October 2017

House Bill 3276 Task Force Report

Recommendations for the Oregon Legislature

Oregon Health Authority

PUBLIC HEALTH DIVISION

Contents

Executive summary

Recent clusters of meningococcal disease at the University of Oregon and Oregon State University uncovered gaps in health insurance coverage for students. The Oregon Health Authority (OHA) Public Health Division viewed both of these clusters as infectious disease "outbreaks." OHA recommended vaccination of all undergraduate students at the respective campuses. Despite media campaigns publicizing the recommendations and on-campus vaccination efforts, fewer than half of undergraduate students received the recommended vaccination series at both universities.

House Bill (HB) 3276, passed in 2017, addresses some causes contributing to suboptimal vaccination rates. The bill requires insurers to cover treatment and preventive measures when OHA's public health director declares a disease outbreak, epidemic or other condition of public health importance in a geographic area of Oregon or statewide.

OHA, as directed by HB 3276, created a Task Force to establish a set of recommendations. These recommendations aim to improve student health insurance coverage and prevent the spread of disease during a declared public health emergency.

The Task Force consisted of representatives from public universities, insurers and other key stakeholders. This Task Force received instructions to do the following:

1. Recommend legislative changes to improve student health insurance coverage;
2. Recommend changes to public health policies on vaccinations to better address public health emergencies in the future; and
3. Identify opportunities to minimize fragmenting of vaccine financing and delivery during a public health emergency.

The group met Aug. 17, 2017, to review and discuss draft recommendations developed by OHA and Task Force participants prior to the event. Task Force members reviewed recommendations one by one during the daylong meeting. There was an opportunity for members to ask questions, discuss potential merits and barriers to implementation and make changes to phrasing. To determine support for each recommendation, members were polled. Members had opportunities to propose new recommendations for discussion and polling.

As the discussion evolved, some recommendations were changed or eliminated, and others added. The event ended with a list of 18 recommendations with at least partial support by the Task Force. Of the 18, eight recommendations received support from all participating members. These form a starting point for consideration and further discussion by relevant legislative committees. These eight recommendations are in the list below.

Task Force recommendations with the greatest support

- Direct OHA to identify guidance and model policies for legal sharing of information that can be adopted or used by educational institutions and public health agencies in emergency settings.(12)
- Direct OHA to create guidelines for emergency refrigeration, storage and vaccine distribution procedures and requirements that will allow vaccines to be stored at the proper temperature.(13)
- All immunizers within Oregon should be required to submit vaccine administration data to Oregon's "ALERT" Immunization Information System (IIS) within 14 days of administration.(16)
- OHA should explore Medicaid options (for instance, state plan amendment or waiver and presumptive eligibility) with respect to an epidemic or other condition of public health importance for measures included in HB 3276. (25)
- OHA should preestablish purchasing methodologies for treatment, supplies and other prophylactic measures needed in a response.(24)
- OHA should establish rules and guidelines that assure Oregon Health Plan member access to services as a result of a disease outbreak, epidemic or other condition of public health importance regardless of in-network status, with payment assured to any Medicaid provider including pharmacies, local health departments and student health centers.(1)
- OHA should identify consistent lines of communication across all payors to facilitate effective communication related to public health events.(9)
- Fund support for local public health authorities to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of relevant clinical services as they pertain to a condition of public health importance.(5)

HB 3276 addresses several contributing factors to suboptimal vaccination rates during a declared emergency. However, solutions need an incremental approach, given the current complexities of health care delivery and payments.

Even with the passage of HB 3276, there will be gaps in health insurance coverage that could hinder effective outbreak control. Students and Medicaid recipients from outside Oregon and even students covered by self-insured medical plans may still lack coverage for the cost of necessary treatment, supplies or other prophylactic measures the director considers necessary in a public health emergency. Neither universities nor public health agencies have funding streams to absorb the extraordinary costs associated with disease outbreaks. The Task Force is confident that HB 3276 has addressed many key gaps. However, Oregon will likely identify more gaps in responding to the next outbreak. The Legislative Assembly may consider reconvening the Task Force to explore these issues then.

Background

The Oregon Health Authority (OHA), under the direction of HB 3276 (2017), gathered a Task Force to make recommendations for improvements in student health insurance coverage and preventing the spread of disease during an outbreak, epidemic or other condition of public health importance.

The Task Force consisted of representatives from public universities, insurers and other key stakeholders. The Task Force received instructions to do the following:

1. Recommend legislative changes to improve student health insurance coverage;
2. Recommend changes to public health policies on vaccinations to better address public health emergencies in the future; and
3. Identify opportunities to minimize fragmenting of vaccine financing and delivery during a public health emergency.

OHA is responsible for preparing a report of Task Force recommendations. OHA is to submit the report to the Legislative Assembly no later than Oct. 30, 2017.

Recent university outbreaks in Oregon

Recent clusters of meningococcal disease at the University of Oregon in 2015 and at Oregon State University in 2017 uncovered gaps in health insurance coverage for students. OHA's Public Health Division identified both of these clusters as infectious disease "outbreaks" and recommended vaccination of all undergraduate students at the respective campuses. Despite media campaigns publicizing the recommendations and on-campus vaccination efforts, fewer than half of undergraduate students received the recommended vaccination series at each university.

Causes contributing to the suboptimal vaccination rates:

1. Many Oregon students' insurance plans require vaccinations by in-network providers located far from the university campus.
2. Some Oregon Coordinated Care Organizations (CCOs) denied claims for vaccinations given outside the students' "medical homes."
3. Funds were not available to underwrite the cost of vaccination of uninsured students or students whose insurance did not pay.
4. Students had to come to vaccinators (on- or off-campus clinics or pharmacies). The vaccinators did not come to the students (e.g., in dormitories or fraternity houses).
5. Public health officials have a statewide immunization information system. However, because of educational rights and privacy laws, there was no way to track which students were unvaccinated and to try to reach them.
6. Concerns about financial liability for the cost of vaccine reportedly deterred some students from immunization.

House Bill 3276

HB 3276 specifies coverage of treatment and preventive measures when OHA's public health director declares a disease outbreak, epidemic or other condition of public health importance in a geographic area of Oregon or statewide.

The bill attempts to address some causes contributing to suboptimal uptake of recommended public health measures. The bill requires insurers to "cover the cost of necessary antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes and other pharmaceutical agents, medical supplies or other prophylactic measures…that the director deems necessary to prevent the spread of the disease, epidemic or other condition of public health importance."

Further, insurers may not restrict coverage for the purposes described above by:

- Requiring the services be by in-network providers;
- Imposing higher cost-sharing requirements;
- Requiring prior authorization; or
- Limiting coverage "in any manner that prevents an enrollee from accessing the necessary health services."

The Public Health Division is drafting an outline of internal guidance criteria. This will help the Public Health Director decide whether a disease outbreak, epidemic or other condition of public health importance calls for implementation of provisions of HB 3276. Key stakeholders, including participants in the HB 3276 Task Force meeting described below, will review the guidance document. After the review period is complete, the Public Health Division will consider codifying language in rule.

Task force

The Task Force gathered for a daylong meeting Aug. 17, 2017. Prior to the event, OHA staff provided the Task Force with overview documentation. This documentation provided more information about the background and specific issues for Task Force consideration. The members received several draft OHA recommendations to consider. OHA asked the members to provide their own individual draft recommendations for the full Task Force to discuss on August 17. OHA hired an outside facilitator to compile all recommendations and guide the August 17 discussion.

The organization of recommendations and Task Force discussion were according to the three focus areas outlined in HB 3276:

1. Legislative changes to improve student health insurance coverage;
2. Changes to public health policies on vaccinations to better address public health emergencies in the future; and
3. Opportunities to minimize the fragmenting of vaccine financing and delivery during a public health emergency.

Aug. 17, 2017

The Task Force meeting opened with a brief overview, including information on the recent university outbreaks and a description of the legislative process that will follow Task Force recommendations.

There was a presentation of recommendations one by one. Task Force members had an opportunity to ask questions, discuss potential merits and barriers to implementation, and make changes to phrasing. To determine Task Force support for each recommendation, the group was polled. Members had "clicker" devices to indicate their individual level of support for each recommendation according to the following polling categories:

1. I support this recommendation without reservation.
2. I do not fully support this recommendation, but can live with it going forward.
3. I object to this recommendation going forward.

Polling results were instantaneous following each polling period. The discussion then moved on to the next recommendation. Members had an opportunity to propose new recommendations, once members discussed and polled all previously submitted recommendations for each focus area.

Polling results are below in aggregate.

Task Force recommendations

This section details the proposed recommendations presented to the Task Force for their consideration, as well as polling results for each recommendation. OHA commentary or other information is to provide context. The recommendations are in order by focus area. Additional analysis of Task Force support is in the **Conclusions** section of this report.

It is important to note there are similarities and overlap among some recommendations listed in this section. This is because OHA asked for proposed recommendations from Task Force members prior to the August 17 Task Force meeting. Several recommendations merged due to their likeness. OHA kept others with key differences separate for consideration and discussion by the group.

