



Department of Consumer and Business Services
**Oregon Health Insurance Marketplace
 Advisory Committee Meeting**

October 7, 2020
 9:00 a.m. – noon
 Phone: 503-446-4951
 Access code: 496 945 147#

Link to join: [Click here to join the meeting](#)
 (you can choose to have the meeting call you)

Please note that this public meeting will be recorded.

A G E N D A

Time	Topic	Presenter(s)
9 – 9:10 a.m.	Welcome and approval of meeting minutes	Dan Field Committee Chair
9:10 – 9:30 a.m.	Federal health policy movement	Stephanie Kennan McGuireWoods Consulting
9:30 – 9:50 a.m.	Governor Brown’s health care priorities	Linda Roman Health Care Policy Advisor Office of Gov. Kate Brown
9:50 – 10:10 a.m.	2021 Legislative Season: Bills we are working or watching	Anthony Behrens Marketplace Senior Policy Advisor
10:10 – 10:25 a.m.	Open Enrollment 2021: Who signed up for Marketplace coverage?	Cable Hogue Marketplace Implementation Analyst and Federal Liaison
10:25 – 10:30 a.m.	Public comment	Dan Field Committee Chair
10:30 – 10:50 a.m.	2020 Omnibus COVID Relief Bill: Impacts to COFA citizens and transition to OHP	Nina Remple COFA Premium Assistance Program Manager
10:50 – 11:20 a.m.	Sustainable Health Care Cost Growth Target Program and Oregon State Option	Jeremy Vandehey Director of Health Policy and Analytics, OHA

11:20 – 11:35 a.m.	OHIM to OHA Project: Planning phase	Victor Garcia Marketplace Operations Development Specialist Vicky Heppner Project Manager, OHA
11:35 – 11:45 a.m.	Staying connected during the COVID-19 pandemic	Shanon Saldivar Committee Vice-chair
11:45 – 11:50 a.m.	Public comment	Dan Field Committee Chair
11:50 a.m. – noon	Wrap up and closing	Dan Field Committee Chair

Marketplace Advisory Committee Meeting Minutes
Wednesday, Oct. 7, 2020 - 9 a.m. to noon
Virtual meeting via Adobe Connect

Committee members: Kraig Anderson, Dan Field (chair), Jim Houser, Sean McAnulty, Ken Provencher, Shanon Saldivar (vice-chair), Andrew Stolfi (ex-officio), Jeremy Vandehey (ex-officio), and Jenn Welander

Members not present: Shonna Butler, and Sandy Sampson

Other presenters: Stephanie Kennan, Timothy Sweeney

Marketplace staff: Chiqui Flowers, administrator; Katie Button, plan management analyst; Amy Coven, outreach and communications specialist; Victor Garcia, operations development specialist; Cable Hogue, implementation analyst and federal liaison; Misty Rayas, outreach and education manager; Nina Remple, COFA premium assistance program manager; and Dawn Shaw, division support coordinator

Due to a technical issue unfortunately not all of the audio for the meeting was captured. This has impacted the content of the minutes. The recording goes to 56:28, with a part 2 continuation of the wrap up. Notes in the unrecorded portion were submitted by the presenters.

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping 0:0:00*	Minutes from June 11, 2020 meeting approved. <i>See pages 1-3 of handout package for a copy of the minutes.</i> Numi Griffith has accepted a position with the Division of Financial Regulations and cannot occupy a seat in the committee. Dan Field introduced Charlie Fisher from OSPRIG who will be attend committee meetings until a permanent replacement for Numi has been identified and appointed by the Governor.
Federal health policy movement 0:06:03	Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA). <ul style="list-style-type: none">• Senate is out for two weeks due to COVID-19.• House has gone home this week due to COVID-19. Can be called in at any time.• There has been some discussion about another COVID-19 stimulus bill, but it is going very slowly. The president was leaning towards separate bills for different groups, but the House would prefer one big bill, the senate is split.• Sept. 30 there was a continuing resolution to fund the government through Dec. 11, so there wasn't a government shutdown.• During the lame-duck session¹, they have the following decisions to make: Do we fund the government through the year, or kick it down the road until February and let the next Congress do it? Depends on the election results. When the next Congress convenes they will be focused on fading issues.• There are some Medicare/Medicaid extenders that have to be extended past Dec. 11.• The president put out an executive order Sept. 24, the America-First Healthcare Plan. States that after 180 days, HHS will step up transparency, updating the Hospital Compare website if the hospital is complying with the hospital price

transparency final order. The executive order discussed Congress passing a bill on surprise billing by Dec. 31 but it is unlikely to happen.

- The Affordable Care Act court case, Texas v. California, will be hearing oral arguments on Tuesday, Nov. 10 in the Supreme Court. Down to 18 states who are participating. The Supreme Court has to decide if the tax subsidies are valid and may overturn the ACA. It is unclear if it will be enforceable nationwide or with the individual plaintiffs.
- The House Energy and Commerce Committee is passing a large amount of bills out to the House of Representatives for consideration.
- Kraig Anderson asked what the impact would be if the ACA was overturned. Stephanie indicated it would be hard to untangle, but the Medicare portions would likely continue. It is unknown what will be done with Medicaid. Nobody has an immediate plan. Details on the individual mandate have not been decided.

Current state of insurance access
0:24:42

Cable Hogue presented an update of open enrollment data received from CMS. *See pages 5-7 of the handout package for slides.*

- Shannon Saldivar spoke to how many of her clients who had to transition from employer coverage to the individual market were forced to start their accumulators over due to having to switch plans. Many had already met their maximum out-of-pocket limit, so this was especially impactful to them. She wanted to know if anyone at the state was tracking that.
- Jeremy Vandehey responded that they do track trends in the Oregon Health Insurance Survey (OHIS). However, that is only conducted every two years and was completed in 2019 so the next version would not be out until next year.
- Jeremy wanted to know if it would be accurate to combine the self-insured and stoploss only numbers to get a total self-insured estimate. Cable replied DFR does break out Stop Loss and Self-Insured into their own data set in their quarterly report, which is where he got this data. Cable indicated that would be safe to assume but will double check with his counterparts at DFR to confirm.
 - Andrew responded that DCBS, specifically DFR, also monitor those numbers and trends and shared this [link](#).
 - Dan Field agreed that this was something that needed to be on our radar.

COFA Premium Assistance program
0:40:45

Nina Remple presented an update of the COFA Premium Assistance program and plans for Open Enrollment *See pages 7-8 of the handout package for slides.*

- Enrollment numbers do not include individuals under the age of 19 due to OHP eligibility.
- Difference between annual enrollment and premiums paid because premiums differ between carriers and enrollees chose plans that best fit their needs. There's been a lot of variability in second-lowest cost silver plans, which has changed the amount of APTC pretty significantly over the years, even if folks stayed on the same carrier.
- There is a POP (policy option package) asking for one additional FTE (full time equivalent) position to allow for more outreach.

Sustainable health care cost growth target program

Jeremy Vandehey, Director of Health Policy and Analytics, Oregon Health Authority presented an update of SB 889.
See pages 9-13 of the handout package for slides.

Oregon state option report

Timothy Sweeney, Policy Analyst, Health Policy and Analytics Division, OHA presented updates on SB 770.
See pages 25–33 of the handout package for slides.

Marketplace outreach and education

Misty Rayas presented 2021 open enrollment period updates outreach, customer service center, partner agent and community partner programs.
See pages 21-29 of the handout package for slides.

What's new for 2021 health insurance plans

Katie Button presented updates for the 2021 health insurance plans.
See pages 31-34 of the handout package for slides.

- We don't have the ability to compare provider directories to see if people on the Moda plans in Deschutes have access to the same providers on Providence. The best advice is to try to find the most similar plan that's the least expensive. We always encourage our consumers to shop every year to make sure that their plan is the right one for them.

Open enrollment marketing

Amy Coven presented plans for marketing for the 2021 open enrollment period
See pages 35-38 of the handout package for slides.

