

# HEALTH CARE



## ACCESS

The Affordable Care Act (ACA) requires private and employer-based health insurance to continue coverage of dependent children up to the age of 26. States have enacted laws that require continued health insurance coverage of disabled dependents beyond the age of 26. [Senate Bill 748](#) promotes access to insurance by requiring regulated health plans, including the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBC), to provide coverage to adult disabled children of insured individuals. The bill limits coverage to individuals who aged out and whose disability prevents them from engaging in self-sustaining employment.

Oregon's long-term care workforce experiences higher uninsured rates compared to the statewide average. [Senate Bill 800](#) seeks to increase access to coverage for employees of licensed long-term care, residential facilities, and in-home care agencies by establishing the Oregon Essential Workforce Health Care Program. With federal approval, the benefits will be funded by supplemental payments from the Oregon Health Authority (OHA) for Medicaid services provided by the facilities.

## Coverage Innovation

Oregon's 88 school-based health centers (SBHCs) provide comprehensive physical, mental, and preventive health services to youth and adolescents within a school or on school property. For SBHCs to meet the needs in their communities, [House Bill 2591](#) directs OHA to provide 10 grants to school districts to evaluate the need for a local SBHC, three grants to create mobile SBHCs, and three grants to expand access to physical and behavioral health services through telehealth.

In 2019, [Senate Bill 770](#) created the Task Force for Universal Health Care to develop a single-payer system and directed OHA to develop an insurance

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See the **2021 Legislative Summary Report** for [Health Care](#), which highlights policy measures that received a public hearing during Oregon's 2021 Regular Legislative Session.

program for Oregon residents who do not have access to affordable health coverage. The COVID-19 pandemic caused the Task Force to delay its start. [Senate Bill 428](#) extends the sunset on the Task Force to allow it to continue its work and pushes out the required report and recommendations by a year to September 30, 2022. Also building on the work of SB 770 (2019), [House Bill 2010](#) requires OHA and the Department of Consumer and Business Services (DCBS), to create an implementation plan by July 2022 for a public health program that is available to all individuals and families who struggle with health care costs.

[Senate Joint Resolution 12](#) refers to the voters an amendment to the Oregon Constitution establishing the obligation of the state to ensure that every resident has access to cost-effective, clinically appropriate, and affordable health care. The bill requires the state to balance the obligation to ensure health care access with the funding of public schools and other essential public services.

## Medicaid

In 2017, Oregon expanded Medicaid coverage to all children regardless of their immigration status ([OHP Cover Me!](#)). [House Bill 3352](#) further expands Medicaid eligibility to all adults (19 years of age or older) regardless of immigration status, making approximately 55,000 individuals eligible for coverage (Cover all People).

Palliative care refers to patient-centered and family-centered medical care that optimizes a patient's quality of life by anticipating, preventing, and treating the suffering caused by a serious illness, regardless of prognosis. [House Bill 2981](#) requires OHA to establish and administer a program through Oregon's 16 coordinated care organizations (CCOs) to provide palliative care to Medicaid patients. The bill requires an interdisciplinary team to decide the types of services that can be delivered in a patient's residence.

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## COST AND AFFORDABILITY

To address the continued growth of health care costs, [House Bill 2081](#) (HB 2081) authorizes OHA to implement the Health Care Cost Growth Target Program created by [Senate Bill 889](#) (2019). The program establishes a target for annual increases in total health care expenditures that applies to a sizable portion of providers and payers in the state. HB 2081 also authorizes OHA to adopt penalties and performance improvement plan requirements for payers and providers that fail to report cost data or meet cost growth targets.

Nationally and in Oregon, the ownership of hospitals, physician organizations, and health insurers have experienced a growing trend towards consolidation. To address consolidation and the competitiveness of the state's health care market, [House Bill 2362](#) requires OHA to review mergers, acquisitions, and affiliations between health care entities that exceed specified financial thresholds. The measure also requires the Oregon Health Policy Board to develop approval criteria that considers the impact of those transactions on health care access and affordability for Oregonians.

In 2019, the Legislative Assembly regulated the charity care policies of Oregon's 60 nonprofit hospitals

by requiring that they offer financial assistance (or charity care) based on a patient's income. [House Bill 2360](#) further prohibits nonprofit hospitals from requiring patients to apply for Medicaid before screening for financial assistance under the hospitals' charity care policies.

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## COVID-19

When the 81st Legislative Assembly convened, Oregon was ten months removed from the first reported COVID-19 case and first emergency declaration from Governor Kate Brown. The Legislative Assembly established the [Subcommittee on COVID-19](#) to provide insight into the virus' impact on Oregonians, including statewide efforts around testing, tracing, access to vaccines, and the virus' effect on the state's public health system. [House Bill 3057](#) allows OHA to disclose protected health information (PHI) for public health purposes during the pandemic by requiring positive COVID-19 test results be reported to Oregon's communicable disease registry. The measure also allows OHA to grant access to test results by health care professionals to enable evaluation, treatment, and care coordination of individuals. Access to COVID-19 test results permits health care professionals to take necessary safety measures and facilitates the coordination of appropriate care.

