KATY KING
GOVERNMENT RELATIONS & PUBLIC AFFAIRS

2017 Legislative Session Final Report
OREGON CHAPTER OF
THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

2017 Legislative Session Overview

Legislators pass a transportation package, fund Medicaid expansion and Cover All Kids, but fail to reach agreement on corporate tax reform and PERS

The 79th Legislative Assembly convened on Feb. 1, and adjourned on July 7, three days ahead of the constitutional deadline of July 10. Democrats held a majority in the Senate (17-13) and in the House (35-25). These majorities allowed them to pass controversial bills raising the minimum age to purchase tobacco to 21, Reproductive Health Equity, and the Extreme Risk Protection Orders, a gun violence prevention bill. Lawmakers from both parties supported the $5.3 billion, 10-year, transportation package, Cover All Kids, which would extend health care coverage to 14,000 children in Oregon regardless of their documentation status, and the Equal Pay Act. They also passed the state's $21 billion budget, while addressing a $1.4 billion dollar budget shortfall.

OR-ACEP Legislative Wins and Losses

OR-ACEP advanced several priority bills and initiatives during the recent 2017 Legislative Session. A special emphasis was placed on policies, budget notes and bills that would protect patients, promote the practice of emergency medicine and provide for fair reimbursement and a stable contracting environment. OR-ACEP opposed bills that could be detrimental to patient care and access.

To recap some of the highlights:

- **HB 2339 Balance Billing —Passed.**

OR-ACEP blocked a version of this bill which tied out-of-network provider reimbursement to a percentage of Medicare and the unenforceable Greater of Three rule, currently subject to a legal challenge by ACEP. OR-ACEP worked with DCBS and legislators to negotiate compromise amendments, which require a workgroup to develop recommendations in time for 2018 session.

- **HB 2114 Opioid Guidelines — Passed.**

OR-ACEP opposed a version of this bill which would limit Rx to 7 days and impose criminal penalties on providers

- **HB 2807/SB 487/SB 737 Damages Cap — Failed**

OR-ACEP opposed bills to increase the medical liability cap from $500,000, to $10,000,000.

- **SB 817 Allows urgent care facilities to advertise emergency services— Failed**

OR-ACEP blocked this bill from ZoomCare, which would allow urgent care facilities to advertise emergency services.

In the loss column, **HB 2620, which would help prevent violence against hospital workers**, failed this session. A similar bill, also supported by OR-ACEP, died during the 2015 session. **OR-ACEP opposed HB 3418 and SB 1067, cost-containment bills**, which tied hospital reimbursement for state employee benefit plans members to a percentage of Medicare. While the version that passed did not include physician reimbursement, OR-ACEP opposed it on principle. (See 2017 budget information below.)

2017 Budget

Session starts with $1.8 billion dollar budget shortfall

The budget shortfall framed the tenor of the session. In 2015, rising revenues allowed legislators to improve funding for K-12 and to make investments in health reform and other programs. This session legislators grappled with how to fill a budget shortfall with nearly a billion of it in Medicaid. They were successful in passing **HB 2391**, **which creates the funding to cover more than 350,000 Oregonians added to OHP after the ACA**. It raises $673 million in revenue by a provider tax on insurers and has been signed into law by Gov. Brown. However, three Republican lawmakers may refer the tax to the ballot for voter approval. If they are successful, voters would weigh in on a special election on January 23. Democrats say the accelerated election timeline was needed to make budget decisions before the February 2018 session if voters rejected the tax. Republicans say the January election will suppress voter turn-out. Opponents of the tax need to collect nearly 59,000 signatures to put the measure of the ballot.

Also controversial: **SB 1067, a cost containment measure**, includes a provision which will tie public employee and school employee health benefits hospital rates to a percentage of Medicare. Hospitals, insurers and providers opposed this bill, which may lead to higher health insurance premiums for other patients. Associations for physicians (excluded from the final version of the bill) also opposed benchmarking reimbursement to Medicare, which was intended to be a backstop for elderly and disabled people and does cover provider costs, nor keep up with inflation. Legislators said the $200 million in savings would help balance the state's budget and control escalating health care costs. The bill passed in the last hours of session and now heads to the Governor for her signature. It takes effect 2019 and will exempt the 32 rural critical-access hospitals.

