



## OAFP Weekly Report

Week ending February 9, 2024

### Committee Hearing Report outs

#### *House Early Childhood and Human Services*

02/05/2024

A public hearing was held on [HB 4105](#), proposing funding for the Nurse-Family Partnership through the Oregon Health Authority (OHA) instead of relying on counties to cover the Medicaid match. Senator Weber presented the bill, recounting a poignant story of supporting a young girl who benefited from the program. Testimony was restricted to one minute, during which three nurses shared touching anecdotes from their experiences with the program. There were no questions.

#### *House Behavioral Health and Health Care*

02/05/2024

[HB 4081](#): EMS Modernization

[SMS](#)

Pending -2 amendments Rep. Grayber and the EMS Medical Director introduced the bill and summarized that the bill would:

- align definitions and protocols across the state
- establish EMS regional plans that will focus on the strengths and weaknesses of a given region.

The pending -2 amendment would add clarity that all decisions that would impact stakeholders would go through an advisory board.

Grayber put on record that the intent is for local communities to continue their work uninterrupted. The hospital association testified in support but

did not go into details. Diehl was curious if this would impact the paramedic shortage, Grayber said she is working on that in 2025.

[HB 4150: Overdose Notification](#)

[Javadi's Presentation](#)

[SMS](#)

Rep. Javadi introduced the bill. He explained that the program would enhance patient safety by establishing a notification system for prescribers. The notification would share if a patient has experienced a fatal or nonfatal overdose in the past.

He made it clear that it is not to be used to reprimand providers, it is strictly information sharing. The program sunsets Jan 1st, 2028.

The Oregon Medical Association testified in support, explaining that the notification language is being workshopped to be trauma informed. The Oregon Health Leadership Council testified in support emphasizing that frontline providers are the ones that asked for this bill and that the data system is already in place.

[HB 4091: Health Insurance Mandate Review Advisory Committee](#)

[PacificSource Presentation](#)

[SMS](#)

Rep. Hai Pham and Conrad introduced the bill. Pham brought this concept back from the long session (HB 3157), he said they clarified the scope of the committee and made it clear that it would not make opinions on legislation. Diehl asked why the bill died, it was due to a large fiscal that has been worked out now. PacificSource shared support and that stakeholder concerns were addressed. Kaiser Permanente also shared support and added that once the pilot expires we would return to existing law. Oregon Charter National Association of Benefits and Insurance Brokers said the bill should pass.

Of note: during this sprint style committee hearing Chair Rob Nosse chose to not take questions from the committee on any of the bills. All people

providing testimony were allowed 2 minutes each, and, with the exception of the healthcare interpreters section of HB 4010 (specific notes below), no one spoke in opposition to any of the bills on the agenda.

*House Behavioral Health and Health Care*

02/06/2024

## [HB 4092](#)

### [Staff Summary](#)

Bill has two primary areas of focus: a study on community mental health program funding study and a task force to assess and address administrative burdens on behavioral health programs.

1. Community mental health program funding study would:
  - a. determine funding required for CMHPs to perform function required by law related to individuals with behavioral health disorders in specified age groups, with a report to legislature by January 2025
2. Administrative burden task force would:
  - a. Look at revisions to statutes, administrative rules, and contracts affecting behavioral health care providers, coordinated care organizations, private behavioral health care providers and community mental health programs, with recommendations by November 2024

[HB 4010](#), an omnibus health care bill

### [Staff Summary](#)

Areas of interest in HB 4010 include:

- Health Insurance (Sections 6 – 7)
  - Requires health insurers to negotiate in good faith and in best interest of insured when arranging health care interpretation services
  - Concerns do remain for high deductible health plans and implementation (Providence, PacificSource and Cambia, specifically.)
- Physician Assistants(Sections 15 – 172)
  - Changes title “physician assistant” to “physician associate”:  
Physician assistants, or PAs, are licensed clinicians who work

as a part of a health care team. In recent years, Oregon has moved from a model that required supervision by a physician to a model that instead requires collaboration agreements. In May 2021, the American Academy of Physician Assistants (AAPA) passed a resolution affirming "physician associate" as the official title of the PA profession.