Closing
Audio recording part 2

Next meeting is scheduled to be virtual on Thursday, Dec. 3, 2020 from 9 a.m. to noon. Will be reaching out via survey to possibly rescheduling. Depends on how November goes with Open Enrollment.

*These minutes include timestamps from the meeting audio in an hours: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2020 Meetings, Oct. 7, 2020.

1 - When Congress is in session after a November election and before the beginning of the new Congress, it is known as a "lame-duck session."



STATE OF OREGON
Office of the Governor
KATE BROWN

Oregon for All - Health Agenda

Governor's Recommended Budget 2021-23

All Oregonians must have quality, affordable health care, regardless of who they are or where they live. Under Governor Brown's leadership, 94 percent of Oregonians and 100 percent of children have access to health care. The Governor's Recommended Budget for the Oregon Health Authority (OHA) makes targeted investments to address health inequities in Oregon and the needs of Oregonians suffering from mental health and substance use disorders, while continuing the state's commitment to ensuring that Oregonians have access to affordable health care coverage as a foundational element of reducing health disparities.

In the face of the unprecedented challenges of COVID-19 and wildfires, the Governor's Recommended Budget reflects a deep commitment to addressing health disparities, which are rooted in historical injustices. The budget also reflects Oregon's focus on improving critical health care outcomes through strategic investments and cost savings measures—all while preserving health care benefits and sustaining Oregon's model of health care coverage, quality, and cost.

Budget Highlights:

The Governor's Recommended Budget represents a 16% general fund increase to the Oregon Health Authority from the 2019-2021 biennium. The Governor's budget reduces health inequities while improving outcomes by:

- Providing significant, targeted investments to address health disparities;
- Investing in public health modernization to strengthen our public health systems especially as they respond to a once-in-a-generation pandemic;
- Focusing on creating a simple, meaningful, and responsive behavioral health system;
- Maintaining coverage for the 1.4 million Oregonians receiving health care coverage through the Oregon Health Plan and Cover All Kids and expanding coverage through a pilot health care coverage program for uninsured, undocumented adults;
- Maintaining a sustainable rate of cost growth in Medicaid, PEBB and OEBC;
- Continuing funding for the Oregon Reinsurance Program which saves Oregonians an average of 6 percentage points on their health insurance premiums in the individual market;

Address Coverage Gaps & Increasing Access to Health Care:

- Funds Cover All People, a pilot program to provide state-based coverage to undocumented adults, DACA recipients, legal residents, and young adults who age out of Cover All Kids, \$10M.
- Funds Compact of Free Association (COFA) premium assistance program and dental coverage for COFA residents, \$2.6M.
- Lays the policy groundwork to further explore an Oregon Public Option aimed at increasing choice while reducing costs for Oregon consumers, \$200,000.
- Funds high-quality reproductive health services for the Oregon Health Plan (OHP), \$2M.
- Improves access to the Oregon Health Plan (OHP) by funding the Community Partners & Outreach Program to provide health services navigation, and improve language access and quality, \$7.8M.
- Funding to support traditional health worker licensing program, \$600,000.
- Continue to build on Oregon Regional Health Equity Coalitions, \$5.8M.

Strengthen Public Health Systems:

- Invests in core public health capacity for community-based organizations, local public health authorities, and tribal governments to help modernize the state's public health system, \$30M.

Improve Native American & Tribal Health

- Establishes an Indian Managed Care Entity (IMCE) to provide critical care and coordination of services to tribal members on OHP, \$1.4M.
- Creates a new Tribal Traditional Health Worker Program category for Indian healthcare providers that supports tribal-based practices, \$200,000.
- Increases Medicaid funding to support tribal-based practices and strengthens pathways for further developing a tribal behavioral health workforce, \$500,000.

Cost Containment in Health Care

- Value-Based Payments – Promotes the adoption of value-based payments in Oregon. The Governor's Budget includes savings of \$12 million General Fund associated with the adoption of value-based payments by hospitals. PEBB and OEBB will also seek to adopt value-based payment methodologies to address cost and quality of health care provided to members, \$1.5M.
- Sustainable Cost Growth – The Governor's Budget maintains benefits and eligibility for the Oregon Health Plan; it includes savings of \$21 million from reducing DRG hospital rates from 80% to 76% of Medicare and another \$40.7 million by funding Coordinated Care Organizations at 2.9% rather than 3.4% inflation.
- Aligning Purchasing Power – The Governor's Budget invests \$1.6 million for staff and contracts needed to increase public sector participation in plans offered by PEBB and OEBB, increasing the plan's bargaining power.
- Pharmacy – Invests in staffing to pursue cost reduction strategies, including coordinated pharmacy purchasing among public sector purchasers in Oregon and in other states, \$900,000.

Data Equity:

- The Governor's budget funds Sexual Orientation and Gender Identity (SOGI) data collection and a statewide trauma-informed training program that provides technical assistance and support to providers. The budget funds continued implementation of race, ethnicity, language, disability data (REALD) and community-validated and community-driven data collection, \$5M.

Workforce, Behavioral Health & Substance Use Disorder:

The Governor's Budget investments in behavioral health including substance use disorder was informed by recommendations from the Alcohol and Drug Policy Commission (ADPC) Strategic Plan, the Tribal Behavioral Health Strategic Plan, and the Governor's Behavioral Health Advisory Council as vetted by the Racial Justice Council Health Equity Committee.

- Workforce Diversification – Creates more and better pathways to diversify Oregon's behavioral health and medical workforces so that they better reflect the communities they are serving; allots seed funding for increased scholarships, tuition reimbursement, enhanced reimbursement rates for culturally-specific services; and establishing culturally-specific internships and clinical placements, \$27.5M.
- Substance Use Disorder 1115 Waiver – Invests in substance use disorder treatment services, crisis intervention services and peer support services to help Oregonians recover from the disease of substance use disorders, \$11.5M.
- Measure 110 – Implement Measure 110, which decriminalizes possession of drugs and uses Marijuana Tax revenues to support drug treatment services. Reduced Marijuana Tax revenues for OHA's current behavioral health services were backfilled with General Fund, \$23.8M.
- Community Behavioral Health Services – Expand residential services for young adults, \$5M; fund peer run respite care centers, \$2.4M; increase fee-for-service rates for behavioral health services including for treatment of co-occurring behavioral health and substance use disorders, \$10.1M; invest in psychiatric residential treatment facilities, \$7.5M; and support the Alcohol and Drug Policy Commission's strategic plan, \$200,000; invest in community-based services and care coordination designed to reduce the influx of people from the criminal justice system into the Oregon State Hospital (Aid and Assist), \$19.3M.
- Services Targeted to Child Welfare – Invest in crisis and transition services, \$1.3M; and invest in interdisciplinary assessment teams for children and families involved in the child welfare system, \$5.7M.
- Measure 109 Psilocybin – Begins implementation of the ballot measure which legalized psilocybin for medicinal use as a potential treatment for behavioral health disorders, \$4.2M.