The Task Force asked for the elimination of several recommendations from polling for various reasons during the meeting. For some, the recommendation was too specific or too broad for the group to carry forward. Other recommendations were out of scope for the purpose of this Task Force. These "out of scope" recommendations created significant discussion and are in the **Additional barriers and concerns** section of this report.

Eliminated recommendations have explanations about their removal from consideration.

Focus Area 1: Recommendations 1–10

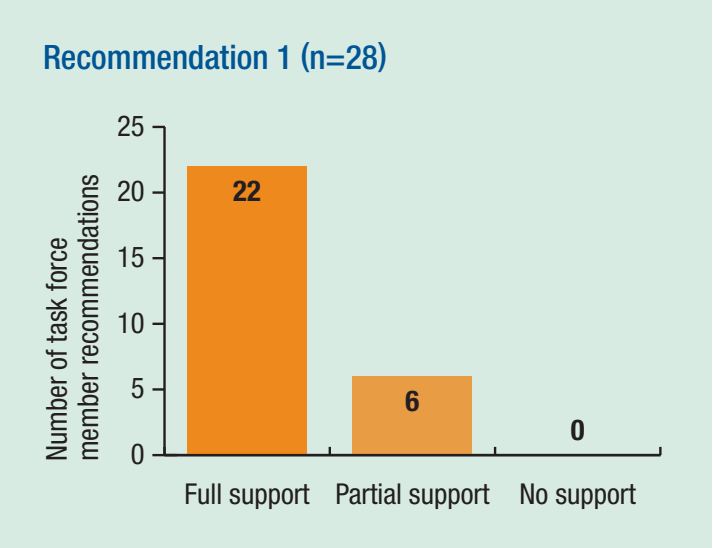
Legislative changes to improve student health insurance coverage

Problem

Recent infectious disease outbreaks at Oregon universities have shown obstacles to students' getting insurance reimbursements for vaccination and other treatments. There were denials of reimbursements for vaccinations and other treatments outside students' medical homes, or by pharmacists or when the insurer did not believe it was medically indicated.

HB 3276 addresses broader potential outbreaks and requires insurers to cover the cost of necessary "antitoxins, serums, vaccines, immunizing agents, antibiotics, antidotes and other pharmaceutical agents, medical supplies or other prophylactic measures." Hence, the Task Force's discussions and recommendations include "treatment, supplies and other prophylactic measures" or sometimes, more generally, "response."

Recommendations



Recommendation 1

OHA should establish rules and guidelines that assure Oregon Health Plan (OHP) member access to services as a result of a disease outbreak, epidemic or other condition of public health importance regardless of in-network status, with payment assured to any Medicaid provider, including pharmacies, local health departments and student health centers.

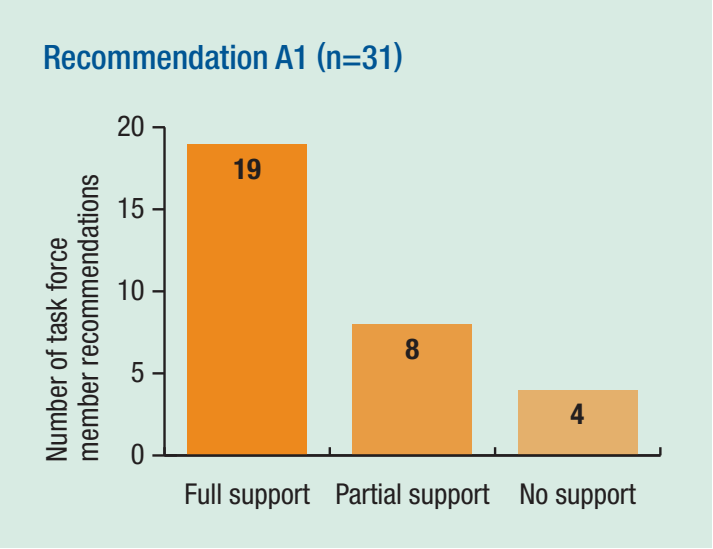
Task Force members strongly supported Medicaid member access to treatment, supplies and other prophylactic measures as outlined in HB 3276 for the privately insured.

Note

Recommendations A–C, below, were shown to the Task Force before the meeting. These were among the first discussions of the meeting. As the conversation progressed, several members recognized, and objected to, the carving out of specific recommendations for CCOs. The intent was to hold CCOs to the same requirements as private payors with regard to HB 3276. However, the group felt it needlessly complicated and unnecessary to do so. At that point, the Task Force agreed to align recommendations between CCOs and private payors through recommendation 1 above. Recommendations A–C are here to provide a complete record of the discussion and to explain the strong support members felt for CCO coverage of treatment, supplies and other measures to prevent disease.

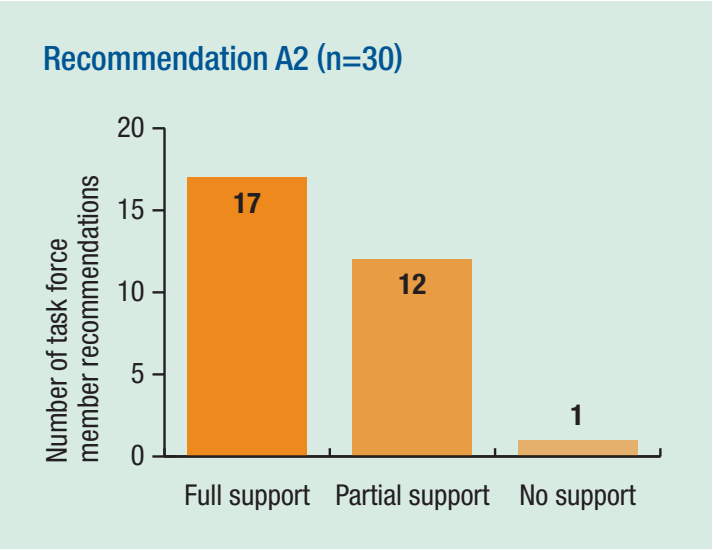
Recommendation A

Require that all students covered by Oregon's Medicaid programs be assured coverage both in and out of network. Options include the following:



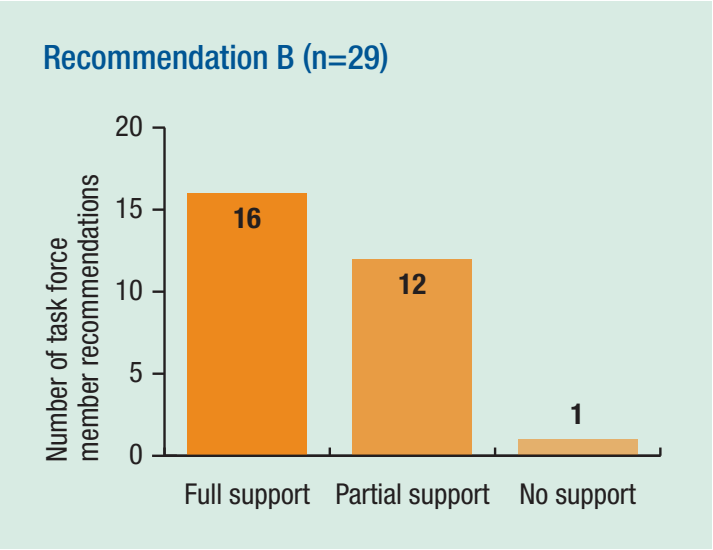
Option A1

Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures (whether due to an exposure or not) at any Oregon Medicaid provider, regardless of in or out of network status.



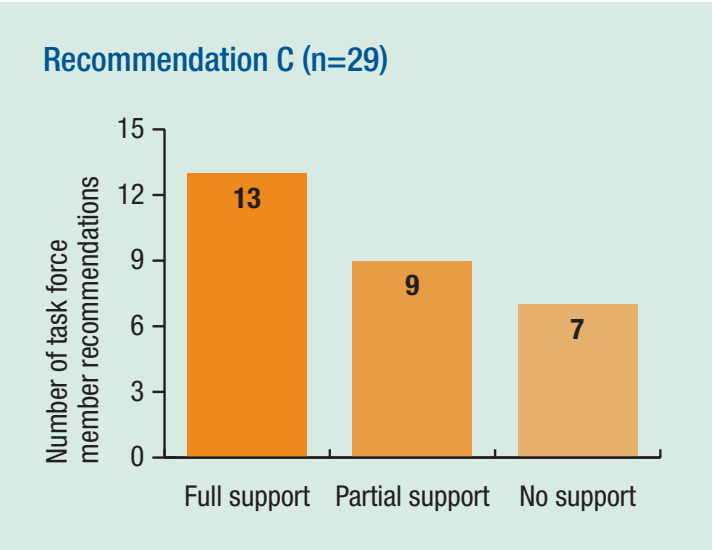
Option A2

Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures at any Oregon Medicaid provider, regardless of in or out of network status, *but only during an outbreak, epidemic or other condition of public health importance.*



Recommendation B

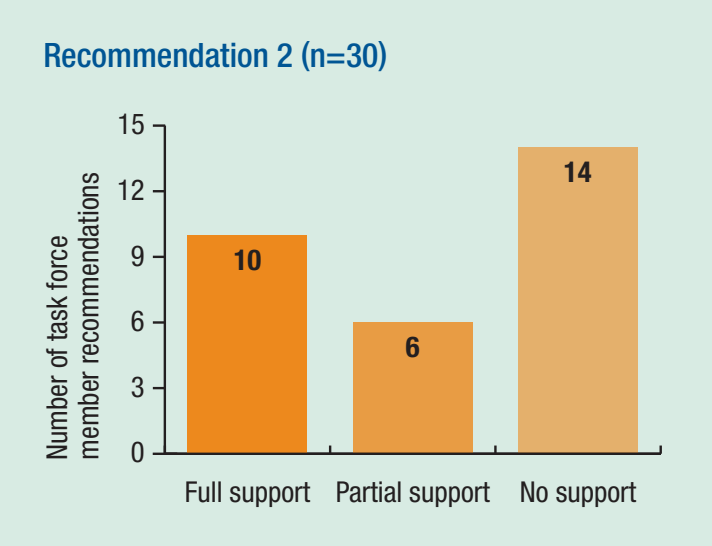
Edit A, Option 1 to add the following language (in red): Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures (whether due to an exposure or not) at any Oregon Medicaid provider, including college health centers and pharmacies, regardless of network status.



