

LEGISLATIVE UPDATE

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HB 3253 – Primary Care Trust Informational Hearing

Rep. Andrea Salinas (D-Lake Oswego) says that we still have about 245,000 people in Oregon who are under- or uninsured. An interim workgroup she led looked at how to provide universal access to health care, and to reduce barriers such as co-pays. “While some people advocated for a single payer system to solve this issue, paying for such a system proves difficult,” she said.

That issue led her workgroup to look at alternatives to reaching universal coverage, including the concept of a primary care trust. The essential idea of a trust is that all payers would pay a portion of their total medical expenditures into a fund, which would in turn reimburse primary care clinics in a singular way.

This concept, according to Dr. Michael Fine, a family physician and former Director of the Rhode Island Department of Health, will lower costs, improve health outcomes, and make patients and providers more satisfied.

Not only would a simplified and better-funded primary care system better prevent unnecessary utilizations, reduce the length of hospital stays, and help patients with chronic conditions stay healthy, it would also save significant dollars due to reduced administrative burden, Dr. Fine told the House Health Committee.

“20-40% of what primary care practices earn is spent on a billing and collections process that serves no one,” says Dr. Fine. “This is for a suite of services that is entirely known, and completely predictable.” Fine also pointed out that primary care makes up 65% of claims, despite accounting for only ~6% of costs nationally. Relieving insurers of that claims processing would significantly reduce their overhead as well.

Chair Andrea Salinas (D-Lake Oswego) asked, “how, when we are trying to achieve value based payment in integrated systems, do we bifurcate the system?”

“It makes way more sense to pull primary care out of the insurance pot, then allow ACOs to keep covering their services,” answered Dr. Fine. “It’s a fool’s errand to think that we are going to compete for better primary care services when everybody is using the same clinics. All we are doing is wasting money by making practitioners lives more difficult.”

SB 526 – Universal Home Visiting

The Human Services Sub-Committee on Ways and Means passed SB 526, which pulls together funding through Medicaid and from commercial insurance to pay for universal home visiting for newborns and newly adopted children.

About half of the 40,000 babies born in the state are born onto Medicaid, says Sen. Steiner Hayward (D-Beaverton). Because the bill requires health insurers to cover the \$600 price tag for these visits, the state is able to receive the federal Medicaid match for those children.

Rep. Duane Stark (R-Grants Pass) says people are concerned that this is a mandate, and the nurse isn’t their primary care physician. He clarified that this is a voluntary

program and that there is language in the bill requiring communication with the child's primary care provider.

SB 889 – First Step Towards Cost Growth Benchmark Program

SB 889 stands up an implementation committee to develop a health care cost growth benchmark for all health care sectors. Budget committees passed the bill unanimously this week with ~\$1 million in funding for various staff. It now goes to the floor for debate.

HB 2014 – Removing Noneconomic Damage Cap Fails on Senate Floor

The trial lawyers proposal to eliminate Oregon's \$500,000 cap on noneconomic damages failed 14-15 on the Senate floor on Tuesday. During the debate Sen. Tim Knopp (R-Bend) said, "We don't know what the result will be today and that's rare."

Senate President Peter Courtney (D-Salem) is very reluctant to bring a bill to the floor unless he knows it has the votes to pass. That was not the case on HB 2014.

Senate Republicans offered a minority report on the Senate floor to replace the \$500,000 noneconomic damage cap with a \$1.5 million cap, adjusted annually for inflation. That was voted down on a straight party-line vote

During debate on the main bill, Sen. Floyd Prozanski (D-Eugene) said, "This is an arbitrary cap. We the legislature are predetermining what the value of the injuries are for someone who has been wronged."

Sen. Shamia Fagin (D-Portland) implored her colleagues to trust juries. "Juries are unpredictable. You bet they are because so are suffering and pain."

But Sen. Cliff Bentz (R-Ontario) responded, "Our jury system is not perfect and this cap is warranted."

Three Democrats — Laurie Monnes Anderson, Elizabeth Steiner Hayward and Betsy Johnson — joined all the Republican Senators in voting "no". Sen. Laurie Monnes Anderson (D-Gresham) explained her NO vote saying, "A non cap on noneconomic damages goes too far."

Sen. Fred Girod (R-Stayton) said the trial lawyers introduced this bill to make more money. "There is nothing in this bill to restrict the amount of money the lawyers will take."

The trial lawyers have introduced a version of this bill in each of the last three sessions. You can expect a new version will be back before the legislature in 2020 or 2021.

