



## **Oregon Academy of Family Physicians Week ending April 7, 2023**

### **Capitol Climate**

Wow, what a week, a whirlwind of activity to start and then we threw on the brakes. Capitol hallways were filled with lobbyists hovering to get the attention of committee chairs and plead their case for having their priority bills voted on in committee, as by April 4th bills had to be worked out of their policy committees and go either to a floor vote, Ways & Means. (Some bills have stayed active by circumventing the typical rules and moving to either the House or Senate Rules committees, a maneuver used by legislators and advocates to keep working on bills – or occasionally, to make a political point). On Wednesday the building emptied out as people took a reprieve, committee hearings were mostly canceled, and focusing on next steps for their legislation.

As of midnight on April 4th we lost approximately half of all bills introduced this session, from 2,908 down to 1,550. We can expect to lose another good chunk of those at the next deadline on May 19th.

We hit another milestone this week, reaching the exact halfway point of the legislative session: April 6th marked the 81st day of the legislative session!

At this point, the Senate has a significant amount of bills to vote on at this point, they're making glacial pace right now (57 in total, 42 senate bills and 15 house bills) while the House hasn't been quite so slow (35 of their own bills). Next week we expect most policy committees to take a break from their work to allow for longer floor sessions to allow the Senate and House to get through their backlog (hopefully.)

### **Committee Hearing Report outs**

*Joint Ways and Means Human Services*

04/03/2023

An Informational Meeting on the OHA's Key Performance Measures & 2023-25 Governor's Budget Investments, SB 5525, was held during the week of April 3rd. Highlights included:

- OHA presentation on “Key Performance Measures” ([slides](#)) which align with the agency’s strategic goal of eliminating health inequities in Oregon. OHA will be removing several KPMs and adding new, a couple of relevant new KPMs are:
  - Infant Mortality Rate (IMR)
    - New key performance metric
    - Fundamental indicator of population health
    - Reflects the broader socioeconomic, structural and environmental factors that influence health and access to health care
  - Mortality from Drug Overdose
    - Rates of drug overdose death have increased sharply in Oregon over the most recent three years of data available
    - Drug-related death rates are highest among Black or African-American nonHispanic and American Indian/Alaska Native non-Hispanic populations
    - Target: 7.7 per 100,000
- Presentation on “Governor's Investments” ([slides](#)), which are the Non-POP Health Investments:
  - Decrease Preventable Deaths
    - 988 Line Charge – \$37.0 M from OF
    - Harm Reduction Clearinghouse – \$40.0 M from OF
    - Child & Adult Substance Use Disorder Facilities – \$15.0 M from GF
  - Stabilize, Support and Diversify the Workforce
    - Continue Behavioral Health Rate Increases – \$127.4 M from GF
    - Healthcare Provider Incentive Program – \$20.0 M from GF
  - Increase Coverage and Access to Care
    - Healthier Oregon Program – \$500.0 M from GF
    - Essential Worker Healthcare Trust – \$10.0 M from GF & \$25.0 M in Total Funds (TF)
  - Oregon State Hospital
    - Response to CMS Review – \$4.2 M from GF

- Complex Case Management – \$4.2 M from GF
- Junction City Unit Remodel – \$5.0 M from OF
- Questions/Comments
  - Sen Hayden: With the funding of the Healthier Oregon Program covering the last stretch of uninsured Oregonians what would be the point of a single payer healthcare system?
    - OHA: With charity care and the full funding of the Healthier Oregon Program this would be equivalent to a single payer healthcare system to those who are uninsured.

### *Senate Judiciary*

04/03/2023

Work Session

[SB 376](#): Requires Department of Consumer and Business Services to study insurance.

- The bill's [-1 Amendment](#), adds the 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 statutory provisions that are applicable to health care service contractors. moved to the floor with a “do pass” recommendation.
- Passed unanimously with no discussion. Carried by Linthicum.

### *Senate Health Care*

04/03/2023

Work Sessions

- [SB 1079](#) (Requires Oregon Health Authority to study hospital licensing requirements)
  - Motion to move the bill to the president's desk with no recommendation passes, 5-0 (likely heading to Senate Rules)
- [SB 608](#) work session adopted the [-1 amendment](#) which replaces the measure. It directs the Oregon Health Authority (OHA) to conduct, every

three years, a survey of retail pharmacy providers that are enrolled as Medicaid providers in the state medical assistance program.)

- Motion to adopt the -1 amendment passed unanimously while the motion to move the bill to the floor with amendments passed 3-2 down the party line.
- [SB 584](#) (Directs Oregon Health Authority to implement website with functionality to provide online scheduling portal for health care providers that participate in medical assistance to use to contact health care interpreters directly and to process billing)
  - A work session was held with no vote, the bill died.

#### Public Hearing

- [SB 1085](#) (Allows pharmacist to test and provide treatment for certain health conditions)
  - This is testimony carried over from the 3/29/23 committee. No work session was held, bill does not progress.