Recommendation C

CCOs should be required to cover laboratory and diagnostic tests ordered at a university health center as it pertains to an outbreak, epidemic or other condition of public health importance.

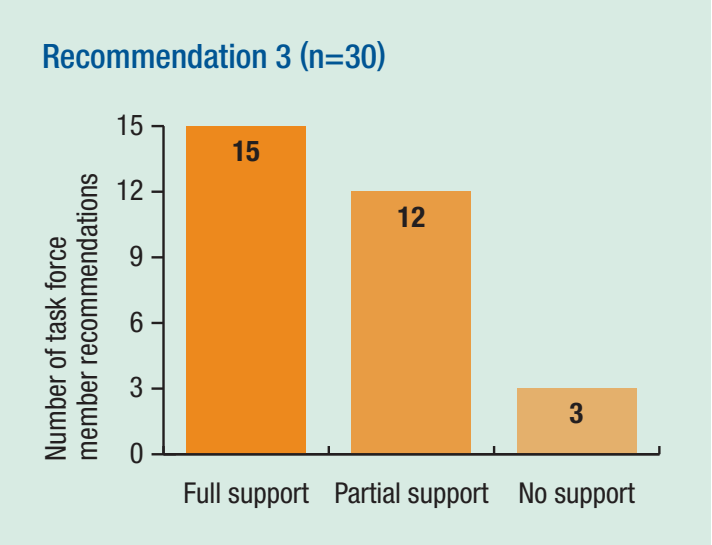
Note: Going forward, recommendations applied to all payors, unless specifically stated otherwise.



Recommendation 2

Require that all payors doing business in Oregon assure payment of a claim to any licensed provider when such an emergency or declaration is announced. Licensed providers include local public health authorities (LPHAs), college student health centers, pharmacists, and providers with prescription writing authority.

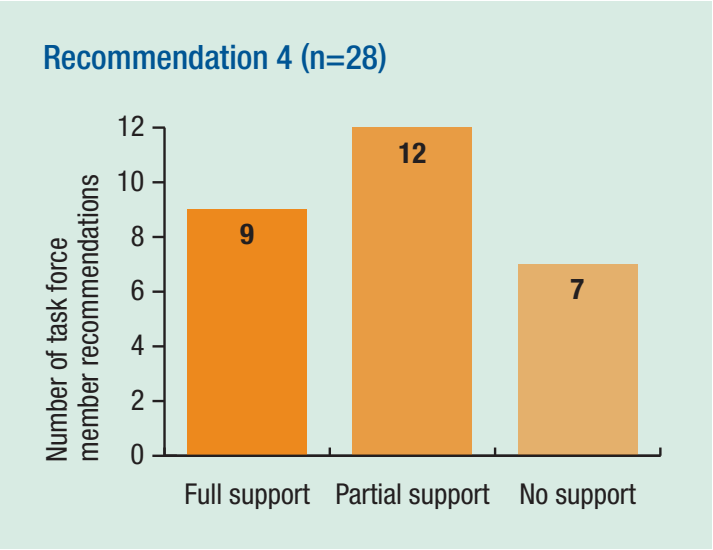
Most Task Force members found this recommendation to be too broad and too vague to support. HB 3276 already essentially requires this for private payors.



Recommendation 3

Establish and implement a plan to assure voluntary cooperation among ERISA-exempt plans.

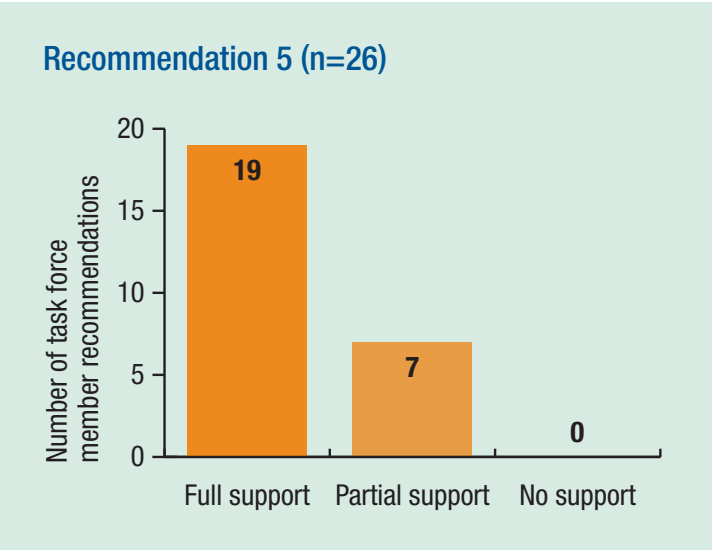
The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for certain employee benefit plans. Plans exempt from ERISA do not fall under the scope of HB 3276. While Task Force members agreed this recommendation is outside of their scope, most also felt it was important to poll on it. Members wanted the opportunity to work with the legislature on an effort to seek voluntary cooperation by ERISA-exempt payors.



Recommendation 4

Fund support for local public health authorities to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of all clinical services.

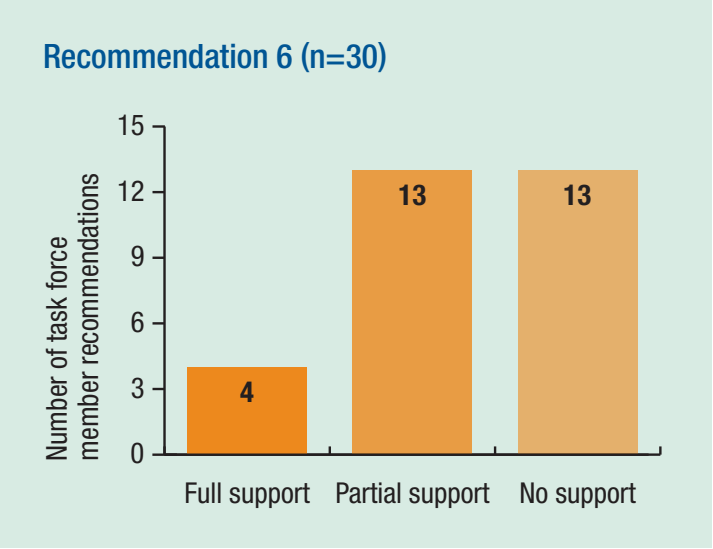
Historically, Oregon LPHAs have struggled with capacity to contract and bill for all clinical services. OHA provided support in this capacity via a Billable Vaccine Project, but funding for that support ended in 2015. This recommendation is to address continued difficulties in billing and payment for LPHAs. Because the recommendation is not specific to an outbreak, epidemic or other condition of public health importance, some Task Force members felt it was out of scope. The group decided to move forward with polling because they support the issue in general. They then added a new recommendation (5) with language clearly tying it to a public health emergency.



Recommendation 5

Fund support for local public health authorities to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of relevant clinical services *as they pertain to a condition of public health importance*.

The Billable Vaccine Project conducted by the Oregon Immunization Program from 2012–2015 resulted in contracting offers from most private payors in Oregon to fully cover LPHAs' costs for all clinical services. Without continued support of those relationships and training for LPHAs on basic contracting procedures, most contracts have languished and LPHAs are again at risk of losing money on services provided. This recommendation had support from all participating Task Force members.

