

LEGISLATIVE UPDATE

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Insurance Exchange – SB 99

A coalition led by OSPIRG and Care Oregon said they oppose the Insurance Exchange bill that came out of the Senate Health Subcommittee, so they proposed seven major amendments dealing with such issues as the makeup of the Board, limiting the number of plans in the Exchange, its role as a purchaser, and allowing managed care organizations to sell their product commercially without an insurance license or reserves. This week, the full Senate Health Committee rejected all seven amendments, sending the bill to the Senate floor and then the House.

Sen. Jeff Kruse (R-Roseburg) said, “If was going to send a message to the House it would be ‘tread lightly on this product.’”

Sen. Laurie Monnes Anderson (D-Gresham) said she liked some of the amendments but voted against them in committee because the bill was a carefully crafted compromise. “I don’t necessarily disagree with the policy, but we had a bipartisan agreement in the subcommittee,” she said.

Sen. Frank Morse (R-Albany) added, “There are respectful differences of opinion on the role of the Exchange. In my opinion, the Exchange should not be able to choose winners and losers. The marketplace can better determine that.”

The committee agreed it’s in the best interest of Oregon for the legislature to create the Exchange and not let Oregon be subject to the federal Exchange when it is created.

Opponents of the Exchange bill that passed the Senate Committee will have another chance to modify it when it goes to the House Health Committee.

Bronze & Silver Insurance Plans for the Exchange – SB 91

SB 91 is part of a big debate about what to require of insurance carriers in the Insurance Exchange. But the debate is taking place before the feds have said what the basic benefit package will look like or exactly how three risk-sharing mechanisms in the federal law will work.

The federal health care reform law requires carriers who participate in the Exchange to offer gold and silver plans in the exchange. SB 91 would require Oregon insurers to offer silver and bronze plans outside the Exchange as well as inside if they want to participate in the Exchange.

Proposed amendments to SB 91 would have added the requirement to offer the gold plans inside and outside the Exchange, based on the theory that this would help prevent high-risk patients from being pushed into the Exchange.

The Senate Health Committee decided to move forward without the gold plan amendment saying “Until we see what the federal risk adjustment mechanisms look like and how they will impact the market” we don’t need to add more requirements.

Legislators and the Exchange Board will have plenty of time in the 2012 and 2013 sessions to make those adjustments.

Primary Care MD Recruitment – HB 2366

Rep. Nancy Nathanson's (D-Eugene) bill was moved out of the House Health Committee this week. HB 2366 would create an interim workgroup to brainstorm ways in which Oregon can market itself to attract primary care physicians.

Rep. Mitch Greenlick (D-Portland) said he would like the bill to include NPs and asked Rep. Nathanson to work on such an amendment on the Senate side.

HB 2366 now goes to the House floor.

OHP Deferred Compensation – HB 3135

HB 3135 failed to move out of the House Health Committee, killing the bill for this session. The Oregon Health Authority testified it still had concerns about HB 3135, which would have allowed health practitioners who see OHP patients to direct their compensation into the state's tax deferred retirement plan.

As Rep. Ben Cannon (D-Portland) is passionate about replicating Mississippi's model of deferred compensation in Oregon, this may be an issue that gets worked over the interim to be brought back next session.

Telemedicine for Diabetes – SB 787

The Senate Health Committee unanimously approved a pilot project requiring insurance to cover telemedicine services for diabetes, but only from OHSU. "This is a mandate but a very narrow mandate," Sen. Laurie Monnes Anderson (D-Gresham) said. "It's extremely important for us to get some data and see if telemedicine for diabetes can cut costs." There was no opposition once the bill was amended. The bill now heads to the Senate floor.

Independent Audit for DMAP – SB 880

With no discussion, the Senate Health Committee sent SB 880 to Ways and Means. The bill would require the Oregon Health Authority to hire an independent actuary to review prepaid managed care rates in the Oregon Health Plans at a cost of \$1.14 million General Funds.

Sen. Jeff Kruse (R-Roseburg) said, "I question the number. I think it's higher than it should be." The committee unanimously approved the bill.

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