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# OHA Legislative Update

## Oregon Health Policy Board

April 3, 2023



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OHA Government Relations Webpage:

<https://www.oregon.gov/oha/ERD/Pages/Government-Relations.aspx>

# OHA 2023 legislative themes

- Eliminating health inequity by 2030 by building health equity infrastructure
- Stabilizing the behavioral health system
- Stabilizing Oregon State Hospital operations
- Protecting health coverage
- Building a post pandemic public health system
- Promoting and partnering on housing access

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## Senate Bill 966 Update

The logo for the Oregon Health Authority is centered within a light blue, curved banner. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" portion of the word "Health Authority". The word "Health" is written in a large, dark blue, serif font, and "Authority" is written in a smaller, orange, serif font below it. A thin blue horizontal line is positioned under the "Health" text.

Oregon  
Health  
Authority

# Leveraging Oregon's CCO Quality Incentive Program (QIP) to eliminate health inequities

## Governance Structure

- Dissolves Health Plan Quality Metrics Committee
- Moves Metrics & Scoring Committee under OHPB with current composition

## Program Structure

- Formalizes upstream and downstream metrics
- Requires Metrics & Scoring Committee to select both types

## Program Study

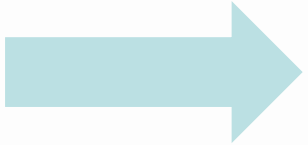
- Directs OHA to study the CCO QIP to ensure focus on addressing health inequities

# How do we pay Coordinated Care Organizations (CCOs)?

CCOs are paid primarily by monthly capitation rates developed prospectively



**Monthly capitation rates** are paid to CCOs based on their membership characteristics (i.e. age, income, etc.)



CCOs use that revenue to deliver, manage and provide **physical, behavioral, dental and transportation services** to their membership

# How will non-risk payments work for Health-Related Social Needs (HRSN)?

*CCOs will be responsible for contracting for services; however, they will be reimbursed at a defined rate after services are paid*



**Members will receive HRSN services and CCOs will pay** based on the defined reimbursement allowed



**OHA will reimburse CCOs** based on HRSN services received and paid for based on the defined reimbursement allowed

# What changes happen to CCO payments if SB 966 passes?

CCOs will continue to be paid primarily through capitation rates (prospectively), with a few exceptions:

- Maternity Case Rates (i.e. kick payments)
- Quality pool incentive payments
- Risk settlements
- PHE-linked non-risk payments for COVID-19 vaccinations
- **Change:** OHA will use, on a limited basis, non-risk payments and other payments to incorporate services that are not prospectively developed, such as HRSN, into CCO coverage as needed to responsibly use Medicaid and other Federal funds (i.e. DSHP). The bill also clarifies state accounting rules as it relates to withholds.

# Other bills of note

# Building health equity infrastructure and implementing health equity

- **SB 216, Confidentiality in Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Data Collection**
  - Passed Senate floor on Mar. 13
- **HB 2286, 100% FMAP Tribal Savings and Reinvestment Program**
  - Codifies 100% FMAP Tribal Savings and Reinvestment Program that has been operated since August 2018 by OHA in partnership with seven of the nine Federally-recognized Tribes of Oregon
  - Passed House floor on Feb. 14

# Building health equity infrastructure and implementing health equity

- **OHA POP 401**, Eliminating Health Inequities
  - Funds efforts to address health equity in all agency divisions and operations
- **OHA POP 403**, Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Implementation
  - Funds implementation of REALD and SOGI data collection requirements in HB 4212 and HB 3159
- **OHA POP 410**, Regional Health Equity Coalition Program Expansion
  - Funds second phase of expansion of Regional Health Equity Coalitions toward statewide representation

# Other notable health equity bills

- **HB 2002**, Relating to reproductive health rights including reproductive health care and gender-affirming treatment
  - Work session scheduled for Apr. 3
- **HB 3090**, Prohibits the sale of flavored inhalant delivery systems or flavored tobacco products
  - Work session scheduled for Apr. 3
- **SB 564**, Expands Regional Health Equity Coalition model
  - Currently in Ways and Means
- **HB 3320**, Imposes new requirements on hospitals with respect to financial assistance policies and processes
  - Work session scheduled for Apr. 3

# Building a post pandemic public health system – budget

- **SB 5525 (OHA POP 406), Public Health Modernization**
  - Supports continued implementation of key public health priorities
- **SB 5525 (OHA POP 428), Personal Protective Equipment and Medical Supply Management**
  - Funds a robust and operational stockpile and inventory management system for PPE and medical supplies to respond to pandemics, wildfires and other disasters
- **SB 5525 (OHA POP 425), Universal Home Visiting**
  - Full statewide expansion
- **SB 5525 (OHA POP 449), Oregon Psilocybin Services**
  - Program development, regulatory oversight and protection