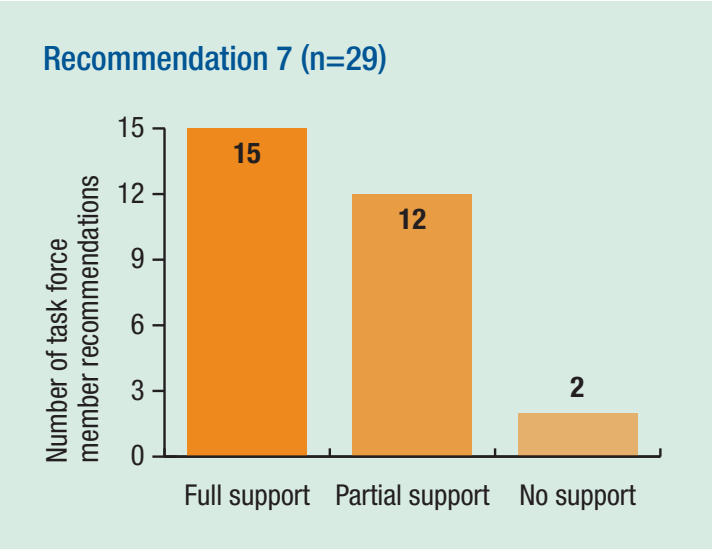


Recommendation 6

The state should consider programs similar to those of Montana and Massachusetts, which purchase student health insurance plans for students in lieu of Medicaid.

This recommendation refers to a pilot project—Student Health Insurance Plan (SHIP) in lieu of Medicaid—currently underway in three states: Montana, Massachusetts, and New York. The SHIP program is one in which Medicaid pays the cost of the SHIP premium for Medicaid-eligible students. The state runs these programs. The state designs the programs to address some of the challenges students face with Medicaid coverage, namely a lack of portability in and out of the state and a lack of college health center participation with Medicaid.

Task Force members had reservations about this recommendation. Some of it was because they felt that Oregon's CCO model is not conducive to this type of program. Others had specific concerns that it would take the students out of the care coordination model central to CCOs.



Recommendation 7

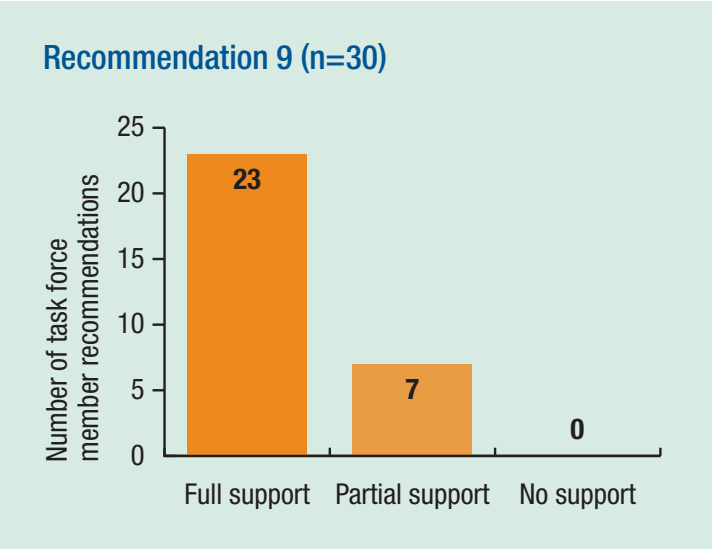
Task OHA with incentivizing partnerships between CCOs and college health centers that would allow health centers to serve as primary providers for students with OHP.

The Task Force supported this recommendation, including the idea to model potential partnerships after some Oregon School Based Health Clinics (SBHCs). Some SBHCs have achieved primary care status for students that also have another primary care provider. By allowing students access to comprehensive health services in a college health center setting, this type of partnership could reduce barriers. Examples of barriers are cost, lack of transportation and access when students need vaccines or other treatment during an outbreak, epidemic or other condition of public health importance.

Recommendation 8

Require CCOs to cover the cost of all vaccines that are required via university policy, or recommended by university health officials.

The Task Force agreed that this recommendation was too broad ("all vaccines"). In addition, it is out of scope for not targeting the specific circumstances outlined by HB 3276: an outbreak, epidemic or other condition of public health importance. Oregon adds school immunization requirements via administrative rulemaking, using an advisory committee mandated by ORS 433.245. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices must recommend the vaccines included. While schools and post-secondary institutions can make requirements stricter than the state, the Task Force felt insurers should not have to cover those beyond Oregon's requirements, especially outside of an outbreak or declared public health emergency.



Recommendation 9

OHA should identify consistent lines of communication lines across all payors to facilitate effective communication related to public health events.

This recommendation had strong support from the Task Force in large part because of real-world examples Task Force members shared of communication challenges during an outbreak. Currently, there is no suitable or efficient process to communicate about these events to payors. There are no channels to ensure the right people receive messages and updates regarding claims payment during and in the aftermath of a public health emergency. Oregon needs an infrastructure enabling all payors and OHA to communicate regularly and effectively in these circumstances.

Recommendation 10

Identify consistent policies across all CCOs related to payment of services for college students.

There was no poll taken on this recommendation due to the group's decision to align recommendations between all payors (see recommendation 1).

Focus Area 2: Recommendations 11–16

Vaccination-related public health policy changes to better address public health emergencies

Problem

Planning and evaluating responses to infectious disease outbreaks to improve outcomes is challenging. In part, this is because existing privacy laws and rules are complex and can prevent effective outreach to those at highest risk.

Privacy laws restrict both educational institutions and medical providers. Colleges and universities that receive funding under a program of the U.S. Department of Education are bound by the federal Family Educational Rights and Privacy Act of 1974 (FERPA). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) covers medical providers, state and local public health departments and university health centers. Differences between these laws cause challenges as educational institutions and public health agencies jointly respond to emergencies.

FERPA requires student (or, in the case of minors, parental) consent to release, even to public health officials, personally identifiable information contained in education records; such records include medical records kept by the educational institution. Several exceptions apply:

1. Students may have their "directory" information released without consent. Students must have notification of the opportunity to opt out of the release of directory information. Directory information may include student name, date of birth, address, phone number, email address and more.

2. In a health or safety emergency, the educational institution may release personally identifiable information to appropriate parties. For example, in a communicable disease outbreak, the institution may choose to release student information to local public health for disease investigation purposes. This may include information beyond what is contained in directory information. Examples are the classes and extracurricular activities the student is in, or health information.

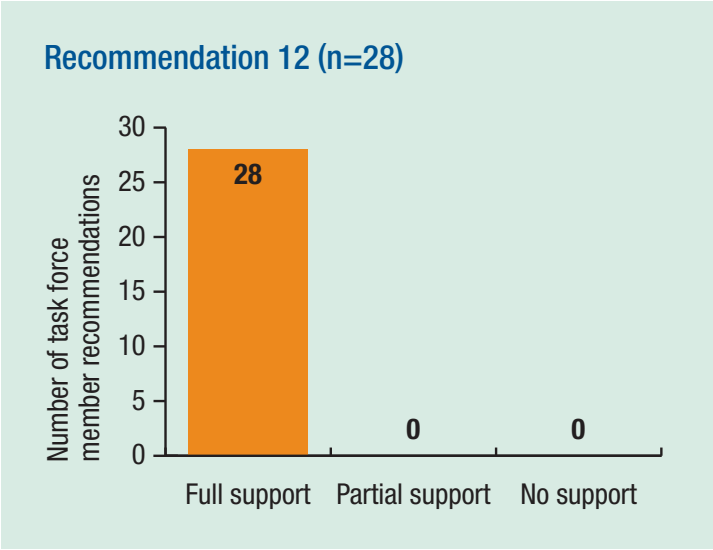
There can be a delay of receipt of information needed for timely public health response. This can be because schools are attempting to decipher, during an emergency, the FERPA constraints and permissible actions regarding release of information to public health officials.

Recommendations

Recommendation 11

Review existing procedures in place at educational institutions and public health agencies that facilitate the release of needed data to public health during emergencies (e.g., "Communicable Disease and Outbreak Investigations at Oregon State University (OSU)" from Benton County Health Department).

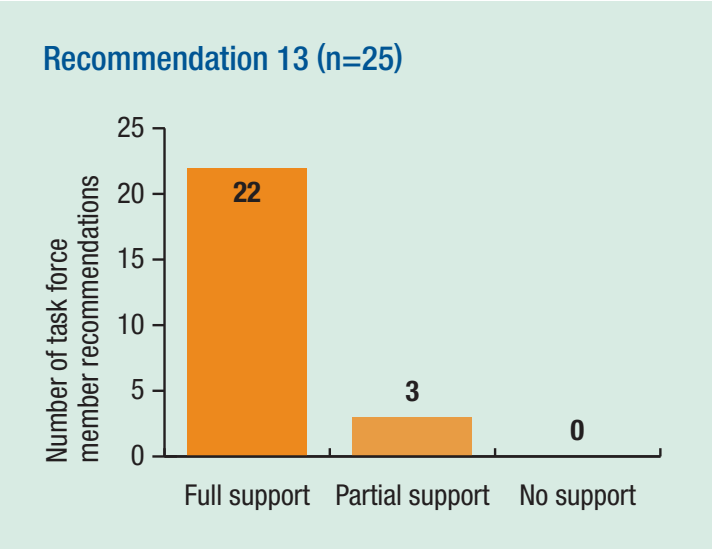
There was no poll taken on this recommendation because of similarities to recommendation 12.



Recommendation 12

Direct OHA to identify guidance and model policies for legal sharing of data that can be adopted or used by educational institutions and public health agencies in emergency settings.

