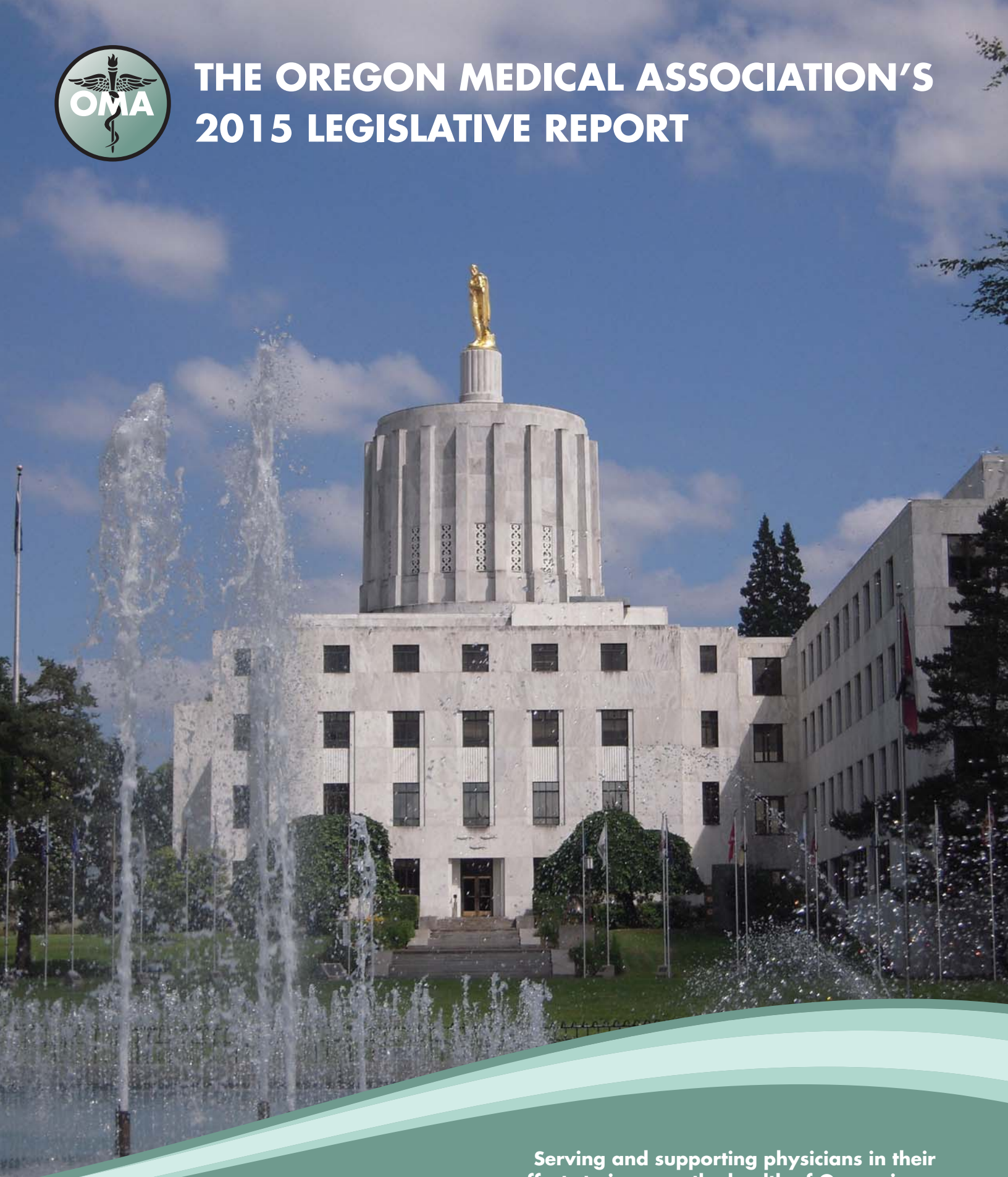
THE OREGON MEDICAL ASSOCIATION'S 2015 LEGISLATIVE REPORT



Serving and supporting physicians in their efforts to improve the health of Oregonians.

We've Got Your Back.

The OMA is the unified voice of Oregon's physicians, physician assistants and medical students in the legislature, Congress and in matters of public policy. We've got your back so you can focus on your patients and your passion for medicine. Count on us as your professional resource, knowledgeable ally, and staunch advocate.

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INTRODUCTION

The 2015 Legislative Assembly began with a bang, with an embattled Governor John Kitzhaber resigning after sixteen days, followed immediately by Secretary of State Kate Brown being sworn in as the state's new leader. Members of the legislature remained committed to doing the people's work, and the session marched on.

Despite the change in leadership, lawmakers passed key pieces of legislation in the first few weeks, including a bill that dissolved Cover Oregon. The hospital assessment tax that provides funding to Medicaid programs also passed early in the session. This budget package that was negotiated between key legislators, the Oregon Health Leadership Council (OHLC) and the Oregon Association of Hospitals and Health Systems (OAHHS) will bring over $3 billion—including the federal matching funds—to the Oregon Health Plan (OHP). The negotiated deal extends the tax for four years and maintains the rate at 4.3%.

As expected, other major agenda items took much longer. Following voter approval in November 2014 of Measure 91, lawmakers tackled the implementation of legalized recreational marijuana. Gun safety advocates made another attempt at expanding background checks and ultimately succeeded. And finally, the Toxic Free Kids Act, (previously the Safe Chemicals for Children bill) passed in the late stages of the session after three attempts in previous years.

The Oregon Health Authority (OHA) budget (SB 5526) passed in the final days of the session, committing $19.5 billion to fund OHA operations and Oregon Medicaid. This is an increase from the last budget, mostly due to the growth in the number of Medicaid-eligible patients, and includes the $122 million allocation from the Tobacco Master Settlement Agreement to the OHP.

The OHA budget continues funding for the Rural Medical Liability Reimbursement Program, a key priority for the OMA. However, the budget did not include funding for the loan repayment program administered by the Office of Rural Health. In what some legislators describe as a mistake, the program was not allocated any funding for the 2017–2019 budget. OMA and other stakeholders will be working in the interim with lawmakers to ensure that funding is added during the 2016 session.

OMA started the session with a full policy agenda and successfully passed the majority of key bills, including two administrative simplification bills and increased immunization awareness. Now that the session is over, OMA's focus shifts to monitoring the implementation of new legislation and preparing for future sessions.