The OHA budget also contained budget notes (policy directives) regarding the behavioral health collaborative and rates for residential mental health services. See end of the report.

2017 Interim and 2018 Session

Lawmakers will return for interim legislative days the week of September 18, November 13 and January 8 in preparation for the next legislative session, which convenes February 5 and adjourns no later than March 9, 2018.

The deadline for legislators to submit measure requests to Legislative Counsel is November 21, 2017. Each senator may request one legislative concept draft. Each representative may request two drafts. Interim committees may request three drafts. The Governor and the Chief Justice of the Supreme Court may each request no more than five drafts. Limits don't apply to the Joint Committee on budget-writing Ways and Means, measures requested by the Senate President and drafts requested by the House Rules Committee.

Next year is an election year. The deadline for legislators to file to run for office in Oregon is Tuesday, March 13, 2018.

2019 Session Preview
Legislative leadership was unable to reach agreement on corporate tax reform and the PERS liability (legislators need to address the $22 billion unfunded liability). Gov. Brown has said these issues will need to wait until the longer session in 2019.

2017 Major Health Legislation

- **HB 2339 Balance Billing.** Bans balance billing for unexpected out-of-network provider care March 1, 2018. DCBS will convene an interim workgroup to develop recommendations for provider reimbursement benchmarked to Oregon's All Payers All Claims database.
- **HB 3090 ED Policies for Release of Patients in Behavioral Health Crisis.** The Oregon Association of Hospitals and Health Systems will develop policies for care of patients in behavioral health crisis released from the emergency department.
- **SB 754 Tobacco 21**. Oregon joins California and Hawaii and becomes the third state to increase the minimum age to buy tobacco to 21. The bill was amended to delete the term "possession" to address concerns about racial profiling.
- **HB 2114 Opioid Prescribing Guidelines.** Licensing boards will require licensees to adhere to prescribing guidelines.
- **HB 2066 Extends tax credits for rural medical providers and other entities.** The rural practitioner tax credit is critical for ensuring access to care.
- **HB 3261 Oregon's Healthcare Workforce Incentives and Training.**
  Funding in HB 3261 includes:

- $4 million for Loan Repayment
- $1 million for Loan Forgiveness
- $5 million for OHSU's Scholars for a Healthy Oregon scholarship program
- $1 million for new scholarship programs at schools like Comp NW and Pacific U.
- $4 million for the Rural Malpractice Subsidy Program
- $1 million in discretionary funds for the OHPB to invest where it is most needed.
- $4 million to help develop health care professional training programs. This could include GME subsidies, preceptor incentives and/or loans or grants to help universities and community colleges create new training programs. The Workforce Committee is also given flexibility to move unused funds between programs to best meet needs and demands.

- **HB 3404 Rear-Facing Car Seats.** This bill will protect children under the age of 2.
- **SB 48 Suicide Prevention.** Health licensing boards will report trainings to OHA.

- **HB 2597 Distracted Driving** expands handheld device uses (such as holding a cell phone to play music while driving) that can qualify for a citation. Talking and texting on a cell phone while driving are already illegal. Penalties for first offense as well as subsequent offenses are increased.
- **SB 719 Extreme Risk Protection Orders.** Will help keep guns out of the hands of family members in crisis.
- **SB 558 Cover All Kids.** Ensures health insurance coverage to all children and adolescents living in Oregon whose family incomes fall below 300 percent of the Federal Poverty Level, regardless of documentation status.
- **HB 3391 Reproductive Health Equity Act.** Requires insurers to cover birth control, sexually transmitted infection screenings, certain cancer screenings, vasectomies, abortion and postpartum care. The Legislature included $6 million in the budget to pay for family planning services and $3 million for postpartum care. Contraceptives are to be covered without co-payments.
- **HB 2310B Public Health Modernization.** The OHA budget includes $5 million to modernize public health services and prevent communicable disease outbreaks.
- **HB 3355 Prescribing Privileges for Psychologists.** Allows psychologists who meet certification requirements to prescribe medications to mental health patients in the medical setting.

