straight party-line votes.

HB 3397 – Oregon Medicaid Purchasing

Rep. Cedric Hayden (R-Cottage Grove) believes that Oregon is overpaying for pharmaceuticals for the Oregon Health Plan. This bill would create the Oregon Medicaid Purchasing Cooperative to advise the Oregon Health Authority (OHA) on best practices and to leverage purchasing power.

The OHA is supportive of the bill.

SB 911 – Fertility Preservation

The Senate Health Committee supports the idea of requiring health insurance, including OEBC, PEBB and the CCOs, to cover fertility preservation for cancer patients who risk infertility due to their disease or the treatments.

That coverage is predicted to cost the state \$8.7M General Funds; \$34M Federal Funds, \$42.7M Total Funds, so the bill now goes to Ways and Means.

SB 770 – Health Care for ALL

This bill creates a Universal Health Care Commission to develop a Health Care for All Oregon Plan. Sen. James Manning (D-Eugene) said, “This is a foundational bill to set the stage for how we move health care to universal coverage.”

Sen. Michael Dembrow (D-Portland) has introduced a number of the previous single payer bills. “Health insurances’ connection to employment has distorted employment,” he said. With a single payer system, “You would have health care irrespective of where you work or whether you change jobs.”

Sen. Lee Beyer (D-Springfield) added that employer-based health care isn’t working. “Employers have told me that employees ask them to reduce their salary so they can be on the Oregon Health Plan.”

Charlie Swanson with Health Care for All Oregon said the commission, “will determine how best to structure a system with no financial barriers to health care.”

The Senate Health Committee has scheduled a work session next week on the bill.

SB 127 - Nurse Practitioners who specialize in Nurse Midwifery

This bill was “gut and stuffed” with elements of SB 65 introduced earlier this session. It changes the term “nurse midwife nurse practitioner” to “nurse practitioners who specialize in nurse midwifery.” It now goes to the Senate floor for a vote.

HB 2375 – Forensic Services for Sexual Assault Victims

Rep. Cedric Hayden (R-Cottage Grove) has a bill that would add a sexual assault nurse examiner (SANE) or a representative of a hospital to the sexual assault response team (SART) in each county.

The Oregon Attorney General’s Sexual Assault Task Force and the hospital association are supportive of the bill, and the House Health Committee passed it unanimously. It now goes to the floor for debate.

HB 2848 – Mail Order Vaping Products

Rep. Pam Marsh (D-Ashland) held a “this should be a law” contest in her district during the interim. The winning entry came from a couple of high school students that were concerned that, regardless of the law raising the purchasing age of vaping products to 21, their peers easily obtain these products online. Rep. Marsh says the number of high school students nationally has doubled since 2017, reaching nearly 25% of all high school seniors.

Joule, a vaping industry leader, is supportive of the bill.

SB 1041 – CCO Auditing Authority

Pat Allen, the Executive Director of the Oregon Health Authority would like some of the financial regulatory tools he had when he was a regulator of the commercial insurance industry.

SB 1041 seeks to improve the transparency of financial reporting of coordinated care organizations by applying the reporting standard adopted by the national association of insurance commissioners, and provides the Oregon Health Authority with regulatory tools available to the Department of Business and Consumer Services.

Coalition for a Healthy Oregon (COHO), representing seven CCOs in southwest Oregon, is opposed to the bill. They argue that the bill will increase reporting costs, and are concerned that it may lead to potential further clawbacks.

Allen says this is a real time tool to give us a better sense of where a CCO's capital is, and if they do not have enough, how are they going to address that.

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