

LEGISLATIVE UPDATE

Prepared for OAFP

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100s of Bills Die as Deadline Passes

Thursday, April 21 was drop-dead day for bills in their house of origin. It was move or die. Hundreds of bills did not make the cut and are now dead, though a few high-priority issues could still resurface as amendments or special bills.

On the last day, Republicans in the House Health Committee, upset that a bill (HB 3478) allowing school districts to opt-out of the Oregon Educator Benefit Board (OEBB) was not going to move, locked-up as a caucus and killed seven bills on 4-4 votes. Some of them were bills that had widespread support, but it's the kind of thing that can happen when you are up against deadlines.

Among the bills Republicans killed Wednesday were:

- HB 3559 – Payment Methodology Standardization
- HB 3164 – Marriage Counselor Mandate
- HB 3019 – Volunteer Health Providers
- HB 2944 – Rescission Notification
- HB 3409 – FHIAP Payment
- HB 2271 – Never Events

Now, House committees will take up bills that have already passed the Senate, and Senate committees will take up House bills. They have a little more than five weeks to take action. Policy committees are scheduled to close June 1st.

Family Medicine Residency Network Bill Moves Forward – HB 2401

It's nearly impossible to get funding for projects in tight budget sessions like this one. Amazingly, it was nearly that hard to convince the legislature that we did not want money for the family medicine residency network.

Initially, we asked for \$1 million to help create the residency network. But that proposal lost out to other priorities in the House Health Committee.

In testimony, John Saultz, MD told the committee the policy — hospitals should work cooperatively to create a network that shares responsibility for faculty training, development, and quality — was as important as the funding. So we decided to strip out the funding and turn HB 2401 into a policy bill. Easier said than done.

It took a week and a half, numerous letters from OHSU to the Legislative Fiscal office, and meetings with the Speakers' offices to convince them that if the residency network gets created, it will be done with foundation and/or hospital funding. We were finally successful and the bill unanimously passed out of committee. It's now headed to the House floor.

Rural Malpractice Subsidy Moves to Ways and Means – SB 608

SB 608 would provide the \$5.5 million needed to keep the rural malpractice insurance subsidy program going through the 2011-13 biennium. Senate Judiciary Committee unanimously approved the bill, sending it to Ways and Means with no further discussion.

Paying Primary Care 150% of Medicare Passes Senate Committee – SB 210

On a straight party-line vote, the Senate Health Committee approved SB 210 that would require managed care organizations in OHP to pay primary care providers at 150% of Medicare. “We need to get primary care and preventive care funded,” said Sen. Alan Bates (D-Ashland). “This is a blunt instrument to do that.”

The Oregon Health Authority testified that the bill would require MCOs to pay internists and pediatricians at the higher rate even if they are not practicing primary care.

The bill is cost neutral. Increased payments for primary care are to come by decreasing payments to specialists, hospitals or other components of the system. OHA estimates it will result in a \$110 million shift into primary care in the 2011-13 biennium.

The bill was sent to Ways and Means.

The other bill (**SB 850**) designed to increase payments to primary care providers died in committee.

Health Care Transformation – HB 3650

After weeks of discussion, legislators and interested parties got their first look at the proposed legislation for the OHP Transformation Plan.

Republicans on the Joint Transformation Committee immediately asked why malpractice reform was not in the bill. Legislative Counsel said it did not fit with the bill’s relating clause: “related to health care”. But as they worked their way through the bill and found a section requiring community health workers to be unionized SEIU workers with collective bargaining, legislators asked how that could be germane to health care but malpractice reform is not. Legislative Counsel agreed to take another look at the issue.

Legislators are on a tight timeline. They hope to wrap up work on the bill by May 11. So they are asking for suggested amendments as soon as possible.

Modernizing PA Licensing – SB 224

With little discussion, the Senate Health Committee sent SB 224 to the Ways and Means Committee. The bill would modernize physician assistants’ licensing by allowing them to get licensed before they have a job and removing the requirement for the Oregon Medical Board to approve every practice description and every change in a practice description. Amendments adopted by the committee represent a consensus agreement by the Oregon Society of Physician Assistants, OMA and Oregon Medical Board.