Summary of OR-ACEP Priority Bills

State agencies already are working to implement bills with emergency clauses. All other bills will take effect January 1, 2018. Over 2,800 bills were introduced during the 2017 session and OR-ACEP tracked 25 priority bills. OR-ACEP testified in support and opposition on priority legislation. Many of those bills will require interim participation in stakeholder activities such as rule making and work groups. Here are summaries of OR-ACEP top bills:

<u>Priority One</u>

HB 2339 Balance Billing Ban

Status: Passed

What the bill does:

- Balance billing is banned as of 3/1/18 – this applies to ER services and the non-participating facility based providers who provide services at a participating facility. There is one exception to banning balancing bill in this situation – when a consumer chooses to see an out-of-network provider who happens to work at an in-network facility.
- DCBS is required to convene a workgroup consisting of consumer advocates, providers, and insurers to provide recommendations for rule-making and legislation. OR-ACEP will serve on the advisory committee. Recommendations must be completed no later than 12/31/17 regarding the reimbursement methodology for these services. The effective date of the rules and/or legislation would be 3/1/2018.
- DCBS will submit a legislative concept on the method for benchmarking the reimbursement.

The database to be used is the All Payers All Claims database, which can be engineered for these purposes.

Background: The original version of the bill tied out-of-network provider reimbursement to 175 percent of Medicare for non-emergency services and the problematic Greater of Three rule for emergency services. OR-ACEP opposed the bill for the following reasons:

- Tying the rate of reimbursement to 175 percent to Medicare would cut provider reimbursement by 50 percent or more.
- The GOT rules are completely unenforceable. The Emergency Department Practice Management Association says medicine reimbursement has gone down after this minimum standard was implemented at the federal level. Not only that, the rule is currently subject to a legal challenge by ACEP.
- Insurers determine their reimbursement levels and formulas in private. There's no way for the emergency physician to check if they are getting paid the same as out-of-network providers. This standard is extremely vague.
- Consider that emergency physicians in Oregon, pursuant to the EMTALA mandate, do most of the indigent medical care and two-thirds of Medicaid acute care in emergency departments. And as such, they have little to no operating margins and cannot significantly discount their commercial rates. The proposed reimbursement scheme would destabilize the emergency department safety net.
- Forcing OON providers to accept below market rates, may mean that may specialists — surgeons, orthopedists, neurosurgeons and cardiologists, to name a few, will stop taking emergency call. This creates a huge access issue, especially in rural areas. (Source: OR-ACEP)

OR-ACEP worked with a physician provider coalition, which included national partners, to remove these provisions. OR-ACEP also participated in the DCBS balance billing workgroup prior to the 2017 legislative session to discuss ways to remove the burden of balance billing from the patient and advocated for a fair and transparent reimbursement system based on an independent, non-profit and transparent database such as Fair Health.
OR-ACEP Position: Support as amended**.**
Interim Action: OR-ACEP will participate in DCBS's interim workgroup to develop recommendations on determining out-of-network provider reimbursement prior to the 2018 Legislative session.
Chief sponsors/key legislators and/or interest groups: DCBS, OR-ACEP, OMA, Oregon Society of Anesthesiologists, Physicians for Fair Coverage, Cambia, Providence, OSPIRG, AARP.

HB 2114 Opioid Prescribing Guidelines
Status: Passed. Chapter 146, Oregon Law Effective 90 days after sine die
What the bill does: Directs the Oregon Medical Board, Oregon State Board of Nursing, Oregon Board of Dentistry and Oregon Board of Naturopathic Medicine to provide notice to licensees regulated by each board who are authorized to prescribe opioids or opiates of the Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications, as endorsed by the Oregon Medical Board in January 2017, no later than January 1, 2018.
Background: The United States is experiencing an opioid epidemic. From 1999 to 2013, the number of prescription opioids dispensed quadrupled in the U.S. In 2014, two million people abused or were dependent on prescription opioids, and in 2015, more than 33,000 individuals

died as a result of an opioid overdose. Oregon has one of the highest rates of prescription opioid abuse in the country.

