

## LEGISLATIVE UPDATE

Prepared for OAFP

June 2, 2019

### **Longtime Salem Legislator, Senator Jackie Winters, Dies at 82**

Jackie Winters, the only African-American woman Republican ever elected to the Oregon legislature, died Wednesday of lung cancer.

Winters was elected as a State Representative from Salem in 1999 and to the Senate in 2003. She was a strong advocate for criminal justice reform, Relief Nurseries and health care access, especially for mental health services.

The Senate cancelled floor debates on Thursday and Friday, and is planning a memorial service for their colleague.

### **SB 138 – Mental Health Rx Advisory Group**

This reestablishes the Mental Health Clinical Advisory Group, which sunset last December. The group makes recommendations to OHA about mental health medications on the preferred drug list and practice guidelines for treating mental health disorders.

Funding for the advisory group – \$400,000 which pulls down federal matching funds – will be included in the OHA budget.

Ways and Means approved the bill.

### **SB 889 – Health Care Cost Growth Benchmark Program**

The Joint Human Services Subcommittee funded the bill that establishes a health care cost growth benchmark and implementation committee. Importantly, the bill does not include accountability measures or penalties for failure to meet the target. Chief sponsors Rep. Rob Nosse (D-Portland) and Sen. Lee Beyer (D-Springfield) say they want to give stakeholders time to better understand how this will work and what will be expected of them before instituting penalties.

The Oregon Health Authority says the \$1 million appropriation is based on information they received from Massachusetts regarding necessary staff to review the data. “Massachusetts has told us that if we really want this to be successful, to make sure that we have adequate resources.”

The implementation committee must provide recommendations to the Oregon Health Policy Board in 2020 regarding the program.

### **HB 2696 – Rx Drug Cost Review Commission**

Rep. Rachel Prusak (D-Tualatin) told the House Health Committee, “We’ve done some great work in our limited time here. However, none of the prescription bills [this session] actually address the high price tag pharmaceutical companies place on medications for more profit.” She “hustled for weeks trying to get this [bill] passed this session” and now has hopes to do it 2021.

In a House Health Committee’s informational hearing, we learned HB 2696 would:

- Establish a 7-member Drug Cost Review Commission that would track changes in prescription drug costs and, if deemed necessary, cap prices,
- Create an 11-member advisory committee to assist with the board's functions,
- Mandate that pharmaceutical manufacturers provide written 30-day notice of specific prices increases within a 12-month period,
- Allow the commission to establish a maximum payment rate for a drug if its price is determined to be “unjustified or unduly burdensome to Oregonians”, and
- Allow the Attorney General to investigate manufacturers that exceed set rates and pursue legal action against them under the Unlawful Trade Practices Act.

DC-based Health Policy Advisor Jane Horvath explained how the system would work. The concept is one of “affordability, not value”, meaning that it looks at giving everyone who needs it access to the drug, rather than trying to determine a drug’s monetary “value”. It presumes more people will take more medication, with “no intent to cause manufacturers to lose money.” The optimal system for it is a statewide all-payer, all-purchaser one.

Maryland just became the first state to enact such a system into law.

### **HB 2901 – Surgical Smoke Evacuation**

Eight operating room nurses provided compelling testimony in support of HB 2901 during a House Health Committee informational hearing. The bill would mandate hospitals and ambulatory surgery centers to create policies requiring medical smoke evacuation during surgical procedures.

One nurse said, “Breathing in surgical smoke makes you immediately choke. You can taste the burning [human] flesh. Your eyes start to water and it is hard to catch your breath.” Another nurse called the smell and taste “almost cannibalistic”.

Nearly all surgeries create medical smoke from techniques like cauterization or lasers. One study found that working an 8-hour shift in an operating room is comparable to inhaling smoke from 27-30 unfiltered cigarettes.

The CDC has recommended medical smoke evacuation for over 20 years, but compliance is inconsistent. Many nurses testified that their hospitals already own smoke evacuation equipment, but it is up to surgeons whether to use it.

The Oregon Ambulatory Surgery Association and OMA testified in opposition to the bill as written. OMA lobbyist Courtnei Dresser told the committee that the bill mandates “how a surgeon can practice their practice. That is not how we practice medicine in the State of Oregon.”

A surgeon from Salem Hospital called it a “complex issue to a constantly evolving problem”. She recommended that occupational safety and health regulators work with all stakeholders to develop a policy together, rather than passing legislation like HB 2901.

House Health Committee members called it an “important issue” and requested additional data. The committee will consider this issue in the interim.

### **SB 7 – Lower Drunk Driving Standard**

The Senate Judiciary Committee held an informational hearing on a proposal to lower Oregon’s drunk driving standard from .08 to .05 blood alcohol content (BAC). The bill will not move this session but the committee plans on working on the issue during the interim.

Senate President Peter Courtney (D-Salem) told the committee, “We need to rethink our drinking and driving.” He continued, “As soon as you take one drink, you become impaired.”

The National Transportation Safety Board recommends the 0.5 BAC level, which Utah has already adopted. The Oregon Chiefs of Police, Sheriffs Association and Trial Lawyers Association support the bill.

The American Beverage Institution and Oregon Restaurant and Lodging Association oppose it, calling the bill “a distraction that won’t address the problem”. Instead, the industry suggested addressing other types of impairment, such as drug use, drowsy driving, older drivers, texting and cell phone use while driving.

Sen. Floyd Prozanski (D-Eugene) asked for more data on the benefits of lowering the allowed BAC level, even to a drinking and driving zero-tolerance policy, like in some other countries.

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