



2019 Legislative Session Final Report

The 2019 Legislative Session Overview

Democrats pass key priorities despite Republican walkouts and protests

The 82nd Legislative Assembly convened on January 22 and adjourned on June 30, six and a half hours ahead of the midnight constitutional deadline. Democrats held super majorities in the Senate (18-12) and in the House (38-22) but Senate Republican walkouts and the House practice of requiring all bills be read in their entirety, led to one of the most contentious sessions in decades. The first walkout, which lasted four days, was to protest HB 3427, the Student Success investment package and the \$2 billion tax to pay for it. Gov. Kate Brown negotiated the return of the Republicans by trading away a hard-fought vaccine bill and an omnibus gun bill, a priority for Democrats.

Republican senators walked out the second time over HB 2020, a sweeping cap-and-trade bill. Over 140 bills, including the Oregon Health Authority (OHA) budget and the \$2 per-pack tobacco tax referral to voters, were left in limbo until the Rs returned nine days later — just two days before adjournment. The rhetoric was heated and one lawmaker faced a hearing before the Senate Special Committee on Conduct for statements that appeared to threaten the state police who were charged by the governor to round up the missing legislators. Senate President Peter Courtney, D-Salem, made an extraordinary statement midway through the walkout, that the Democrats didn't have the votes to pass HB 2020. Environmental groups, thinking they had the votes, were outraged. The governor pledged to pursue action by executive order or by a special session, if necessary. Her staff is researching options.

The Democratic supermajorities still allowed them to pass a new corporate business tax of \$2 billion to fund the education package, as well as bills on universally offered nurse home visiting for newborns, paid family medical leave, rent control, a tobacco tax referral to the ballot, and juvenile justice reform, which end automatic referral of juveniles to adult court.

However, if this was the most contentious session in decades, HB 3063, the bill to remove non-medical exemptions for school-entry requirements, was the most inflammatory issue. This bipartisan bill sponsored by Rep. Mitch Greenlick, D-Portland, Rep. Cheri Helt, R-Bend, and Sen. Chuck Thomsen, R-Hood River and others, was backed by a large health provider coalition that

included the Oregon Chapter of the American College of Emergency Physicians. Despite this concerted effort by health advocates, opponents to the bill were able to rally thousands to the Capitol for protests, swamping legislators with calls and e-mails and showing up en-mass for hearings. Over 2,000 letters were submitted for the record at the two hearings. The policy argument by medical experts and advocates held sway, passing the House by 35-25. The bill reportedly had the votes to pass the Senate before the governor traded it to end the first Republican walkout.

OR-ACEP Priority Bills

OR-ACEP advanced several priority bills and initiatives during the recent 2019 Legislative Session. This session, **2768** bills were introduced. OR-ACEP tracked **15** priority one bills and **38** priority two bills.

To recap some of the highlights:

- 🔊 HB 2014, lifts the cap on damages juries can award for “pain and suffering.” FAILED
- 🔊 HB 2637, requires hospital EDs to become medical detoxification centers. FAILED
- 🔊 HB 2701 Prohibits “surprise billing” and opens door for grandfathering in claims. FAILED
- 🔊 SB 823 Workplace violence prevention. PASSED
- 🔊 SB 1027 Needle stick injuries. PASSED
- 🔊 HB 2257 Governor’s Opioid Epidemic Task Force bill. PASSED
- 🔊 HB 2270, Referral to the 2020 November ballot to raise the tobacco tax by \$2 per-pack and to create a new e-cigarette and a vaping product tax. This would raise \$346 million with 90 percent allocated to fund the Oregon Health Plan and 10 percent for the tobacco prevention and education program. PASSED

In the loss column, SB 140 and SB 141 and HB 2624 and HB 2621, bills to fund emergency department boarding pilots and to pay for mental health crisis support, died in Ways and Means.

2019 Budget

State economists project a \$1.4 billion increase in revenue, the kicker is coming but OHP funding is not assured

The unprecedented increase — which exceeds 2 percent of the forecast — will trigger the state’s unique kicker law, returning a record \$1.2 billion to taxpayers. The previous record was \$1.1 billion in 2007. For context, the state’s two-year budget is \$22.5 billion. Corporate income tax will likely exceed forecasts by \$616 million, which will be spent on K-12 education as a result of a measure voters approved in 2012. Economists say there’s \$3.5 billion in a rainy day fund and other reserve accounts, which may be needed if a recession is on the horizon in 2020.

