



Kate Brown, Governor

2019 Legislative Session Summary

Oregonians will experience improved health because of policies supported by the 2019 Oregon Legislature. OHA entered this legislative session with five major goals: sustainably fund Medicaid long-term, support CCO 2.0, expand behavioral health access, help newborns and families with a healthier start, and improve protections against disease outbreaks and environmental threats. Oregon legislators passed most of OHA's highest priority bills, significantly advancing each of the five goals, as well as other important health-related bills. In the months and years ahead, OHA and our partners across the state will strive to transform the promise of these legislative mandates into meaningful improvements in the health of millions of Oregonians.

Goal 1: Close the funding gap in the state health budget and put Medicaid on a sustainable funding path

More than 1 in 4 Oregonians receives health coverage through the Oregon Health Plan, including 1 in 3 residents of many rural Oregon counties. Oregon's Medicaid funding gap posed a challenge to Oregon's rate of health coverage, the state's cost-saving health reform efforts, and the strength of its economy. OHA supported the Governor's Medicaid Financing Work Group to develop long-term mechanisms to sustainably fund Oregon's share of Medicaid, which resulted in three bills to provide sustained funding. Two of the three measures passed, significantly closing the funding gap for years to come. OHA will continue to evaluate the third measure – an assessment on large employers who do not cover some portion of employees' health care costs – for possible consideration in a future session.

- [HB 2010](#) updates existing assessments on health plan premiums and hospitals, and extends them for another 6 years, to ensure long-term funding.
- [HB 2270](#) increases the cigarette tax by \$2 a pack, and extends the tax on other tobacco products to inhalant delivery systems (e-cigarettes). Of these revenues, 90% will fund OHP and 10% will fund culturally-responsive tobacco cessation and prevention services. This measure goes to a public vote in November 2020.

Goal 2: Support the transformation of health care delivery and reduce the cost of care through CCO 2.0

Oregon has pioneered innovative cost-saving transformations in health care delivery through Coordinated Care Organizations (CCOs). Based on lessons learned in our first round of contracts, the Oregon Health Policy Board recommended new components of the CCO delivery system in the next round of contracts, known as CCO 2.0.

- [HB 2267](#) puts the Oregon Health Policy Board recommendations into state law, including requiring CCOs to have at least two community representatives on their governing board, requiring CCOs, local public health authorities, and hospitals to partner to develop shared community health assessments and improvement strategies, and establishing tribal liaisons and a tribal advisory council for CCOs. OHA's budget also includes 15 new positions to implement CCO 2.0, many of them focused on complaints and enforcement.
- [SB 1041](#) increases accountability and transparency in CCO finances based on best practices established by the National Association of Insurance Commissioners, and provides OHA with tools to identify when a CCO's financial condition deteriorates – and to intervene if it does – to protect CCO enrollees from losing their access to health care.

Other bills that strengthen the overall health care system in several ways include:

- [SB 23](#) authorizes the collection of abstracted patient discharge records from emergency departments at Oregon's 60 acute care hospitals, filling a critical data gap.
- [SB 770](#) establishes the Task Force on Universal Health Care, which is charged with recommending the design of a Health Care for All Oregon Plan.
- [SB 889](#) establishes the Health Care Cost Growth Benchmark program to control growth of health care expenditures across the entire health care market in Oregon.
- [HB 2040](#) adds new members to the Traditional Health Worker Commission, to help it better identify and address root causes of health problems.
- [SB 2265](#) is a housekeeping bill for Health Policy and Analytics Division, which adds optometrists to the list of professionals required to complete the Online Pain Management Module, clarifies appointments to the Health Plan Quality Metrics Committee, and more.
- [HB 3076](#) requires nonprofit hospitals write charity care policies that meet certain standards, and directs OHA to establish a community benefit spending floor

Goal 3: Help more Oregonians get the mental health and addiction treatment they need, in the right place at the right time

Oregon faces serious challenges in behavioral health: suicide is the second leading cause of death for young adults in Oregon, one out of every ten Oregonians dependent on illicit drugs receive treatment, and only half of Oregonians who received mental health services were satisfied with the services they received. Below are key bills and budget priorities that were approved by the legislature and will help Oregonians find the help they need at the right place and time.

