

2019 Legislative Session PEBB/OEBB Post-Session Report

Bill	Bill Summary	Effective Date(s)	Priority Status(es)	Fiscal Impact(s)	Bill Status
HB 2010	Increases PEBB/OEBB health plan premium assessment from 1.5% to 2%. Includes stop-loss insurance coverage as subject to the 2% assessment. Extends the sunset on these assessments to December 31, 2026. Excludes the 2% PEBB assessment from determining the 3.4% annual increase in per-member expenditures for health services. Extends hospital assessments to September 30, 2025.	PEBB - 1/1/20 OEBB - 100/1/20	2	OEBB/PEBB .5% increase in medical premium rates	Enacted
HB 2037	<ul style="list-style-type: none"> • Makes offering of long-term care insurance plans discretionary for PEBB/OEBB • If PEBB/OEBB offer long-term care they need to: <ul style="list-style-type: none"> ○ Develop effective and cost-effective ways to make the plan available ○ In consultation with the Public Employees Retirement System, develop plan specifications, eligibility rules, underwriting guidelines and consumer educational materials ○ Ensure that eligible employees may continue to participate in the plan after retirement and former eligible employees may enroll in the plan after retirement. ○ The educational materials that the board develops for eligible employees and retired employees under subsection (f) this section shall provide information on the potential need for long term care, methods of financing long term care and the availability 	1/1/20	1	No fiscal impact	Enacted

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	of long-term care insurance plans offered by the board.				
HB 2257	<ul style="list-style-type: none"> • Substance abuse disorders, including opioid and opioid addiction, declared a chronic illness • DOC shall study the diagnosis, treatment and continuity of care for those in custody with substance abuse disorders. • OHA shall convene an advisory group to provide advice on accrediting substance abuse programs, including opioid and opiate addiction. OHA shall implement an accreditation program by January 2, 2021. • OHA shall prohibit CCOs and public payers of health insurance from prior authorizing reimbursement of medication-assisted treatment for treating substance abuse disorders, including opioid and opiate addiction, during the first 30 days of medication-assisted treatment. OHA may adopt rules to carry out the section. • OHA shall establish a pilot project to offer treatment, including medication-assisted treatment, for substance abuse disorders, including opioid and opiate addictions to pregnant persons 	1/1/20	2	No impact	Enacted
HB 2266	<ol style="list-style-type: none"> 1) Maintains double coverage and opt out payments for OEBC and PEBC members 2) Requires that a surcharge be established for double covered spouses/dependents. 3) Maintains PEBC/OEBC dependent eligibility responsibility with frequency based on consultants' recommendations 4) Limits hospital reimbursement cap to Oregon hospitals 	Upon passage with surcharges imposed 10/1/2020 (OEBC) and 1/1/2021 (PEBC)	1	Indeterminate	Enacted

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	5) Requires that PEBB/OEBB report to Legislature by 12/31/2019 on: <ul style="list-style-type: none"> • Actions, strategies and challenges for meeting the 3.4% growth cap • Purchasing power maximization and total cost reduction strategies • Previous and upcoming renewal rates 				
HB 2185-C	<ul style="list-style-type: none"> • Prohibits PBMs from requiring that members fill/refill prescriptions at a mail order pharmacy, except for specialty pharmacies. Specialty drugs may be filled/refilled through a long-term pharmacy. • PBMs shall allow network pharmacies to mail, ship or deliver prescriptions to their patients as an ancillary service. Network pharmacies are responsible for replacement delivery fee cost don't have to maintain patient signature if they maintain they maintain a mailing or shipping log or USPS delivery notification. • PBMs may not penalize network pharmacies for informing an enrollee of the difference between out-of-pocket costs and direct purchase through the pharmacy. • Defines specialty drug as one subject to FDA restricted distribution or requires special handling, provider coordination or patient education that cannot be provided by a network pharmacy. Specialty pharmacies are those that can meet the requirements. • Requires that drugs be available for purchase in the state by national or regional wholesaler for it to be added to a PBM Maximum Allowable Cost list. 	PEBB - 1/1/21 OEBB – 10/1/21	2	Indeterminate	Enacted