The governor’s plan to provide long-term (6-year) sustainable funding for the Oregon Health plan and to address the shortfall of \$830 million, was partially successful. HB 2010, the bill to extend the hospital provider tax, passed early in session. The tobacco tax referral to the voters, to raise \$346 million, passed in the waning hours. A bill to establish a “Walmart tax” on employers who rely for OHP for their employee health plans, failed.

OHA Key General Fund Investments (HB 5525)

The highlights

- \$31.6 million as part of the Behavioral Health investment package
- \$13 million to increase behavioral health provider rates
- \$10 million for Public Health Modernization
- \$2.9 million, SB 526 Voluntary universal home visiting program
- Mental Health Clinical Advisory Group: \$396 GF, \$321 FF (SB 138)

Policy Option Package 802: As part of Package 802, \$50 million General Fund behavioral health package, the budget recommendation includes \$31.3 million to support investments related to recommendations from the Children and Youth with Specialized Needs workgroup, as well as other targeted behavioral health investments. This includes:

- \$10 million General Fund and two positions (1.50 FTE) for the System of Care Advisory Council.
- \$6.6 million General Fund and \$13.1 million Federal Funds expenditure limitation for Intensive In-Home Behavioral Health Services.
- \$3.1 million General Fund for crisis and transition services.
- \$7.6 million General Fund for community based services for Aid and Assist clients to alleviate the caseload pressure on the Oregon State Hospital.
- \$3.0 million General Fund and \$8.4 million Federal Funds expenditure limitation for Behavioral Health provider rates (included in the dollar amounts cited above for increasing provider rates).
- \$10 million General Fund for school-based mental health consultation and treatment services and suicide prevention.

Other investments

- CCO 2.0, including behavioral health portion: \$1.8 General Fund, \$907 Federal Funds
- Behavioral Health Funding shortfall: \$9 million
- Behavioral health IT System Project \$1.5 million. Initial stage only.
- Rental assistance — permanent supportive housing \$4.5 million
- Project Nurture — SUD treatment and maternity care \$2.5 million
- Project Echo — tele-mentoring for primary care providers \$1 million
- Suicide prevention — \$967,000 (Oregon State Hospital)
- OSH Nursing staff shift differentials \$1.8 million.

HB 5050, the budget reconciliation (Christmas Tree) bill, also included the following investments

- Children and youth with specialized behavioral health needs: \$5.7 million.
- Community mental health: \$6 million.
- Mental and behavioral health pilot programs \$1.5 million

- Community Housing Trust Account/support facility improvements to help people with mental illness. \$1.5 million.
- Sobering center competitive grants \$1 million.

Oregon Medical Board fund sweep

HB 2377, the state financial administration and program change bill included a \$5 million “sweep” of the ending balance for the Oregon Medical Board (OMB). The funds are dedicated licensure fees and charges and upon passage will go into the state general fund. This will likely result in an increase of up to 15 percent for the next biennium for OMB licensees unless the governor intervenes with a line-item veto.

Note: *The fiscal impacts of the bill are included in HB 5050, the budget reconciliation bill.*

Cuts to community mental health

HB 5525, the OHA budget included a reduction to the community mental health budget of \$15.4 million because of a change to the caseload. Part of the OHA budget is built on a mental health caseload formula tied to the court-mandated caseload. Currently, this only includes civil commitments and the Guilty Except Insanity (GEI) population. It does not include aid-and-assist defendants. Because there was an overall decrease in the number of civil commitments and GEIs that budget line was reduced. Counties strongly oppose this reduction. The Legislature has a budget note (see below) requiring OHA to study the formulary and report back. This action comes at a time when a Washington County judge held OHA in contempt for not meeting the seven-day requirement for “aid and assist” admissions. The state is now pursuing urgent actions to reduce the amount of time people wait for admission to Oregon State Hospital, to reduce the length of stay for current patients and increase community services for those who do not require hospital-level care.

What can be done? If OHA is wrong about the caseload forecast, it will be recalibrated at the next budget rebalance, which happens three times a year. However lawmakers acknowledge this doesn’t address the core problem of the forecast model.

