December 2016 Committee Bill Preview

**Thing to know: What’s a committee bill?**
The Chair of a House or Senate committee can approve the drafting of a legislative concept and put it forward on behalf of its respective committee. A committee bill is understood to be a courtesy to the requestor and committee bill is not an endorsement of the legislative concept. Information about committee bills is made public. An amendment requested from a committee chair is also available to the public. Individual legislator requests are considered confidential until they are formally submitted.

**Here’s a preview of health care bills that will be sponsored by various committees.** A link to the bills can be found underneath the committee heading.

**Senate Health Care Committee Bills**
https://olis.leg.state.or.us/liz/2015I1/Committees/SHC/2016-12-12-08-00/MeetingMaterials

**LC 425 - relating to prescription opiates (from DOJ) -- prohibits issuing initial prescription to 7-day supply to adults for outpatient use exceeding 7-days.**
Prohibits issuing initial and refill prescription for opiates to minors for outpatient use in quantity exceeding seven-day supply.
Creates exceptions.

**LC 940 - relating to tobacco product retail licensure -- operative 2018**

**LC 1111 - relating to nurse licensing exemptions**
Permits nonresident nurses to practice in Oregon if staffing school- sponsored event.

**LC 1294 - relating to small employer definition for group health benefit plans**

**LC 1400 - relating to reproductive health equity (not posted)**

**LC 1743 - relating to prescription drug insurance coverage**
Defines “prescription drug formulary” for purposes of Insurance Code.
Requires carrier offering health benefit plan to small employers, groups or individuals to make specified information about prescription drug formularies available on carrier’s website and through toll-free telephone number. Prohibits carrier from making changes to prescription drug formulary more than once every 12-month period unless based on alert issued by United States Food and Drug Administration.
LC 2339 - relating to coordinated care organizations reorganization
Modifies requirements for coordinated care organizations in 2018 and 2023. Beginning in 2023, requires coordinated care organizations to be community-based nonprofit organizations, to have membership of governing body that reflects local control and to distribute at least 80 percent of payments to providers using alternative payment methodologies.
Creates Community Escrow Fund in State Treasury to hold coordinated care organization restricted reserves.
Requires Oregon Health Policy Board to adopt minimum criteria for continuation of contracts with coordinated care organization.
Requires coordinated care organizations seeking to contract with Oregon Health Authority in 2018 to present plan for moving toward 2023 requirements and to explain steps taken to innovate health care delivery.

LC 2373 - relating to educational information on vaccine-preventable diseases
Requires each post-secondary educational institution that provides housing for students to provide to each student enrolling or registering at institution for first time information on vaccine-preventable diseases known to occur in individuals between 16 and 21 years of age.

LC 2555 - relating to access to identifiable health information
Permits covered entity to deny request for copy of health information regarding individual who is appealing denial of Social Security disability benefits if requested by person other than individual or individual's personal representative without valid written authorization signed by individual. Permits covered entity to charge reasonable fee for duplicate copies of health information or for health information requested by person other than individual or individual's personal representative.

House Health Care Committee Bills
https://olis.leg.state.or.us/liz/2015I1/Committees/HHC/2016-12-13-08-00/MeetingMaterials
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LC 1267 Drug Take-Back programs
Directs each manufacturer of certain types of drugs that are sold within this state to develop and implement drug take-back program for purpose of collecting from individuals and nonbusiness entities those types of drugs for disposal.
Directs State Board of Pharmacy to administer Act. Requires manufacturers subject to Act to first submit plan for developing and implementing drug take-back program on or before December 31, 2018.
Becomes operative January 1, 2018.

LC 1285 Caps on RX costs
Requires pharmaceutical manufacturer to reimburse payers for cost of prescription drug that exceeds specified threshold. Requires pharmaceutical manufacturer to provide 60 days' advance notice of increase in cost of prescription drug that exceeds 3.4 percent over 12-month period.

LC 1299 Licensure requirements for pharmacy benefit managers
Requires Department of Consumer and Business Services to deny, revoke or suspend authority of pharmacy benefit manager to conduct business in Oregon if pharmacy benefit manager fails to comply with applicable statutes, rules or orders.

**LC 1372 Workgroup for Health Care for All Oregon Children Program**
Requires Oregon Health Authority to convene work group to advise and assist in implementing targeted outreach and marketing for Health Care for All Oregon Children program. Permits all children residing in Oregon and meeting financial eligibility requirements to enroll in program. Requires authority, in collaboration with Department of Consumer and Business Services if necessary, to seek necessary federal approval or waiver of federal requirements to secure federal financial participation in costs of outreach and marketing and in expansion of eligibility for program.

**LC 1373**
Allows chiropractic physicians and naturopathic physicians to provide release for athlete who sustained concussion or is suspected of sustaining concussion.