In 2016, the Oregon Public Health Division convened the Oregon Opioid Prescribing Guidelines Task Force, which included OR-ACEP representation, to develop statewide guidelines for clinicians and health care organizations. The goal was to address the epidemic of opioid use, misuse and overdose by providing a consistent framework for care and improving patient safety at the local and regional level. The task force adopted state-specific opioid prescribing guidelines based on the U.S. Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain as the foundation for opioid prescribing in Oregon. The 2017-18 guidelines include 12 recommendations to improve patient safety and care for those with chronic pain, and address the ongoing prescription opioid overdose epidemic.
OR-ACEP Position: Neutral as amended. The original bill prohibited issuing an initial Rx of opioids for outpatient use, exceeding a 7-day supply. It also included criminal penalties. OR-ACEP advocated for evidence-based, coordinated pain treatment guidelines to promote adequate pain control, health care access and flexibility for physician judgement.
Chief sponsors/key legislators and/or interest groups: Rep. Greenlick, Attorney General Rosenbaum, OMA, OR-ACEP

HB 2620 Violence Against Hospital Workers
Status: Failed
What the bill does: This bill amends ORS 163.165 to add people working in hospitals to the list of professions who, if they are intentionally, knowingly or recklessly assaulted while performing their jobs, the crime is a class C felony.
Background: 39 states have enhanced criminal penalties for assaults against hospital employees. (Source: OENA)
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: Legacy Health Systems, OMA, OR-ACEP, Oregon Emergency Nurses Association

HB 2807/ SB 487 Increases Damages Cap for Personal Injury Claims
Status: Failed
What the bill does: Increases statutory cap on noneconomic damages involving property damage or personal injury from $500,000 to $10,000,000.
Background: Currently, Oregon law allows a plaintiff in a wrongful death action to recover for economic damages, such as loss of income, health care costs, and property repair costs. A plaintiff may also recover for non-economic damages, such as pain, mental suffering, companionship, and interference with normal and usual non-employment activities. Recovery for non-economic damages is limited to $500,000.
OR-ACEP Position: Oppose. This bill was opposed by OMA, physician associations, insurers and hospitals given the impact to the medical malpractice liability environment, increasing premiums and access to care.

Chief sponsors/key legislators and/or interest groups: House Judiciary Committees, Sen. Prozanski, Rep. Lininger, Oregon Trial Lawyers, ACLU, Disability Rights Oregon, AARP

HB 3090 ED Policies for Release of Patients in Behavioral Health Crisis
Status: Chapter 272, 2017 laws. Effective 90 days after Sine Die.
What the bill does: Requires hospitals with emergency departments to adopt policies to release patients presenting signs of behavioral health crisis and to provide suicide prevention measures if necessary. It also requires hospitals to submit information on adopted policies to the Oregon Health Authority (OHA) and directs OHA to make recommendations to the legislature to improve behavioral health outcomes by January 1, 2018.
Background: In 2015, the Legislative Assembly enacted House Bill 2023, which directed hospitals to adopt and enforce discharge policies for individuals admitted for mental health treatment. The measure specified that policies include a disclosure authorization signed by the patient and assessments of suicide risk, long-term needs, needed community services, and the patient's capacity for self-care, along with a process to coordinate the patient's care and transition from inpatient to outpatient treatment and a follow-up appointment no later than seven days after discharge. (SMS) **Note:** This version is less prescriptive. Rep. Keny Guyer convened an extensive workgroup to discuss next steps, including ED discharge policies and continuity of care for patients in mental health crisis. OR-ACEP participated in interim workgroup meetings.
OR-ACEP position: Neutral with amendments. The original version of the bill outlined criteria for ED discharge policies in statute. Amendments which required hospital to adopt policies addressed concerns, including legislating best practices, expressed by providers and hospitals.
Chief sponsors/key legislators and/or interest groups: Rep. Keny Guyer, Interim Mental Health Workgroup members, which included OHA, NAMI, OMA, OAHHS, OR-ACEP, CHA, Oregon Psychiatric Physicians Association, insurers and hospitals.

HB 3404 Rear Facing Car Seats
Status: Chapter 177, Oregon Law. Effective May 25, 2017
What the bill does: Requires children under two years of age to be properly secured in car seat in rear-facing position.
Background: Current Oregon law requires children under age one, or children weighing 20 pounds or less to be in a rear-facing position in a car seat. A 2007 study in the Injury Prevention Journal analyzed the National Highway Traffic Safety Administration crash data of 870 children and found that rear-facing car seats are more effective than forward-facing seats in protecting children aged 0-23 months for all crash types. In 2011, the American Academy of Pediatrics (AAP) issued a recommendation that all infants and toddlers should ride in a rear-facing car seat until age two or until they reach the height or weight limit of the car seat's manufacturer. Current available car seats accommodate these recommendations. AAP reports that infants younger than age two have relatively large heads and structural features of their neck and spine that place them at particularly high risk of injuries in crashes. Rear-facing car seats support the neck and spine if a crash occurs. Car crashes are a leading cause of death and injury for children ages 1-14.
OR-ACEP Position: Support