Summarized below are OMA's key agenda bills and others related to the practice of medicine:

PASSED

SB 523: Timely Grace Period Notification for All Health Care Providers

Proposed by the OMA, SB 523 addresses an issue created by rules in the Affordable Care Act (ACA) on health insurance exchange products that left providers exposed to potential bad debt related to unpaid premiums by patients. The bill was a needed stopgap to allow providers more transparent access to insurer information. The bill as passed requires insurers to provide timely notice about whether a patient paid the health insurance premium and is eligible for benefits.

Under ACA, patients who obtain their health insurance through the exchange and receive some level of a premium subsidy are eligible for an extended 90-day grace period to catch up on their premiums. This prevents an insurer from canceling the policy after the first 30 days of non-payment, which is customary state policy.

However, for health care providers, the lack of clarity in the federal rule on how and when the provider is to be notified by the insurer of the patient's payment status could leave providers with many unpaid claims.

Members of both the House and Senate Health Care Committees heard testimony from the OMA, an OMA practice manager, a clinic owner from Enterprise and the Oregon Nurses Association.

Effective January 2016, a provider who checks a patient's eligibility within seven days of the date of service will be notified by the insurer within two days if the patient has missed a premium payment and is in the grace period. If the insurer fails to notify the provider who checked eligibility within seven days of the service, then the insurer must pay a claim for reimbursement of the service that was performed at any point during the entire 90-day grace period.

PASSED

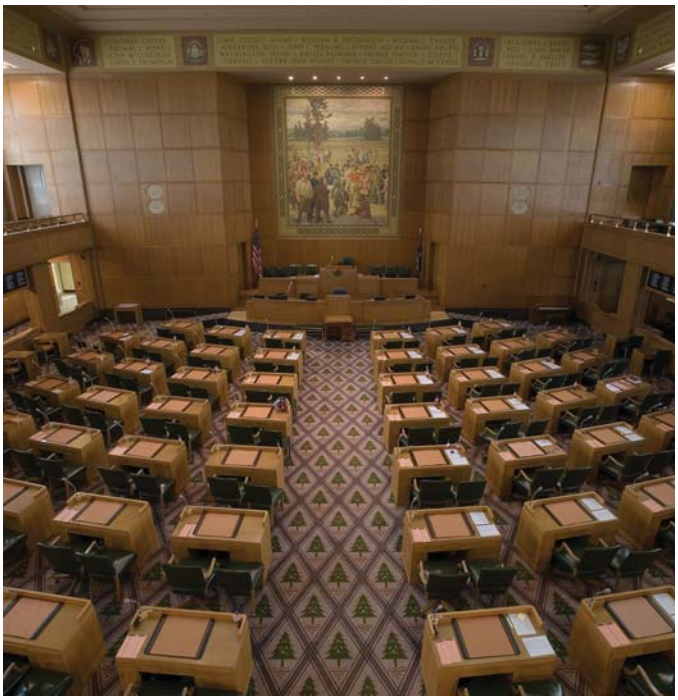
HB 3021: Virtual Credit Card Transparency

With the passage of HB 3021, Oregon addressed an abusive payment practice and became the first state in the nation to pass legislation that requires payment by a virtual credit card to be mutually agreed upon by both the insurer and the provider. HB 3021, a bill brought by the OMA, was the result of OMA members of both the Health Care Finance Committee and the Practice Roundtable expressing concerns with virtual credit card reimbursements.

Virtual credit cards have become a commonly used reimbursement method for providers. The payment is sent to the provider as a number and a pin that can be entered using standard credit card technology. However, the lack of a physical card being present subjects the transaction to higher processing and interchange fees, up to 5%, which is subsequently deducted from the allowed amount the provider was supposed to be reimbursed. OMA also learned that some insurers end up being kicked-back a portion of the fees. When providers attempted to opt-out of these payments, insurers and their third party companies often made it extremely difficult and time-consuming, further delaying prompt payment.

HB 3021 establishes clear criteria regarding the use of virtual credit card payments to providers. Legislators heard from a number of practice managers about their experiences with this type of reimbursement. Such firsthand and practical testimony resonated with legislators.

Effective January 2016, insurers will be required to clearly communicate all applicable fees to process any electronic payment, and allow the provider to opt-in. If the provider chooses not to accept the payment, the insurer must promptly offer an alternative method of payment.



PASSED

SB 895: School Immunization Rate Transparency

With the session beginning on the heels of the Disneyland measles outbreak, a small number of immunization bills were brought forward, each attempting to strengthen Oregon's current vaccination regulations. After a strong effort by a few key legislators to remove all immunization exemptions failed, alternate bills—including SB 895—made progress.

SB 895 requires individual public schools and daycares to post immunization rates of the individual facility on the organization's website and send home information in student materials. The goal of this OMA bill is to improve parents' access to information about the immunization rates of the facility where their children often spend the majority of the day, and to better protect their children from preventable diseases.

This information is especially critical for parents of children who cannot be vaccinated due to compromised immune systems, or who have infant siblings or another family member (including the parents) who, if exposed, would not have immunity to the disease.

Understanding the individual school or facility community immunity protection level through materials distributed and posted ensures that parents have all the information they need to make decisions about where their children are cared for and educated. It further allows the parent to make informed decisions about attending school functions and which family members they can safely bring to the event.

SB 895 passed as the session was ending, just days before the final gavel fell, and it took effect immediately.

PASSED

HB 3396: Healthcare Provider Incentive Programs for Underserved Areas

OMA introduced SB 757, which, in its original form, would have funded a robust study on health care provider incentive programs. The bill was well received in public hearings before two legislative committees.

Late in the session, however, Representative Nancy Nathanson (D-Eugene), co-chair of the Human Services Subcommittee of Ways and Means, introduced an amendment to a different bill, HB 3396, that also was related to the incentive programs. Once adopted, the amended HB 3396 included language on all of the provider incentive programs in rural and underserved areas. However, the funding for the study of the programs (the study introduced by OMA) was drastically reduced in the amended bill and included a provision to sunset all incentive programs in January 2018.

Representative Nathanson and other legislators assured the OMA that the bill's intent was not to sunset the current programs without a replacement program. It is their hope that the study and interim work will produce programs with better incentives for providers in rural and underserved areas. Despite these assurances, the OMA opposed HB 3396 as amended, due to the lack of reasonable funding for the study and the detrimental sunset of these programs without replacement. The bill moved through the legislative process without OMA's support.

