

FISCAL IMPACT OF PROPOSED LEGISLATION**Measure: SB 1503 - A5**78th Oregon Legislative Assembly – 2016 Regular Session
Legislative Fiscal Office***Only Impacts on Original or Engrossed Versions are Considered Official***Prepared by: Kim To
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Date: 2/22/2016**Measure Description:**

Repeals sunset on requirement that insurer reimburse licensed physician assistants and certified nurse practitioners for primary care services that are reimbursed by insurer if provided by licensed physician.

Summary of Expenditure Impact:

	2015-17 Biennium	2017-19 Biennium
Personal Services	87,341	174,683
Services & Supplies	23,343	36,743
Total Other Funds	\$110,684	\$211,426
Positions	1	1
FTE	0.50	1.00

Government Unit(s) Affected:

Department of Consumer and Business Services (DCBS), Oregon Health Authority (OHA), Oregon Board of Psychologist Examiners, Oregon Medical Board, Oregon Board of Nursing

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

Senate Bill 1503-A requires the Oregon Health Policy Board of the Oregon Health Authority (OHA), and the Department of Consumer and Business Services (DCBS) to collect certain data from insurers and report this data to the legislature by January 31, 2017. Both DCBS and OHA report that this requirement will have minimal impact. The data collection and report will be accomplished through reprioritization of work.

The - A5 amendment requires OHA to collect data from January 1, 2014 onward, and to report annually to the legislature beginning no later than January 31, 2017 on the impact of the implementation of the provisions of ORS 743A.036 (relating to reimbursement methodology for physician assistants or nurse practitioners) on:

- the development and retention of the health care workforce in primary care and psychiatry; and
- the number of licensed psychiatrists, licensed physicians, certified nurse practitioners and licensed physician assistants and change in providers in each category, in proportion to the change in population.

These requirements are repealed on February 1, 2022.

Currently, some of the data required by this bill is being collected biennially for some of the professions stipulated by the bill. For example, the Office of Health Analytics currently collects data for license renewals. However, this bill requires data for all providers, which would require collecting data for new licensees. This would be new data collection and would require additional work with licensing boards to obtain this data and likely involve amending the current interagency agreements and data use agreements. In addition, to measure the impact required by the bill, claims data may need to be

included in order to look at the reimbursement rates, where there are changes, and how that relates to changes in provider supply and retention. To carry out this work, OHA anticipates establishing one Research 4 position.

OHA estimates the personal services and related services & supplies cost to be \$110,684 Other Funds and 1 position (0.50 FTE) for the 2015-17 biennium, and \$211,246 Other Funds and 1.00 FTE for the 2017-19 biennium. These costs are anticipated to be allocated among the affected health licensing agencies (Oregon Medical Board, Oregon Board of Nursing, and Oregon Board of Psychologist Examiners) through modifications of the current interagency agreements.