Chief sponsors/key legislators and/or interest groups: Rep. Malstrom, OHSU, OPS, OR-ACEP

HB 3440 PDMP/Naloxone
Status: Passed
What the bill does: Streamlines naloxone requirements and training. Permits pharmacist, pharmacy, health care professional or any person designated by State Board of Pharmacy (SBP) to administer naloxone and distribute necessary medical supplies to administer naloxone. Provides good faith immunity from liability to individual who administers naloxone. Prohibits insurer of health benefit plan from requiring prior authorization of payment during first 30 days of treatment with naloxone. Prohibits individuals taking or intending to take prescribed medication for drug abuse or dependency treatment from being denied access to drug court. Requires Oregon Health Authority (OHA) develop and maintain online, searchable inventory with following information: each opioid and opiate abuse or dependency treatment provider in Oregon; treatment options offered by providers; and maximum capacity of each provider. Directs OHA to report annually to legislature on treatment options as specified, and every three months to local health department on total number of opioid and opiate overdoses and related deaths
Background: Incorporates the provisions of HB 2518 which make changes to the Prescription Drug Monitoring Program, including requiring OHA to develop criteria by which a practitioner may be required to receive training on prescribing opioids or opiates, establishing a Prescribing Practices Review Subcommittee to advise OHA on interpreting prescription information and the necessity of practitioner training, and requiring OHA to coordinate with health professional regulatory boards to make resources available to practitioners regarding the best methods to change prescribing practices with respect to opioids and opiates and to incorporate alternative pain management options.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: Rep. Williamson, Multnomah County, OMA, Lines for Life.

SB 817 Advertising Emergency Services
Status: Failed
What the bill does: SB817 amends ORS 677, the medical practices act, and create two different types of emergency medical conditions: emergency and non-life threatening emergency. Emergencies must be treated in a hospital. And non-life-threatening emergencies could be treated anywhere.
Background: OHA rules, promulgated in September 2016, defined the term “emergency department” and exempted “urgent” and “immediate” as derivatives of “emergency” in order to make it clear that existing urgent and immediate care clinics should not use the term “emergency” in their advertising and signage. (Source OR-ACEP)
OR-ACEP Position: Opposed based on patient safety concerns including, potential confusion for patients, potential delays in treatment and access to care regardless of a person’s ability to pay.
Chief sponsors/key legislators and/or interest groups: ZoomCare, ONA

HB 2066 Omnibus Tax Credits (Rural Practitioner Tax Credit)
Status: Passed
What the bill does: HB 2066 is the biennial tax credit bill. The measure extends and modifies existing credits and establishes new credits. Specifically, HB 2066 extends the affordable housing lenders credit and increases the cap, extends and modifies the **rural health provider credit,** extends the fish screening and reservation enterprise zone credits and creates a new employer training credit for certain counties. The measure also modifies the wage requirements for rural enterprise zones and the bio-mass manure credit. Finally, HB 2066 makes disallowance of credits against the corporate minimum tax permanent by removing a sunset.
Background: The tax credit sunset/review process was established by the 2009 Legislature. Most existing credits have a six year sunset. Roughly 1/3 of the credits are reviewed during the long sessions. The process culminates in an omnibus tax credits extension/modification bill coming from the Joint Tax Credit Committee. HB 2066 is the omnibus tax credit bill for the 2017 session.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: Office of Rural Health