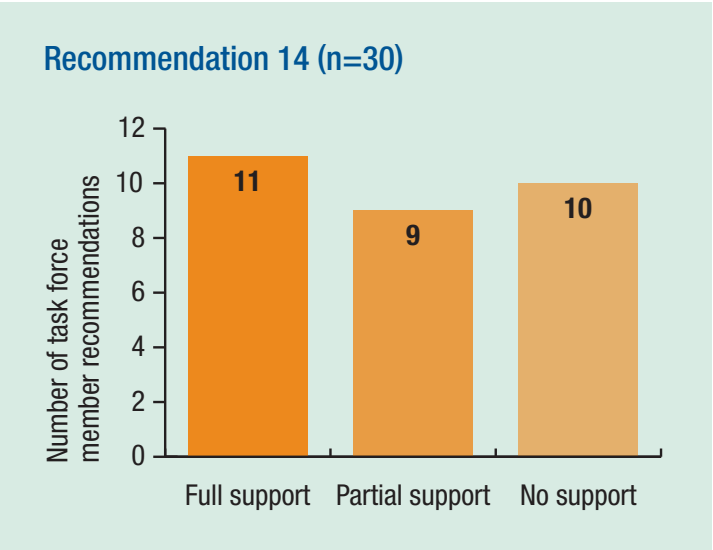
This was the sole recommendation that all participating Task Force members supported. This demonstrates recognition of the serious challenges that come with working under both FERPA and HIPAA. Task Force members shared lessons and successes from previous university outbreaks, including the development of a Memorandum of Understanding (MOU) between the Benton County Health Department and Oregon State University. This and other tools were essential in allowing specific LPHA and university staff to share some of the information needed to protect at-risk students. Additional support could come from OHA in development of a FERPA/HIPAA toolkit. Developed in partnership with the Conference of Local Health Officials (CLHO) and the Department of Justice (DOJ), the toolkit could include a model MOU to put in place with other institutions and LPHAs before a declared emergency. It could also include a consensus statement on the legalities of information sharing during a declared public health emergency so county government and university legal reviews aren't adding to the urgent work that otherwise needs to be done in an outbreak.



Recommendation 13

Direct OHA to create guidelines for emergency refrigeration, storage and vaccine distribution procedures and requirements that will allow vaccine to be stored at the proper temperature.

Vaccines can become ineffective if there is exposure to certain temperatures. Vaccines must be stored according to strict national standards and guidelines. In an emergency, these standards are difficult, but not impossible, to uphold. Mass vaccination clinics may be in unusual locations, such as gymnasiums, rather than in typical clinical settings. The vaccine itself may need to be transported and stored in new and portable storage units that require demonstrated capacity to maintain adequate temperatures. The Task Force clearly supported this recommendation. Members were pleased to learn that OHA's Immunization Program is already working on these emergency guidelines.



Recommendation 14

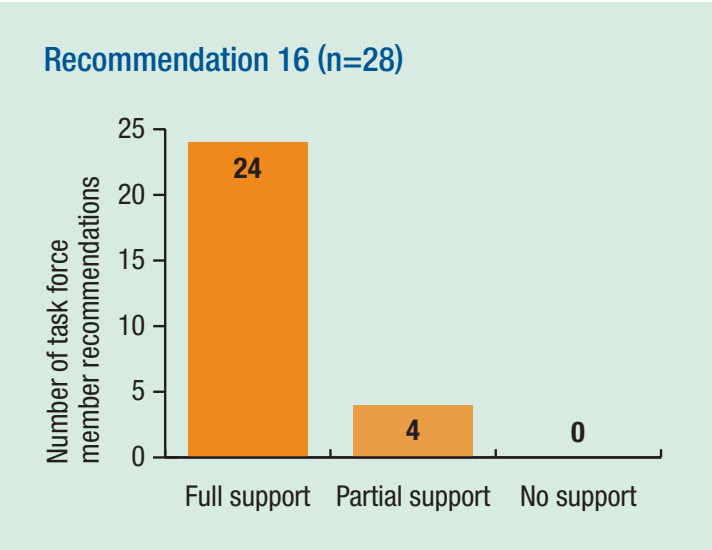
During an outbreak, epidemic or other condition of public health importance, any provider may provide services within their scope of practice, including delegation, and expect to be reimbursed by all payors.

This recommendation was to ensure that allowed providers, including pharmacists, receive reimbursements for services provided during a declared emergency. The discussion initially focused on challenges faced by pharmacists related to payments following recent university outbreaks, but it became clear the difficulties in payment came not from who administered the vaccine, but instead whether it was billed as a medical or pharmacy benefit. The lack of support for the recommendation is more of a reflection of Task Force members' interpretation that it was about scope of practice rather than insurance benefits and billing systems.

Recommendation 15

Create a solution that addresses conflicts for student health centers with regards to FERPA and HIPAA.

There was no poll taken on this recommendation due to its similarities with recommendation 12.



Recommendation 16

All immunizers within Oregon should be required to submit vaccine administration data to Oregon's "ALERT" Immunization Information System (IIS) within 14 days of administration.

ALERT is a statewide, electronic Immunization Information System (IIS). Its purpose is to prevent over-immunization and consolidate patient immunization records. Except for pharmacies, local public health authorities and Vaccines for Children Program providers, there is no requirement that providers submit data to ALERT IIS. Although OHA believes the great majority of providers are submitting immunization data to ALERT IIS, there remain some gaps in reporting, particularly with adult immunization data. To address these gaps, the Oregon Immunization Program is currently exploring solutions with the help of its Immunization Policy Advisory Team. This recommendation is here because one barrier to a successful outbreak response is the perception of missing data. An IIS lacking complete vaccine histories creates a challenge for universities and clinicians who cannot assess patients' completion of a recommended vaccine series. Some vaccines needed for outbreak response require a series of doses, spaced appropriately. Requiring all immunization providers to submit timely vaccination data would address these challenges and concerns.

Focus Area 3: Recommendations 17–25

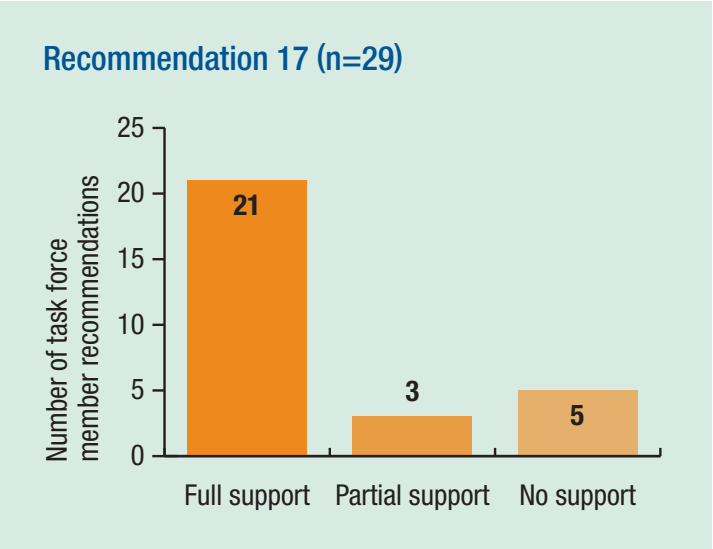
Recommendations to minimize the fragmenting of vaccine financing and delivery during a public health emergency

Problem

Federal funding for vaccines for adults is very limited, and available only for uninsured, or in some cases, for public health exercises or responses. States are not permitted to use federally supplied vaccines for adults who have unmet deductibles, high out-of-pocket costs, or insurance that will not reimburse out-of-network providers. Federal funding for vaccines for children (birth through age 18) is very large, and covers an estimated 52% of Oregon's children.

It may be possible that limited public health funding may be available to assist with buying vaccine in an outbreak. However, available funding is unpredictable and not assured.

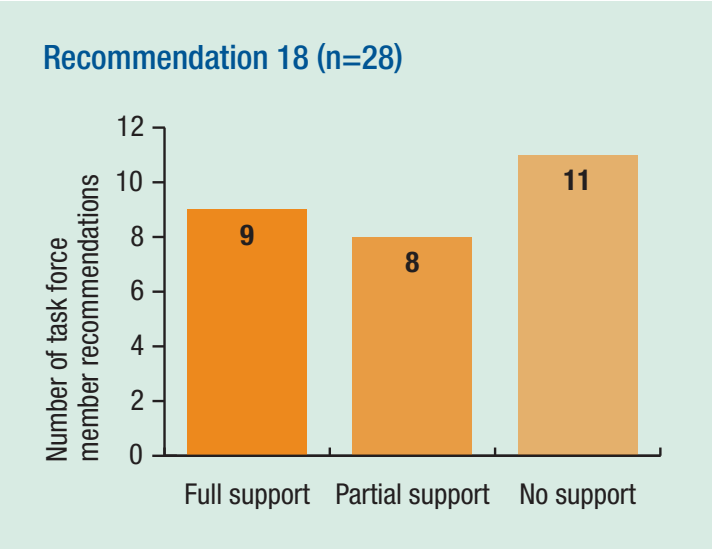
Recommendations



Recommendation 17

Establish an emergency response fund to cover costs of response not covered by insurance.