PASSED

HB 2171: Rural Medical Tax Credit

HB 2171 is the omnibus end-of-session tax credit bill that includes an extension of the Rural Medical Provider Tax Credit for two years. However, to conserve tax revenue, the Committee on Joint Tax Credits, with leadership from Senator Brian Boquist (R-Dallas), adopted a plan to reduce the amount of the credit for some providers based on geographic location.

If the practice location is 50 miles or further from a population center of 40,000, providers will receive the entire $5,000 credit, while others between 20 and 50 miles will receive $4,000. Those practices at least 10 but fewer than 20 miles will receive $3,000. The OMA was not supportive of this concept as the lines were drawn arbitrarily and without data to support the change. The bill passed on the last day of the session.

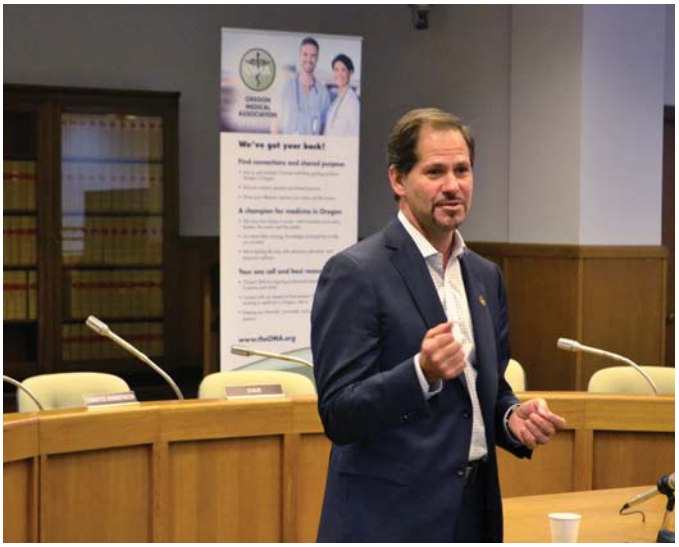
The OMA remains disappointed that lawmakers made such sweeping changes to programs critical to recruiting and retaining providers in rural Oregon. The OMA argued that before changes are made a better understanding is needed of how the changes affect access for patients in rural communities. The OMA will continue to work with stakeholders to ensure that any future changes to incentive programs are done with data-supported evidence and that changes bring more providers into rural and underserved communities throughout Oregon. OMA encourages all providers whether they practice in urban or rural areas to engage with their legislators in support of better funding for and access to rural health care services.

PRACTICE AND PAYMENT ISSUES

PASSED

HB 2300: Right to Try

HB 2300 allows a patient who has a terminal disease to voluntarily seek out an investigational treatment that is not yet approved by the FDA. The investigational treatment is likely to still be in the clinical trial stage and generally inaccessible to patients with less than six months to live. The patient must be notified by the treating provider of the potential risks of the treatment, and that they may be responsible for the cost of administering and manufacturing the drug. While the OMA remained neutral on this bill, we were part of a workgroup that submitted amendments to ensure liability protections were included and that the bill was narrowly defined and didn't create profitable opportunities for insurers or the manufacturers of the drug.



State Representative Knute Buehler, MD (R-Bend)

PASSED

HB 2468: Provider Networks

The OMA was part of the interim Health Care Network Adequacy Advisory Committee and submitted feedback throughout the process on the proposed legislative concept that became HB 2468. The OMA worked hard to ensure that, without regard to where a health plan is offered (through an exchange, on the individual market, or within a closed system), each plan would be required to adhere to the same requirements to contract with essential community providers. This meant ensuring that consistent language and definitions were adopted. HB 2468 uniformly defines the requirements, doesn't require providers to contract with the insurer, and offers two options to evaluate insurer performance.

PASSED

HB 2600: Health Insurance Continuation for OFLA Leave

HB 2600 requires an employer with 25 or more employees providing group health insurance to continue the group health insurance coverage for the duration of an employee's OFLA leave (Oregon Family Leave Act). The employee must continue to make any regular contributions to the cost of the health insurance premiums.

PASSED

HB 2758: Explanation of Benefits (EOB) Privacy

HB 2758 prohibits an insurer, at the patient's request, from disclosing protected health information to any person other than the patient. This means that the patient's explanation of benefits (EOB) and any subsequent bills would be sent only to the patient to protect the patient's privacy, rather than to the insurance policy holder.

The intent of this bill is to ensure patients who may be on their parent's insurance (up to age 26) or a spouse/partner, can obtain health care services without the threat of disclosure via an insurance document to any other party on the insurance. The OMA monitored this bill closely to ensure the administrative burden created by the request for confidentiality remains between the insurer and the enrollee and does not rest with the provider's office.

The bill does require the Department of Consumer and Business Services to create a standardized form that patients submit to their insurance plan to request confidential communications. Provider offices may, but are not required to, display the form and make it available to patients.

DIED IN COMMITTEE

HB 3300: Lane County Primary Care Providers

Introduced on behalf of Trillium, the Lane County CCO, HB 3300 would have legislated the "payer-mix" of primary care practices, by requiring a practice to see a set percentage of Medicaid patients in order to contract with the Public Employees' Benefits Board (PEBB) and Oregon Educators Benefit Board (OEBB).

OMA understands the concern of unassigned patients within CCO populations. The actual number of Medicaid-eligible enrollees now exceeds one million covered lives which is far greater than earlier projections that the program would have to address the needs of 800,000 enrollees. This dramatic increase of Medicaid insureds in CCOs has left many CCOs around the state

scrambling to arrange for basic access to primary care. HB 3300 was not the solution, however, because it would have made a sweeping policy change for the state by dictating how many Medicaid patients a practice had to accept to be eligible to participate in the better reimbursing PEBB and OEBB programs. Even after the bill was amended to include only Lane County, the OMA was not supportive of the policy. The bill had one hearing and died in committee upon adjournment. The OMA remains committed to working with legislators on solutions to provider shortages that will increase patient access to primary care.