Racial Justice Council Health Equity Committee

Committee Co-Leads

Linda Roman, Health Policy Advisor

Jackie Yerby, Behavioral Health and Health Licensing
Policy Advisor



The Racial Justice Council's charge is to:

- Direct the collection of data from across sectors of society to support smart, data-driven policy decisions
- Provide principles and recommendations that center racial justice to the Governor to inform the '21-23 Governor's Recommended Budget and Tax Expenditures Report
- Creating a Racial Justice Action Plan for six specific areas: Criminal Justice Reform and Police Accountability, Housing and Homelessness, Economic Opportunity, Health Equity, Environmental Equity, Education Recovery

Health Equity Committee Members

- Alyshia Macaysa, Oregon Pacific Islander Coalition (OPIC)
- Rep. Andrea Salinas, Chair, House Health Care Committee
- Annie Valtierra-Sanchez, So-HealthE
- Bahaa Wanly, MHA, Salem Health Hospitals & Clinics
- Christel Allen, NARAL Pro-Choice Oregon
- Coi Vu, Pacific Islander and Asian Family Center (PIAFC), IRCO
- Dr. Danny Jacobs (RJC), OHSU
- Deborah Riddick, Oregon Nurses Association (ONA)
- Dr. Derick Du Vivier, Oregon Health Policy Board Health Equity Committee
- Elizur Bello, The Next Door
- Dolores Martinez, Euvalcree
- Jackie Mercer, Native American Rehabilitation Association (NARA)
- Jaylyn Suppah, Confederated Tribes of Warm Springs
- Jenny Pool Radway (RJC), Consejo Hispano
- Jeremiah Rigsby, CareOregon/Jackson Care
- Dr. Kelly Gonzales, BIPOC Research Council, PSU, OHSU School of Public Health
- Dr. Kevin Ewanchyna, InterCommunity Health Network CCO
- Marin Arreola (RJC) - Interface Network
- Nelva Ojeda, Oregon Family Support Network (OSFN)
- Olivia Quiroz, Oregon Latino Health Network
- Ruby Moon, Confederated Tribes of the Siletz Indians
- Serena Cruz (RJC) - Virginia Garcia Memorial Foundation
- Sen. Tim Knopp, Senate Health Committee
- Dr. Tyler TerMeer, Cascade AIDS Project and Prism Health
- Yesi Castro, Oregon Community Health Worker Association (ORCHWA)
- Dr. Zeenia Junkeer, Oregon Health Equity Alliance
- Zhenya Abruzzeze, Adventist Health

Committee Charter

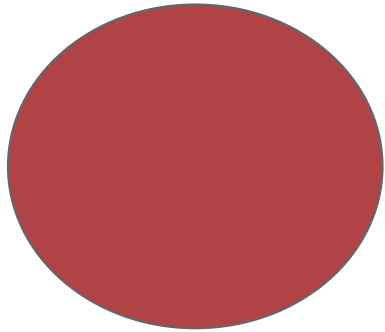
Examples:

Oregon Health Policy Board, OHPB- Health Equity Committee, SB 889 - Cost Growth Committee and Values Based Payment Committee etc.

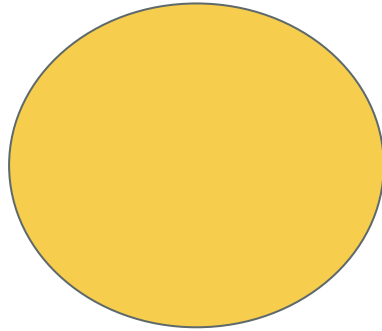
Recommend changes to state and agency health policies, practices, and structures to align them within a racial justice and health equity framework. The purpose is to make necessary institutional and statutory changes necessary to promote health equity, improve disaggregated data collection, and recommend interventions for racial health disparities in social determinants of health.

Health Equity Committee Focus Areas

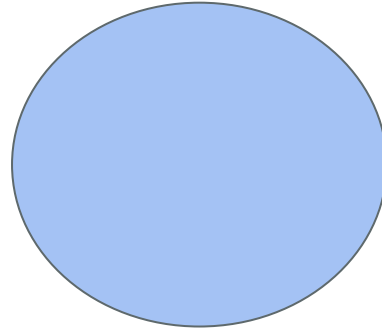
Behavioral Health



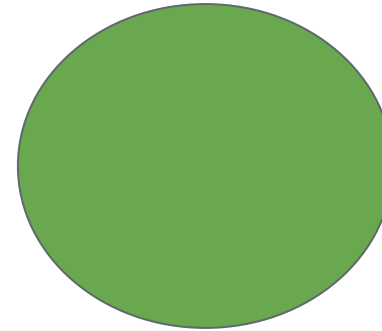
Health Care Access
& Inclusion



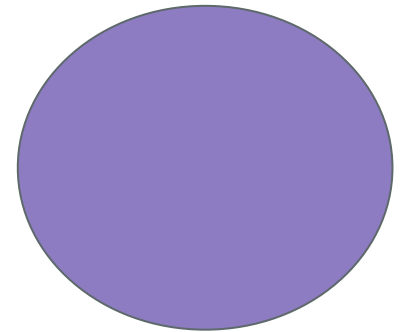
Workforce, CCOs &
Delivery of Health
Care



Data



Public Health &
Prevention



Legislative Session

HB 2164- Cover All People

RJC Health Equity Committee - Big Picture Timeline

Oct 2020

Dec 1

Jan 21

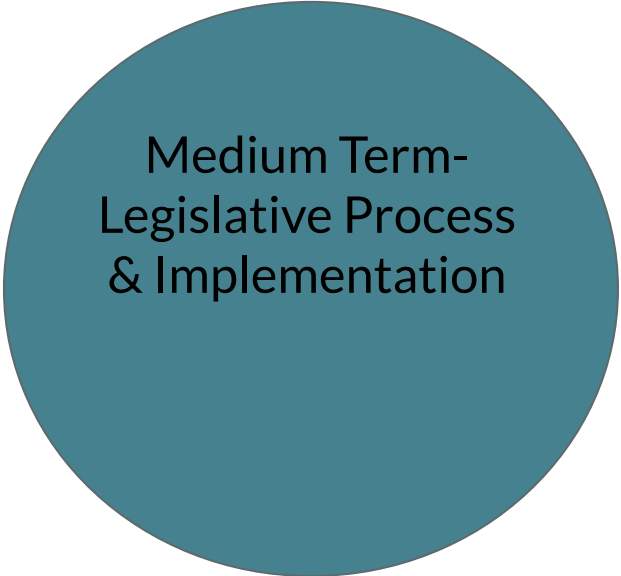
Jul 21

Dec 21

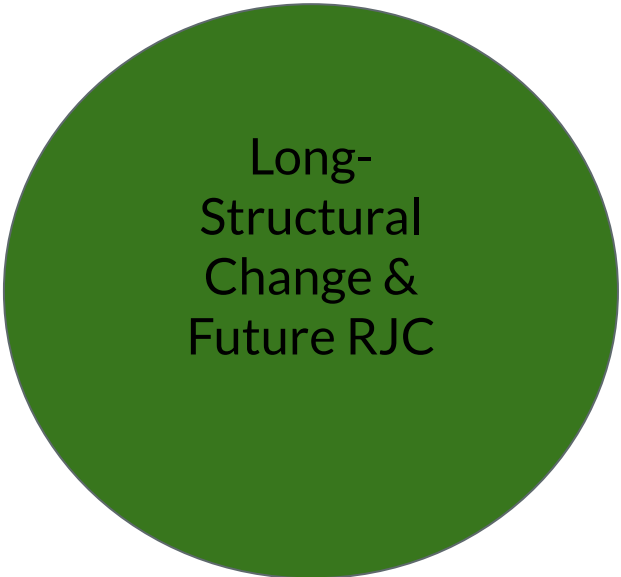
Jan 22



Short Term -
GRB
21-23



Medium Term-
Legislative Process
& Implementation



Long-
Structural
Change &
Future RJC



2021 Session Bills of Note - OHIM

Report Date: January 25, 2021

Bill Number

Next Hearing Last Three Actions

HB 2041

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health insurance; creating new provisions; amending ORS 243.142, 411.400, 411.402, 411.406, 413.011, 413.032, 414.025, 735.601, 735.608, 735.617, 741.002, 741.003, 741.004, 741.008, 741.102, 741.105, 741.107, 741.220, 741.222, 741.300, 741.310, 741.390, 741.400, 741.500, 741.510, 741.520, 741.540, 741.802, 741.900, 743.018 and 743B.130; repealing ORS 735.611; and declaring an emergency.

Relating to health insurance; declaring an emergency.

Transfers duties, functions and powers related to COFA Premium Assistance Program and health insurance exchange from Department of Consumer and Business Services to Oregon Health Authority on June 30, 2021. Declares emergency, effective on passage.

Transfers duties, functions and powers related to COFA Premium Assistance Program and health insurance exchange from Department of Consumer and Business Services to Oregon Health Authority on June 30, 2021.