OHA Budget Notes

Budget Note: Behavioral Health Caseload Forecast

The Oregon Health Authority, in consultation with the Chief Financial Office of the Department of Administrative Services, the Legislative Fiscal Office, and community mental health programs, shall make recommendations to the 2020 Legislative Assembly about how to update behavioral health caseload forecast methodologies, processes and related funding formulas. At a minimum, the agency shall consider if the price per case accurately captures the cost of community based behavioral health treatment and how caseload methodologies and use of funding incentivizes regionally and nationally recognized best practices, and outcome oriented strategies, to create a more effective system to meet the behavioral health needs of individuals in the community and to prevent higher levels of care when appropriate. The agency shall present recommendations to the Legislature by December 1, 2019.

Budget Note: CCO 2.0 Transition

For the enrollment period for the 2020 plan year, the Oregon Health Authority's first priority in assigning members shall be maintaining, to the greatest extent practical, ongoing primary care and behavioral health relationships. After assignment, the agency shall ensure members retain the right to choose a different coordinated care organization, if more than one is available in their area. The agency shall report to interim health care committees on their transition plans before the end of 2019.

Budget Note: CCO Capitation Rates

The Oregon Health Authority shall report to the Joint Interim Committee on Ways and Means by February 1, 2020 regarding coordinated care organization capitation rates developed by the agency for the 2020 plan year. At a minimum, the report shall include a comparison of the 2020 rates to the 2019 rates and demonstrate the steps the agency has taken to achieve its annual 3.4 percent per member growth target. The agency shall report on the extent to which, if any, the Quality Incentive Pool or any other portion of the agency's budget has been used to support capitation payments. By January 1, 2021, the agency shall report the same information to the Joint Interim Committee on Ways and Means or the Emergency Board, but do so for plan year 2021 in comparison to plan years 2020 and 2019.

OHA Budget HB 5525: <https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeeting-Document/205372>

2020 Session Preview

Cap-and-trade, vaccine requirements, gun violence prevention...and walkouts?

Legislators will return for the short 35-day session in February to address unfinished business. At the top of the list: the three bills lost due to the Senate Republican walkouts: HB 2020 cap-and-trade, HB 3063, the bill to remove non-medical exemptions from school-entry vaccination requirements and SB 978, the omnibus gun bill. What's unknown is if the minority party will employ walkouts as a method to deny a quorum and kill bills they oppose. Article IV, Section 12 in Oregon's Constitution requires a quorum of two thirds of each house to do business. The only way to change this is by a constitutional amendment.

The deadline for legislators to submit measure requests to Legislative Counsel is November 22, 2019. The 2020 session convenes February 3, 2020.

Major Health Legislation of Interest

- 🔊 SB 22 Behavioral Health Homes — PASSED
- 🔊 SB 134 Requires CCOs to publish information on available treatment options and support for members who have mental illness or substance use disorders — PASSED
- 🔊 SB 138 Mental Health Clinical Advisory Group — PASSED
- 🔊 SB 138 Mental Health Clinical Advisory Group — PASSED
- 🔊 SB 139 OMA bill to streamline prior authorization — FAILED

- ☪ SB 249 DCBS prior authorizations bill — PASSED
- ☪ SB 250 Mental health parity provisions in ACA — PASSED
- ☪ SB 526 Universal Home Visiting — PASSED
- ☪ SB 698 Prescription Drug labeling — PASSED
- ☪ SB 765 Primary Care Payment Reform — FAILED
- ☪ SB 770 Task force to study single-payer model — PASSED
- ☪ SB 808 Suicide risk assessment CE — FAILED
- ☪ SB 872 Pharmaceutical transparency — FAILED
- ☪ SB 889 Health Care Cost Growth Benchmark program — PASSED
- ☪ SB 936 Expands crime of assault to include injury to health care workers — FAILED
- ☪ SB 978 Omnibus gun bill — FAILED
- ☪ SB 1041 OHA authority to regulate CCOs — PASSED
- ☪ SB 1037 Establishes Transformational Resilience Task Force — FAILED
- ☪ HB 2010 Hospital and insurer provider tax — PASSED, effective 1/1/20
- ☪ HB 2011 Cultural Competency - PASSED, effective 91st day following sine die
- ☪ HB 2014 Non-economic damages — FAILED
- ☪ HB 2215 Rights of OSH Patients — PASSED
- ☪ HB 2257 Governor’s Opioid Task Force bill — PASSED
- ☪ HB 2270 Tobacco Tax increase referral — PASSED
- ☪ HB 2505 Safe Storage for guns — FAILED
- ☪ HB 2510 PANDAS/PANS Awareness Day — PASSED
- ☪ HB 2658 Requires manufacture of prescription drugs to report to DCBS specified price increases — PASSED
- ☪ HB 2691 OPAL Access Line statutory authority — PASSED
- ☪ HB 3063 Eliminates non-medical exemptions for school immunizations — FAILED
- ☪ HB 3253 Task force on Health Care Access to study primary care model — FAILED
- ☪ HB 3279 Parity for reimbursement for SUD services — FAILED
- ☪ HB 3344 Requires health providers to include CPT codes in bills sent to consumers — FAILED
- ☪ HB 3427 Fund for Student Success, which includes behavioral health services in schools — PASSED.