# Building a post pandemic public health system – bills

- **HB 2278 (OHA LC 434) Pharmacist Flu Vaccination for All**
  - Allow trained pharmacists to give flu vaccines to patients over 6 mo.
  - Passed House floor on Feb. 14
- **HB 2279 (OHA LC 435) Death with Dignity Fix**
  - Remove the residency requirement
  - Passed House floor on Mar. 21

# Protecting health coverage

- **SB 5525/OHA POP 201, 1115 Medicaid Waiver**
  - Funding to support the next five years of Oregon’s Medicaid transformation journey, which focuses OHP on achieving health equity
  - Leverages over \$1 billion in federal funds
- **SB 5525/OHA POP 202, Redeterminations, Basic Health Program**
  - Finishes the work begun in HB 4035, including community outreach and engagement efforts for redeterminations and improved access to health care in Oregon through full implementation of the Basic Health Plan
- **SB 972, State Based Marketplace**
  - Authorizes Oregon to operate its own marketplace for the health insurance exchange
  - Referred to *Ways and Means* on Mar. 15

# Other notable health policy bills

- Hospital Staffing Package
  - **HB 2697**, Sets ratios for healthcare staffing. Requires hospitals to develop staffing plans and OHA to enforce hospital staffing requirements
  - **HB 2742**, Cost Growth Target program adjustment
    - Work session scheduled Apr. 3 on both bills
  - **HB 1079**, Study hospital discharge issues.
- **SB 704/SB 1089**, Establishes Universal Health Plan Governance Board
  - Referred to Rules Mar. 30
- **HB 2445**, Extends CCO contracts to Dec 31, 2026
  - Passed House floor Mar. 21. Current committee Senate HC

# SB 1044, Governor's behavioral health bill

## Appropriates \$74.2 million in behavioral health investments:

- \$10 million for Community Mental Health programs
- \$8.3 million to support the expansion of behavioral rehabilitation
- \$6 million for transition case management for individuals discharged from the Oregon State Hospital who are at risk of homelessness.
- \$4.9 million to Community Mental Health Programs to expand jail diversion services to all Oregon counties.
- \$2.3 million for additional children's psychiatric residential treatment capacity

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# SB 1044, Governor's behavioral health bill (continued)

- \$1.5 million General Fund to OHSU for the Oregon Behavioral Health Coordination Center (OBCC)
- \$4 million to ODHS for long term care facility behavioral health specialty care
- \$20 million for the Health Care Provider Incentive Program, with a priority to increase Oregon's behavioral health workforce
- \$15 million for substance use disorder facilities and recovery centers
- \$7.7 million to expand the child and adult suicide prevention, intervention and postvention program to reduce suicide in Oregon.
  - Referred to Ways and Means on Mar. 29

# Other notable behavioral health bills

- **HB 2544**, Increases statewide capacity of licensed residential facilities serving individuals with substance use disorders or mental health concerns
  - Referred to Ways and Means on Mar. 24
- **SB 624**, Establishes certified community behavioral health clinic program
  - Work Session scheduled for Apr. 3
- **HB 2757**, Expands and provides funding for coordinated crisis services system including 9-8-8 suicide prevention and behavioral health crisis hotline
  - Referred to Revenue on Mar. 17

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# Other notable behavioral health bills

- **HB 3126**, Establishes Emergency BH Services for Children program at OHA
  - Work Session scheduled for Mar. 29
- **HB 2513**, Amends Measure 110 program
  - Work Session scheduled for Apr. 3
- **SB 1043**, Relates to opioid overdose reversal medication
  - Work session scheduled for Apr. 3

# Other items in Governor's request budget

- **SB 5525, OHA Budget**

- \$500 million for Healthier Oregon Program
- \$127.4 million to continue 30% Medicaid rate increases
- \$23.2 million for workforce incentives
- \$10 million for long term care employee support
- \$1.5 million for dental service rate increases

Agency presentations given to Joint Ways and Means Human Services subcommittee throughout March and into April.

# 2023 legislative session – key dates

- January 17: Legislative Session Began
- March 17: 1st Chamber Work Session Posting Deadline
- **April 4: 1st Chamber Deadline**
- May 5: 2nd Chamber Work Session Posting Deadline
- May 19th: 2nd Chamber Deadline
- June 15: Target Sine Die
- June 25: Constitutional Sine Die

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**Thank you!**

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