HB 2042

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health care provided to insured individuals at health care facilities; amending ORS 743B.287; and repealing section 7, chapter 43, Oregon Laws 2018.

Relating to health care provided to insured individuals at health care facilities.

Prohibits surprise billing for emergency services provided at out-of-network facility. Prohibits out-of-network health care provider or health care facility from billing or attempting to collect from enrollee in health benefit plan or health care service contract for emergency services provided at in-network facility or out-of-network facility or for other inpatient or outpatient services provided at in-network facility.

Removes sunset on provisions related to surprise billing.

Prohibits surprise billing for emergency services provided at out-of-network facility.

HB 2044

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to information reported to the Department of Consumer and Business Services; amending ORS 442.373, 646A.689 and 743.025.

Relating to information reported to the Department of Consumer and Business Services.

Allows Department of Consumer and Business Services to access data in All Payer All Claims database by certifying data will only be used to carry out department's duties.

Protects from disclosure personally identifiable information about consumers who report to department price increases for prescriptions drugs. Requires pharmaceutical manufacturers to report to department information about patient assistance programs offered to consumers for certain new prescription drugs introduced for sale in United States.

Requires all insurers offering health benefit plans to annually report to department data about prescription drugs covered by plans.

Allows Department of Consumer and Business Services to access data in All Payer All Claims database by certifying data will only be used to carry out department's duties.

HB 2045

01/19/21 - Referred to Business and Labor.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to insurance regulation by the Department of Consumer and Business Services.

Directs Department of Consumer and Business Services to study and evaluate requirements to maintain accreditation with National Association of Insurance Commissioners and to submit findings and recommendations for legislation to appropriate committee of Legislative Assembly not later than December 31, 2022.

Directs Department of Consumer and Business Services to study and evaluate requirements to maintain accreditation with National Association of Insurance Commissioners and to submit findings and recommendations for legislation to appropriate committee of Legislative Assembly not later than December 31, 2022.



2021 Session Bills of Note - OHIM

Report Date: January 25, 2021

Bill Number

Next Hearing Last Three Actions

HB 2046

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health insurance; amending ORS 414.025, 731.097, 741.002, 741.004, 741.300, 741.500, 743.826, 743A.067, 743A.262, 743B.005, 743B.013 and 743B.105.

Relating to health insurance.

Removes or modifies certain references to federal law in laws concerning health insurance.

Removes or modifies certain references to federal law in laws concerning health insurance.

HB 2073

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to public health; and declaring an emergency.

Directs Oregon Health Authority to study public health. Requires report to interim committee of Legislative Assembly related to public health.

Sunsets January 2, 2022.

Declares emergency, effective on passage.

Directs Oregon Health Authority to study public health.

HB 2076

01/19/21 - Referred to Health Care with subsequent referral to Ways and Means.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to emergency medical services; creating new provisions; amending ORS 146.015, 181A.375, 353.450, 431A.055, 431A.100, 441.020, 442.507, 442.870, 445.030, 478.260, 682.017, 682.025, 682.031, 682.035, 682.041, 682.045, 682.047, 682.051, 682.056, 682.059, 682.062, 682.063, 682.066, 682.068, 682.075, 682.079, 682.085, 682.089, 682.105, 682.107, 682.204, 682.208, 682.216, 682.218, 682.220, 682.224 and 682.245; repealing ORS 431A.050, 431A.055, 431A.060, 431A.065, 431A.070, 431A.075, 431A.080, 431A.085, 431A.090, 431A.095, 431A.100, 431A.105, 431A.525, 431A.530, 682.027 and 682.039; and prescribing an effective date.

Relating to emergency medical services; prescribing an effective date.

Establishes Emergency Health Care Systems Program and Emergency Health Care System Advisory Board within Oregon Health Authority. Directs authority to designate emergency health care centers for provision of cardiac and pediatric emergency health care. Modifies terminology related to emergency medical services. Authorizes Governor to make available for use emergency medical services personnel and equipment. Creates offense of unlawful operation of unlicensed emergency medical services agency. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Becomes operative January 1, 2022.

Directs authority to designate emergency health care regions within state. Becomes operative January 1, 2023.

Directs authority to designate emergency health care centers for provision of stroke and trauma emergency health care. Directs program to establish emergency health care data systems for collection of information related to emergency health care in this state. Requires licensure for nontransport EMS service. Defines "nontransport EMS service." Becomes operative January 1, 2025.

Takes effect on 91st day following adjournment sine die.

Establishes Emergency Health Care Systems Program and Emergency Health Care System Advisory Board within Oregon Health Authority.

HB 2079

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health care providers; creating new provisions; and amending ORS 413.032, 413.037, 413.101, 413.181, 415.013, 415.019 and 415.103.

Relating to health care providers.

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in prior fiscal year or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$10 million or more. Specifies procedures.



2021 Session Bills of Note - OHIM

Report Date: January 25, 2021

Bill Number

Next Hearing Last Three Actions

Requires Oregon Health Policy Board to establish criteria for approval of mergers, acquisitions and affiliations based on specified factors.

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in prior fiscal year or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$10 million or more.

HB 2081

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health care costs; amending ORS 442.385 and 442.386 and sections 3, 4 and 5, chapter 560, Oregon Laws 2019.

Relating to health care costs.

Modifies Health Care Cost Growth Target Program and Health Care Cost Growth Target Implementation Committee.

Modifies Health Care Cost Growth Target Program and Health Care Cost Growth Target Implementation Committee.

HB 2082

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to reimbursement of health care providers. Relating to reimbursement of health care providers.

Creates Value-Based Payments Advisory Subcommittee of Oregon Health Policy Board to develop recommendation for road map for statewide implementation of value-based payments to health care providers in state medical assistance program, health insurance exchange plans and health plans offered on commercial insurance market and to public employees. Sunsets January 2, 2032.

Creates Value-Based Payments Advisory Subcommittee of Oregon Health Policy Board to develop recommendation for road map for statewide implementation of value-based payments to health care providers in state medical assistance program, health insurance exchange plans and health plans offered on commercial insurance market and to public employees.

HB 2354

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to billing for anatomic pathology services; and prescribing an effective date.

Prohibits physician or clinical laboratory from delivering claim, bill or other demand for payment for anatomic pathology services other than to patient, insurer or third-party payer, public health clinic or nonprofit health clinic or government agency responsible for paying for patient's medical care or anatomic pathology services.

Becomes operative on January 1, 2022.

Takes effect on 91st day following adjournment sine die.

Prohibits physician or clinical laboratory from delivering claim, bill or other demand for payment for anatomic pathology services other than to patient, insurer or third-party payer, public health clinic or nonprofit health clinic or government agency responsible for paying for patient's medical care or anatomic pathology services.

HB 2362

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health care providers; creating new provisions; amending ORS 413.032, 413.037, 413.101, 413.181, 415.013, 415.019 and 415.103; and prescribing an effective date.

Relating to health care providers; prescribing an effective date.

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in preceding three fiscal years or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$1 million or more. Specifies procedures.

Requires Oregon Health Policy Board to establish criteria for approval of mergers, acquisitions and affiliations based on specified factors.

Takes effect on 91st day following adjournment sine die.



2021 Session Bills of Note - OHIM

Report Date: January 25, 2021

Bill Number

Next Hearing Last Three Actions

Requires health care entities to obtain approval from Oregon Health Authority before any mergers, acquisitions or affiliations of entities that had \$25 million or more in net patient revenue in preceding three fiscal years or before mergers, acquisitions or affiliations that will result in one entity having increase in net patient revenue of \$1 million or more.

[HB 2384](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's

desk. Relating to health insurance. Relating to health insurance.

Requires policy or certificate of health insurance to cover specified health services without prior authorization.

Prescribes minimum number of visits that must be covered.

Prohibits health insurer from retroactively denying claim for covered service.

Requires policy or certificate of health insurance to cover specified health services without prior authorization.