Summary of Priority Bills

State agencies already are working to implement bills with emergency clauses. All other bills will take effect January 1, 2020. Many of those bills will require interim participation in stakeholder activities such as rule making and work groups. Here are summaries of OR-ACEP priority bills. Information was compiled using chapter testimony and notes, Staff Measure Summaries, and legislative materials posted to the Oregon Legislative Information System.

OR-ACEP Priority Bills

HB 2014 Eliminates cap on non-economic damages

Status: Died in committee

What the bill does: Removes the \$500,000 cap on awards for non-economic (“pain and suffering”) damages for actions arising out of bodily injury.

Background: In 2016, an Oregon Supreme Court case analyzed the remedy provisions in Article 1, Section 10, and limited recovery on all noneconomic damages to \$500,000 (Horton v. OHSU). This decision limited liability for physicians. Objective and predictable economic damage — such as past and future medical costs, lost wages and potential lifetime earnings and any other conceivable loss — are unlimited and fully recoverable.

OR-ACEP Position: Opposed. OR-ACEP supports the Early Discussion and Resolution Process (EDR) administered by the Patient Safety Commission.

Interim Action: Oppose changes to the constitutional \$500,000 limit on non-economic damages. Non-economic damage caps ensure patients receive fair compensation while preserving access to health care. The lack of medical liability limits is directly linked to workforce shortages in medicine, especially among specialists needed to see patients in the emergency department and jeopardizes the patient safety net.

Chief sponsors/key legislators and/or interest groups: Trial lawyers supported this legislation. Provider associations, hospitals and insurers opposed the bill.

HB 2637 Detoxification Centers

Status: Died in committee

What the bill does: Requires hospital emergency departments to accept and treat individuals who need medical detoxification, including by providing peer mentoring.

Background: This bill was introduced by Oregon Recovers as a placeholder for conversation.

OR-ACEP Position: Opposed as written.

Interim Action: Meet with OAHHS and Recover Oregon and other key stakeholders during the interim. More needed to be done for patients with substance-use disorders (SUDs). The focus should be on increasing access to the continuum of care rather than making the emergency department the full continuum of care. Payment is an issue as well — lack of parity between mental health and substance use disorder is one of the reasons there is poor access for SUDs treatment. Unfunded mandates for emergency departments are also an issue.

Chief sponsors/key legislators and/or interest groups: Oregon Recovers, Rep. Andrea Salinas, Rep. Tawnya Sanchez. A stakeholder workgroup included: Kaiser NW, Care Oregon, Cascadia Behavioral Health Care, Central City Concern, Mayor’s Office (Portland), Grants Pass Sobering Center, Greater Oregon Behavioral Health Inc., Governor’s Alcohol and Drug Policy Commission, Multnomah County and OR-ACEP.

HB 2701 Surprise Billing

Status: Died in committee

What the bill does: Appears to focus almost exclusively on debt collection relating to billed charges by out-of-network doctors at in-network facilities. Additionally, it doesn’t apply to the collection of deductibles, co-pays or co-insurance.