Although there was strong support for this recommendation, the Task Force could not agree on a funding mechanism.

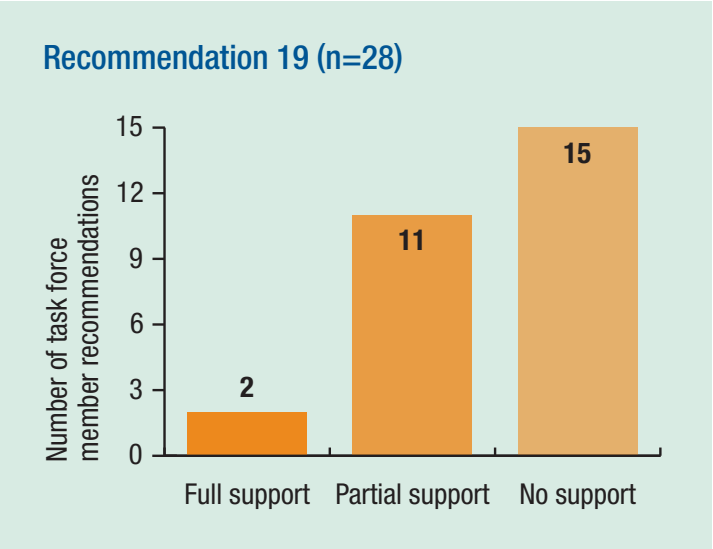


Recommendation 18

Revise or augment recommendation 17 to include two areas of expenditures:

1. Costs incurred related to the logistics of organizing and implementing response operations, e.g., space and equipment rental, large-scale vaccine purchases (most to be reimbursed, but not all campuses would have the cash available to make the initial purchase), catering and parking permits for volunteers, etc.
2. Costs related to the response provided to uninsured persons, reimbursement of unpaid or partially paid insurance claims, costs associated with staff time to fight unpaid claims (e.g., at OSU we are expending significant FTE to work through large numbers of unpaid claims on persons' behalf).

Although the Task Force clearly supported an emergency response fund, many felt this recommendation was too specific to support.



Recommendation 19

To generally improve vaccine coverage with the potential to limit post-exposure impact and improve timeliness of exposure response, through a combination of

1. Improving immunization payment structure for all health department immunization services (including vaccine cost, office visit, and administration costs), allowing for all recommended vaccines to be billed for by an LPHA without barriers (e.g., in-network providers, cost sharing, etc.); and
2. Establishing an immunization fund to cover costs of vaccine not covered by insurance, including the costs of vaccinating the uninsured, with contributors to include both public and commercial insurance providers.

This recommendation focuses on improving vaccine coverage and payments regardless of an outbreak. Although many expressed support for the idea in general, it was thought out of scope and too broad for Task Force purposes.

Recommendation 20

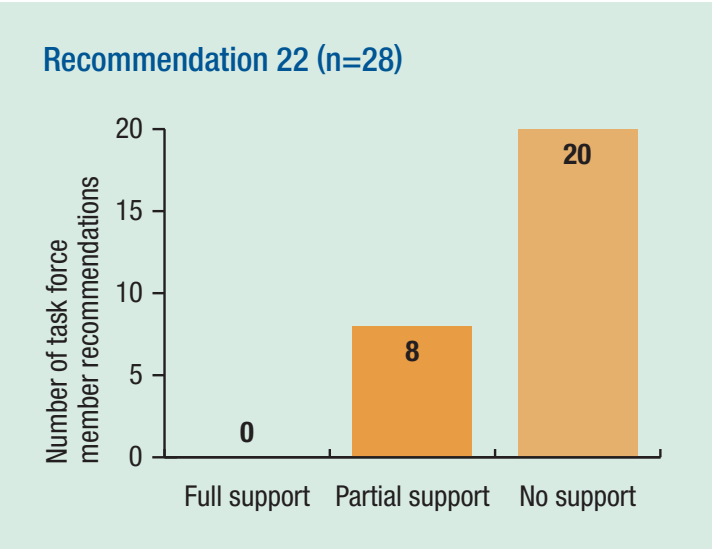
Utilize emergency response funds to provide vaccines to students who are out-of-state Medicaid recipients.

There was no poll taken on this recommendation because the Task Force felt it falls under the scope of recommendation 17. Some members, however, saw this as an opportunity to explore expanding Oregon's Medicaid waiver to allow for presumptive eligibility for out-of-state Medicaid students. Presumptive eligibility would allow these students to access Medicaid services without having to wait for their applications to go through the full process. The Task Force drafted recommendation 25 to poll for support on this topic.

Recommendation 21

For campuses without the capacity to deliver vaccines to students, resource LPHAs to assist in the delivery of vaccines for college students.

The Task Force agreed to eliminate this recommendation from polling, as several members were uncomfortable with the uncertainty around local public health capacity. In addition, members were uncomfortable about the uncertainty around funding resources. OHA staff noted that LPHAs play an emergency preparedness role that focuses solely on the coordination or delivery of emergency services; funding and reimbursement are a separate issue. Members also stressed that HB 3276 is not specific to colleges or universities.



Recommendation 22

Establish a centralized "administer and chase" system to get medication or vaccinations to thousands of people quickly and then bill later with guarantee of coverage.

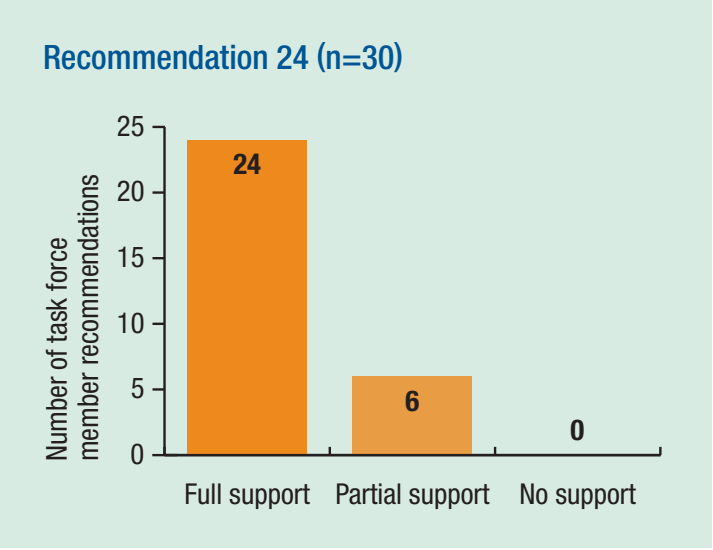
This recommendation suggests a way for universities and local public health officials to respond more quickly to an outbreak situation. The vaccine or medication could be administered to large groups of people (e.g., during a mass vaccination clinic) and then roster-billed ("chased") with appropriate payors. This would allow them to focus on stopping the spread of disease, and then shift to billing after the crisis has passed, and with an assurance of coverage.

With a centralized system, everything would bill to a central agency with payment then distributed appropriately to the different payors. This simplified billing would allow providers of a mass vaccination clinic to submit one claim form with a list of the plan members immunized. There was little support for this recommendation as providers are discouraged — and sometimes unable — to roster bill in Oregon. The Task Force also agreed that "administer and chase" creates too much uncertainty for payors. Note, however, that universities and LPHAs currently shoulder the majority of risk in these circumstances when they take necessary measures to prevent the spread of disease without any reassurance of payment.

Recommendation 23

In an outbreak situation, any vaccines administered through a publicly funded resource should be priced at a dollar amount commensurate with the price for that vaccine given in other publicly funded programs such as Veterans Affairs. This might be accomplished through a separately negotiated Emergency Response Fund for Vaccinations.

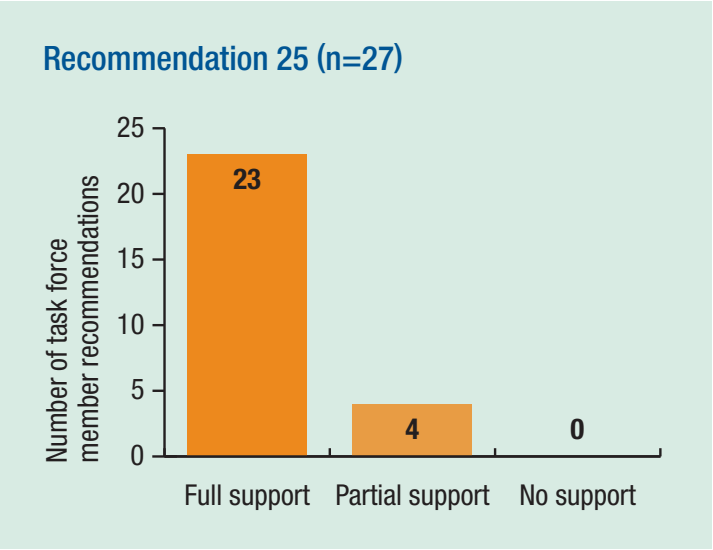
The Task Force determined this recommendation to be too specific as written. Recommendation 24 addresses the issue more broadly.