PASSED

SB 144: Expansion of Telemedicine

OMA participated in the interim workgroup that crafted SB 144. The goal was to expand the use of telemedicine and reimbursement by health plans. The bill requires health plans to cover health care services provided using synchronous two-way interactive video, thereby increasing access to specialty care for patients in rural and underserved areas. The bill stipulates that the services must be a generally accepted service that can be provided safely and effectively via video conferencing.

PASSED

SB 454: Paid Sick Leave

SB 454 requires all employers with 10 or more employees to allow workers to earn one week (40 hours) of paid sick leave annually. This bill was passed on a party-line vote, making Oregon the fourth state to pass this type of law, joining California, Massachusetts, and Connecticut. It takes effect January 1, 2016.

PASSED

SB 710: Social Security Appeals Record Requests

SB 710 provides patients or their personal representatives one free copy of their medical records so they have the documentation needed to appeal their denial of Social Security disability benefits.

The intent of this bill was to allow patients to obtain a copy of the records relevant to their case from the time of the initial Social Security disability application. In appeals cases, the financial burden of getting the medical records is placed solely on the patient.

There is some early indication that abuses may be occurring by law firms demanding free copies of medical records from providers even before an appeal. The OMA was assured by Senator Sara Gelser (D-Corvallis) that the bill was only intended to assist those appealing a denial of benefits and that it didn't include their attorneys. The bill, as passed, is written broadly and may require additional legislation in 2016 to narrow the language. OMA staff, with legislative counsel, is working to clarify the intent of this bill and will release an OMA Toolkit to assist members with these types of requests.

PASSED

SB 900: Price Transparency

SB 900 requires OHA to create a website where the public can easily access the median price of common inpatient and outpatient hospital procedures. The website would provide patients with information on typical prices of procedures as paid by insurers and reported to the OHA.

Price transparency was a much-debated issue during the 2015 session with competing measures SB 891 and SB 900. SB 891, introduced by OSPIRG, would have been a great administrative burden on individual providers, clinics, and hospitals. It is also unclear if the information would be useful for consumers. SB 891 did not move forward.

OMA, along with the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Health Leadership Council (OHLC), supported SB 900, as it places less of an administrative burden on health care providers, and it will provide information already collected to patients. An interim group led by Senator Elizabeth Steiner Hayward, MD (D-NW Portland/Beaverton) will continue to examine this issue.

PASSED

SB 901: Direct Pay

Despite legislation passed in 2013 aimed at resolving the issue of health plans directly paying patients and allowing the patient to reimburse the provider, the problem remained a major issue for many providers. SB 901 requires health plans to issue the payment directly to the provider for the covered service.

IMPLEMENTING LEGALIZATION OF MARIJUANA

PASSED

HB 3400: Recreational and Medical Marijuana Programs

After months of negotiation between the Joint Committee on Implementation of 91, legislators adopted the necessary fixes to the medical program and set the direction for the new recreational market. While leaving much of the recreational system specifics to OLCC rulemaking, HB 3400 does address several key issues.

Both medical and recreational growers will be limited in the number of plants that can be grown. If the grow site was registered with OHA prior to January 1, 2015, then a medical marijuana grower within city limits may have up to 24 mature plants. A grower outside city limits may have up to 96 plants. Growers registered after December 31, 2014, are limited to 12 mature plants within city limits and 48 mature plants outside of city limits. Limits on recreational growers will be determined in rulemaking by OLCC.

Recreational marijuana products will be tested to ensure that products are not contaminated, and retail products will need to disclose potency. The bill also allows OLCC to restrict advertising of marijuana products, including edibles, to minors and to set rules on packaging.

HB 3400 and its companion bill, HB 2041, also looked at taxes and local control issues. The tax rate was established at 17% as a point-of-sale tax within the retail market. This tax does not affect medical marijuana products. Local governments may implement additional taxes, up to 3%, if approved by voters.

HB 3400 also allows counties where Measure 91 failed to ban both recreational and medical marijuana. Other counties can attempt to ban sales, but only if approved by voters.

PASSED

SB 844: Medical Marijuana 'Bill of Rights'

SB 844 is another in a series of bills that legislators passed in response to the passage of Ballot Measure 91. The bill allows an organization that provides hospice, palliative, home health care services, or a residential

facility to serve as a caregiver for an OMMP cardholder. The bill adds "a degenerative or pervasive neurological condition" to the definition of a debilitating medical condition. Finally, the bill prohibits a transplant hospital from denying a recipient from receiving an anatomical gift exclusively on the basis that the recipient is an OMMP cardholder. The OMA successfully removed the provision of SB 844 that would have taken away a physician's medical judgment regarding prescribing medications to OMMP cardholders.

TOBACCO CONTROL

PASSED

HB 2546: E-Cigarettes & Indoor Clean Air Act

HB 2546 expands existing state tobacco laws to include inhalant delivery systems, prohibit the sale and use of these systems by minors and add them to the Indoor Clean Air Act. Inhalant delivery systems are defined as any device that can be used to deliver nicotine or cannabinoids in the form of vapor or aerosol to the person inhaling from the device, such as an e-cigarette.

The bill also adds e-cigarettes to the Indoor Clean Air Act, ensuring that worksites and public places are afforded the same protection from these systems as from traditional tobacco products. As a member of the interim workgroup that drafted this legislation, the OMA applauds the work of this group to reach consensus on a broad definition that applies to electronic cigarettes and vapor products and subjects these inhalant delivery systems to the same laws as tobacco products.

DIED IN COMMITTEE

SB 416: Smoke Shop Certification Fees

SB 416 would have implemented a fee for the certification, renewal and relocation of a smoke shop. Under current law, the costs of certification or re-certification are funded by the tobacco prevention and education fund. The bill would have allowed OHA to impose a reasonable fee to cover the costs of smoke shop certification. These costs include staff time, application questions and review, legal costs for clarifying rules and responding to challenges brought by businesses denied certification.

DIED IN COMMITTEE

SB 663: Retail Licensing of Tobacco Shops

SB 663 would have required retail tobacco stores to be licensed by the Oregon Liquor Control Commission, imposed licensing fees and raised the age of tobacco possession to 21 years. Oregon is only one out of 11 states that does not require a license to sell tobacco. As a result, the state cannot easily identify where these shops are located in the community or enforce compliance with laws prohibiting sales to minors. The proponents and sponsors of this bill attempted to keep this bill viable throughout the session and ultimately ran out of time and the legislative vehicles to move it.