Oregon hospitals are required to have hospital nurse staffing committees that are responsible for developing staffing plans to ensure that the hospital can meet the health care needs of patients. [House Bill 3016](#) allows for the suspension of hospital nurse staffing plans during a national or state emergency declaration, while requiring hospitals to seek approval of changes from the nurse staffing committee if an emergency declaration is longer than 90 days. Staffing plan suspensions were previously allowed during emergency declarations; however, those provisions did not envision an emergency declaration that would be in place for several weeks or months.

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## HEALTH EQUITY

Equity was a focus of health policy in the 2021 legislative session with attention on who provides

care, how care is provided, and the types of data collected to inform service delivery. [Senate Bill 70](#) directs OHA to work with regional health equity coalitions (RHECs) to support community-based efforts to address health inequities. The bill defines the priority populations that RHEC efforts should focus on. [House Bill 2088](#) establishes a new traditional health worker type for tribal traditional health workers and adds tribal representation to the Traditional Health Workers [Commission](#).

### Data Collection and Reporting

In 2013, the Legislative Assembly directed OHA and the Department of Human Services (DHS) to collaborate on standardizing and improving how race, ethnicity, spoken and written language, and disability (REALD) demographic data are collected. These data collection standards provide a consistent method to gather information across multiple state data systems and are used to measure and compare service and health disparities. [House Bill 3159](#) expands the equity data collection and reporting requirement for health care providers, insurers, and CCOs. The measure builds on REALD reporting requirements by mandating annual reporting and adding sexual orientation and gender identity (SOGI) data.

### Health Care Interpreters

The Oregon Council of Health Care [Interpreters](#) is responsible for maintaining the qualifications and certification requirements for health care interpreters, who facilitate communication between patients with limited English proficiency (LEP) and their health care provider. [House Bill 2359](#) requires health care professionals and CCOs to work with health care interpreters from a registry maintained by OHA to ensure patients can communicate in languages other than English. The bill also requires companies that offer interpretation services to only use interpreters who have completed the approved training and are listed in the registry.

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## HEALTH INSURANCE

### Coverage Mandates

The Legislative Assembly considered measures that modify existing health coverage mandates for insurers. Bills adopted clarified coverage

requirements for specific services, such as proton beam therapy for the treatment of prostate cancer ([Senate Bill 2](#)), emergency medical services transports ([Senate Bill 3](#)), and applied behavior analysis for the treatment of autism spectrum disorder ([Senate Bill 358](#)). [House Bill 2517](#) focuses on how insurers manage the utilization of covered services by setting standards for prior authorization and utilization management for state-regulated health benefit plans. The bill also requires health plans and CCOs to report on the use of these standards.

The Legislative Assembly did not come to a resolution on additional requirements on benefit coverage or provider reimbursement. [House Bill 2673](#) and [Senate Bill 772](#) (*both not enacted*) would have required health benefit plans to reimburse naturopathic physicians at the same rate as other medical physicians (e.g., MD or DO) when the services are covered by the plan and provided by a physician. To increase access to annual primary care visits, [House Bill 3108 A](#) (*not enacted*) would have required coverage of these visits without patient cost-sharing. The bill also sought to limit insurer policies that restrict patient's from accessing behavioral and physical health services that occur on the same-day or visit. To increase coverage of fertility and endocrinology services, [Senate Bill 168](#) (*not enacted*) would have required health benefit plans to cover these services for women and men. Finally, [House Bill 2390](#) (*not enacted*) would have required insurers to cover treatment for children experiencing pediatric autoimmune neuropsychiatric disorder or acute-onset neuropsychiatric syndrome (commonly referred to as PANDAS/PANS).

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## HEALTH CARE PROFESSIONALS

### Licensure

As the practice of medicine evolves, legislation is often proposed to update the regulation of different types of licensed health care professionals. [House Bill 2528](#) creates a dental therapy licensure within the Oregon Board of Dentistry, a mid-level license that fits between dental hygienists and dentists. This new licensure is based on innovative pilot projects in Oregon that have increased access to oral health services among populations with the poor oral health and limited access to dental care. The measure

requires supervision by a licensed dentist with a collaborative agreement that describes the dental therapist's scope of practice.

Oregon's 60 genetic counselors engage individuals with risk assessment, patient education, and counseling based on genetic testing results. [House Bill 2619](#) establishes the licensure for genetic counselors, recognizing the growing utilization of genetic counseling services and promoting coverage by commercial insurers.

### Scope of Practice

The Legislative Assembly also considered measures to modify the scope of practice of existing license types. To reduce the administrative burden with hiring and employing physician assistants, [House Bill 3036](#) replaces supervision requirements with collaboration standards. The measure is intended to increase patient access, particularly in rural and underserved areas. [House Bill 2541](#) (*not enacted*) would have expanded the scope of practice of optometrists to perform certain surgery procedures only ophthalmologists currently are authorized to perform.