[HB 2388](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to reimbursement of health care services; creating new provisions; and amending ORS 414.065, 442.392 and 743A.080.

Relating to reimbursement of health care services.

Expands health benefit plan coverage of childbirth and pregnancy-related health care expenses. Specifies reimbursement of services provided by freestanding birthing centers. Requires Department of Consumer and Business Services to report to interim committees of Legislative Assembly related to health on implementation of expanded benefits.

Requires that specified services related to pregnancy and childbirth be covered by state medical assistance program. Requires Oregon Health Authority to prescribe uniform payment methodology for freestanding birthing centers. Expands health benefit plan coverage of childbirth and pregnancy-related health care expenses.

[HB 2391](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to pharmacists; amending ORS 743A.051.

Relating to pharmacists.

Requires health benefit plan to reimburse licensed pharmacists for services associated with dispensing of covered drugs that are within pharmacist's scope of practice.

Requires health benefit plan to reimburse licensed pharmacists for services associated with dispensing of covered drugs that are within pharmacist's scope of practice.

[HB 2491](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to insurance; creating new provisions; and amending ORS 743B.011, 743B.105 and 743B.125.

Relating to insurance.

Requires short term health insurance policies to cover essential health benefits. Prohibits short term health insurance policies with terms of six months or longer from denying coverage based on preexisting condition.

Requires short term health insurance policies to cover essential health benefits.



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HB 2492

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to health insurance; creating new provisions; amending ORS 743.417 and 743B.323; and prescribing an effective date.

Relating to health insurance; prescribing an effective date.

Prescribes grace periods for payment of premiums on certain types of health insurance. Requires notice for nonpayment of premiums to be mailed specified number of days prior to end of grace period. Authorizes Department of Consumer and Business Services to prescribe by rule content of notices sent for nonpayment of premiums. Takes effect on 91st day following adjournment sine die.

Prescribes grace periods for payment of premiums on certain types of health insurance.

HB 2508

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to telemedicine; creating new provisions; amending ORS 743A.058; and declaring an emergency.

Relating to telemedicine; declaring an emergency.

Requires Oregon Health Authority to ensure reimbursement of health services delivered using telemedicine. Modifies requirements for health benefit plan coverage of telemedicine. Declares emergency, effective on passage.

Requires Oregon Health Authority to ensure reimbursement of health services delivered using telemedicine.

HB 2517

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to managing the utilization of health care; creating new provisions; and amending ORS 243.144, 243.877, 743.035, 743B.001, 743B.250, 743B.256, 743B.420, 743B.423 and 743B.602.

Relating to managing the utilization of health care.

Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans and health benefit plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers. Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

HB 2623

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to the cost of insulin. Relating to the cost of insulin.

Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes.

Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes.



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[HB 2648](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to pseudoephedrine; creating new provisions; amending ORS 475.950; and prescribing an effective date.

Relating to pseudoephedrine; prescribing an effective date.

Allows pharmacist or pharmacy technician to transfer drug containing pseudoephedrine without prescription to person who is at least 18 years of age and presents person's valid government-issued photo identification. Requires pharmacist or pharmacy technician, prior to transfer, to submit specified information into electronic system designed to prevent illegal transfer of drugs containing pseudoephedrine. Requires pharmacist or pharmacy technician to record specified information about transfer of drug containing pseudoephedrine. Specifies maximum amount of pseudoephedrine that person may receive without prescription. Establishes storage requirements for drug containing pseudoephedrine. Clarifies that measure does not apply to drugs transferred pursuant to prescription. Punishes violation by 364 days' imprisonment, \$6,250 fine, or both.

Becomes operative January 1, 2022.

Takes effect on 91st day following adjournment sine die.

Allows pharmacist or pharmacy technician to transfer drug containing pseudoephedrine without prescription to person who is at least 18 years of age and presents person's valid government-issued photo identification.

[HB 2752](#)

01/19/21 - Referred to Health Care.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to information regarding vaccines; and prescribing an effective date.

Relating to information regarding vaccines; prescribing an effective date.

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine. Requires Oregon Health Authority to maintain website that provides specific vaccine information. Takes effect on 91st day following adjournment sine die.

Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.

[HB 2841](#)

01/19/21 - Referred to Health Care with subsequent referral to Ways and Means.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to school nurses; and prescribing an effective date.

Relating to school nurses; prescribing an effective date.

Directs Oregon Health Authority to award grant moneys to eligible school-based health center pilot projects to expand access to health care services and improve health and education outcomes for students through telehealth. Defines "telehealth." Establishes eligibility criteria for pilot projects.

Directs authority to report to interim committee of Legislative Assembly on effectiveness and success of pilot projects not later than December 31, 2025.

Sunsets January 2, 2026.

Takes effect on 91st day following adjournment sine die.

Directs Oregon Health Authority to award grant moneys to eligible school-based health center pilot projects to expand access to health care services and improve health and education outcomes for students through telehealth.

[HB 2949](#)

01/19/21 - Referred to Behavioral Health with subsequent referral to Ways and Means.

01/11/21 - First reading. Referred to Speaker's desk.

Relating to mental health; creating new provisions; amending ORS 675.375, 675.705, 675.720, 675.745, 675.785 and 675.825; and declaring an emergency.

Relating to mental health; declaring an emergency.

Requires Mental Health Regulatory Agency to establish program to improve Black, indigenous and people of color mental health workforce, including pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments and retention activities.



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Directs agency to provide up to \$15,000 in student loan forgiveness to mental health professionals working in mental health professional shortage area.

Directs Oregon Health Authority to provide funding to counties, community mental health programs and organizations to support individuals to transition from incarceration back into community.

Directs Mental Health Agency to provide grants to licensed practitioners to pay costs of providing supervision of mental health practitioners in private practice.

Requires employers of mental health workers to pay supervision costs of workers.

Requires Oregon Health Authority to provide funding to Black, indigenous, people of color and immigrant communities to ensure access to mental health care.

Appropriates moneys to agency and authority to carry out provisions of Act.

Prohibits insurers from refusing to credential mental health associates.

Creates Task Force on Expanding the Mental Health Workforce. Specified membership and duties. Requires report to interim committees of Legislative Assembly with recommendations for loosening restrictions on formerly incarcerated individuals obtaining licenses to provide mental health care.

Limits to 1,200 number of hours of supervised clinical experience required to be licensed as professional counselor or marriage and family therapist.

Changes name of "licensed professional counselor intern" and "licensed marriage and family therapist intern" to "licensed professional counselor associate" and "licensed marriage and family therapist associate." Declares emergency, effective on July 1, 2021.

Requires Mental Health Regulatory Agency to establish program to improve Black, indigenous and people of color mental health workforce, including pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments and retention activities.

[HB 2956](#)

01/21/21 - First reading. Referred to Speaker's desk.

Relating to utilization review by insurers; creating new provisions; and amending ORS 743.035, 743B.001, 743B.250, 743B.256, 743B.420, 743B.423 and 743B.602.

Relating to utilization review by insurers.

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers. Exempts from certain new or modified requirements health benefit plans offered to public employees by Public Employees' Benefit Board and Oregon Educators Benefit Board.

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

[HB 2958](#)

01/21/21 - First reading. Referred to Speaker's desk.

Relating to prescription drugs; creating new provisions; amending ORS 689.005, 743A.064, 743B.425 and 743B.602; and prescribing an effective date.

Relating to prescription drugs; prescribing an effective date.

Allows pharmacist to prescribe and dispense preexposure prophylactic antiretroviral drug to patient after completion of patient assessment. Directs State Board of Pharmacy to adopt rules.

Requires health insurance policies that have prescription drug benefit to cover cost of drugs prescribed and dispensed by pharmacists within their scope of practice, including cost of pharmacists' consultation fees associated with prescribing and dispensing drugs.

Takes effect on 91st day following adjournment sine die.

Allows pharmacist to prescribe and dispense preexposure prophylactic antiretroviral drug to patient after completion of patient assessment.