**LC 1597 BHP**
Requires Oregon Health Authority to submit blueprint for basic health plan to Centers for Medicare and Medicaid Services by December 31, 2017

**LC 1835 Health Plan benefits for hearing loss**
Modifies requirements for health benefit plan coverage of hearing loss treatments.

**LC 1891**
Specifies case manager’s duties in event that case manager receives notice that person for whom case manager provides services will have life-sustaining procedures withheld or withdrawn.

**LC 2406 HSPP**
Allows participating health profession licensing boards to refer to impaired health professional program for monitoring licensees who have been convicted of certain alcohol- or drug-related crimes. Includes for purposes of definition of “impaired health professional” physical health conditions deemed appropriate for inclusion in program by Oregon Health Authority. Declares emergency, effective July 1, 2017. (Still has OHA as the primary agency)

**LC 2407**
Directs State Board of Pharmacy to adopt rules related to prescription drug labels. The State Board of Pharmacy, in collaboration with the Oregon Medical Board, shall adopt rules to allow a practitioner who prescribes a drug to a patient to request that the pharmacist who dispenses the drug to the patient write the purpose for which the drug was prescribed on the label of the container in which the drug is dispensed to the patient.

**LC 2410**
Makes legislative findings regarding provision of antibiotics and its relation to public health. Prohibits administration or other provision of medically important antibiotic to food-producing animal for non-therapeutic purposes.
LC 2450
Changes name of Public Health Advisory Committee to Public Health and Pharmacy Formulary Advisory Committee. Limits term of committee members to two years. Directs State Board of Pharmacy to establish by rule formulary of drugs and devices that pharmacists may prescribe and dispense to patients under specified conditions. Directs committee to recommend drugs and devices for inclusion on formulary.

LC 3109
Prohibits health care provider from billing medical assistance recipient except as provided by Oregon Health Authority by rule. Requires health care provider to wait for payment for 90 days before assigning claim for collection.

Consumer and Business Protection Committee
DCBS Legislative Concept
LC 707 (Protecting Consumers from Balance Billing) - “Balance billing,” the practice of billing the difference between a provider’s charge and the allowed amount, impacts many consumers following an emergency room visit or after surgery. Consumers often discover that balance billing took place after services are performed and are unable to seek relief from unanticipated charges. Examples of balance billing:

Non-participating facility-based providers are often used for pre- and post-surgery support for planned surgeries and procedures. Although the provider may have an active contract with the hospital, they may not have contracts with insurers. Consumers are unable to determine which providers will support a planned surgery in advance, resulting in the inability to estimate all costs prior to surgery.

Emergency care may be performed at out-of-network facilities or by non-participating facility-based providers, such as physicians filling staff shortages. Although out-of-network emergency services are subject to in-network co-payments and coinsurance, insurers may apply a higher out-of-network deductible and out-of-pocket maximum. Consumers seeking emergency services likely don’t have time to find in-network providers.

LC 707 prohibits non-participating facility-based providers and providers in emergency cases from balance billing. Insurers are required to pay non-participating facility-based providers a reasonable and customary payment rate, based on statistically creditable information that is updated at least annually. The concept requires both insurers and providers to establish a fast, fair and cost-effective dispute resolution mechanism for contracted and non-contracted provider disputes, and prohibits insurers from discriminating or retaliating against a provider because the provider filed a dispute.

Senate Human Services Committee Bills Related to Health Care
https://olis.leg.state.or.us/liz/2015i1/Committees/SHSEC/2016-12-14-08-00/MeetingMaterials
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LC 0940 - Provides that person may not make retail sale of tobacco product or inhalant delivery system at or from premises located in this state unless person sells tobacco product or inhalant delivery system at or from premises for which license has been issued. Establishes within Department of Revenue licensing program.
LC 1616 - Requires Oregon Health Authority to make publicly available specified information regarding administration of medical assistance and payments to coordinated care organizations. Specifies criteria and procedures for establishment of global budgets. Provides review by Department of Consumer and Business Services of global budget established by authority. Requires department to implement procedures for reviewing de novo global budget determination appealed to department by coordinated care organization.

LC 1833 - Limits discretion of Oregon Health Authority with respect to contracts with and rules concerning coordinated care organizations and imposes new requirements. Imposes requirements on authority for rulemaking and collaborating with coordinated care organizations. Imposes additional responsibilities on Oregon Health Policy Board in oversight of authority, Health Evidence Review Commission and Office for Oregon Health Policy and Research. Requires Department of Consumer and Business Services to certify global budget before budget may take effect.

LC 1931 - Requires at least 25 percent of carrier’s individual and group health benefit plans within each metal level of coverage to have copayment-only cost sharing requirements.

LC 3071 - Requires Oregon Health Authority to renew coordinated care organization contract for another five-year term if specified conditions are met.

DCBS Legislative Concept Preview
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For more information about the legislative process, please contact Katy King: KatyKing01@gmail.com