OMB said it would cost \$100,000 to implement these changes. Sen. Alan Bates (D-Ashland) scoffed at that saying, “They should be able to absorb this in their budget.” In fact, it should save them money.

Reimbursing NPs at the Same Rate as MDs – SB 858

The bill would require insurers to reimburse independent nurse practitioners at the same rate as physicians for the same services. The Senate Health Committee viewed it as a matter of equity and unanimously approved the bill.

The House Health Committee raised concerns about similar legislation earlier this session saying, “Part of the goal of using more NPs and PAs is to save money in the health care system. How does the system save money if they are paid the same as MDs?”

SB 858 will face that philosophical and financial question when it gets to the House. The bill first goes to the Senate floor.

Naturopath Mandate Dies in Committee – SB 229

This bill was trying to do for naturopaths what previous legislation did for nurse practitioners – require insurers, including managed care organizations, to cover naturopaths' services. The naturopaths' association says it would break down barriers to naturopathic care. But they could not find enough votes to pass the bill in the Senate Health Committee and the bill died.

Retainer Medical Bill Moves Forward – SB 86

The Insurance Division proposed amendments to the Retainer Medical Bill, SB 86, that:

- Limit retainer practices to primary care,
- Prohibit retainer sales to groups, and
- Prevent collecting retainer fees and billing insurance for the same service.

The Senate Health Committee also told them to delete dental services from the list of services that may be provided by retainer practices.

The Senators liked the idea of passing something this session so they would have information by the February 2012 session on how many and what types of retainer medical practices are operating in Oregon.

“I think this is more significant than people realize,” said Sen. Jeff Kruse (R-Roseburg). The bill now goes to the Senate floor.

Autism Mandate – SB 555

Pacific Source testified saying, “We have been on the wrong side of this issue. We need to find a path forward for these families to find early intervention and services for these families.”

Amendments proposed by PacificSource would have put caps on Applied Behavioral Analysis (ABA) services of 20 hours per week or \$50,000 per year. The amendments also include a tiered system for coverage under OEBC and PEBC, meaning those taking advantage of autism coverage would have to pay more. But the committee did not approve those. Instead, they approved more general amendments that raise more questions for insurers.

Scope of Practice Review – SB 225

Sen. Laurie Monnes Anderson (D-Gresham) said, “I’ve been working on this for years and it still isn’t good.”

It is an understatement to say legislators hate health care scope of practice bills. They view them as turf wars between professionals. Legislators say they are not qualified to determine when or if a profession’s scope of practice should be expanded.

Legislators have tried forcing groups into mediation, with only limited success.

SB 225 asks the Oregon Health Authority to look at how other states resolve these battles. OHA says it will ask its Workforce Committee to make recommendations to the legislature in 2013.

Require Agencies to Use OPDP – SB 962

This bill would force state agencies that currently do not use the Oregon Prescription Drug Program – Corrections and the Oregon Youth Authority – into the program unless

they prove they can purchase Rx cheaper elsewhere. “This is supposed to be user friendly and entice people in,” Sen. Jeff Kruse (R-Roseburg) said. “This forces people in. If this program is that wonderful, agencies will choose to come in.”

On a party line vote, the Senate Health Committee sent the bill to Ways and Means.

Sales Tax for Health Care Clears Committee – SB 972

The Senate Health Committee approved SB 972 without discussion, setting in motion a planning process to develop a proposal for a sales tax dedicated to health care. The goal is to use a sales tax to pay for basic health insurance for all Oregonians. The proposal would be considered during the February 2012 session and, if approved, referred to the November 2012 ballot. The bill now moves to the Senate floor.

New Committees in OHA – HB 2100

Originally billed as a way to consolidate two existing commissions (Health Services Commission and Health Resources Commission) into a new Health Evidence Review Commission, establish a new Pharmacy & Therapeutics committee and propose “technical fixes” to 2009’s health care reform bill (HB 2009), HB 2100’s reach is in fact much broader. One of the primary goals from OHA’s perspective is to create a framework that would then develop and regulate a statewide formulary. Amendments added to the bill clarify these processes and procedures for both new committees and are a result of weeks of discussion between a small workgroup including OHA, OAHHS and PhRMA.

HB 2100 was one of only two bills to survive the Republican blockade that defeated seven other bills on the last day before the deadline.

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