<u>Priority Two Bills</u>
HB 2597 Distracted Driving
Status: Passed, effective October 1, 2017
What the bill does: Renames offense of operating motor vehicle while using mobile communication device and expands it to cover operating motor vehicle while using mobile electronic device. Defines key terms. Increases penalty for first offense. Increases penalty for subsequent offenses or if first offense contributes to accident. Beginning January 1, 2018, court may suspend fine upon first offense if person completes distracted driving avoidance course.
Background: In 2007, the Legislative Assembly passed House Bill 2872 making it a Class D traffic violation for a minor to operate a motor vehicle while using a mobile communication device. The law was expanded in 2009, to prohibit any person from operating a motor vehicle while using a mobile communication device. In 2013, Senate Bill 9 elevated this offense to a Class C traffic violation. In 2015, the Oregon Court of Appeals, in State v. Rabanales-Ramos, determined that the law "prohibits talking and texting on a mobile communication device, but not all activities that can be performed using such a device." (Emphasis original). For example, the statute would not prohibit a person from holding a cell phone to listen to music while driving. In February 2017, the Distracted Driving Task Force (task force) issued a report which included the recommendation that the distracted driving statute be amended to broaden the definition of device usage and eliminate certain exceptions.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: ODOT, Rep. Olson, Distracted Driving Task Force

HB 3091 Required Behavioral Health Services
Status: Passed. Chapter 273 Oregon Law 2017, effective 90 days after sine die

What the bill does: Requires coordinated care organizations (CCOs) to provide and prioritize specified behavioral health services for members, including "behavioral health assessments" and medically necessary treatments to members in "behavioral health crisis." It adds "behavioral health clinicians" to the list of funded "health services," "behavioral health crisis" to the list of emergency medical conditions, and "behavioral health assessment" to the list of emergency services. The measure also requires group health insurance policies to include behavioral health assessments and related treatment.
Background: In 2015, the Legislative Assembly enacted House Bill 2023, which directed hospitals to adopt and enforce discharge policies for individuals admitted for mental health treatment. The measure specified that policies include a disclosure authorization signed by the patient and assessments of suicide risk, long-term needs, needed community services, and the patient's capacity for self-care, along with a process to coordinate the patient's care and transition from inpatient to outpatient treatment and a follow-up appointment no later than seven days after discharge. (SMS) This version is less prescriptive. Rep. Keny Guyer convened an extensive workgroup to discuss next steps, including ED discharge policies and continuity of care for patients in mental health crisis. OR-ACEP participated in interim workgroup meetings.
OR-ACEP Position: Neutral as amended
Chief sponsors/key legislators and/or interest groups: Rep. Keny Guyer, Interim Mental Health Workgroup members, which included OHA, NAMI, OMA, OAHHS, OR-ACEP, CHA, Oregon Psychiatric Physicians Association, insurers and hospitals.

SB 48 Suicide Prevention
Status: Chapter 511, 2017 Laws. Effective June 29, 2017
What the bill does: Directs state licensing boards for certain medical and non-medical professions to collaborate with the Oregon Health Authority (OHA) to adopt rules requiring practitioners to report, upon reauthorization to practice, the completion of any suicide prevention continuing education opportunities. (No requirement to complete them.) OHA is required to develop a list of continuing education opportunities related to suicide risk assessment, treatment and management.
Background: Over 760 suicides occurred in Oregon in 2015, and according to the Oregon Health Authority (OHA), suicide is the second leading cause of death for Oregonians under age 35. That same year, around 2,000 people were hospitalized for suicide associated behavior. A variety of medical and non-medical professionals come into contact with and care for people at risk of suicide, but there is not a periodic continuing education reporting requirement.
OR-ACEP Position: Monitor
Chief sponsors/key legislators and/or interest groups: Oregon Health Authority, AOCMHP, Oregon Council of Child and Adolescent Psychiatry

SB 51 Behavioral Health Collaborative Recommendations
Status: Failed (see OHA budget note)
What the bill does: This bill establishes a task force on behavioral health and was introduced as a placeholder for the Behavioral Health Collaborative recommendations.

Background: In 2016 the Oregon Health Authority (OHA) brought together a diverse group of people and organizations called the Behavioral Health Collaborative (BHC). After eight months of work, the BHC published recommendations designed to help Oregonians get the right support at the right time.
Link to the report: https://olis.leg.state.or.us/liz/2017R1/Downloads/CommitteeMeetingDocument/107398
OR-ACEP Position: Monitor
Chief sponsors/key legislators and/or interest groups: OHA, Behavioral Health Collaborative.

