LOBBYOREGON

LEGISLATIVE UPDATE

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First Deadline for the Short Session has Already Passed

Short sessions are a 35-day sprint. Timelines are so condensed that committees have to decide quickly which bills will move forward.

Friday, February 9, just five days after the session began, was the deadline for committees to post work sessions on bills. If a work session was not scheduled for next week, the bill died.

The next deadline is Thursday, February 15. Committees in the first chamber must act on bills by that date. Then, after floor votes, those bills that are still alive move to the other chamber for consideration.

HJR 203 – Health Care as a Right to the Ballot

Rep. Mitch Greenlick (D-Portland) and a cohort of fellow legislators have sponsored HJR 203 that would refer to the voters an amendment to the Oregon Constitution. The amendment as currently written reads "It is the obligation of the state to ensure that every resident of Oregon has access to effective, medically appropriate and affordable health care as a fundamental right."

"A country as rich as ours should be able to provide health care as a fundamental right just like every other industrialized nation on earth" Sen. Lee Beyer (D-Lane and Linn County) told the committee in an evening hearing on Wednesday.

"This is ultimately about what I came to the legislature to do, and that is make Oregon the healthiest state in the country," said Sen. Elizabeth Steiner Hayward (D-Beaverton). She offered a friendly amendment as well that changes the word "effective" to "cost-effective." "Oregon made the decision long ago that instead of providing a lot of health care to fewer people, we were going to provide fewer, more cost-effective services to a lot more people. It is important that this not be a wide-open blank checkbook for unproven, non-evidence based health care."

Republicans Rich Vial (Scholls) and Cedric Hayden (Roseburg) are worried the language opens up the state to the transfer of resources from other areas of the state's budget, such as education. Hayden asked, "Is this a step toward single payer?"

"I don't see it as a step toward any particular model…" responded Rep. Greenlick.

The Oregon Nurses Association and various advocacy groups testified in support.

The bill passed on a party line vote. It now goes to the House floor for a vote.

SB 1549 – HSA tax exemption

Cambia and DCBS are proposing an amendment to this unrelated bill to align Oregon law with the new federal tax code to ensure that contributions to Health Savings Accounts (HSA) continue tax-free. They say without this change, Oregonians' HSA may lose their tax-free status.

HB 4156 – Can't Change Rx Formulary Mid-Year

Consumers, particularly those representing various disease groups including leukemia, psoriasis, arthritis argue that people with significant illness often buy insurance based on how they cover particular prescription drugs. "If consumers are going to be locked in to a contract for a year, the insurance carrier should be locked in for a year as well," one said.

Carriers oppose the proposal saying it doesn't work to cap insurance without capping the costs charged by pharmaceutical companies. Jessica Adamson, Providence, said, "This would add costs to the system. We need to be able to use formulary management, moving drugs up and down the formulary, to control costs,
When drug prices jump during this year, this bill would prevent us from making needed adjustments."

PacificSource says this bill would require carriers to maintain 12 formularies at the same time because group insurance plans renew each month. PacificSource says that would make it difficult for consumers and impossible for physicians.

Consumers are proposing an amendment that would require that at least 25% of the individual, small group and large group plans must offer prescription drug coverage co-pay only cost sharing structures.

HB 4005 – Pharmaceutical Price Reporting

In 2017, Rep. Rob Nosse (D-Portland) led a workgroup that attempted to address increasing pharmaceutical drug prices and the effect on consumers. He says this bill moves forward on one critical piece of that effort—transparency on how those prices are set. He submitted a spreadsheet of 100 drugs that went up 100% over the course of four years. "If we had that kind of inflation for housing, we would be hearing about it all day… I don't want to pretend that my bill is a silver bullet but we need to start somewhere."

The bill requires pharmaceutical companies to report to the Department of Consumer and Business Services on any drug that costs more than $100 or more for a one-month supply and there was a cumulative increase in price of 10% or more in the previous year. The bill also requires insurers

The bill has bipartisan, bicameral support. Rep. Ron Noble (R-McMinnville) testified in support of the bill as well. "I am a firm believer in the free market, but, whether I like it or not, the health care industry is no longer a free market." He is hopeful that this bill will shed some light on the price setting process.

Various pharmaceutical associations testified in opposition, arguing that the bill singles out one-sliver of the health care system, that pharmaceutical prices are impacted by a variety of actors, and that the reporting requirements in the bill are difficult, if not impossible, to comply with and will expose trade secrets that are critical to them staying in business.

The Committee passed the bill with an amendment that excludes the provision requiring 60-day notice from drug companies hiking their prices by ten percent. California passed a similar version of this bill last year, but has run into legal issues with this provision. Newly appointed Rep. Denyc Boles (R-Salem) and Rep. Cedric Hayden (R-Roseburg) voted no.

HB 4018 – CCO Public Meetings

Rep. Mitch Greenlick (D-Portland) says this bill contains four elements that differentiate how CCOs will have to operate in the future. The bill:

1. Subjects the Boards of CCOs to public meetings law.

2. Requires CCOs to spend a portion of their reserve income on social determinants of health.
3. Removes the prohibition on having a statewide CCO.
4. And it takes away the requirement in current statute that the majority of the board be comprised of risk-bearing communities.

There are some 16 additional amendments proposed as well.

Rep. Knute Buehler (D-Bend) said that part of the problem with social determinants spending is that it is not clearly defined or agreed upon. “Some people think a baseball game qualifies, some people don’t.”

Josh Balloch, AllCare CCO, responded “I can say as a diehard Chicago Cubs fan that I am strongly in favor of including baseball”

A handful of other CCOs testified on the bill, and some do not want to have their board meetings subject to public records law. The bill is scheduled for work session on Monday.

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