Background: Rep. Rob Nosse introduced the bill as a courtesy to a former colleague. A constituent had suffered a head injury at the Oregon Coast in 2011 and was transferred from an emergency department to an out-of-network trauma center for brain surgery. She incurred a bill

of \$68,000 and her insurance wouldn't cover it. This bill doesn't track with HB 2339, a ban on balance billing passed in 2017 nor with SB 1549, which benchmarks reimbursement to APAC.

OR-ACEP Position: Opposed.

Interim Action: The Department of Consumer and Business Services will report to the Oregon Legislature in 2020 about the impact of the ban on balance billing on patients, provider contracts and network adequacy. At that time, they'll also present recommendations in regard to the interim reimbursement rate re-set established by SB 1549 (2018).

Chief sponsors/key legislators and/or interest groups: Rep. Rob Nosse D-SE Portland (introduced as a courtesy to former legislator Deborah Boone) OR-ACEP, OMA, Oregon Society of Anesthesiologists.

SB 823 Workplace Violence Prevention

Status: Passed

What the bill does: Makes it unlawful employment practice for health care employer to retaliate against employee who makes good faith report of assault that occurred on premises of health care provider or in home of patient receiving home health care services. This bill directs health care employers to conduct a comprehensive safety and security evaluation to identify factors that may cause violence committed against employees, within specified guidelines, and submit that report to the Department of Consumer and Business Services (DCBS). The department is required to review the reports and submit a summarized final report to the Legislature by March 2022.

Background: In 2007, the Legislative Assembly passed House Bill 2022 requiring hospitals, ambulatory surgical centers, and home health care services operated by hospitals to implement strategies to protect health care employees from acts of violence in the workplace. The bill specifically required health care employees to conduct periodic security and safety assessments, develop and implement an assault prevention and protection program, and provide assault prevention and protection training.

OR-ACEP Position: Support.

Interim Action: OHA will contract with an impartial third party to conduct a comprehensive safety and security evaluation to identify factors that may cause violence committed against employees at the Oregon State Hospital. **In addition to the steps in SB 823, OR-ACEP recommends:**

- Provide an ED security system based upon institution-specific risk assessment that includes adequate security personnel, sufficient training of personnel, physical barriers, surveillance equipment, and other security components.
- Conduct ongoing assessments of the ED security system performance.
- Coordinate the hospital security system with local law enforcement agencies.
- Develop written ED protocols with input from employees for violent situations occurring in the ED to ensure the safety of patients, visitors, and health care workers alike.
- Educate staff through formal, regular training on early recognition of individuals with potential to become violent, techniques for de-escalation, non-violent crisis intervention, and importance of seeking assistance.
- Develop and enforce a mandatory reporting policy that requires employees to

promptly report any verbal or physical assault. Such policies should clearly state that reporting will not result in any adverse action by the hospital such as termination, threatening to terminate, demoting, suspending, or in any manner discriminating against an employee who reports an assault.

- Adopt a zero tolerance policy for employees, patients, and visitors that states that any violence in the ED is not acceptable. Educate employees that any assault is not considered “part of the job.”
- Provide appropriate post-incident support for employees involved in violent events including prompt medical treatment, debriefing, counseling, and employee assistance.
- Pursue maximum criminal prosecution, when deemed appropriate, against those individuals who commit violent acts against health care workers.

Chief sponsors/key legislators and/or interest groups: Oregon Nurses Association, hospitals, OR-ACEP

SB 1027 Needle stick Injury

Status: Passed

What the bill does: Allows health care practitioners who receive a needle stick injury during the treatment of a patient who is unconscious or otherwise unable to consent, to perform a blood draw on the patient to determine if immediate post-exposure prophylactic treatment is necessary that may include the administration of medications to the health care practitioner.

Background: Current law provides that if an EMS provider, firefighter, health care provider or corrections officer has been stuck by a needle and the patient refuses testing for HIV, you can petition the court for an expedited court order to require testing. This can take four business days. However, the optimal window of treatment is within the first half hour of exposure and at the latest, 72 hours after an exposure.

The post-exposure prophylactic treatment for HIV requires taking antiretroviral medications to prevent becoming infected. It must be taken once or twice per day for 28 days. Medication can cause side effects such as nausea and isn't one hundred percent effective to prevent infection. The drug should only be used in emergency situations.

OR-ACEP Position: Support.