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HB 2970

01/21/21 - First reading. Referred to Speaker's desk.

Relating to health care; creating new provisions; amending ORS 443.001, 676.630, 676.635, 690.005, 690.015, 743A.064, 743B.001 and 743B.425; and declaring an emergency.

Relating to health care; declaring an emergency.

Defines "device" for purposes of practice of advanced nonablative esthetics. Allows person certified to practice esthetics to use items other than devices.

Prohibits person certified to practice esthetics from using mechanical or electrical apparatus, appliance or device without specific authorization by Board of Certified Advanced Estheticians. Defines "mechanical or electrical apparatus, appliance or device."

Requires health insurance policies to provide coverage for certain prescription drugs prescribed and dispensed by pharmacists and pharmacist fees for related patient consultation. Prohibits certain insurers from requiring prior authorization for medication prescribed for treatment of opioid or opiate withdrawal or post-exposure prophylaxes antiretroviral drugs, or restricting reimbursement for specified medication-assisted treatments.

Establishes Senior Emergency Medical Services Innovation Program in Department of Human Services to fund and monitor certain local public sector pilot projects related to emergency medical services for seniors. Sunsets January 2, 2025.

Preempts local governments from enacting certain regulations related to, and from imposing fees on, long term care facilities and residential care facilities. Creates exemptions from preemption. Sunsets January 2, 2025.

Declares emergency, effective on passage.

Defines "device" for purposes of practice of advanced nonablative esthetics.

HB 3017

01/21/21 - First reading. Referred to Speaker's desk.

Relating to the cost of vaccines; creating new provisions; amending ORS 646.608; and declaring an emergency.

Relating to the cost of vaccines; declaring an emergency.

Makes manufacturer's sale of COVID-19 vaccine in Oregon at cost above specified amount unlawful practice.

Declares emergency, effective on passage.

Makes manufacturer's sale of COVID-19 vaccine in Oregon at cost above specified amount unlawful practice.

HB 3036

01/21/21 - First reading. Referred to Speaker's desk.

Relating to physician assistants; creating new provisions; amending ORS 109.640, 413.590, 441.064, 677.495, 677.510, 677.511, 677.515, 677.518, 688.510 and 743A.044 and sections 45 and 47, chapter 12, Oregon Laws 2020 (first special session); repealing section 9, chapter 550, Oregon Laws 2011; and declaring an emergency.

Relating to physician assistants; declaring an emergency.

Removes requirement that physician assistant practice under supervising physician. Requires physician assistant to enter into collaboration agreement with physician, podiatric physician or clinically experienced physician assistant. Defines "collaboration agreement." Makes permanent ability of physician assistant to use telehealth to provide care for patient located in another state.

Becomes operative January 1, 2022.

Declares emergency, effective on passage.

Removes requirement that physician assistant practice under supervising physician.

HB 3038

01/21/21 - First reading. Referred to Speaker's desk.

Relating to health care; and prescribing an effective date.

Relating to health care; prescribing an effective date.

Requires Oregon Health Authority to commission study to make recommendations for achieving specified goals for health care delivery in Oregon. Requires authority to report recommendations for legislative changes to interim committees of Legislative Assembly related to health no later than September 15, 2022.

Sunsets January 2, 2023.

Takes effect on 91st day following adjournment sine die.



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Requires Oregon Health Authority to commission study to make recommendations for achieving specified goals for health care delivery in Oregon.

HJR 14

01/21/21 - First reading. Referred to Speaker's desk.

Proposing amendment to Oregon Constitution relating to obligation of state to ensure access to health care.

Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care. Requires state to balance obligation to ensure health care with funding of public schools and other essential public services.

Refers proposed amendment to people for their approval or rejection at next regular general election.

Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care.

SB 2

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to proton beam therapy; creating new provisions; and amending ORS 743A.130.

Relating to proton beam therapy.

Prohibits insurers from imposing prior authorization or other utilization review requirements on coverage of proton beam

therapy that do not apply to coverage of radiation therapy.

Prohibits insurers from imposing prior authorization or other utilization review requirements on coverage of proton beam therapy that do not apply to coverage of radiation therapy.

SB 3

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to medical transports; creating new provisions; and amending ORS 743A.012.

Relating to medical transports.

Requires health benefit plans to cover emergency medical services transports.

Requires health benefit plans to cover emergency medical services transports.

SB 11

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to telemedicine; creating new provisions; and amending ORS 743A.058 and 743A.185.

Relating to telemedicine.

Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person.

Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person.



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SB 12

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to health care for public employees.

Relating to health care for public employees.

Requires benefit plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board to cover certain costs related to travel to Mexico or Canada to fill and refill prescriptions.

Requires benefit plans offered by Public Employees' Benefit Board and Oregon Educators Benefit Board to cover certain costs related to travel to Mexico or Canada to fill and refill prescriptions.

SB 45

01/19/21 - Referred to Judiciary and Ballot Measure 110 Implementation.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to permitted exclusions in life insurance policies; creating new provisions; amending ORS 743.225; and prescribing an effective date.

Relating to permitted exclusions in life insurance policies; prescribing an effective date.

Prohibits life insurance policies from excluding coverage for loss of life that results from terrorism.

Takes effect on 91st day following adjournment sine die.

Prohibits life insurance policies from excluding coverage for loss of life that results from terrorism.

SB 46

01/19/21 - Referred to Labor and Business.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to an insurer's treatment of claims under a disability insurance policy; and prescribing an effective date.

Relating to an insurer's treatment of claims under a disability insurance policy; prescribing an effective date.

Requires insurer that issues or renews disability insurance policy in this state to establish, maintain and follow certain procedures with respect to claims, determinations of claims that are adverse to claimant, appeals of determinations, communications with claimant and related operations.

Becomes operative on January 1, 2022.

Takes effect on 91st day following adjournment sine die.

Requires insurer that issues or renews disability insurance policy in this state to establish, maintain and follow certain procedures with respect to claims, determinations of claims that are adverse to claimant, appeals of determinations, communications with claimant and related operations.

SB 65

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to health insurance; creating new provisions; amending ORS 243.142, 411.400, 411.402, 411.406, 413.032, 414.025, 735.601, 735.608, 735.617, 741.002, 741.003, 741.004, 741.008, 741.102, 741.105, 741.107, 741.220, 741.222, 741.300, 741.310, 741.390, 741.400, 741.500, 741.510, 741.520, 741.540, 741.802, 741.900, 743.018 and 743B.130; repealing ORS 735.611; and declaring an emergency.

Relating to health insurance; declaring an emergency.

Transfers duties, functions and powers related to COFA Premium Assistance Program and health insurance exchange from Department of Consumer and Business Services to Oregon Health Authority on June 30, 2021.

Declares emergency, effective on passage.

Transfers duties, functions and powers related to COFA Premium Assistance Program and health insurance exchange from Department of Consumer and Business Services to Oregon Health Authority on June 30, 2021.



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SB 67

01/19/21 - Referred to Human Services, Mental Health and Recovery.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to treatment for co-occurring disorders; and declaring an emergency.

Relating to treatment for co-occurring disorders; declaring an emergency.

Requires Oregon Health Authority, in collaboration with specified stakeholder groups, to identify, assess and prepare report on regulatory and policy barriers to effective and timely behavioral health treatment for individuals with co-occurring disorders. Requires authority to submit report and recommendations for legislation to address barriers to interim committees and subcommittees of Legislative Assembly related to health and mental health.

Sunsets January 2, 2023.

Declares emergency, effective on passage.

Requires Oregon Health Authority, in collaboration with specified stakeholder groups, to identify, assess and prepare report on regulatory and policy barriers to effective and timely behavioral health treatment for individuals with co-occurring disorders.

SB 70

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to disparities in health outcomes for communities impacted by discrimination; and declaring an emergency.

Relating to disparities in health outcomes for communities impacted by discrimination; declaring an emergency.