PUBLIC HEALTH

PASSED

HB 2642: Estheticians Licensing

Estheticians that use lasers to provide services to customers brought the concept of HB 2642 to Majority Leader Val Hoyle (D-Eugene). Estheticians were concerned that some salons were allowing the use of lasers by untrained staff. HB 2642 creates a board and certification process for advanced estheticians. The bill defines a non-ablative service and sets the training parameters needed for licensure. The new board will include two medical providers: a physician, a physician assistant, or a nurse practitioner. The bill includes a parameter that advanced estheticians maintain an ongoing agreement with a physician or nurse practitioner so they can refer clients for a medical evaluation of a skin issue identified or caused by the advanced esthetician.

PASSED

HB 3041: Sunscreen in Schools

Brought to the legislature by a group of OHSU students, including students that serve on the OMA Legislative Committee, HB 3041 allows schools to create policies so that students can wear sun-protective clothing and sunscreen without a prescription while on school property. Before HB 3041, some schools prohibited the use of sunscreen or protective clothing without a prescription. This bill is a pragmatic approach to protecting susceptible children from harmful UV rays at the place they spend the majority of their time during the day.

DIED IN COMMITTEE

SB 442: Non-Medical Exemption Removal for Vaccination

SB 442 was heard early in the 2015 session and would have removed all non-medical vaccine exemptions. Senator Steiner Hayward championed this bill and OMA's legislative chair, Dr. James Lace, testified in support. However, due to the level of controversy the vaccination issue appeared to generate and the vocal backlash, the bill did not move forward.

PASSED

SB 478: Toxic Free Kids Act, (previously the Safe Chemicals for Children Bill)

SB 478 finally gained the support it needed to pass after failing multiple times in previous sessions. The bill requires OHA to maintain a publicly available list of designated high priority chemicals of concern for children's health that are used in children's products. OHA will incorporate the Washington State Department of Ecology's Reporting List. The bill also includes penalties for violations by the manufacturers and builds in a five-year requirement that manufacturers phase out chemicals in the product unless they obtain a waiver.

The OMA supported this bill, citing growing evidence that synthetic chemicals found in children's products or containers have greatest impact on the health of children and pregnant women. Recent research from Washington's program shows that manufacturers are following the law, and compliance rates are high.

DIED IN COMMITTEE

SB 920: Antibiotics and Farms

SB 920 would have prevented the routine use of antibiotics for non-therapeutic purposes in farm animals, and required farm owners to report to the state annually on the administration of medically necessary antibiotics. Using low doses of antibiotics in healthy animals increases antibiotic resistance in the bacteria circulating in the community, which increases the risk that humans will

Public Health, Cont.

acquire antibiotic-resistant infections. Many well-respected experts endorse ending the practice of providing uninfected animals with antibiotics including the World Health Organization, the Centers for Disease Control and Prevention, the American Medical Association and the Infectious Diseases Society of America.

Despite the bill's failure, OMA successfully supported an amendment to ensure that civil liability was removed and to ensure that the state bill would not interfere with federal rules being developed.

PASSED

SB 941: Expanded Background Checks

Gun safety advocates, including the OMA, have sought to expand background checks to private sales for the past two sessions and were ultimately successful this year. SB 941 expands background checks on the purchase of guns made during a private gun sale transaction. Sellers and buyers in a private sale who are not family members would need to use a licensed dealer to conduct a background check. Oregon is the eighth state to expand background checks to private transactions.

WOMEN'S HEALTH

PASSED

HB 2879: Pharmacist Dispensing of Oral Contraceptives

HB 2879 allows a woman 18 years or older to obtain an oral or hormonal patch contraceptive directly from a pharmacist without a prescription from a health care provider. Women under the age of 18 would need to show proof of a prior prescription before the pharmacist could dispense.

OMA legislative members had a robust discussion with one of the bill's champions, Representative Knute Buehler, MD (R-Bend), about the research supporting pharmacist prescriptions of birth control, including the provision to have the patient complete a self-screen risk assessment. OMA members expressed strong support for expanding the bill to include women under the age of 18 (without a prior prescription) and agreed to support the bill with an agreement that it could be expanded in future sessions. OMA will be tracking this legislation carefully to ensure patient safety and proper training of pharmacists.

Senate physician legislators, Senators Elizabeth Steiner Hayward, MD (D-NW Portland/Beaverton) and Senator Alan Bates, DO (D-Medford) championed the bill on the Senate side. The bill took effect upon passage.

PASSED

HB 3343: Birth Control Access

HB 3343 allows for up to 12 months of a prescription contraceptive to be dispensed by a pharmacist and requires reimbursement by the health care insurer. Prior to filling 12 months of the contraceptive, the patient must have filled a three-month prescription for the same contraceptive. OMA supported this bill as it sets a standard of care for prescription contraceptive coverage that effectively increases the rate of contraceptive adherence, reducing a woman's risk of unintended pregnancy.

Additionally, the ability to write a prescription for up to a year reduces the administrative burden of calls between the patient, provider and pharmacy when a refill is needed. This policy takes effect in January 2016.

OTHER BILLS OF INTEREST

PASSED

HB 2023: Care Act

HB 2023 directs hospitals to adopt and enforce discharge policies for individuals who have been treated for mental health issues. The OMA was a member of the interim workgroup that brought this legislation, chaired by Representative Alissa Keny-Guyer (D-Portland) and Senator Elizabeth Steiner Hayward (D-Beaverton), with the intent to reduce suicide through better communication between family members of the person seeking treatment and health care providers. HB 2023 requires hospitals to adopt policies that encourage the patient to sign an authorization for the disclosure of information that is necessary for a lay caregiver to participate in the patient's discharge planning, and to provide appropriate post-discharge support.

PASSED

HB 2028: Clinical Pharmacy Agreements

Currently, physicians and pharmacists can work within a collaborative agreement for a single patient, however, these agreements are limited to just one patient per agreement. HB 2028 allows physicians to sign agreements with pharmacists for a panel of patients.

The pharmacist, in coordination with the physician, would provide medication management and other services to optimize the drug therapy prescribed by the physician. The bill defines a pharmacist as a health care provider for the purpose of health plan reimbursement. OMA has some concerns regarding the scope of this legislation, including provisions in the bill that allow pharmacists to administer travel vaccines and smoking cessation products. The OMA will monitor the Board of Pharmacy's work on rulemaking for these provisions to ensure patient safety and to see that primary care providers are made aware of any drug therapies provided to patients by pharmacists.