Interim Action:

Chief sponsors/key legislators and/or interest groups: OMA, OHSU, OR-ACEP, Oregon Society of Anesthesiologists.

HB 2257 Governor's Opioid Epidemic Task Force Bill

Status: Passed.

What the bill does: Declares legislative intent to consider substance use disorder as chronic illness. It establishes a pilot program to treat pregnant individuals suffering from SUDs and enhances access for individuals receiving treatment for SUD services that are publicly funded. It also establishes accreditation standards for SUD programs, and improves use of the state's prescription drug monitoring program.

Background: Gov. Kate Brown established the task force in 2017, which was convened to develop strategies to address the opioid epidemic. This bill was a result of task force recommenda-

tions. OR-ACEP was one of the first organizations to address the opioid crisis in Oregon, spearheading the development of consistent opioid prescribing guidelines for emergency physicians across the state nearly ten years ago. The chapter also served on OHA workgroups in 2016 and 2018 to develop guidelines for chronic and acute care prescribing that were informed, in part, by OR-ACEP prescribing guidelines.

OR-ACEP Position: Support

Interim Action: Continue to be an active partner in supporting and implementing the Emergency Department Information Exchange, supporting legislation to improve the Prescription Drug Monitoring Program and naloxone prescriptions, serving on opioid task forces at the state and national level and prioritizing appropriate patient care.

Chief sponsors/key legislators and/or interest groups: Governor Kate Brown, OHA and DCBS, Sen. Elizabeth Steiner Hayward, Sen. Dennis Linthicum, Rep. Brock Smith, Commissioner Sharon Meieran, Cascadia Behavioral Health, Oregon Recovers, Alcohol and Drug Policy Commission, Oregon State Pharmacy Coalition, Lines for Life, OR-ACEP.

HB 2270 Tobacco Tax Referral

Status: Passed.

What the bill does: It sets up a sustainable funding mechanism for the Oregon Health Plan by increasing taxes on tobacco products by \$2 per-pack and creating taxes on e-cigarettes and vaping products. House Bill 2270 includes a referral to voters for November 2020 and, if passed, it will become law January 1, 2021. It's estimated the tax would raise about \$340 million for the 2021-23 biennium. Revenue will be distributed 90 percent to the Oregon Health Plan and 10 percent to fund Tobacco Prevention and Education Programs.

Background: Oregon's first tobacco tax was passed in 1966 at .04 cents per pack. Ballot Measure 44 in 1996 established a statewide tax. Oregon's current tobacco tax rate is \$1.33 per pack. Washington's tax is \$3.02. Tobacco is the number one preventable cause of death in Oregon. According to advocates raising the tax on tobacco and e-cigarettes will prevent 19,000 kids from smoking and help 4,000 youth and 31,300 adult Oregonians to quit smoking. The long-term health cost savings are estimated at \$1.02 billion per year.

OR-ACEP Position: Support.

Interim Action: Participate in coalition efforts to pass the referral.

Chief sponsors/key legislators and/or interest groups: Governor Brown, 56 health organizations, including OR-ACEP.

SB 140/HB 2624 Emergency Department Boarding Pilots and Task Force

Status: Died in Ways and Means.

What the bill does: The measure establishes the Emergency Department Boarding Pilot Project within OHA to provide grants to hospitals to determine the effectiveness of strategies for providing immediate access to appropriate treatment for individuals experiencing behavioral health crises who are being held in an emergency room due to the lack of alternative treatment options. In addition, the measure establishes the 20-member Task Force on Emergency Department Boarding to identify the root causes of patients experiencing behavioral health crises being held in hospitals and to propose solutions for community placements or services. The task force must

report to the Legislature by February 1, 2020 with its initial recommendations and again by September 15, 2020 with its final recommendations. The task force sunsets on December 31, 2020.

Background: The Oregon Health Authority's (OHA) 2015-17 budget (Senate Bill 5526) included a budget note that required OHA to report during the 2016 legislative session on the issue of "boarding" - in which patients with mental illness remain in the care of hospital emergency departments (EDs) while waiting for a bed in an appropriate setting. In response to the budget note, OHA contracted with Oregon State University's College of Public Health and Human Services to conduct a study on boarding. The study, completed in October 2016, found that psychiatric patients receive sub-optimal care in EDs; boarding negatively impacts the care of other patients by reducing ED capacity and increasing pressure on staff; and boarding places significant financial strain on hospitals.

