



OAFP

Week ending April 23, 2023

Capitol Climate

Like it or not, big pieces of legislation are getting their votes and the Governor is staking out a position on spending for the biennium.

The big news of this week is Governor Kotek's disagreement with the Legislature's budget co-chairs, Senator Steiner and Representative Sanchez. [Governor Kotek](#) wants the state's budget writers to tap into Oregon's rainy day fund in order to prevent state agency budget cuts and invest in her remaining legislative priorities (summer learning and early literacy investments, additional investment for the state's houseless crisis, and more money for behavioral health investments.) While the budget co-chairs haven't said no they aren't inclined to have that conversation just yet – Senate President Wagner is aligned with the co-chairs while House Speaker Rayfield is open to the idea. This disagreement on future action is showing us the challenges of leadership and could lead to some serious disagreements in the weeks ahead.

Committee Hearing Report outs

Joint Ways and Means Human Services

04/17/2023

- An Informational Meeting on OHA's Behavioral Health Delivery Model was held during the week of April 17th. Here is what occurred:
 - The meeting began with a presentation ([slides](#)) highlighting the services provided by the OHA's Behavioral Health Delivery Model, including Substance Use Disorders, Adult and Youth Mental Health, Problem Gambling, and other Addictions. OHA emphasized that treatment is the same for both youth and adults. Provided a summary of the segments of the Certified Community Behavioral Health Clinics (CCBHC): community-based services, integrated

behavioral health, equitable service delivery, & safety net payment model.

- For community-based services: mobile crisis, street outreach, basic needs, and harm reduction. The prime model for community (re-) integration includes peers as required staff. For integrated behavioral health: required to serve the most acute and persistent behavioral needs. They also require 20 hours of primary care onsite, and treatment planning is person-driven. For equitable service delivery, adherence to national CLAS standards is required for culturally and linguistically appropriate services. The service delivery is based on community-based needs assessment, and they report disaggregated data by [REALD/SOGI](#). For safety net payment model, the PPS (Prospective Payment System) allows non-billable activities. Everyone is served, regardless of address or ability to pay.
- OHA acknowledged several challenges in the behavioral health services, including current capacity limitations and gaps in services, pockets of siloed or disjointed services, system-wide workforce shortages at all levels, and increased behavioral health acuity exacerbated by pandemic isolation. OHA responded to these challenges by continuing an inventory and gap analysis of services to guide targeted investments, conducting a financial inventory of SUD services paid for by OHA, ODHS, ODE, DOJ, and federal grants, internal organizational mapping process to align work with optimum service delivery, focused workforce development, and incentives to fill gaps in critical service areas, and increasing outreach and engagement to intervene prior to increased acuity in individuals.
- OHA mentioned their priorities for 2023-2025, which is to improve access to behavioral health services, aligning with Governor Kotek's priorities to disrupt the homelessness-jail-hospital pipeline, decrease preventable deaths related to substance use or behavioral health, and stabilize and support the behavioral health workforce.

Public Hearing

- [SB 1042](#) Requires the Oregon Health Policy Board (OHPB) to produce a report on the Oregon Integrated and Coordinated Health Care Delivery System with analysis of costs, health outcomes, and efforts to reform payment systems and to reduce health disparities. Modifies membership of the OHPB by requiring members with expertise in the following areas: health care delivery and finance, behavioral health services and reimbursement, public health and strategies to address social determinants of health, and primary care in Oregon. Requires the OHPB to appoint an executive director and to review legislative concepts proposed by OHA.
 - Sen. Hayden (chief sponsor) gave an explainer on the need for the legislation – “the Oregon Health Policy Board (OHPB) are competent people who could steer the rudderless ship that is OHA.”
 - Art Suchorzewski and Jeff Heatherington gave a presentation ([slides](#)) on what is the OHPB is responsible for.
 - Kirsten Isaacson and Stephanie Jarem (OHPB) presented ([slides](#)) on OHPB’s history, role in OHA, committees of OHPB, & achievements, challenges and opportunities.
 - Sen Hayden believes that it is important to future decision making especially giving opinions on SB 770 (which requires Department of Human Services to study independent assessments required for placement of children and wards in qualified residential treatment programs) or similar bills
 - OHPB does mention that they have been very involved decision making regarding healthcare redetermination which does fall under the category of being involved on future decision making.

House Behavioral Health and Health Care

04/17/2023

Public Hearing

- [SB 232](#), Allows out-of-state physicians or physician assistants to provide specified care to patients located in Oregon.