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## PRESCRIPTION DRUGS

### Affordability

Measures impacting coverage and the cost of prescription drugs were enacted in the 2021 session. [House Bill 2623](#) caps patient cost-sharing for insulin at \$75 for a 30-day supply and \$225 for a 90-day supply, with annual adjustments allowed to align with cost of living increases. [House Bill 2648](#) allows adults to access pseudoephedrine without a prescription, reversing the state's requirements enacted years ago to combat domestic methamphetamine production. [House Bill 2958](#) allows pharmacists to prescribe, and insurers to cover, pre- and post-exposure prophylactic (PrEP and PEP) antiretroviral therapies, which are effective HIV prevention tools for at-risk individuals. [Senate Bill 711](#) requires DCBS to study and submit a report by September 2022 on disparities in the cost of hormone replacement therapy between men and women, commonly referred to as the "pink tax."

Additional prescription drug affordability measures were considered but did not pass. [Senate Bill 848 A](#) (*not enacted*) would have established the Office of

Pharmaceutical Purchasing in OHA to oversee collaborative purchasing of pharmaceuticals to help lower the cost of drugs experienced by the State. [Senate Bill 764 A](#) (*not enacted*) sought to require courts to presume that drug patent infringement resolution agreements have anticompetitive effects. These agreements are used to resolve patent conflicts that arise when the manufacturers of generic or biosimilar drugs attempt to enter the market while a brand manufacturer still has a patent that protects their market exclusivity, contributing to the high costs of prescription drugs.

Pharmaceutical manufacturers sponsor patient assistance programs, which provide financial assistance to people to access expensive medications. [Senate Bill 560 A](#) (*not enacted*) would have required health insurers to count payments made on behalf of a patient by a third-party, such as patient assistance programs, towards a patient's deductible and out-of-pocket maximums, potentially disincentivizing patients from using lower-cost alternatives.

### Transparency

Pharmaceutical companies market prescription drugs to educate health care professionals who dispense medications. [Senate Bill 763](#) establishes licensure requirements for pharmaceutical representatives. These include professional education requirements and require licensees to report pharmaceutical product affiliations and health care provider contacts, including compensation and gifts, to DCBS.

In 2018, the Legislative Assembly passed [House Bill 4005](#), creating a program to increase prescription drug price transparency. To further evaluate high-cost prescription drugs, [Senate Bill 844](#) establishes a Prescription Drug Affordability Board (PDAB) to annually identify and review nine expensive drugs and one insulin product that may create affordability issues for patients. By December 31, 2022, the PDAB must report on options used by other states and countries to lower prescription drug prices in Oregon.

## PUBLIC HEALTH

### Youth Tobacco Prevention

Tobacco use is a leading cause of preventable death and disease in Oregon. In 2017, Oregon raised the

required minimum age for an individual to purchase tobacco products from 18 to 21 years of age to reduce the number of youth who initiate the use of tobacco. Another policy to prevent youth from accessing tobacco is to require stores to have a license to sell tobacco products. [Senate Bill 587](#) requires retailers of tobacco products and inhalant delivery systems to be licensed by the Department of Revenue. Electronic nicotine delivery systems (ENDS), such as vaporizers (vapes) and electronic cigarettes (e-cigarettes), are also popular as potentially safer forms of tobacco and nicotine use. To further restrict sales of e-cigarettes to youth, [House Bill 2261](#) bans online sales of inhalant delivery systems.

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## TELEHEALTH

Pre-pandemic, the coverage of, and reimbursement for, types of telemedicine services differed among Medicare, Medicaid, and commercial health plans. To promote access to health care during the COVID-19 pandemic, Oregon along with the federal government eased regulatory constraints to allow providers to use electronic, video, and telephone visits to care for patients while reducing the risk of contracting COVID-19. To ensure access to telehealth services permanently beyond the pandemic, [House Bill 2508](#) (HB 2508) expands coverage of telemedicine services in the state's Medicaid program and by state-regulated insurance plans. HB 2508 also establishes requirements for reimbursement parity of services delivered remotely via telemedicine compared to in-person office visits.

### Telepharmacy

Telehealth includes telepharmacy services, which allow a pharmacist to offer patient counseling by telephone or video conferencing, medication therapy management, and the remote supervision of pharmacy technicians who are dispensing medications. [Senate Bill 629](#) allows pharmacists to use telepharmacy to deliver services to a patient remotely, thereby increasing access to pharmacy services in underserved and rural areas.

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#### Staff:

Oliver Droppers, Legislative Analyst  
Brian Nieubuurt, Legislative Analyst

#### Legislative Policy and Research Office

Oregon State Capitol, Rm 453  
(503) 986-1813

[www.oregonlegislature.gov/lpro](http://www.oregonlegislature.gov/lpro)