INFORMATION FOR LEGISLATIVE CONTACT TEAMS REGARDING 2017 BILLS

2/27/2017 version

RAND report on financing – HB 3260 (2013) and HB 2828(2015)

Status:

We expect there will be a presentation of the RAND report to the legislature sometime during the 2017 session. The report was released to the public by RAND on January 19, 2017.

Explanation:

The legislature, with HB 3260 in 2013, authorized the Oregon Health Authority (OHA) to contract for a study of healthcare financing in Oregon. The study was not funded until HB 2828 in 2015, and not contracted to the RAND Corporation until June 2016, but is now complete.

Message:

There will likely be a hearing on the RAND report in mid to late April. We will get word out as soon as a firm date is decided. Overall, RAND found single payer to be the best option to achieve universal coverage, that it would cost essentially the same as the status quo for Oregon as a whole, and that it is the only option considered that would significantly reduce financial barriers to health care. It would result in significant savings for all families below 400% of federal poverty level, and generally cost a little more for families above that range. RAND suggests the next step is for some specific questions to be investigated by the state if Oregon wishes to move towards universal coverage. We will be pushing for a task force or a work group to take the next step in investigating policy – see next item.

Task Force or Work Group on single-payer policy

Status:

A preliminary version of this bill has been submitted to legislative counsel, but it appears that we may push for a work group instead, preferably a joint work group with both the house and senate health care committees participating.

Explanation:

There are a number of policy questions regarding a single payer system in Oregon that were not answered by the RAND report. These questions are further complicated by the uncertainty at the federal level. We proposed a task force to investigate these questions, but a work group may be as useful and may be easier to for getting legislative approval.

Message:

The task force bill or a work group is likely our most critical legislative item in 2017. This is the easiest path for legislators to not waste the taxpayer money they spent on the RAND study. It appears more likely at this point that we should push for a work group, which means those on the house or senate health care committees are by far the most important to lobby.

SB 631 revised (currently LC 1029)

Status:

SB 631 has been revised, improved, and pre-session filed as LC 1029.

Explanation:

This bill describes how a single-payer health care system could be implemented for the state, but funding details are not yet determined. We intend to get a hearing before the senate health care committee and will explore a hearing before the house health care committee.

Message:

Our intent is to have all returning sponsors of SB 631 sign on to the bill and to add more co-sponsors.

CORRECTING COORDINATED CARE ORGANIZATIONS DEFICIENCIES

Status:

Rep. Greenlick has filed HB 2122 for consideration in 2017 and there is a matching SB 273. There was a public hearing on this bill in the house health care committee on Monday, February 27 at 3 pm.

Explanation:

Rep. Greenlick developed HB 4100 for the 2016 session and will introduce a version for 2017. The bill is intended to correct some problems with the coordinated care organizations (CCOs). It requires CCOs to be community-based nonprofit organizations by a future date, to have membership of governing boards reflective of local control, distribute at least 80% of payments to providers using alternative payment methodologies, and hold CCO restricted reserves in an escrow account in the State Treasury.

Message:

These CCO reforms will likely be critical for HCAO Action's future plans, and HCAO and HCAO-Action have endorsed the bill. CCO's currently serve 25% of Oregonians and will need to be effective community organizations if they are to continue in a SP system We will be pushing for additional improvements beyond what Greenlick has proposed, including standardized accounting requirements, a public health clause, improvements in transfer of ownership language, and limitations on administrative (non-health) spending.

Bills for which HCAO plays a supporting role to our allies

COVER ALL KIDS - SB 558 and HB 2726 (part of Fair Shot and OHEA agenda)

Developed by the Oregon Health Equity Alliance (OHEA), of which HCAO is a member, this bill extends coverage all Oregon residents under 19 whose family income is below 300% of federal poverty level (FPL). It is expected to cover an additional 18,000 children and cost $55 million.

Message:

HCAO Action is a coalition partner advocating for this important move towards universal coverage.

NONPROFIT HOSPITAL REQUIREMENTS- HB 2115

The bill establishes some community benefit requirements for nonprofit hospitals. HCAO Action will push for stronger requirements than currently described in the bill, but does not yet have specific language.

Message: Oregon needs enforceable community benefit requirements for hospitals, and there is a general need for nonprofit to have real meaning when applied to healthcare providers.

REPRODUCTIVE HEALTH EQUITY ACT - HB 2232 (part of Fair Shot and OHEA agenda)

This bill requires health benefit plan coverage of specified health care services, drugs, devices, products and procedures related to reproductive health, while allowing exemption for plans sold to religious employers. It requires Oregon Health Authority to implement program to reimburse costs of services, drugs, devices, products and procedures related to reproductive health provided to individuals who can become pregnant and who would be eligible for medical assistance if not for certain federal requirements.

Message: Oregon needs enforceable community benefit requirements for hospitals, and there is a general need for nonprofit to have real meaning when applied to healthcare providers.

DRUG PRICING BILLS- HB 2116, HB 2387, SB 237, and SB 399

HB 2387 is the bill from Rep. Nosse's work group on prescription drug costs, and is likely to get serious consideration. Greenlick introduced HB 2116, but he is deferring to Nosse's bill. SB 237 is a bill from a coalition of disease groups led by the Leukemia and Lymphoma society.

Message: The legislature should find a way to reduce the cost to patients of very expensive specialty drugs. One of these bills should be passed – HCAO has endorsed HB 2387 and SB 237.