Defines "regional health equity coalition" and "regional health equity coalition model." Requires Oregon Health Authority to work with regional health equity coalitions and groups utilizing regional health equity coalition model throughout state. Appropriates moneys to fund additional grants for organizations seeking to build regional health equity coalitions and to provide additional staff support.

Declares emergency, effective on passage.

Defines "regional health equity coalition" and "regional health equity coalition model." Requires Oregon Health Authority to work with regional health equity coalitions and groups utilizing regional health equity coalition model throughout state.

SB 168

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to insurance coverage of reproductive health services; creating new provisions; and amending ORS 743A.067.

Relating to insurance coverage of reproductive health services.

Requires health benefit plans to cover fertility and reproductive endocrinology services.

Requires health benefit plans to cover fertility and reproductive endocrinology services.

SB 355

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to applied behavior analysis; amending section 22, chapter 771, Oregon Laws 2013; and declaring an emergency.

Relating to applied behavior analysis; declaring an emergency.

Delays sunset of requirement that health insurance reimburse cost of applied behavior analysis for autism spectrum disorder.

Declares emergency, effective on passage.

Delays sunset of requirement that health insurance reimburse cost of applied behavior analysis for autism spectrum disorder.



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[SB 358](#)

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to applied behavior analysis; creating new provisions; amending ORS 109.675, 419B.005, 675.850, 676.150, 676.815, 676.820, 676.825, 676.830 and 676.992 and sections 2 and 22, chapter 771, Oregon Laws 2013; and prescribing an effective date.

Relating to applied behavior analysis; prescribing an effective date.

Changes authorization to practice for behavior analysis interventionists from registration to licensure. Allows applied behavior analysis professional to provide outpatient treatment for mental or emotional disorder or chemical dependency without patient's parental consent. Requires applied behavior analysis professional to report child abuse and to report prohibited or unprofessional conduct of another applied behavior analysis professional. Prohibits applied behavior analysis professional from practicing conversion therapy.

Extends requirement that health benefit plan provide coverage for treatment of autism spectrum disorder provided by applied behavior analysis professional to January 2, 2030.

Takes effect on 91st day following adjournment sine die.

Changes authorization to practice for behavior analysis interventionists from registration to licensure.

[SB 423](#)

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to telemedicine; and prescribing an effective date.

Relating to telemedicine; prescribing an effective date.

Allows patient located in Oregon to receive health care services through telemedicine from specified out-of-state health care provider. Defines "telemedicine."

Takes effect on 91st day following adjournment sine die.

Allows patient located in Oregon to receive health care services through telemedicine from specified out-of-state health care provider.

[SB 428](#)

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to universal health care; amending sections 8 and 10, chapter 629, Oregon Laws 2019; and declaring an emergency.

Relating to universal health care; declaring an emergency.

Extends for one year sunset on Task Force on Universal Health Care and extends deadline for task force to submit recommendations to Legislative Assembly.

Declares emergency, effective on passage.

Extends for one year sunset on Task Force on Universal Health Care and extends deadline for task force to submit recommendations to Legislative Assembly.

[SB 439](#)

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to the cost of prescription drugs; creating new provisions; and amending ORS 243.144, 243.877 and 750.055.

Relating to the cost of prescription drugs.

Requires insurer offering health plan, or person acting on behalf of insurer, to reduce enrollee cost sharing for prescription drugs by 85 percent of rebates received by insurer.

Requires insurer offering health plan, or person acting on behalf of insurer, to reduce enrollee cost sharing for prescription drugs by 85 percent of rebates received by insurer.



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[SB 442](#)

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to managing the utilization of health care; creating new provisions; and amending ORS 743.035, 743B.001, 743B.250, 743B.256, 743B.420, 743B.423 and 743B.602.

Relating to managing the utilization of health care.

Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

Creates new requirements and modifies existing requirements applicable to utilization review by insurers offering health benefit plans. Creates new requirements applicable to step therapy requirements imposed by entities providing health insurance, medical services contracts or health care service contracts, multiple employer welfare arrangements and pharmacy benefit managers.

Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.

[SB 557](#)

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association; creating new provisions; and amending ORS 413.032 and 735.608.

Relating to dental care for Pacific Islanders legally residing in Oregon under the Compact of Free Association.

Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage. Specifies eligibility requirements for program and duties of authority in administering program.

Establishes COFA Dental Program in Oregon Health Authority to provide dental care to low-income citizens of Pacific Islands in Compact of Free Association who reside in Oregon and lack access to affordable dental coverage.

[SB 558](#)

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to insurance coverage of prescription drugs; amending ORS 743A.062.

Relating to insurance coverage of prescription drugs.

Prohibits insurance policy or contract that provides coverage for prescription drug to require prescription for drug to be filled or refilled at mail order pharmacy or to prohibit prescription from being filled or refilled at local pharmacy.

Prohibits insurance policy or contract that provides coverage for prescription drug to require prescription for drug to be filled or refilled at mail order pharmacy or to prohibit prescription from being filled or refilled at local pharmacy.

[SB 560](#)

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to the cost of health care; creating new provisions; and amending ORS 743B.001 and 750.055.

Relating to the cost of health care.

Requires insurer and health care service contractor to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.

Requires insurer and health care service contractor to count payments made on behalf of enrollee for costs of care toward enrollee's out-of-pocket maximum or cost-sharing.



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SB 626

01/19/21 - Referred to Health Care.
01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to insurance coverage of proton beam therapy; amending ORS 743A.130.

Relating to insurance coverage of proton beam therapy.

Prohibits utilization review requirements for health insurance coverage of proton beam therapy prescribed for treatment of cancer if insurer covers radiation therapy prescribed for treatment of cancer.

Prohibits utilization review requirements for health insurance coverage of proton beam therapy prescribed for treatment of cancer if insurer covers radiation therapy prescribed for treatment of cancer.

SB 697

01/22/21 - Introduction and first reading. Referred to President's desk.

Relating to telemedical health services; amending ORS 743A.058 and 743A.185; and prescribing an effective date.

Relating to telemedical health services; prescribing an effective date.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.

Takes effect on 91st day following adjournment sine die.

Prescribes additional requirements for health benefit plan coverage of telemedical health services.

SB 699

01/22/21 - Introduction and first reading. Referred to President's desk.

Relating to preexisting condition exclusions; creating new provisions; amending ORS 743B.003, 743B.005, 743B.103 and 743B.125; and prescribing an effective date.

Relating to preexisting condition exclusions; prescribing an effective date.

Prohibits grandfathered health plan from imposing preexisting condition exclusion.

Takes effect on 91st day following adjournment sine die.

Prohibits grandfathered health plan from imposing preexisting condition exclusion.

SB 706

Not Introduced As of Time of Report

COFA outreach grant money.

SB 5510

01/24/21 - Assigned to Subcommittee On Transportation and Economic Development.

01/15/21 - Referred to Ways and Means.

01/11/21 - Introduction and first reading. Referred to President's desk.

Relating to the financial administration of the Department of Consumer and Business Services; and declaring an emergency.

Relating to the financial administration of the Department of Consumer and Business Services; declaring an emergency.

Limits certain biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Department of Consumer and Business Services.

Limits biennial expenditures by department from federal funds.

Authorizes specified nonlimited expenditures.

Declares emergency, effective July 1, 2021.

Limits certain biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by Department of Consumer and Business Services.



2021 Session Bills of Note - OHIM

Report Date: January 25, 2021

Bill Number

Next Hearing Last Three Actions

SJR 12

01/19/21 - Referred to Health Care.

01/11/21 - Introduction and first reading. Referred to President's desk.

Proposing amendment to Oregon Constitution relating to obligation of state to ensure access to health care.

Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care. Requires state to balance obligation to ensure health care with funding of public schools and other essential public services.

Refers proposed amendment to people for their approval or rejection at next regular general election.

Proposes amendment to Oregon Constitution establishing obligation of state to ensure every resident of state access to cost-effective, clinically appropriate and affordable health care.