- [SB 1](#) is a product of the Children and Youth with Specialized Needs work group that was formed by the Governor, Senate President, and Chief Justice of the Supreme Court to address unique challenges faced by children with distinctive mental or behavioral health needs. It establishes the System of Care Advisory Council to improve state and local systems that serve youth, by centralizing statewide policy development and planning. The bill allows for OHA, OYA, and DHS to contract for interdisciplinary assessment teams to provide services to youth, increase statewide capacity, and prioritize evaluation, assessment, and stabilization services provided to youth.
- [HB 2257](#) is a product of the Governor's Opioid Epidemic Task Force as a statewide effort to combat opioid abuse and dependency. It defines substance use disorder (SUD) as a chronic disease rather than an acute illness, and addresses access, payment, and affordability of treatment services among commercial and public payers.
- [SB 24](#) reduces the census at Oregon State Hospital and encourages the treatment of defendants in the community when appropriate. It modifies procedures related to criminal defendants lacking fitness to proceed in their own defense (known as aid & assist, or .370 defendants), so that patients are treated in the community unless a County Mental Health Program determines that a hospital level of care is required. Related to this bill, the legislature approved an additional \$7.6 million for community treatment for aid and assist patients.
- [SB 25](#) streamlines and makes more effective forensic evaluations for defendants who may not be able to aid and assist during their trial.

The OHA budget includes several key investments in behavioral health, including:

- \$10 million for suicide prevention and expansion of mental health access in schools. The need for mental health access is especially great at the elementary and middle school levels and supports prevention of suicide by providing earlier intervention when it is most urgent.
- \$19.6 million for intensive in-home behavioral health services for kids. Due to a lack of intensive community-based services, many Medicaid-eligible youth are referred to residential care instead of

receiving treatment in their home community. Creating and funding new intensive care opportunities in the community would increase diversity of services available to Oregon's Medicaid-eligible youth and provide alternatives to residential services.

- \$4.5 million to support wrap-around behavioral services and rental assistance vouchers for 500 permanent supportive housing units. This is in addition to the existing rental assistance program.

Other important behavioral health measures include:

- [SB 22](#) requires OHA to establish standards for identifying behavioral health homes.
- [SB 26](#) directs OHA to discharge employee at facility under jurisdiction of authority if it has been substantiated that employee physically or sexually abused patient or client.
- [SB 134](#) requires CCOs to publish on their website documents to educate members regarding treatment options and support resources available for members who have mental illnesses or substance use disorders.
- [SB 138](#) reestablishes the Mental Health Clinical Advisory Group to continue development of evidence-based algorithms for prescription drug treatment of mental health disorders.
- [HB 3427](#) creates the Fund for Student Success, which includes behavioral health services in schools.

Goal 4: Help more families give their children a healthier start in life

Evidence shows that offering a universal, short-term, post-natal nurse home-visiting program for all newborns and their families is a valuable and cost-effective way to promote greater health and well-being for babies and families alike. Visiting nurses share support and guidance and help build connections between families of newborns and community resources.

- [SB 526](#) directs OHA to design and implement a voluntary statewide home visiting program for families with newborns up to six months of age and requires coverage by commercial health benefit plans.
- The OHA budget includes approximately \$4.7 million to begin offering a universal newborn home visiting program to Oregon Health Plan members.

Goal 5: Modernize public health to protect people against disease outbreaks, emergencies and environmental health problems

The way that we live, travel, work, and recreate has created a series of new and increasingly complex public health issues. Toxic algae blooms contaminating drinking water, virulent diseases from distant continents that are an airplane ride away, diseases that travel with mosquitos as their habitat expands, wildfire smoke that has made the air dangerous to breathe, and even "traditional" health threats that still pose challenges have given us many indications that we need to modernize the public health system in Oregon.

- Building on the \$5 million investment from the last biennium, the OHA budget includes an additional \$10 million to modernize the public health approach to communicable disease, emergency preparedness and impacts of climate change on health. The budget also includes \$5.5 million in state support for local public health.

Other important public health measures include:

- [SB 27](#) restructures water system fees to ensure the safety of public drinking water while creating fee equity across water systems.
- [SB 28](#) updates the fees for food, pool, and lodging inspections around the state.
- [SB 29](#) is a housekeeping bill for the Public Health Division, which replaces outdated terms and includes technical fixes to better align the work of public health.
- [SB 253](#) clarifies the process for transferring local public health authority responsibilities to OHA (as well as from OHA back to local public health authorities).