SB 22 –Behavioral Health Homes

This bill modifies Oregon's Patient-Centered Primary Care Home (PCPCH) statute to include standards for Behavioral Health Homes. It also changes the Oregon Health Authority's responsibility for "certifying" school-based health centers as PCPCHs to "identifying" school-based health centers as PCPCHs.

\$560,000 to implement this will be included in the OHA budget.

Ways and Means approved the bill, sending it to the floor for debate.

SB 976 – Behavioral Health Justice Reinvestment Program

The Criminal Justice Commission (CJC) will be allocated \$10 million for a new grant program to communities for programs to keep people with mental illness out of the corrections system and hospital emergency departments. Supporters of these community-based behavioral health programs predict this new investment will result in a "20% reduction in the number of jail bookings and emergency department visits by this

population, as well as a similar reduction in the number of aid and assist referrals to the Oregon State Hospital.”

Ways and Means approved the bill, sending it to the floor for debate.

SJR 18 – Referral to Voters to allow Campaign Contribution Limits

Oregon is one of only a handful of states with no limits on campaign contributions. Oregon courts have held that campaign contributions are protected speech under the Oregon Constitution.

SJR 18 would amend the state Constitution to allow state or local limits on campaign contributions, require disclosure of contributions and expenditures, and require advertisements to identify who paid for them.

Sen. Herman Baertschiger (R-Grants Pass) jokingly asked the bill sponsor Sen. Jeff Golden (D-Ashland), “Are you telling me you are tired of million dollar campaigns for a job that pays \$2,500 per month?”

This resolution doesn’t set the campaign contribution limits; it just makes those limits legal, if voters approve it. Proposed limits will be included in other legislation.

The Senate Rules Committee approved the resolution. If approved by the Senate and the House, it would appear on the 2020 November ballot.

HB 3076 – Hospital Charity Care & Community Benefits

Rep. Andrea Salinas (D-Lake Oswego) told the Senate Rules Committee the goal of HB 3076 is to clarify and standardize the amount of charity care and community benefit hospitals must offer in exchange for their tax-exempt status.

She said it will also help patients understand what to expect with:

- Charity care – free or discounted medically-necessary care at non-profit hospitals for those with incomes up to 400% FPL
- Debt collection – prohibits medical debt from being passed down from generation to generation
- Community benefits – creating a floor for how much community benefit each hospital should contribute. OHA will develop three different formulas and each hospital will choose which formula would apply to them.

She said, “Some hospitals already meet or exceed these standards, but this will set out uniform processes for the non-profit hospitals”

Jessica Adamson, Providence, said, “The community benefit provisions are designed to set a spending floor but not direct how those funds are spent.” That, she said, “should be decided by the community.”

Late amendments to the bill satisfied the hospital association’s concerns, so they were neutral on the bill.

The bill now goes to the Senate floor for debate.

HB 2266 – Reinstates Double Coverage for OEBC & PEBB

The House Rules Committee “gut and stuffed” HB 2266 with a new bill that reinstates the option of double coverage for school and public employees whose health insurance is provided by OEBC and PEBB.

Double coverage in OEBC & PEBB was eliminated as part of a cost cutting bill passed in 2017. HB 2266 would undo that restriction.

Small, rural school districts said the double-coverage prohibition would make it more difficult for them to recruit teachers and public employees to their communities.

House Speaker Tina Kotek (D-Portland) said the savings from this prohibition were not as great as anticipated and she described it as an issue of fairness, “Where just because a couple both work as teachers or public employees they could not double insure, though they could if one of them worked for a private employer.”

The bill would also require the OEGB and PEBB boards to enact a reasonable surcharge on public workers who choose double coverage for their families.

The bill passed out of the Rules Committee and on the House floor. It now goes to the Senate for consideration.

SB 855 – Professional Licensing for Immigrants and Refugees

Sen. Michael Dembrow (D-Portland) described the problem of brain waste where too often trained professionals who come to this country as immigrants or refugees end up underemployed in service jobs or driving cabs because their professional licenses or training aren’t recognized here. “We would like licensing boards to look at their processes to see if they could remove barriers to re-credentialing for immigrants and refugees who were trained professionals in their home country.”

One recent study found there were 55,000 highly skilled immigrants in Oregon. At least 15% were unemployed or working in low skilled jobs

The House Rules Committee approved the bill, sending it to the floor for debate.

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