OR-ACEP Position: Support

Interim Action: Participate in efforts to adequately develop a continuum of resources including secure residential, residential, respite, detox, dual diagnosis treatment.

Chief sponsors/key legislators and/or interest groups: OAHHS and member hospitals, Oregon Nurses Association, Oregon Medical Association Oregon Psychiatric Physicians Association, OR-ACEP.

SB 141/HB 2621 Mental Health Crisis Support

Status: Died in Ways and Means

What the bill does: Requires Oregon Health Authority to establish or contract for establishment of statewide mental health crisis support access line to facilitate specified services for individuals experiencing behavioral health crises. The bill appropriated \$4 million in General Fund to the Oregon Health Authority for the work and requires them to study barriers that limit the availability of appropriate follow-up care for patients released from the emergency department with suicidal ideation or an attempted suicide.

Background: The chapter participated in the 2015-18 workgroups led by Rep. Alissa Keny-Guyer and Sen. Lew Frederick to address emergency department discharge plans and continuity of care for people in behavioral health crisis. All members of the workgroup supported the goal: to improve care for some of the state's most vulnerable patients especially at the critical point of crisis where they turned to the emergency department for help. However, counties and hospitals in the state vary considerably in their ability to provide psychiatric care, both inpatient and outpatient, and each patient's case presents individual challenges. The gap in resources is especially acute in rural areas.

OR-ACEP Position: Support.

Interim Action: Participate in efforts to adequately develop a continuum of resources including secure residential, residential, respite, detox, dual diagnosis treatment.

Chief sponsors/key legislators and/or interest groups: OAHHS and member hospitals, Oregon Nurses Association, Oregon Medical Association, Lines for Life, Oregon Psychiatric Physicians Association, OR-ACEP.

Mental Health Bills

SB 250 Mental Health Parity/ACA Protections

Status: Passed

What the bill does: Aligns Oregon law with key provisions in the ACA.

Background: The federal Patient Protection and Affordable Care Act (ACA), enacted in 2010, contains provisions impacting Medicare, Medicaid, and the employer and individual insurance markets. Many of these provisions went into effect in 2010, including the individual insurance mandate, pre-existing condition protection, mental health parity, nondiscrimination requirements, essential health benefit coverage and insurance premium subsidies. The ACA is under threat with court challenges and federal actions which weaken the Act. This bill ensures key provisions of ACA are included in Oregon law and allows the Department of Consumer and Business Services to effectively regulate the insurance market.

OR-ACEP Position: Watch

Chief sponsors/key legislators and/or interest groups: DCBS, OSPIRG, CAMBIA, OPPA

SB 763 Civil Commitment: Definitions of "danger to self or others"

Status: Died in Committee

What the bill does: Defines "dangerous to self or others" for purposes of civil commitment as likely to inflict serious physical harm upon self or others within the next 30 days. Allows court to consider past behavior that resulted in physical harm to self or others and threats and attempts to commit suicide or inflict serious physical harm on others. These provisions will allow an early intervention before a person with mental illness enters the criminal justice system.

Background: This bill was introduced on behalf of the interim workgroup sponsored by Senate Judiciary chair Floyd Prozanski (D-Eugene) and chaired by Judge Pat Wolke. OPPA participated in the workgroup. Over time, the civil commitment population has decreased while the aid and assist (people unable to aid and assist in their own defense) population and the number of mentally ill people has increased dramatically. Given the nature of many of the criminal charges against these people, it is very reasonable to infer that, in fact, many of these people could easily have been in the civil commitment population. Investing in community mental health services at the time of transition from OSH into the community is urgently needed and will likely reduce expenditures in other areas, such as those borne by states and local governments in increased re-hospitalization law enforcement costs, jail costs, and prison costs.

OR-ACEP Position: Watch.

Interim Action: Participate in the interim workgroup to develop recommendations for the 2020 session and to work with OHA to address the fiscal note.

Chief sponsors/key legislators and/or interest groups: Sen. Floyd Prozanski, Judge Pat Wolke, NAMI, Marion County DA, Sheriff Jason Myers, Commissioner Sharon Meieran, Disability Rights Oregon, Consumer advocates. Disability Rights Oregon, OAHHS, OPPA, OR-ACEP.