- Nicole Krishnaswami, the Executive Director from the Oregon Medical Board, testified on the importance of expanding access to telehealth for Oregonians who may need to see their preferred health professional who may be out of state.
- Rep Conrad wanted to know if nurse practitioners are included?
 - as they are not under the same restrictions as MDs, or DOs they are not included in this bill
- Rep Javadi had questions about what the statute does exactly of in state doctors
 - It doesn't affect them it just permits out of state doctors to practice medicine as the statute for out of state practices is currently vague
- [SB 216](#), Prohibits disclosure of individually identifiable data collected in accordance with uniform standards adopted by Oregon Health Authority for collection of data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity.
 - Marjorie McGee, the Director of the REALD & SOGI Unit from OHA, testified in support of the bill as the least intrusive way to get demographic data.
 - Rep Javadi had concerns regarding HIPPA
 - Rep Morgan had concerns about children born from military service struggling to answer this question due to the confusion between country of birth vs country of origin.

House Behavioral Health and Health Care

04/19/2023

Public Hearing

- [SB 450](#) (Exempts from labeling requirements drug intended to reverse opioid overdose when drug is dispensed by physician or physician assistant)
 - Sen Bonham, chief sponsor, and Emerson Hamlin (ONA) testified in support of this bill emphasizing the importance of opioid overdose reversal medications and the ability to prescribe said medication with ease.

- Rep Morgan mentioned the possible issue with federal legislation that does something very similar to SB 450 but agreed Sen Bonham that having 2 statutes can be beneficial just to make sure the bill's intention is fully met.
- Rep Morgan also highlighted that the proposed -1 amendment expands the scope to NPs and asked if other groups will be included in future amendments.
 - ONA has reached out to nurse anesthetists & naturopathic physicians and are awaiting their response.
- Arthur Towers from the Oregon Trial Lawyers Association, was neutral on the bill and was hoping use this bill to fix HB 2395 (which

Work Session

- [SB 216](#) (Prohibits disclosure of individually identifiable data collected in accordance with uniform standards adopted by Oregon Health Authority for collection of data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity)
 - A do pass recommendation passed, 7-3-1, of note Rep Diehl voted in favor of this bill.

Senate Rules

04/20/2023

Public hearing and work session on [SB 1089](#) (establishes Universal Health Plan Governance Board) was held. Various health care providers, small business owners, individuals, and universal health care advocates testified in support focusing on the current cost of insurance to small business, the choice people have to make between care and bills, and that this bill only requires a comprehensive plan to be created. American Health Insurance Providers and Oregon Association of Health Underwriters testified in opposition focusing on the funding sources being a burden to individuals or businesses, the board being placed in DCBS being a conflict of interest, and that other states have been unsuccessful. Sen. Steiner refuted all arguments and asked for grace until the board makes their plan. The bill as amended (-1 Directs the Board to plan for a system in which employers contribute to the cost of Oregon's health care system while retaining the flexibility to offer benefits, including self-funded health plans,

to employees.) moved to the floor with a “do pass” recommendation and requested referral to Ways and Means. Sen. Knopp voted no and Sen. Hansell was a courtesy yes.

Floor Activity

[SB 376](#), Adds accreditation standards for individual insurance companies that write more than \$500 million in annual premiums and insurance company holding groups that collectively write more than \$1 billion in annual premiums to provisions applicable to health care service contractors.

04/18/2023

- **Passed 28-0-2** (excused: Findley & Gorsek) with no discussion

[HB 5522](#), Oregon Medical Board budget bill.

04/20/2023

Passed 20-7-3 (excused: Findley, Gorsek, & Campos)

Coalition Meeting Report

AHO Policy Check-In

Oregon Coalition for Affordable Prescription shared that [SB 404](#) (omnibus prescription drug bill) is dead but is being added to [SB 192](#) (Directs PBMs to report with DCBS including aggregated dollar amounts of rebates, fees, price protection payments, and any other payments received by drug manufacturers). The upper payment limit has moved to a study group for now.

The Week Ahead

Joint Ways and Means Subcommittee on Human Services

04/24/2023 8:00 AM

[HB 5525](#): Oregon Health Authority budget bill

Information Meeting

Senate Health Care

04/24/2023 1:00 PM

[HB 2395](#): Changes term "naloxone" to "short-acting opioid antagonist", allows for public buildings to store short-acting opioid antagonists, and allows first responders and school employees to administer the drug.

Public Hearing

[HB 2584](#): Adds physician assistants to practice of medicine provisions, including use of title and duty of care.

Public Hearing

House Floor

04/25/2023 11:00 AM

[HB 2002](#): Abortion and gender affirming care access bill

Third Reading