SB 52 EMS Prehospital Care Reporting
Status: Passed. Chapter 229, Oregon Law 2017, Effective June 6, 2017
What the bill does: SB 52 requires all licensed EMS transport providers to report a standard set of patient encounter data directly to the Oregon Trauma Registry and allows hospitals to report prehospital information back to local EMS providers, electronically.
Background: The Emergency Medical Services (EMS) and Trauma Systems Program, managed by the Oregon Health Authority (OHA), develops and regulates systems for quality medical care in Oregon. The Oregon Trauma Registry collects data, reported voluntarily from 44 trauma hospitals, about the causes of injury, emergency response, cost and outcome of all injured patients that receive trauma system care. Oregon trauma hospitals, however, are not able to electronically send patient information to the EMS providers. Oregon's EMS providers also voluntarily report patient encounter data to OHA. Currently, 70 percent of Oregon's 92 licensed EMS Providers voluntary report patient care records to the state's EMS system.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: OHA, National Assn of EMS Physicians, Oregon State Ambulance Association

SB 215 Rare Disease Database
Status: Failed
What the bill does: Directs Oregon Health Authority to establish and operate statewide database for collection and dissemination of orders for rare disease emergency response (ORDER) medical treatment for purpose of ensuring safe treatment. Creates Oregon ORDER Database Advisory Committee. The use of the database is voluntary.
Background: Senate Bill 215 directs the Oregon Health Authority (OHA) to create and operate a statewide database for the collection and dissemination of orders for rare disease emergency response medical treatment in order to ensure the safe treatment of individuals with rare diseases in emergency situations. It directs OHA to adopt rules for the submission of certain information into the database, such as ORDERs. ORDER is defined as an order for rare disease emergency response medical treatment that is necessary to treat a rare disease and has been signed by a physician, nurse practitioner or physician assistant. SB 215 defines other key terms. The database is for use by emergency medical service providers, hospitals, urgent care centers and the State Police. SB 215 allows a patient to opt out of the database. It also specifies that OHA is not required to prescribe, disseminate, educate or train health care professionals about ORDERs. SB

215 provides for confidentiality of information in the database and immunity from civil and criminal liability for persons reporting to, or acting in good faith releasing information from, the database. Finally, SB 215 creates the Oregon ORDER Database Advisory Committee within OHA. It specifies membership and term length of the committee.
OR-ACEP Position: Watch
Chief sponsors/key legislators and/or interest groups: Adrenal Insufficiency United, NORD

SB 754 Tobacco 21
Status: Passed
What the bill does: Increases the minimum age to purchase tobacco to 21. Allows people 18-21 to possess but not purchase tobacco.
Background: According to the Oregon Health Authority (OHA), tobacco use is the number one preventable cause of death and disease in Oregon. Tobacco use results in an estimated 7,000 deaths annually, costs Oregonians $2.5 billion a year in medical expenditures, and leads to lost productivity due to premature death. According to a 2013 survey by OHA's Public Health Division, 10 percent of Oregon's 11th grade students smoke cigarettes, and approximately 20 percent use other tobacco products. Two states (California and Hawaii) and multiple local governments have raised the minimum age to purchase or consume tobacco to 21 years old. The National Academy of Medicine, formerly the Institute of Medicine, suggests that these policies are intended to lower initiation rates among adolescents and young adults.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: Sen. Steiner Hayward, Rep. Vial, American Cancer Society Action Network, Children's Health Alliance, March of Dimes, Coalition of Local Health Officials, Multnomah County, Oregon Medical Association

SB 816 ED Abstract Records
Status: Failed
What the bill does: SB 816 ED Abstract Data, requires hospitals to submit emergency department abstract records to the Oregon Health Authority (OHA) and allows the agency to issue rules to define the type of data and form that abstract records must contain for all patient discharge records. It also allows OHA to charge a fee for compiling the abstract records.
Background: The Oregon Health Authority (OHA) maintains several programs that require reporting of health care data by health care facilities to inform policy development, program implementation, and system evaluation. Current law requires hospitals to provide OHA with ambulatory surgery and inpatient discharge abstract records, if requested by the agency. Types of data contained in an abstract record include: patient demographic data, type of discharge, services rendered by the facility, insurance status, and medical charges incurred by the patient. The information is used by OHA to evaluate statewide health policy. Senate Bill 816 requires hospitals to submit patient discharge data to OHA from individuals that are admitted to an emergency department.
OR-ACEP Position: Oppose this method and use the Clinical Emergency Data Registry (CEDR). ACEP has developed the Clinical Emergency Data Registry (CEDR). This is the first Emergency Medicine specialty-wide registry at a national level, designed to measure and report

healthcare quality and outcomes. It will also provide data to identify practice patterns, trends and outcomes in emergency care. CEDR is an evolving registry, which will support emergency physicians' efforts to improve quality and practice in all types of EDs even as practice and payment policies change over the coming years. CEDR has been approved as "qualified clinical data registry" or QCDR by the Centers for Medicare and Medicaid Services to help emergency physicians and clinicians meet both CMS' Physician Quality Reporting System (PQRS) reporting and potentially regional and national certification requirements, (Source: ACEP)
Chief sponsors/key legislators and/or interest groups: OHA