SB 808 Suicide Risk Assessments

Status: Died in committee

What the bill does: Requires boards and OHA to require all licensees to complete continuing education related to suicide risk assessment, treatment and management and to report continuing education to OHA or applicable board. Senate Bill 808 replaces the rule-making mandate of Senate Bill 48 (2017) with the requirement that OHA and specified boards require licensees to com-

plete continuing education related to suicide risk assessment, treatment, and management and to report completion of continuing education to OHA or applicable board.

Background: Suicide prevention advocates worked with Rep. Alissa Keny-Guyer over the interim to develop a proposal specific to behavioral health care providers, master's degree level or lower. Amendments were developed to include that provision but a drafting error and session deadlines caused the bill to be sent to Senate Rules. No further action was taken.

OR-ACEP Position: Oppose as written. Requirements for health care providers should be addressed by board certification.

Interim Action: Discuss position with key legislators.

Chief sponsors/key legislators and/or interest groups: Sen. Lew Frederick, Lines for Life, CO-PACT, OMA, OPPA, OR-ACEP.

SB 973 Behavioral Health Justice Reinvestment Program

Status: Passed

What the bill does: Establishes the Improving People's Access to Community-based Treatment, Supports and Services Program within the Criminal Justice Commission. The purpose of this program is to provide grants to counties, Oregon's federally-recognized tribal nations, and regional consortiums to strengthen supports and services for people with serious mental illness and substance addictions with the aim of reducing arrests, incarcerations, emergency room visits, and State Hospital admissions. \$10.6M was allocated for the program — \$10M for grants and 600K for positions to support the work.

Background: Since 2018, Oregon has been working with the Council of State Governments' Justice Center team to develop a reinvestment program for behavioral health services. Senate Bill 973 establishes the Behavioral Health Justice Reinvestment Program and provides parameters for its operation.

OR-ACEP Position: Watch

Interim Action: Monitor progress of program and support efforts to improve services for people with mental illness.

Chief sponsors/key legislators and/or interest groups: OHA, CJC, Sen. Elizabeth Steiner Hayward (D-Beaverton), AOCMHP, Counties, DRO.

Other key health bills

SB 889 Health Care Benchmarks

Status: Passed.

What the bill does: Establishes the Health Care Cost Growth Benchmark program and the Health Care Cost Growth Benchmark Implementation Committee with the intent of helping to control health care cost expenditures across all payers and providers in Oregon. The benchmark program is required to establish a health care cost growth benchmark for increases in total health care expenditures. The committee is charged with designing an implementation plan for the program, which it must submit to the Oregon Health Policy Board for approval by September 15, 2020. The provisions related to the committee sunset on January 2, 2022.

Background: This bill was a recommendation of the SB 419 Task Force, which studied models from Maryland, Delaware and Massachusetts and their outcomes in controlling health care costs.

OR-ACEP Position: Watch.

Interim Action: Monitor the activities of the task force and serve as a resource as needed.

Chief sponsors/key legislators and/or interest groups: Oregon Health Policy Board, OHA, DCBS, Cambia, OAHHS, SEIU.

HB 2010 OHP Long-term funding

Status: Passed. (Signed into law 2/28/19)

What the bill does: This bill extends the Oregon reinsurance program until January 2, 2028 and the hospital assessment to September 30, 2025. Increases from 1.5% to 2% the assessment on health plan premiums, premium equivalents received by the Public Employees' Benefit Board (PEBB), and payments made to managed care organizations by the Oregon Health Authority. Authorizes DCBS to request an extension of the federal waiver for state innovation. This is a primary funding mechanism for the Oregon Health Plan and will enable long-term stability for the program.

Background: Since 2003, Oregon has used provider assessments to help cover the state's share of Medicaid services and certain hospital initiatives provided through the Oregon Health Plan, as well as Medicaid-eligible long-term nursing services supported in the Department of Human Services budget.

Chief sponsors/key legislators and/or interest groups: Governor Kate Brown, Oregon Health Authority, OAHHS, 36 health organizations.

For more information about these bill or any other legislative issues, please contact Katy King Government Relations and Public Affairs at KatyKing01@gmail.com or (503) 274-9518.