Recommendation 24

OHA should preestablish purchasing methodologies for treatment, supplies and other prophylactic measures needed in a response.

Task Force members proposed this recommendation after a discussion on the challenges and high cost of purchasing vaccines and other necessary treatment and supplies during a declared emergency. The group felt that harnessing the power of large group purchasing at pre-negotiated prices could greatly reduce the fiscal and logistical challenges that come with performing these activities amid a public health emergency. The Oregon Health Policy Board and Oregon Prescription Drug Program have insight and experience with these activities.



Recommendation 25

OHA should explore Medicaid options (for instance, state plan amendment or waiver and presumptive eligibility) with respect to an epidemic or other condition of public health importance for measures included in HB 3276.

The Task Force strongly supported exploring options that remove barriers to response and treatment of potential Medicaid members during a declared public health emergency. Expanding Oregon's Medicaid waiver to allow for presumptive eligibility removes barriers to response for potential Medicaid members (including out-of-state Medicaid). This would allow students to access services without having to wait for their application to go through the full process.

Other barriers and concerns

HB 3276 attempts to address several contributors to suboptimal vaccination rates during an outbreak, epidemic or other condition of public health importance. However, a comprehensive solution to this issue is unlikely, given the complexities of the current health care delivery and payment systems in Oregon and throughout the United States.

Even with the passage of HB 3276, there will be gaps in health insurance coverage that could hinder outbreak control. Students and Medicaid recipients from outside of Oregon and even students covered by self-insured medical plans may still not have coverage for the cost of necessary treatment, supplies or other prophylactic measures that the director considers necessary in a public health emergency. Neither universities nor public health agencies have funding streams to absorb the extraordinary costs associated with disease outbreaks. The Task Force is confident that HB 3276 has addressed many key gaps. However, Oregon will likely identify more gaps when responding to the next outbreak. The Legislative Assembly may want to consider reconvening the Task Force to explore these issues then.

The Task Force eliminated several recommendations from consideration after deciding they were beyond the scope of their charge, as named in HB 3276. Nevertheless, they felt the recommendations should have more discussion as potential solutions to the three focus areas that HB 3276 aims to address. HB 3276 is specific to "outbreaks, epidemics or other conditions of public health importance." However, there exist general challenges related to student health insurance coverage, vaccine-related public health policy and fragmentation of vaccine financing and delivery. Additional efforts to address more fully the complex and numerous challenges of public health financing, service delivery and payment could much improve a community's ability to respond to outbreaks, as well as public health emergencies of all kinds.

Finally, the Task Force discussion exposed significant concern among members about the need for uniformity between private payors and CCOs. Individuals covered by Medicaid should have, at a minimum, access to the same services as those insured by private payors. Solutions that focus on health equity ensure that all Oregonians have the chance to lead a healthy life, regardless of socioeconomic opportunities and other factors. Not only is this a more fair and just approach to health insurance coverage, it is also sound disease prevention policy.

Conclusions

The Aug. 17, 2017, HB 3276 Task Force meeting produced eight recommendations with full or partial support by all members. These form a starting point for consideration and further discussion by relevant legislative committees.

In addition, a clear need was identified for OHA to develop guidance, model policies and other resources for universities, LPHAs and other key stakeholders. These tools would address a myriad of issues and go a long way toward mitigating the fiscal and logistical impact of outbreaks and other declared emergencies in Oregon communities. OHA has begun work on components of these resources.

Several opportunities emerged from the Task Force discussion for OHA to take the lead towards improved communication and collaboration with partner agencies:

- Work with the Oregon Department of Education, Department of Justice and Conference of Local Health Officials to develop a FERPA/HIPAA toolkit.
- Collaborate with colleges and universities, LPHAs, and insurers to develop and share a billing toolkit that includes specific tips for improved reimbursement during a declared emergency. For example, adding the appropriate billing code to report exposure to meningococcal disease cues insurers that there was a dose of meningococcal vaccine administered in response to an outbreak. This may improve the likelihood of reimbursement.
- Explore development of a learning collaborative among LPHAs and universities to create a community of knowledge and strategies that help participants speed up their response in a declared emergency.
- Explore the idea of a pilot project for single-payor, pre-negotiated prices for vaccines and other treatment needs during an outbreak or other public health emergency. For guidance, reach out to knowledgeable and experienced partners, such as the Oregon Health Policy Board and Oregon Prescription Drug Program.
- Encourage and support strategies employed successfully during previous university outbreaks. For example, utilization of the Medical Reserve Corps, a key partner during the Oregon State University outbreak in 2017.
- Monitor future outbreaks and other declared public health emergencies for additional gaps in insurance coverage and outbreak control. Add these lessons learned to the toolkits and the learning collaborative.

- Consider reconvening the HB 3276 Task Force to explore additional legislative or policy changes that may be needed to address gaps identified in future outbreaks or public health emergencies.

See the chart below for polling results for each recommendation. The full list of recommendations, including those eliminated from polling, is in Appendix B.

HB 3276 Task Force: Support for recommendations

Full support: I support this recommendation without reservation
Partial support: I do not fully support this recommendation but can live with it going forward
No support: I object to this recommendation going forward

	Recommendation	Full support	Partial support	No support
12	Direct OHA to identify guidance and model policies for legal sharing of information that can be adopted or used by educational institutions and public health agencies in emergency settings.	28		
13	Direct OHA to create guidelines for emergency refrigeration, storage and vaccine distribution procedures and requirements that will allow for vaccine to be stored at the proper temperature.	22	3	
16	All immunizers within Oregon must submit vaccine administration data to ALERT IIS within 14 days of administration.	24	4	
25	OHA will explore Medicaid options (for instance, state plan amendment or waiver and presumptive eligibility) with respect to an epidemic or other condition of public health importance for measures...	23	4	
24	Preestablish purchasing methodologies for treatment, supplies and other prophylactic measures needed in a response.	24	6	
1	OHA shall establish rules and guidelines that assure OHP member access to services as a result of a disease outbreak, epidemic or other condition of public health importance regardless of in-network status,...	22	6	
9	Task OHA with identifying consistent communication lines across all payors to facilitate effective communication related to public health events.	23	7	
5	Fund support for local health departments to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of relevant clinical services *as they pertain...*	19	7	
17	Establish an emergency response fund to cover costs of response not covered by insurance.	21	3	5
7	Task OHA with Incentivizing partnerships between CCOs and college health centers that would allow health centers to serve as primary providers for students with OHP.	15	12	2
3	Establish and implement a plan to assure voluntary cooperation among ERISA-exempt plans.	15	12	3
4	Fund support for local health departments to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of all clinical services.	9	12	7
14	During an outbreak, epidemic or other condition of public health importance, any provider may provide services within their scope of practice, including delegation, and expect to be reimbursed by all payors.	11	9	10
18	Revise or augment recommendation 17 to include these two areas of expenditure: a. Costs incurred related to the logistics or organizing and implementing response operations; and b. Costs related to the...	9	8	11
2	Require that all payors doing business in Oregon assure payment of a claim to any licensed provider when such an emergency or declaration is announced. Licensed providers include local health departments,...	10	6	14
6	The state should consider programs similar to Montana and Massachusetts that purchase student health insurance plans for students in lieu of Medicaid.	4	13	13
19	To generally improve vaccine coverage with the potential to limit post-exposure impact and improve timeliness of exposure response, through a combination of...	2	11	15
22	Establish a centralized “administer and chase” system to get medication or vaccinations to thousands of people quickly and then bill later with guarantee of coverage.	8	20	

Appendix A

HB 3276 Task Force Attendees, Aug. 17, 2017

Task Force members from various public and private stakeholder groups worked collaboratively to generate the recommendations included in this report. The group included industry representatives, college and university officials, LPHAs, and state public health representatives. An outside facilitator with specific content knowledge led the group. Members engaged and were thoughtful in deliberations, leading to a solid base of recommendations on which Oregon legislative committees can build.