PASSED

HB 2307: Conversion Therapy

This bill prohibits a mental health care provider or social worker from practicing conversion therapy on a patient younger than 18 years of age. "Conversion therapy" is defined as the practice of providing services for the purpose of attempting to change a person's sexual orientation or gender identity. The American Psychiatric Association does not consider homosexuality a mental disorder and there is no scientific evidence to support the effectiveness of conversion therapy. With its passage, Oregon became only the 4th state to ban the therapy for minors.

PASSED

HB 2560: Expanded Colonoscopy Coverage

HB 2560 requires insurers to cover, without any cost-sharing requirement by the patient, a follow-up colonoscopy after a positive fecal occult blood test. This bill is an expansion of the 2013 bill that put in place no-cost coverage for all preventative colorectal cancer screening methods, including colonoscopies with polyp removal. A follow-up colonoscopy for a positive fecal occult test (or fecal immunochemical test) is recommended to determine the presence of polyps, cancerous cells or other abnormalities. Ensuring that the patient obtains this test without cost promotes access to timely, appropriate and affordable care, completing the colorectal cancer screening continuum.

DIED IN COMMITTEE

HB 2678: Vasectomies

HB 2678 would have allowed nurse practitioners to perform vasectomies. Nurse practitioners testified that vasectomies were currently within their scope of practice. However, the OMA and many physicians voiced concern that not all NPs have specific training and experience for this service. Amendments were discussed that would have clarified the training and educational competency needed prior to performing vasectomies. In the end, the bill did not move out of the House Health Care Committee.

PASSED

HB 2828: Study of Health Care Financing

HB 2828 appropriates $300,000 from the General Fund and extends the timeframe for the OHA to study financing options to deliver health care in our state. The original legislation, HB 3260, passed in 2013 and was also supported by the OMA. The OMA contributed to the initial fundraising efforts for this study. The additional funding allocated by the legislature ensures the study will be robust and appropriately funded.

PASSED

HB 2876: Surgical Technologists

HB 2876 requires surgical technologists to obtain training and certification before working in a health care facility. Training and certification would need to be provided by an accredited program. The bill also stipulates that certified technologists would need to maintain 16 hours of continuing education every two years. The only exception to this law is for technologists in rural and underserved areas that may not be able to reach the surgical hour requirements because of lower patient loads.

PASSED

HB 2930: Nurse Midwives

Under this law, if a hospital grants privileges to a nurse practitioner midwife those privileges must include admitting and voting rights similar to other medical staff. These privileges are subject to medical bylaws and rules that govern credentialing and privileges within the hospital. Working with the Oregon American College of Obstetricians and Gynecologists, OMA supported the bill.

PASSED

SB 231: Primary Care Transformation Initiative

SB 231 requires the OHA to convene a primary care payment reform collaborative that will assist and advise the OHA in developing a Primary Care Transformation Initiative to develop and share best practices in technical assistance and methods of reimbursement. CCOs, PEBB, OEBB and all insurers are mandated to report their proportion of primary care expenditures. The OMA will have a seat on the collaborative.

Other Bills of Interest, Cont.

This collaborative replaces the voluntary multi-payer primary care agreement signed in late 2013 that failed to result in meaningful payment changes, in part due to uneven payer commitment. The collaborative, as outlined in the bill, would not be tied to any particular model of primary care transformation and will have broad flexibility to identify an innovative menu of alternative payment models.

DIED IN COMMITTEE

SB 279: Oregon Medical Board (OMB) Semi-Independence

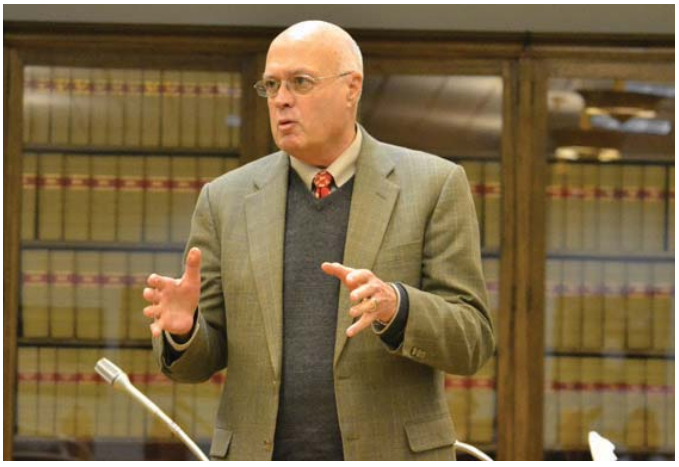
The OMB has been exploring independent status for several years. The OMA negotiated with the OMB prior to the session to ensure that the legislature had some oversight on the OMB budget and that individuals had an opportunity to appeal to the legislature with concerns about the OMB's proposed budgets. These provisions were included in SB 279 and the OMA supported the bill. The bill died in the Ways & Means Committee.

DIED IN COMMITTEE

SB 409: Increase in Wrongful Death Cap

Initially, SB 409 would have repealed the reasonable and constitutional $500,000 limit on noneconomic damages recoverable in a wrongful death civil injury lawsuit. The bill was amended to triple the limit to $1.5 million. OMA, along with a large coalition of health care and business organizations, opposed the measure.

For providers, this cap increase could have destabilized the liability system and would have a larger effect on rural providers. The bill was moved out of the policy committee to the Senate Rules Committee in a parliamentary move to keep it alive through the end of the session. In the end, the OMA and others were successful in preventing the bill from moving out of committee.



State Senator Alan Bates, DO (D-Medford)

PASSED

SB 440: Health Plan Quality Metrics Committee

SB 440 establishes the Health Plan Quality Metrics Committee as the single body to align health outcome and quality measures and to ensure that the measures and requirements are coordinated, evidence-based and focused on a long-term statewide vision. The OMA worked with proponents of the bill to ensure health care providers were represented on the committee.

The statewide strategic plan for the collection and use of health care data will be developed by the Oregon Health Policy Board, PEBB, OEBB, OHA, and the Department of Consumer and Business Affairs. This work will also integrate the existing work of the Metrics and Scoring Committee (CCO metrics).