[HB 4011](#), another omnibus health care bill

[Staff Summary](#) with -1 amendment

Areas of interest include:

- Insurance Coverage (Sections 1 - 7):
  - Prohibits health benefit plans covering the cost of cervical cancer examinations from imposing cost-sharing on insured
  - Requires medical assistance program to provide coverage of continuous glucose monitor in specified circumstances

*House Revenue*

02/07/2024

The March Economic and [Revenue Forecast presents](#) an overview of Oregon's financial and demographic outlook. Although the forecast said we have an additional \$558M, once the already promised allocations are taken out we only have \$73-76M left. Key points include:

- The economy is stable with a slight decrease, suggesting the possibility of a federal government "soft landing" and potential market reinvestment.
- Employment is high, with most seeking work already employed, indicating future labor market growth may rely on new population influxes or productivity gains.
- Population growth has slightly declined, affecting labor force expansion. However, Oregon remains affordable compared to places like California, despite increasing retirements and full employment status.
- Oregon's future growth is anticipated to lean on productivity enhancements and investments in human capital

- Legislative actions such as the CHIPS Act, Inflation Reduction Act, and Transportation Act, alongside a startup boom, contribute positively to long-term economic prospects, with new business and survival rates significantly up.
- Corporate income and excise taxes have nearly tripled in five years, with a notable increase in tax liability from high-income corporations, especially multi-state ones.
  - Concerns were raised about the reliance on a small number of corporations for significant profit and job creation.
- Demographic changes and the aging population pose challenges for the labor market and healthcare costs
- Marijuana revenue is stabilizing
- The overall financial reserves are robust, providing a cushion for potential recessions.

### *Senate Health Care*

02/07/2024

Public hearing on [SB 1506](#) proposes to extend pharmacist authority for COVID-19 testing and treatment until June 2026, enhancing the significant role pharmacies play in public health, especially in rural areas. The Oregon State Pharmacy Association and Oregon Society of Health-System Pharmacists testified in support emphasizing that pharmacies are largely more accessible than doctors offices, and this should be expanded into other health situations. Dr. William from WVP Health Authority voiced concerns over the test-and-treat model's limitations, advocating for comprehensive care from physicians. Senator Hayden clung on to that and asked for more details on why this is a bad idea, he made a snide remark that maybe the 20 years of school that doctors go to is important. In response Sen. Patterson called on Dr. Dean Sanlinger from the audience to talk about the current status of covid in Oregon.

Public hearing on [SB 1508](#), which would restrict the use of quality of life (QALY) measures from being used to make Oregon Health Plan coverage decisions. The committee was considering two amendments ([-1](#), [-2 SMS](#)).  
 -1 tightens the function of staff in evaluating QALY measure. -2 \$35 cap on

insulin with no revenue impact but a minimal fiscal impact. Disability Right Oregon testified in support emphasizing the QALY is not based on science but on bias. OHA shared that their concerns from 2023 have been addressed. Coalition for Healthy Oregon testified in opposition to the -1 amendment, they recommended a tweak to ensure that data that considered QALY but was not based entirely on QALY could still be used. The Oregon Prescription Drug Affordability Board testified in support of the -2 amendment as it was a board recommendation. Cambia Health was supportive of the -2 with a suggestion that insulin should stay coupled to inflation to reduce the need to revisit the price every couple of years. The committee held a work session and adopted the -2 amendment with opposition from Sen. Bonham who feels like QALY and insulin are unrelated and thus should not be in a bill together. The bill unanimously moved to the floor.

Public hearing on [SB 1578](#), which directs OHA to work with a non-profit to establish a system for hiring and billing an health care interpreter. Due to limited time only Sen. Manning and Rep. Hai Pham were able to testify, all remaining testimony was carried over. Sen. Manning testified that the bill will improve healthcare access for non-English speakers by enabling direct connections between providers and interpreters, including billing. He shared it follows Washington's lead and addresses transparency issues with for-profit interpreter services by requiring OHA to use non-profit contractors. Rep. Pham did his introduction in another language to show the importance of understanding the person talking to you.