Stakeholder group	Name	Organization
Colleges and Universities	Dana Tasson	Portland State University
	Richard Brunader	University of Oregon
	Teresa Davis	University of Oregon
	Jenny Haubenreiser	Oregon State University
	Judy Flynn	Pacific University
	Joyce Brake	Oregon Health Sciences University
	Mark Bajorek	Portland State University
Local public health authorities	Bruce Thomson	Benton County Health Department
	Jennifer Vines	Multnomah County Health Department
	Pat Luedtke	Lane County Health Department
	Amy Sullivan	Multnomah County Health Department
	Bob Dannenhoeffer	Douglas County Public Health Network
	Courtney VanBragt	Klamath County Public Health
Insurers	Dave Nesseler-Cass	Moda Health
	Paul Chamblis	Kaiser Permanente
	Sadie Ellwood	Kaiser Permanente
	Jennie Seely	Kaiser Permanente
	Jennifer Baker	Cambia Health Solutions
	Megan Lane	Providence Health Plans
Coordinated Care Organizations	Diane Barr	Cascade Health Alliance
	Holly Jo Hodges	Willamette Valley Community Health
	Jeremy Koehler	FamilyCare Health
	Shannon Lee	Trillium Community Health Plan
	Jane Hannabach	PacificSource Health Pans

State of Oregon	Collette Young	OHA/Public Health Division
	Paul Cieslak	OHA/Public Health Division/Acute and Communicable Disease Prevention
	Haleigh Leslie	OHA/Public Health Division/Health Security, Preparedness and Response
	Holly Heiberg	OHA/Public Health Division
	Kathy Cereghino	OHA/Health Systems Division
	Marc Watt	Oregon Board of Pharmacy
	Nathan Roberts	OHA/Health Systems Division/Medicaid
	Shannon O'Fallon	Oregon Department of Justice
	Trevor Douglass	OHA/Health Policy and Analytics/Oregon Prescription Drug Program
	Gayle Woods	Department of Consumer and Business Services/ Oregon Division of Financial Regulation
Other	Kevin Russell	Samaritan Hospital and Oregon State Pharmacy Association
Task Force staff support*	Aaron Dunn	OHA/Public Health Division/Immunization Program
	Mimi Luther	OHA/Public Health Division/Immunization Program
	Alison Dent	OHA/Public Health Division/Immunization Program
	Amanda Timmons	OHA/Public Health Division/Immunization Program
	Stacy de Assis Matthews	OHA/Public Health Division/Immunization Program
	Anne VanCuren	OHA/Public Health Division/Immunization Program
Facilitator*	Kelly F. McDonald	Kelly McDonald, LLC

**Did not participate in the polling of recommendations. Oregon Immunization Program staff provided planning and logistical support for the event, as well as commentary and context during the meeting and in this report.*

Appendix B

HB 3276 Recommendations discussed at Task Force meeting – Aug. 17, 2017

Focus Area 1: Legislative changes to improve student health insurance coverage

Rec #	Proposed recommendation	Polling result		
		Full support	Partial support	No support
1.	OHA should establish rules and guidelines that assure Oregon Health Plan member access to services as a result of a disease outbreak, epidemic or other condition of public health importance regardless of in-network status, with payment assured to any Medicaid provider, including pharmacies, local health departments and student health centers.	22	6	0
	A) Require that all students covered by Oregon's Medicaid programs be assured coverage in, or out of, network. Options include: **Option 1** Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures (whether due to an exposure or not) at any Oregon Medicaid provider, both in and out of network. **Option 2** Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures at any Oregon Medicaid provider, regardless of in or out of network status, *but only during an outbreak, epidemic or other condition of public health importance.*	N/A*	N/A*	N/A*
	B) Edit A, Option 1 to add the following language (in red): Require CCOs to cover any recommended treatment, supplies, or other prophylactic measures (whether due to an exposure or not) at any Oregon Medicaid provider, including college health centers and pharmacies, regardless of network status.	N/A*	N/A*	N/A*
	C) CCOs should be required to cover laboratory and diagnostic tests ordered at a university health center as it pertains to an outbreak, epidemic or other condition of public health importance.	N/A*	N/A*	N/A*

There was the elimination of several recommendations from polling for various reasons. For some, the recommendation was too specific or too broad for the group to carry forward. For others, the recommendation was out of scope for the purpose of this Task Force. See **Task Force recommendations and **Other barriers and concerns** for more details.*

Rec #	Proposed recommendation	Polling result		
		Full support	Partial support	No support
2.	Require that all payors doing business in Oregon assure payment of a claim to any licensed provider when such an emergency or declaration is announced. Licensed providers include local public health authorities (LPHAs), college student health centers, pharmacists, and providers with prescription writing authority.	10	6	14
3.	Establish and implement a plan to assure voluntary cooperation among ERISA-exempt plans.	15	12	3
4.	Fund support for local public health authorities to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of all clinical services.	9	12	7
5.	Fund support for local public health authorities to establish and maintain business functions that allow for contracts with health insurance providers (public and commercial) to cover costs of relevant clinical services *as they pertain to a condition of public health importance.*	19	7	0
6.	The state should consider programs similar to those of Montana and Massachusetts, which purchase student health insurance plans for students in lieu of Medicaid.	4	13	13
7.	Task OHA with Incentivizing partnerships between CCOs and college health centers that would allow health centers to serve as primary providers for students with OHP.	15	12	2
8.	Require CCOs to cover the cost of all vaccines that are required via university policy, or recommended by university health officials.	N/A*	N/A*	N/A*
9.	OHA should identify consistent lines of communication lines across all payors to facilitate effective communication related to public health events.	23	7	0
10.	Identify consistent policies across all CCOs related to payment of services for college students.	N/A*	N/A*	N/A*

There was the elimination of several recommendations from polling for various reasons. For some, the recommendation was too specific or too broad for the group to carry forward. For others, the recommendation was out of scope for the purpose of this Task Force. See **Task Force recommendations and **Other barriers and concerns** for more details.*

Focus Area 2: Vaccination-related public health policy changes to better address public health emergencies

Rec #	Proposed recommendation	Polling result		
		Full support	Partial support	No support
11.	Review existing procedures in place at educational institutions and public health agencies that facilitate the release of needed information to public health during emergencies	N/A*	N/A*	N/A*
12.	Direct OHA to identify guidance and model policies for legal sharing of information that can be adopted or used by educational institutions and public health agencies in emergency settings.	28	0	0
13.	Direct OHA to create guidelines for emergency refrigeration, storage and vaccine distribution procedures and requirements that will allow for vaccine to be stored at the proper temperature.	22	3	0
14.	During an outbreak, epidemic or other condition of public health importance, any provider may provide services within their scope of practice, including delegation, and expect to be reimbursed by all payors.	11	9	10
15.	Create a solution that addresses conflicts for student health centers with regards to the federal Family Educational Rights and Privacy Act (FERPA) and HIPAA.	N/A*	N/A*	N/A*
16.	All immunizers within Oregon should be required to submit vaccine administration data to Oregon's "ALERT" Immunization Information System (IIS) within 14 days of administration.	24	4	0

There was the elimination of several recommendations from polling for various reasons. For some, the recommendation was too specific or too broad for the group to carry forward. For others, the recommendation was out of scope for the purpose of this Task Force. See **Task Force recommendations and **Other barriers and concerns** for more details.*

Focus Area 3: Recommendations to minimize the fragmenting of vaccine financing and delivery during a public health emergency

Rec #	Proposed recommendation	Polling result		
		Full support	Partial support	No support
17.	Establish an emergency response fund to cover costs of response not covered by insurance.	21	3	5
18.	Revise or augment recommendation 3.1 to include two areas of expenditures: c. Costs incurred related to the logistics of organizing and implementing response operations, e.g., space and equipment rental, large-scale vaccine purchases (most to be reimbursed, but not all campuses would have the cash available to make the initial purchase), catering and parking permits for volunteers, etc. d. Costs related to the response provided to uninsured persons, reimbursement of unpaid or partially paid insurance claims, costs associated with staff time to fight unpaid claims (e.g., at OSU we are expending significant FTE to work through large numbers of unpaid claims on persons' behalf).	9	8	11
19.	To generally improve vaccine coverage with the potential to limit post-exposure impact and improve timeliness of exposure response, through a combination of, c. Improving immunization payment structure for all health department immunization services (including vaccine cost, office visit, and administration costs), allowing for all recommended vaccines to be billed for by an LPHA without barriers (e.g., in-network providers; cost-sharing; etc.); and d. Establishing an immunization fund to cover costs of vaccine not covered by insurance, including the costs of vaccinating the uninsured, with contributors to include both public and commercial insurance providers.	2	11	15
20.	Utilize emergency response funds to provide vaccines to students who are out-of-state Medicaid recipients.	N/A*	N/A*	N/A*
21.	For campuses without the capacity to deliver vaccines to students, resource LPHAs to assist in the delivery of vaccines for college students.	N/A*	N/A*	N/A*
22.	Establish a centralized "administer and chase" system to get medication or vaccinations to thousands of people quickly and then bill later with guarantee of coverage.	0	8	20

There was the elimination of several recommendations from polling for various reasons. For some, the recommendation was too specific or too broad for the group to carry forward. For others, the recommendation was out of scope for the purpose of this Task Force. See **Task Force recommendations and **Other barriers and concerns** for more details.*

Rec #	Proposed recommendation	Polling result		
		Full support	Partial support	No support
23.	In an outbreak situation, any vaccines administered through a publicly funded resource should be priced at a dollar amount commensurate with the price for that vaccine given in other publicly funded programs such as Veterans Affairs. This might be accomplished through a separately negotiated Emergency Response Fund for Vaccinations.	N/A*	N/A*	N/A*
24.	OHA should preestablish purchasing methodologies for treatment, supplies and other prophylactic measures needed in a response.	24	6	0
25.	OHA should explore Medicaid options (for instance, state plan amendment or waiver and presumptive eligibility) with respect to an epidemic or other condition of public health importance for measures included in HB 3276.	23	4	0

There was the elimination of several recommendations from polling for various reasons. For some, the recommendation was too specific or too broad for the group to carry forward. For others, the recommendation was out of scope for the purpose of this Task Force. See **Task Force recommendations and **Other barriers and concerns** for more details.*

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