PASSED

SB 469: Nurse Staffing Law

Brought by the Oregon Nurses Association, SB 469 ensures that nurse staffing committees have the final authority on hospital staffing plans, increases state-run staffing investigations and audits, enhances transparency, establishes reasonable limits on mandatory overtime, and creates a mediation process for staffing committees to resolve disputes. The primary intent of this bill was to clarify and make explicit the original intent of legislation passed in 2001 that set staffing ratios and did not clearly articulate the role of the staffing committee at the facility.

PASSED

SB 520: Pharmacist Administered Vaccinations for 7 Years and Older

SB 520 lowers the age a pharmacist can administer vaccinations from age 11 to age 7. The OMA legislative committee reviewed this bill and was not opposed to dropping the age as most vaccinations by the age of 7 are either complete or in a catch-up phase. The bill took effect upon passage.

PASSED

SB 832: Behavioral Health Integration

SB 832 requires the OHA to develop standards for the integration of behavioral health services and physical health services to patient-centered primary care homes and behavioral health homes. The bill defines behavioral health home and allows providers in patient-centered primary care homes to use billing codes applicable to behavioral health services to achieve better full integration.

PASSED

SB 839: Drug-related Overdose Protection

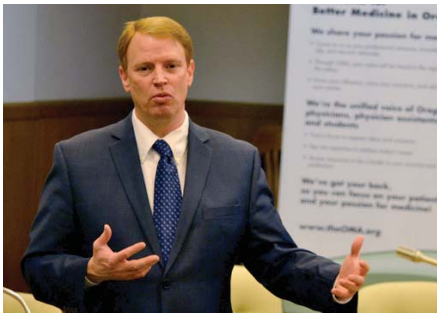
SB 839 exempts an individual in need of medical assistance due to a drug-related overdose or person who reports the individual who overdosed from arrest or prosecution. This bill had near universal support as it was aimed at preventing drug-related deaths from untreated overdoses. Too often, bystanders, as well as the individual who survives an overdose, (from naloxone administration) do not call emergency services or seek follow-up emergency medical care due to the threat of legal action.

OMA DAY AT THE CAPITOL

The Oregon State Capitol building came alive on March 12 as physicians, PAs, students and practice managers from around the state joined for OMA's 2015 Day at the Capitol. We gathered to discuss timely issues that affect the medical community and share stories from experiences on the frontlines of health care in Oregon.

The day began with a welcome from then OMA President Sylvia Emory, MD, who thanked the group for their participation and emphasized the importance of a politically active and engaged membership. She reminded attendees that state lawmakers frequently look to the OMA and its members for leadership on health care issues. OMA Government Relations staff then led a discussion of the Association's current legislative priorities, shared tips on how to effectively communicate with legislators, and delivered key messages for the day.

The group had the opportunity to hear from and ask questions of several lawmakers, including all three physician legislators. First to speak was freshman Representative Knute Buehler, MD (R-Bend) who explained his measured approach to the legislative process and echoed Dr. Emory's comments on the importance of political engagement in the medical community.



Senator Tim Knopp (R-Bend)

Senator Tim Knopp (R-Bend) spoke to the importance of engaging directly with one's representatives in the legislature and urged advocates to communicate in writing how pending legislation would affect their lives.

Senator Elizabeth Steiner Hayward, MD (D-NW Portland/Beaverton) explained the status of her bill to expand immunization protection and used it as an example of an issue where physician input and expertise was vital to its success.

Senator Elizabeth Steiner Hayward, MD (D-NW Portland/Beaverton)

Lastly, Senator Alan Bates, DO (D-Medford) engaged with medical students from COMP-Northwest on the issue of Graduate Medical Education and the limited number of residency spots in the state.

Melissa Parkerton from the Oregon Patient Safety Commission briefed the group and fielded questions regarding the current status of the Early Discussion and Resolution law that the OMA was active in crafting and passing during the 2013 legislative session.

Governor Kate Brown

Oregon Liquor Control Commission Chair Rob Patridge provided an update on the state's legalization of recreational marijuana, OLCC's role, public health concerns and potential impacts on Oregon's medical marijuana program.

The group was also treated to a surprise visit from newly installed Governor Kate Brown, who listened to concerns and suggestions from the group and vowed to work with the OMA to address future health care policy issues.

Thanks to all the participants who came to Salem to make their voices heard and made the day a big success.

2015 LEGISLATIVE RESULTS AT A GLANCE

Bill Number	Subject	Status
HB 2023	Specifies requirements for hospital policies for discharge planning involving patient who is hospitalized for mental health treatment.	Governor signed
HB 2048	Directs OHA to adopt rules that would allow occupational therapists to participate in primary care provider loan repayment program.	Died in committee
HB 2222	Provides that Oregon State Hospital may not procure psychiatric treatment for patients at hospital by number of physicians employed by or contracting with Oregon Health and Science University that is in excess of 25 percent of total number of physicians who provide psychiatric treatment at hospital.	Died in committee
HB 2231	Prohibits coordinated care organization from requiring organizational providers to produce information that is redundant with respect to or outside scope of on-site quality assessment of organizational provider conducted by Oregon Health Authority.	Governor signed
HB 2234	Requires Oregon Health Authority and insurers offering health benefit plans that reimburse costs of physician services to reimburse community assessment center for child abuse medical assessment and related services.	Governor signed
HB 2247	Expands rural health care income tax credit to include pharmacist services performed in rural areas.	Died in committee
HB 2294	Requires Oregon Health Authority to establish Oregon Health Information Technology program.	Governor signed
HB 2295	Provides for licensing and regulation of anesthesiologist assistants.	Died in committee
HB 2306	Authorizes Oregon Health Authority to limit providers from which medical assistance recipient may obtain prescription drugs if recipient meets specified criteria.	Governor signed
HB 2307	Prohibits mental health care professionals and social health professionals from practicing conversion therapy if recipient of conversion therapy is under 18 years of age.	Governor signed
HB 2315	Increases amount of noneconomic damages that may be awarded in civil action seeking damages arising out of bodily injury.	Died in committee
HB 2363	Requires treating physician to document in clinical record any seclusion of person alleged to have mental illness who is confined in hospital or nonhospital facility.	Governor signed
HB 2368	Provides that if person has both valid health care instruction, or valid power of attorney for health care, and declaration for mental health treatment, that inconsistencies in documents are governed by declaration for mental health treatment.	Governor signed
HB 2551	Requires covered entities to report annually on system safeguards for protecting confidentiality of personally identifiable and protected health information.	Governor signed
HB 2560	Requires health benefit plan to cover cost of colonoscopy for insured who is 50 years of age or older and who has positive fecal test result.	Governor signed
HB 2631	Requires hospital to implement safe patient handling program by February 1, 2017.	Died in committee
HB 2696	Specifies requirements for external quality reviews of coordinated care organizations by Oregon Health Authority.	Governor signed
HB 2796	Directs Health Licensing Office to issue license to practice music therapy to qualified applicant.	Governor signed
HB 2837	Directs Director of Transportation to issue certificate of exemption from requirement to use child safety system, safety belt or safety harness if statement is submitted by nurse practitioner or physician assistant on behalf of person requesting exemption.	Governor signed
HB 2880	Specifies that physician assistant may not practice fluoroscopy on person unless physician assistant holds certificate issued by Board of Medical Imaging authorizing such practice.	Governor signed
HB 2934	Requires Oregon Health Authority to convene stakeholder group to provide recommendations to Legislative Assembly concerning basic health program.	Governor signed

