

**LEGISLATIVE UPDATE**

Prepared for OAFP

May 10, 2021

**SJR 12 – HOPE Amendment**

The House Health Committee heard a public hearing on SJR 12, which would propose an amendment to the Oregon Constitution establishing the state's obligation to ensure every resident has access to cost-effective, clinically appropriate and affordable health care. If passed, this would be referred to voters in the 2022 general election.

Sen. Elizabeth Steiner Hayward (D-NW Portland) and other advocates testified passionately in favor of the bill. Sen. Steiner Hayward told the Committee that just adding this language to a state constitution has been found to lower infant mortality by 7.8%, disproportionately benefitting people of color.

Reps. Cedric Hayden (R-Roseburg) and Raquel Moore Green (R-Salem) raised concerns about how this new right would be paid for, and whose responsibility that would be. "I am concerned if we get this on the ballot, voters will think they will get affordable health care," Rep. Moore Green said.

Legislative council clarified that the proposed amendment makes no requirements of the Legislature.

**HB 2517 – Utilization Management**

The Senate Health Committee held a public hearing on the Oregon Medical Association's bill to lessen the administrative burden of common utilization management practices.

"Prior authorizations and step therapy are important cost containment tools employed by insurers but they often result in higher levels of administrative burden and unfortunately can delay life-saving treatment" says Co-Chief Sponsor Rep. Rachel Prusak (D-Tualating/West Linn).

HB 2517 reduces the burden placed on patients by:

- Allowing for online requests for prior authorizations
- Requiring prior authorizations last for 60 days, or for chronic disease management 12 months
- Providing reasonable exceptions to step therapy
- Improving transparency by requiring insurers to clearly indicate which services and drugs require prior authorizations

Courtnei Dresser, Oregon Medical Association, says public employee health insurance was exempted from previous iterations of this bill because of a large price tag.

However, "20 other states have passed similar bills. The vast majority of those include public employees and did not include a fiscal. [This time around] the Oregon Health Authority did not put a fiscal on this either."

There is no opposition.

**HB 2958 – Pharmacist Prescribing of PrEP and PEP**

The Senate Health Committee heard the 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. There is no opposition.

### **HB 2360 – Public Charge**

The Senate Health Committee passed the bill that prohibits non-profit hospitals from requiring patients to sign up for Medicaid before receiving care. The bill passed unanimously and now goes to the Senate floor for debate.

### **HB 2474 – Modifies the Oregon Family Leave Act**

This consensus bill would modify the Oregon Family Leave Act during public emergencies. It would:

- Expand eligibility for leave in a public health emergency, reducing the number of days an employee must have worked from 180 to 30, given that they work 25 hours per week
- Add that a qualifying reason for leave is care for a child at home due to childcare or school closures resulting from a public health emergency
- Remove gendered language from provisions relating to pregnancy and childbirth

As a mother of two kids under 5, Rep. Karin Power (D-Portland) spoke to the Senate Labor Committee about the “extreme importance” of allowing parents to take protected leave to take care of children due to school closures in response to a public health emergency.

### **HB 2469 – OHP Behavioral Health Checks**

Rep. Duane Stark’s (R-Grants Pass) bill would allow the Oregon Health Plan to cover behavioral health checkups. Rep. Stark told the Senate Human Services Committee that CCOs will need a unique billing code for these visits, otherwise their matrix will be mixed up.

Rep. Barbara Smith Warner (D-Portland) wholeheartedly supports the bill and said she has found counselling to be excellent preventative care for herself.

Senators Kathleen Taylor (D-Milwaukie) and Dick Anderson (R-Lincoln City) said they support the bill but are concerned there are not enough providers to actually provide these visits.

### **SB 629 – Telepharmacy**

The House Health Care Committee held a public hearing on SB 629, which would allow a pharmacist to consult with a pharmacy technician at a remote location to dispense pharmaceuticals. Sen. Bill Hansell (R-Athena) and advocates testified that it would increase access to health care and ensure better health outcomes for Oregonians.

The bill has no known opposition.

### **SB 169 – Non-Compete Statute Reform**

The House Business and Labor Committee unanimously moved SB 169, which will amend Oregon’s non-compete agreement statues, to the House floor.

Rep. Bill Post (R-Keizer) said he had to sign noncompete agreements when he worked in radio. “I’d kinda like to see them go away, frankly. I like the open market,” he told the Committee.

Reps. Janelle Bynum (D-Clackamas) and Daniel Bonham (R-The Dalles) said they were curtesy “yeses” in the spirit of moving forward, but still feel the income threshold is way too low. SB 169 would prohibit the use of non-competes for employees who earn less than \$100k. annually.

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