Report of the Federal Laws Committee to the OHFB

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Statutory Charter

- "…(E)xamine the impact of federal law requirements on reducing the number of Oregonians without health insurance, improving Oregonians' access to health care and achieving the goals of the Healthy Oregon Act…."

Committee Members

- Frank Baumeister MD*
- Ellen Gradison **
- Mike Bonetto
- Chris Bouneff
- Michael Huntington MD
- Julia James
- Mallen Kear RN
- Cheryle Kennedy
- Sharon Morris
- Larry Mullins
- Nicola Pinson
- Thomas Reardon MD

* Chair

** Vice Chair

Committee Work Plan

- 11/29: Organizational
- 1/23: Medicaid
- 2/14: Medicaid
- 2/28: Medicare
- 3/13: Medicare
- 3/25: ERISA, Federal Tax Policy

- 4/8: HIPAA, EMTALA
- 4/22: Workforce, American Indian Health
- 5/13: Finalize Draft

- 50 subject matter experts gave presentations

Reporting Process for Federal Laws Committee

- With the approval of the OHFB, the Committee shall report its findings to Oregon's Congressional delegation.
- The Committee shall request the Oregon Congressional delegation: 1) to participate in at least one hearing in each district on the impact of federal policies; and 2) to request Congressional hearings in Washington, DC

Medicaid[1]

- When Oregon's reform plan is enacted, CMS should approve Oregon's request to expand coverage under waiver applications.

- *The Board and legislature should be aware of and develop contingency plans for the OHP Standard program if there is a gap between expiration of provider taxes and implementation of a reform plan.*

Medicaid[2]

- CMS should adopt a framework and expedited approval process to assist states that want to experiment with payment reforms.

- CMS should engage with states, in a timely manner, in the review, renewal and approval of waivers.

- CMS = Centers for Medicare & Medicaid Services (within the federal Department Human Services)

Medicaid[3]

- States that can demonstrate quality standards and good enrollment processes should be allowed to revert to pre-DRA citizenship documentation requirements.

- Oregon's Congressional delegation should seek permanent elimination of proposed regulations that would reduce federal payments to Oregon by almost $900M between FY 2008-2013

Medicare[1]

- Congress should reform the process for setting Medicare rates to more equitably align reimbursement across the country.

- Oregon's Congressional delegation and interested stakeholders should build support for Medicare rate reform by joining with other states experiencing low Medicare reimbursements.

Medicare[2]

- CMS should pursue Medicare payment reform that emphasizes evidence-based care, integrated health homes and an array of services that support these models.

- Medicare Advantage HMO and PPO plans play an essential role in Oregon. Congress should preserve this option for Medicare beneficiaries and permit the expansion of Special Needs Plans

Medicare[3]

- Congress and CMS should consider significant reforms to PFFS plans, including more rigorous federal oversight.

- Oregon should expand Medicare Advantage HMO and PPO plans through service area expansions or the creation of new Medicare Advantage plans.

Medicare[4]

- Congress should delegate authority to State Insurance Commissioners to oversee marketing practices of Medicare Advantage plans similar to the framework in place for Medicare Supplement plans.

- The Oregon legislature should pass a joint resolution requesting Congressional action to correct reimbursement inequities in Medicare and preserve the Medicare Advantage HMO and PPO options for Oregon beneficiaries.

ERISA[1]

- Congress should create “safe harbor” policies for state health care reform elements (such as “pay or play” payroll taxes) that would protect states from ERISA court challenges.

- Congress should permit states to collect a uniform set of data from self-insured employers.

- ERISA = Employee Retirement Income Security Act of 1974

ERISA[2]

- Congress should consider the NAIC proposal to grant the Secretary of Labor the authority to issue waivers from ERISA for states implementing comprehensive reform proposals.

- NAIC = National Association of Insurance Commissioners

Federal Tax Policy

- Congress should modify the personal income tax code to provide equal tax benefits to all taxpayers purchasing health insurance (employer-based, self-employed, individual)

- In addition, Congress should modify the personal income tax code to offer low income individuals the choice of a refundable credit against their tax liability for health insurance premiums.

Health Care Workforce[1]

- Congress should oppose any efforts to reduce federal funding for health care workforce education. Moreover, Congress should enhance such funding in select critical shortage areas.

- Congress should raise the federal cap on Medicare funding for GME residencies.

- GME = Graduate Medical Education

Health Care Workforce[2]

- Congress should allow states to waive the CMS requirement for physicians to approve nurse practitioner treatment plans in order to receive payment.

- OHFB should support current plans to collect data on Oregon's health care workforce through state licensing agencies

Health Care Workforce[3]

- The Oregon legislature should fund the proposed ORMED Collaborative to increase residency training opportunities across the state.

EMTALA

- The Committee finds that EMTALA provides important protections for patients. Further study is necessary, however, on the potential for alleged EMTALA violations arising from inter-hospital transfers based on the availability of appropriately trained physicians

- EMTALA = Emergency Medical Treatment & Active Labor Act

HIPAA Privacy

- The Committee has no recommendations to Oregon's Congressional delegation, but did learn of misunderstanding among providers concerning the exchange of patient information. Administrative burdens might be alleviated with increased education.

- HIPAA = Health Insurance Portability & Accountability Act

Indian Health Service & Tribal/Urban Programs[1]

- Given the unique relationship between Tribes and the Federal government, Congress should adequately fund Tribal health services

- CMS should approve Oregon's waiver request to allow AI/AN enrollees in the OHP Standard program to receive OHP Plus benefits. (pending since 2002)

- AI/AN = American Indian/Alaskan Native

Indian Health Service & Tribal/Urban Programs[2]

- In any reform effort, the Oregon legislature should honor the unique “federal trust relationship” between the US government and the Tribes.

Grants to Support State Reforms

- Congress should create a federal grant program to support states pursuing innovative reform concepts. (proposed by NAIC)

- NAIC = National Association of Insurance Commissioners

Next Steps

- Receive public comment at community meetings in September. Congressional delegation (or their staff) will be invited.
- Meet in early October to review public comment and make any final changes.
- Board to approve final report in October
- Report transmitted to Oregon's Congressional delegation and included in Board's recommendations to Governor and 2009 Legislature