HB 2972	Requires public school students seven years of age or younger who are beginning educational program to have dental screening.	Governor signed
HB 3024	Establishes Task Force on Medical Professional Recruitment and Retention.	Died in committee
HB 3149	Provides that registered nurse who is employed by public or private school may accept order from physician licensed to practice medicine or osteopathy in another state or territory of United States if order is related to treatment of student who has been enrolled at school for not more than 90 days.	Governor signed
HB 3191	Creates income tax credit for physician providing clinical training to medical students during tax year.	Died in committee
HB 3236	Limits enforceability of noncompetition agreement to 18 months.	Governor signed
HB 3285	Directs Oregon Health Authority to study effectiveness of replacing current tort system with administrative system for compensating patient injuries.	Died in committee
HB 3289	Provides that physician is agent of Oregon Health Authority under Oregon Tort Claims Act for purpose of medical services provided to person enrolled in Oregon Health Plan.	Died in committee
HB 3456	Requires health benefit plan to reimburse cost of care provided by licensed direct entry midwife at freestanding birthing center if care would be reimbursed if provided by licensed physician or certified nurse practitioner in hospital setting.	Died in committee
HJM 6	Urges Congress to take steps to ease shortage of primary care physicians in Oregon.	Governor signed
SB 79	Requires school district to provide instruction in cardiopulmonary resuscitation and uses of automated external defibrillators.	Governor signed
SB 93	Requires reimbursement for up to 90-day supply of prescription drug that is prescribed under certain conditions.	Governor signed
SB 386	Eliminates sunset date on conditional exemption from disclosure of public records that set forth name, home address or professional location of person engaged in, or providing goods and services for, medical research at Oregon Health and Science University that is conducted using animals other than rodents.	Governor signed
SB 415	Prohibits distributing, selling or allowing to be sold flavored tobacco products in this state.	Governor signed
SB 463	Permits person who has certain physical condition, or person in same household, to use window tinting that is darker than otherwise allowed if person shows police officer prescription or letter on letterhead from physician or optometrist.	Governor signed
SB 505	Requires, from October 1 through March 1 of each year, each hospital in this state to make offer to each patient of hospital who is 65 years of age or older to immunize patient against influenza virus.	Governor signed
SB 520	Permits pharmacists to administer vaccines to individuals at least seven years of age.	Governor signed
SB 521	Permits coach to allow member of school athletic team and nonschool athletic team to participate in athletic event or training at any time after athletic trainer determines that member has not suffered concussion.	Governor signed
SB 530	Creates credit against income taxes for amounts paid as interest on qualified education loans.	Died in committee
SB 594	Provides that health care practitioner is not required to submit credentialing information to Oregon Health Authority for purposes related to credentialing program until occurrence of certain events, including passage of date by which authority by rule requires that type of health care practitioner to submit credentialing information to authority.	Governor signed
SB 608	Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority.	Governor signed
SB 661	Requires health benefit plan that covers opioid analgesic drug products to cover abuse-deterrent opioid analgesic drug products, at no greater cost to insured than other preferred drugs under plan, and specifies other requirements regarding coverage.	Died in committee

SB 684	Permits Oregon Medical Board to issue limited license to practice medicine to physician licensed in another state or country who holds full-time professor appointment at school of medicine in this state.	Governor signed
SB 696	Increases membership of Behavior Analysis Regulatory Board.	Governor signed
SB 732	Creates offense of selling tobacco products or tobacco product devices to person under 21 years of age.	Died in committee
SB 832	Requires Oregon Health Authority to prescribe by rule standards for integrating behavioral health services and physical health services in patient-centered primary care homes and behavioral health homes.	Governor signed
SB 833	Requires Oregon Health Authority to give coordinated care organization at least 60 days advance notice of proposed amendments to contracts.	Governor signed
SB 835	Requires hospital emergency department to refer for primary care person who presents at emergency department but does not have condition requiring emergency medical services.	Died in committee
SB 841	Modifies requirements for health plan coverage of prescription drugs dispensed in accordance with synchronization policy.	Governor signed
SB 874	Requires Oregon Health Authority to disseminate information to health care professionals and public related to adrenal insufficiency.	Governor signed
SB 875	Requires State Board of Education to adopt rules under which school personnel may administer medications that treat adrenal insufficiency to students experiencing adrenal crisis.	Governor signed
SB 880	Exempts for-profit or nonprofit business entity, if business entity provides only palliative care or operates rural health clinic, from requirement that licensed physicians hold majority of voting stock in professional corporation organized for purpose of practicing medicine or by majority of directors of professional corporation.	Died in committee
SB 905	Adds physician assistant to Oregon Medical Board membership.	Governor signed
SB 916	Directs Oregon Health Authority, Oregon Medical Board and Oregon State Board of Nursing to study clinical guidance and health outcomes regarding Lyme disease and report to Legislative Assembly by March 1, 2016.	Died in committee
SB 928	Requires Oregon Health Authority to operate 24-hour nurse advice hotline for Oregon residents beginning January 1, 2016.	Died in committee
SJM 4	Urges Congress to enact legislation to update 42 C.F.R. part 2 to allow health care providers for same patient to share treatment information while maintaining appropriate levels of confidentiality and protections against disclosure.	Governor signed