INFORMATION FOR LEGISLATIVE CONTACT TEAMS REGARDING 2017 BILLS

3/7/2017 version

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. Ask your legislator to be a co-sponsor.

Correcting Coordinated Care Organization Structural Deficiencies

Status: Rep. Greenlick filed HB 2122 for consideration, with a matching SB 273. HCAO and HCAO-Action have endorsed this bill and submitted testimony for a 2/27/17 public hearing. Amendments are being considered.

Explanation: 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, have CCO governing boards follow open meeting laws, and hold CCO restricted reserves in an escrow account in the State Treasury.

Message: These CCO reforms will likely be critical for our future plans. CCO's currently serve 25% of Oregonians and will need to be effective community organizations. We are 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.

Ask the health care industry to close the health care budget deficit in Oregon

Status: This is a revenue issue that may result in tax increases. There is no bill yet.

Explanation: OCPP is urging lawmakers to explore the following options for filling the health care budget gap: (1) Increase hospital tax; (2) Reinstate tax on managed care organizations and insurers; (3) Tax additional provider types; (4) Tax health insurance claims; (5) Tax other non-providers in the health industry. For details, see http://www.ocpp.org/media/uploads/pdf/2017/01/rptes20170118MedicaidFunding-fnl.pdf

Message: HCAO agrees with OCPP that all of these options should be explored.

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 in mid to late April. We will get word out as soon as a firm date is decided. RAND released the report to the public on 1/19/17.

Explanation: HB 3260 (2013) authorized the Oregon Health Authority (OHA) to contract for a study of healthcare financing in Oregon It was funded in 2015, contracted to the RAND corporation in 2016, completed in January 2017.

Message: Overall, RAND found single payer to be the best option to achieve universal coverage, that overall costs are essentially the same as the status quo, 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.

Work Group on single-payer policy

Status: We are working with Sen. Dembrow and other legislators to create a work group that involves the senate health care committee legislative analyst.

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: If you are talking to a legislator on the health care committee or one that has been involved in health care policy, let them know that we want them to be part of a work group to take the next step beyond the RAND report, so that Oregon can move to a universal health care system in Oregon.

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 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 step up to protect women's health care with the current national climate.

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.