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	<ul style="list-style-type: none"> Requires that the MAC list be available electronically and include specific drug information. Prohibits PBMs from reimbursing 340B pharmacies less than other pharmacies. Prohibits PBMs from retroactively denying/reducing already adjudicated claims unless they are submitted fraudulently, reimbursed incorrectly or services were improperly rendered. 				
HB 3076	<ul style="list-style-type: none"> Requires that hospitals have a written financial assistance policy that reduces a patient's cost by specific amounts (see legislations). Hospitals and hospital-related clinics, upon request, shall screen patients to determine if they qualify for financial assistance or OHP. Screening shall also be conducted before sending unpaid charges to a debt collector. Requires a hospital to conduct a community needs assessment and develop a three-year health improvement strategy. Every two years the Oregon Health Authority shall develop a community benefit spending floor for each hospital and affiliated clinics based on objective data and criteria 	1/1/20 (except changes in Section 3 that take effect on 1/1/21	2	No fiscal impact	Enacted
SB 249A	<ul style="list-style-type: none"> A health insurance plan may not make unlawful claim practices when prior authorizing provider claims (see legislation for specific practices). An insurer may not engage in a general business practice of refusing without just cause to approve prior authorization requests as seen through a substantially increase in consumer complaints to DCBS or a substantial number of provider or enrollee lawsuits. 	OEBB: 10/1/20 PEBB: 1/1/20	2	No fiscal impact	Enacted

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	<ul style="list-style-type: none"> Sets specific timeframes for responding to prior authorization requests. 				
SB 421A	Prohibits insurer from receiving reimbursement or subrogation for personal injury protection benefits or health benefits insurer provided to person injured in motor vehicle accident from any recovery injured person obtains in action for damages except to extent that injured person first receives full compensation for injured person's injuries and reimbursement or subrogation is paid only from total amount of recovery in excess of amount that fully compensates for injured person's injuries.	PEBB -1/1/20 OEBC – 10/1/20	2	OEBC: .1% increase in medical spend PEBB: Indeterminate	Enacted
SB 526-1	<ul style="list-style-type: none"> Directs OHA design, implement and maintain voluntary statewide program to provide nurse home visiting services to families with infants up to six months of age Require health benefit plans reimburse universal newborn nurse home visiting services as prescribed under rules for OHA program. Coverage must be provided without cost sharing. A carrier must notify enrollees when adding a newborn and provide OHA with claims data based upon format request. 	9/29/19 DCBS doesn't expect commercial carriers to cover until January 2021, but no specific guidance has been issued.	2	OEBC: .08% increase in medical spend PEBB: Indeterminate	Enacted
SB 740-2	Requires that proton beam therapy be covered at no less favorable terms than other covered benefits, except proton beam therapy is subject to prior authorization requirements if applicable.	OEBC: 10/1/20 PEBB: 1/1/20	2	No fiscal impact	Enacted
SB 770-A8	<ul style="list-style-type: none"> Establishes the Task Force on Universal Health Care to recommend a universal health care program in Oregon to the Legislature during the 2021 Legislative Session. 	Upon passage	2	No fiscal impact	Enacted

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	<ul style="list-style-type: none"> OHA develops a plan for a Medicaid Buy-In/Public Option and recommends to the Legislature by May 1, 2020. 				
SB 889	<ul style="list-style-type: none"> Established the Health Care Cost Benchmark Program to establish a health care cost benchmark for all Oregon payers and providers. The program shall establish a benchmark, review provider/payers' performance and require performance improvement plans if necessary, and provide an annual report including recommendations. An implementation committee including OHA, DCBS, health care financing and administration expert appointed by OHA, insurance broker appointed by DCBS and 13 members appointed by the Governor will develop an implementation plan and report to the Legislature and Oregon Health Policy Board by September 15, 2020 	Effective upon passage	2	No impact. Annual reporting may have impact, but this won't be known until implementation plan is released	Enacted
SB 5525 (budget note)	<ul style="list-style-type: none"> The Public Employees' Benefit Board and Oregon Educators Benefit Board shall pursue additional pharmacy cost savings tools that provide members individualized information on their costs paired with quality and plan cost information to help encourage consumerism and save the boards' employers money on their prescription costs. 	Effective upon passage. Needs to be accomplished by 6/30/21	1	Indeterminate	Enacted