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

04/03/2023

#### Work Sessions

- [HB 3157](#), with adoption of the [-5 amendment](#), now is narrowed significantly to only establish a Health Insurance Mandate Review Advisory Committee (HIMRAC) to develop a process for reviewing and producing a report on all proposed legislative measures and amendments to measures proposing mandated health insurance coverage. Requires Legislative Policy and Research Office (LPRO) Director to collaborate with Department of Consumer and Business Services (DCBS) to collect and compile data needed to analyze social and financial effects of proposed coverage mandate.
  - The -5 amendment & the motion to move the bill to the floor with a do pass recommendation with amendments both passed, 9-1-1
- [HB 2045](#) (Requires Oregon Health Authority to study access to health care in Oregon.)

- The bill was moved out of committee without amendments, likely referral to Rules.
- [HB 2002](#) (Modifies provisions relating to reproductive health rights)
  - The work session on the reproductive health bill was as tense as the public hearing had been. After much committee back and forth the bill passed its work session 6-5, party line vote.
- [HB 2235](#) (Requires Oregon Health Authority to study access to behavioral health treatment in rural and medically underserved areas of this state.)
  - A work session was held, a [-3 amendment](#) presented that would further define the function of the study task force and specify their focus on recommendations related to behavioral health workforce recruitment, retention, administrative burdens, reimbursement, caseloads, and burnout.
  - The bill did not have votes to make it out of committee, so the Chair voted no and provided a move for reconsideration on the next meetings's agenda.

*House Behavioral Health and Health Care*

04/04/2023

ADD Gabe's Notes 2045, 2742, 2878, 2455, 2235, 2513

- [HB 2235](#) (Requires Oregon Health Authority to study access to behavioral health treatment in rural and medically underserved areas of this state)
  - This is the bill from Monday night that had to be moved and given a Motion to Reconsider. The motion was successful, the [-3 amendment](#) was adopted (refining the scope of the task force) and the bill passed out of committee 6-4-1.
- [HB 2513](#) (Requires Oregon Health Authority to study implementation of Ballot Measure 110 (2021).)
  - Work session was held and bill was voted out of committee unanimously. Rep. Goodwin did so with hesitation, Rep. Morgan

reiterated her support for the inclusion of community behavioral health programs in the BHRN planning process.

- [HB 2045](#) (Requires Oregon Health Authority to study access to health care in Oregon)
  - Motion to move the bill to House Rules without recommendation with the expectation the bill will be amended to become similar to HB 2742 (the bill excluding certain costs from consideration as total health expenditures for purposes of Health Care Cost Growth Target program, which did not move forward) the -4 amendment passed unanimously, 10-0-1
  
- [HB 2878](#) (Establishes Aligning for Health Pilot Program, administered by Oregon Health Authority, to test alternative methods for payment for health care)
  - Motion to adopt the [-3 amendment](#) passes 7-3-1, down the party line with Rep Conrad being the only republican to vote Yes & the motion to move the bill to the floor with a do pass recommendation passed, 6-4-1 down the party line
  
- [HB 2455](#) (Imposes requirements and restrictions on insurer and coordinated care organization audits of claims for reimbursement submitted by behavioral health treatment providers)
  - The motion to adopt the [-7 amendment](#) was met with concerns from Republicans regarding the indeterminate fiscal, this caused Chair Nosse to take a break to talk to his republican colleagues privately. The motion passed, 7-3-1
  - The Motion to move the bill to the floor with a do pass recommendation where Chair Nosse had to yet again pause the committee to explain what the scope of the bill was to Rep Dexter. The Motion passed, 8-2-1

## **Floor Activity**

SB 968 (System of Care Advisory Council update bill: changes timeline for their strategic plan from 2 years to 4 and requires the OYA, DHS, OHA, ODE, CCOs and

any other state agencies, boards or commissions to work with the SOCAC on joint studies)

- Bill passed 23-6-1 (nays: Boquist, Findley, Girod, Linthicum, Robinson, Thatcher) with minimal discussion.

## **Coalition Meeting Report**

*AHO Policy Check-In*

04/05/2023

Tom Sincic with HCAO shared that [SB 1089](#) is the new universal health care bill (formerly SB 704 reflects [-8 amendments](#)) and was referred to Senate Rules. The Universal Health Plan Governance Board's first report is due in 2024 to the legislative assembly.

## **The Week Ahead**

Senate Floor

04/10/2023 10:30 AM

[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.

*Third Reading*

[SB 608](#): Directs OHA to conduct, every three years, a survey of retail pharmacy providers that are enrolled as Medicaid providers in the state medical assistance program.

*Third Reading*

House Floor

04/11/2023 10:00 AM

[HB 2235](#): Requires OHA to convene a work group on barriers to behavioral health work force and retention

*Third Reading*

[HB 2513](#): Relating to drugs. M110 implementation bill.

*Third Reading*

Joint Ways and Means Subcommittee on Human Services

04/12/2023 8:00 AM

[HB 2002](#): Relating to health; declaring an emergency. Reproductive health and gender affirming care access bill.

*Work Session*

Senate Health Care

04/12/2023 1:00 PM

[HB 2395](#): Relating to substance use; declaring an emergency. Dexter's fentanyl bill package.

Public Hearing

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

*Public Hearing*

Senate Rules

04/13/2023 3:00 PM

[SB 1089](#): Relating to the Universal Health Plan Governance Board; declaring an emergency.

*Public Hearing and Possible Work Session*