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2021 Open Enrollment Data



2021 Open Enrollment Data

- Overall Plan Selections: 141,089 down 3% from last year (145,264)
- Auto Re-enrollments: Up 2% from last year
- New Consumers: Down 20% compared to last year (New Consumers are: unique individuals who have selected a QHP with non-canceled 2021 coverage where the consumer does not have 2020 coverage on 12/31/2020 and where the 2021 plan selection is not an auto-enrollment.
- Returning Consumers with an active plan selection: Up 2% from last year

2021 Open Enrollment Data

- 1.7% decrease in share of plan selections with APTC
- 1.8% decrease in share of plan selections with CSR (Cost Sharing Reductions)
- Top three plans viewed through our Window Shopping Tool:
 - KP OR Bronze 6900/0% HSA
 - Bronze Care on Demand 8000 EPO Individual and Family Network
 - Bronze HDHP 5700 EPO Individual and Family Network

COFA Premium Assistance Program



OREGONHEALTHCARE.GOV

COFA and Medicaid

The 2020 Omnibus COVID Relief Bill included reinstatement of Medicaid eligibility to COFA citizens in the United States. A Medicaid eligibility determination will provide adults 19 – 64 years old

- Full medical benefits
- Dental benefits
- Dis-enrollment from the COFA Premium Assistance program (if actively enrolled)

COFA individuals 65+ not eligible for Medicare, disabled or parent/caretaker role do not qualify for Medicaid.

2021 Open Enrollment

COFA Premium Assistance Program enrollment

Year	Applicants	Approved
2020	955	875
2021	869	808

Approved by Country

Federated States of Micronesia	475
The Republic of the Marshall Island	307
The Republic of Palau	26

**Health Care Cost Growth Target
Program Update**

Marketplace Advisory Committee
January 28, 2021



Agenda

- Health Care Cost Growth Target Background
- Implementation Committee Recommendations
- Q&A

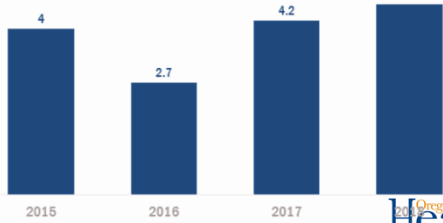


BACKGROUND

Health Care Costs are Growing

Nationally

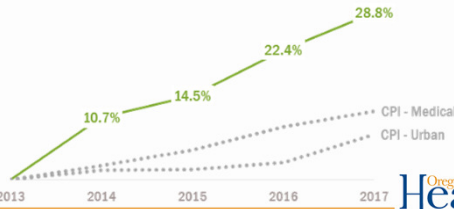
Annual increase in national health care spending, reported as the percent increase from the previous year



Health Care Costs are Growing

Nationally In Oregon

Total paid amounts per person increased 6.5 percent on average from 2013-2017.

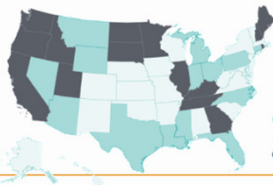


Health Care Costs are Growing


Nationally In Oregon For Consumers

Oregon is one of 15 states where cost barriers worsened between 2016-2018 adults reporting they went without care because of cost


Average annual percent change, 2016 to 2018



A statewide health care cost growth target provides...



Transparency Sustainable Target Total Cost of Care Approach A Common Goal



Building Oregon's Cost Growth Target Program

Stakeholder Engagement



Senate Bill 889 (2019) Implementation Committee



IMPLEMENTATION COMMITTEE RECOMMENDATIONS



Cost Growth Target

Data Use Strategy

Accountability

Quality & Equity

Taking Action

Transparency

Oregon Health Authority 10

The annual per capita health care cost growth target should be 3.4% for 2021-2025, and then 3.0% for 2026-2030.

2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
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Cost growth target = **3.4%**
First five years
Informed by historical GDP and historical median wage

Cost growth target = **3.0%**
Next five years

Oregon Health Authority 11

The cost growth target applies at four levels

Statewide

Market Level

Insurer Level


Provider Level

*includes self-insured

Oregon Health Authority 12

Payers and provider organizations are included based on size

Criteria for...	Payers	Provider Organizations
Data Submission	All payers and TPAs with at least 1,000 covered Oregon lives across all lines of business	N/A. Only payers and TPAs submit data.
Public Reporting	Any payer and TPA with at least 5,000 lives in a line of business.	Provider orgs with at least 10k unique all payer lives or at least 5k unique lives under any one line of business.
Accountability	TBD, pending statistical testing once data are submitted	



The Implementation Committee adopted goals and principles to guide the Data Use Strategy.


- The Data Use Strategy is a planned approach for understanding the impact of the health care cost growth target and the factors contributing to health care cost and cost growth in Oregon.
- The Data Use Strategy guides the planned analyses, data requirements, and commitment to transparency for the Health Care Cost Growth Target Program.




Cost Growth Target Program Transparency

- Public reports
- Public data files
- Public hearings


Reports coming soon...



Updated Oregon health care cost trends and a look at what's driving cost trends -- price or utilization?



A comparison of Medicare, Medicaid, and Commercial prices for common hospital procedures in Oregon




Strategies for Quality & Equity

- Reporting on a Standard Set of Quality Measures
- Monitoring for Unintended Consequences
- Improving Equity




The Committee adopted Principles for Increasing the Use of Advanced Value-Based Payment (VBP) Models and recommended a Voluntary Compact for operationalizing and implementing the Principles.

<https://www.oregon.gov/oha/HPA/HP/HCCG/MeetingDocs/VBP%20principles%20FINAL%2010.6.20.pdf>



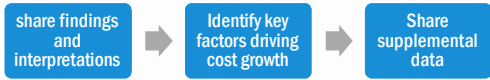
Accountability Approach

- Ensure statistical confidence**
Only payers and provider organizations that exceed the cost growth target with statistical certainty might be held accountable
- Transparency and Collaboration (including PIPs)**
Conversations to understand reasons for exceeding target
Public report & public hearings
Performance Improvement Plans
- Escalating Accountability (financial penalty)**
For payers and provider organizations who exceed the cost growth target in any three out of five years



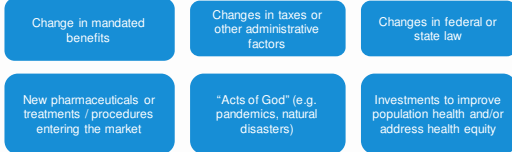
Understanding Performance

OHA will have 1:1 conversations with any payer or provider organization that exceed the cost growth target following statistical testing:



Determining Reasonableness

After identifying key factors that caused cost growth to exceed the target, OHA will determine if exceeding the cost growth target was reasonable or not. Potential factors that may cause an organization to reasonably exceed the cost growth target include, but are not limited to:



Performance Improvement Plans

Automatically triggered for any payer or provider organization that OHA determines has exceeded the cost growth target without reasonable basis during any performance year for one or more markets (Medicaid, Medicare, Commercial).

- OHA will work with organizations to collaboratively develop PIPs
- PIPs will be multi-year to allow time for improvement
- Organizations will submit annual PIP progress reports
- PIPs and progress reports will be made publicly available





Final Recommendations

**Sustainable Health Care
Cost Growth Target**
Implementation Committee Recommendations
Report to the Oregon Legislature

Senate Bill SB 1001
January 2021

**DRAFT for Implementation Committee
review, December 22, 2020**




- Approved by OHPB Jan 5th
- Approved by the Committee Jan 12th
- Submitted to the Legislature by January 31, 2021



Q&A

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Transfer to OHA overview

- Senate Bill 65 is the transfer legislation in the 2021 session in the OHA portfolio.
- Combined DCBS and OHA teams will lead the transition and continue refining the plans until the transfer is complete.
- Existing staff will transfer to OHA, with the goal of continuing operations without an interruption in service to customers or stakeholders.
- The target date for the transfer is July 1, 2021, but we expect some transitional overlap that will be formally addressed in agency agreements.

Transfer to OHA overview (cont.)