SB 944 Bed Registry for Youth in Behavioral Health Crisis
Status: PASSED
What the bill does: Requires Oregon Health Authority to contract with Oregon-based nonprofit organization with appropriate expertise to operate 24-hour call center for tracking and providing information on placements available for children and adolescents needing high acuity behavioral health services. $400,000 is appropriated to the OHA for these services.
Background: Note: The original bill requires Department of Human Services to study effectiveness of local community partnerships in mental health and addiction services to senior citizens and persons with disabilities and report to Legislative Assembly by September 1, 2018.
OR-ACEP Position: Support
Chief sponsors/key legislators and/or interest groups: NAMI

SB 1054 Certificate of Need
Status: Failed
What the bill does: Exempts hospitals reimbursed by the U.S. Department of Veterans Affairs from requirement to obtain certificate of need from Oregon Health Authority prior to expanding capacity to provide inpatient psychiatric and chemical dependency services. Sunsets two years after effective date.
Background: Certificate of Need (CN) programs are regulatory programs designed to discourage unnecessary investment in health care facilities, technology and services. As the name implies, the purpose of these programs is to evaluate the plans for a service or facility being considered in order to certify that there is a real need for it. Historically, the focus of such programs has been to promote access, ensure quality, and help control costs by limiting market entry to those facilities and services that are found to be needed, appropriately sponsored, and designed to promote quality and equitable access to care. Each state CN program implicitly incorporates these principles by predicating certification of regulated services on the basis of community or public need.

Unnecessary investment in unneeded facilities and services may result in the building of facilities that are not financially viable and may also put financial stress on existing providers resulting in higher costs and disruption to the health care system.

Oregon has had a CN program since 1971. Nationally, 34 states plus Puerto Rico, the US Virgin Islands and the District of Columbia have CN programs. (Source: OHA. Note: OHA rejected an

application from Universal Health Services in February for a 100-bed psychiatric hospital in Wilsonville.)
OR-ACEP Position: Watch
Chief sponsors/key legislators and/or interest groups: Universal Health Services, Sen. Boquist, Sen. Knopp, Rep. Kennemer, Rep. Hayden, Rep. Esquivel

HB 5026 OHA Budget

<u>OHA Budget Notes</u>
Behavioral Health Collaborative
The Oregon Health Authority shall work with coordinated care organizations, County Mental Health Programs, local Public Health, local mental health authorities, and others, within each geographic area, to create a single plan of shared accountability for behavioral health system coordination that builds on existing structures and partnerships and fosters further innovation and collaboration with other organizations, by July of 2018. The agency shall provide a progress report to the Joint Committee on Ways and Means during the 2018 legislative session, and a final report to the Legislature by December of 2018 on each region's governance model and plan for shared accountability.

Rates for Mental Health Residential Services
The Oregon Health Authority shall conduct a rate analysis, including but not limited to provider costs as well as expected revenues from billing for rehabilitative services. The agency shall report to the Interim Joint Committee on Ways and Means by November 30, 2017 with a proposed plan for a standard rate or set of rates, a proposed schedule to move all providers to these rates, an analysis of the cost, and plans for funding both the Medicaid and non-Medicaid components. The plan should prioritize increasing rates for providers with the greatest disparity in rates, that is, providers who receive the lowest rates compared to more recent providers who typically receive higher rates. Contingent on available funding, the agency will implement at least the first phase of the plan beginning January 1, 2018. If the agency is unable to fully fund the plan within their existing budget, they should request additional funding during the 2018 legislative session.

For more information about these bill or any other legislative issues, please contact Katy King Government Relations and Public Affairs at KatyKing01@gmail.com or (503) 274-9518.