### *House Behavioral Health and Health Care*

02/07/2024

Public hearing on [HB 4113](#), which would require co-pay assistance programs to count towards an enrollees out of pocket maximum. The committee is considering two amendments ([-1 and -2 SMS](#)). -1 Clarifies application of measure to high deductible health plans. -2 Removes plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) from application of measure. Advocacy groups supported the bill, sharing stories of patients rationing medication,

facing bankruptcy from medical bills, and in some cases, dying due to unaffordable medication costs. Insurance providers opposed the bill, arguing it would benefit pharmaceutical manufacturers by driving consumers towards more expensive name-brand medications, a practice they claim is illegal. They also mentioned that existing Health and Human Services (HHS) regulations preempt the proposed co-pay assistance adjustments. Cambia Health proposed an alternative approach involving coupon protections, which would allow payers to recover funds rather than benefiting manufacturers.

Public hearing on [HB 4136](#) which has two main parts: firstly, to introduce provisional licensing for nurses, and secondly, to create an innovation grant program for same-day healthcare services in Lane County. Second it would establish an innovation grant program in Lane county for same-day health care. The committee is considering a -1 amendment that would clarify the relationship with Lane county ([-1 SMS](#)). Rep. Nathanson introduced the bill emphasizing the critical need for healthcare innovation, particularly in Lane County, which is facing challenges after the shutdown of a hospital. Support for the bill was strong, with testimony primarily from healthcare providers and representatives from Lane County, all underscoring the urgent demand for more nursing staff and innovative healthcare solutions in the region.

Public hearing on [HB 4130](#), Rep. Bowman's bill on the corporate practice of medicine. Testimony was divided into two panels due to time constraints. The first panel, featuring Rep. Bowman, Former Governor Kitzhaber, and Dr. Bruce Goldberg, discussed healthcare buy-outs in Oregon and the historical context of limiting corporate medical practices. Rep. Conrad clarified that Coordinated Care Organizations (CCOs) would not be affected by the bill. Rep. Javadi questioned the preference for physicians over corporations. Rep. Tran emphasized the need to reimburse doctors adequately to deter reliance on investors. Goodwin confirmed a seven-year adjustment period for existing clinics before enforcement.

The second panel, including Rep. Dexter, Dr. Jane Zhu (OHSU), and Felissa Haggins (SEIU), highlighted data and personal experiences

demonstrating negative impacts of healthcare corporatization on patient care. Opposition came from Tele-health providers and Rayus Radiology. They claimed that all investment in Oregon would stop because the other states would be easier to work in and that investors would not be interested without having control over leadership. Rep. Bowman mentioned a pending -2 amendment to exempt Tele-health, supported by many in the sector, but opposition did not care. Rep. Nosse challenged the opposition's fear, questioning the desirability of investments from those hesitant to comply with regulations.

### **Floor Activity**

Floor did not meet this week.

### **Coalition Meeting Report**

*Allied for a Healthier Oregon*

02/07/2024

SO Health-E pushed for testimony in opposition to HB 4002 which led to a conversation on all the ways we should fix M 110. OJRC advocated for compassionate release, they were disappointed the bill was turned into a task force but they understood it was the best option in a short session. Funding for RHEC was added to the OHA budget, they are not expecting any issues. All opposition for the family financial protection act has moved to neutral.

### **The Week Ahead**

*House Early Childhood and Human Services*

02/12/2024 1:00 PM

Work Session: [HB 4105](#) - Nurse-Family Partnership Program

*Senate Health Care*

02/12/2024 1:00 PM

Work Session: [SB 1506](#) - Allows pharmacist to continue testing and treating Covid

Public Hearing/Work Session: [SB 1578](#) - Health care interpreters



*Senate Finance and Revenue*

02/12/2024 3:00 PM

Public Hearing: [SB 1542](#) - CAT tax exemption

*House Behavioral Health and Health Care*

02/12/2024 3:00 PM

Work Session: [HB 4081](#) - EMS Modernization

Work Session: [HB 4091](#) - Insurance Advisory Committee

Work Session: [HB 4150](#) - Overdose notification

Work Session: [HB 4010](#) - Health care omnibus

Work Session: [HB 4011](#) - Health care Omnibus

Work Session: [HB 4113](#) - Co-pay assistance

Work Session: [HB 4136](#) - Nursing licensing

Work Session: [HB 4130](#) - Corporate Medicine

*Senate Floor*

02/13/2024 11:00 AM

Third Reading: [SB 1508](#) - QALY and Insulin

*House Behavioral Health and Health Care*

02/13/2024 5:00 PM

Public Hearing/Work Session: [HB 4071](#) - Temporary licensure for out of state health professionals