



March 24, 2017

**House Committee on Health Care
Support for HB 3276, including Dash-One Amendments**

Chair Greenlick, Vice-chairs Hayden and Nosse, and members of the committee:

My name is Jenny Haubenreiser and I serve as the Executive Director of Student Health Services at Oregon State University. On behalf of OSU and my colleagues at the 17 Oregon campuses that provide health services across the state, serving 138,500 university and college students, I am here in support of HB 3276, including the proposed dash-one amendments. This action is urgently needed to clear barriers in the provision of essential infectious disease response and prevention services to protect the health of our students. This legislation is timely and important – the eventuality of another campus outbreak in our state is not a matter of “if” but “when.”

I can speak first-hand of the many challenges we navigate in the provision of comprehensive health services, and ultimately the responsibility we bear in protecting students’ health and well-being during a critical time in their development. As you know, OSU is in the midst of a meningococcal B outbreak. This is a rare but very serious disease that can cause significant long-term effects, including death. As was the case during the UO outbreak, preventing the spread of this disease requires extensive efforts to identify at-risk groups and deploy rapid response protocols to provide immediate protection for close contacts, followed by wide-scale vaccination campaigns to ensure longer-term protection for the most at-risk population.

University health centers are uniquely positioned to respond to the public health needs facing college students, including disease outbreaks. We are able to do this in a way that is student-centric and minimizes disruption to students’ academic pursuits. Per CDC recommendations, the meningococcal B vaccine is a covered insurance benefit in the event of a campus outbreak; however, coverage for this benefit may be denied if received by an out-of-network provider. Few campus health centers in Oregon are able to contract with private insurance carriers or CCOs, largely due to the administrative burden and the university’s status as a FERPA, not HIPAA, covered entity. What this means is that students who receive recommended vaccinations from their campus health centers may be responsible for copayments or the whole cost of the vaccination. This results in many frustrated students and parents, and in the end fewer students being vaccinated.

The proposed dash-one amendments to HB 3276 will enable campus health centers to take quick action without having to manage the threat of insurance or Medicaid benefits being denied due to out-of-network restrictions. Students and their families are highly sensitive to unplanned expenses, particularly given the high cost of higher education. Students are also

busier than ever before, balancing classes, jobs and other responsibilities. Imposing financial penalties on students, or forcing them off campus to a home clinician, their home CCO or other in-network provider to receive a recommended vaccine, is an unnecessary burden and will impede students' willingness to seek this care.

During our current outbreak we have been obliged to expend substantial staff time and effort to protect students from disease as well as any financial consequences. Our recent mass vaccination clinics on March 8th and 9th were significantly affected by the need to direct students to either pharmacists, medical providers or off-campus providers, all dependent on the many different individual insurance plans students carry. Students were subjected to long lines – in some cases waiting up to 90 minutes or more only to learn their vaccine would not be covered. This resulted in students leaving without being vaccinated, or simply accepting the risk of an unreimbursed claim.

To this day we are continually assessing which plans or CCOs are paying or not paying so we can direct students accordingly. We are creating 'work-arounds' and revising routing protocols to ensure our target population of 7,000 highest risk students are not charged for their covered vaccine benefit. HB 3276, with the proposed dash-one amendments, would reduce this administrative burden and logistical log-jam and allow us to do what we do best: provide preventive care for our students in a timely, cost-effective and convenient way that will minimize costs – for both students and the university.

OSU has been fortunate in having a very close collaboration with Benton County Health Department and the Oregon Health Authority. These partnerships have allowed us to create effective strategies to protect students and prevent the spread of disease on campus and within communities state-wide. We also have a strong ties with UO and other campus health leaders across the state and are committed to sharing knowledge to ensure future campus outbreak responses are successful.

I would also like to note that drug companies have provided valuable assistance in acquiring vaccines, and several insurance companies and CCOs have stepped up to ensure health benefits are covered for OSU students during this outbreak. So we know removing these barriers is possible. As college health professionals, we deeply appreciate any efforts that will strengthen and enable our primary mission and purpose to protect and promote the health of our students. Thank you so much for your work towards this end.

Sincerely,



Jenny Haubenreiser, MA, FACHA
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