

House Committee on Health Care Support for House Bill 3276 March 24, 2017

Good morning Chair Greenlick, Vice-Chairs Hayden and Nosse, and Members of the Committee:

My name is Charlie Fautin and I am the Deputy Director of Benton County Health Department. Today I am testifying today on behalf of, and as chair of the Coalition of Local Health Officials (CLHO) which represents Oregon's 34 Local Public Health jurisdictions. CLHO board members supervise the local workforce that does the ground-level work of protecting and improving the health of all Oregonians every day. CLHO urges the committee's support of HB 3276 and the amendment to include university student health centers.

Under Oregon Administrative Rule (333-019-000) Oregon's Local Public Health Authorities are responsible for tracking communicable disease data, receiving reports of infectious disease, responding to and controlling outbreaks. In outbreak or epidemic situations it is imperative that local public health and our partners have the resources we need to stop the spread of disease. One of those tools is ensuring that insurance companies will reimburse all of our medical and pharmaceutical partners for vaccines, or other treatments necessary to control disease onset and further transmission.

House bill 3276 will help assure that important preventive treatments will be as widely, promptly, and equitably available as possible to exposed individuals during infectious disease outbreaks. It will do this by ensuring that insurance reimbursement is guaranteed to all providers of necessary preventive treatments whether they are in or out of the patient's insurance network.

This bill will ensure that insurance companies including Coordinated Care Organization's cannot refuse reimbursement claims by any provider organizations including Oregon college and university health clinics which are an under-recognized, under-appreciated part of Oregon's medical delivery system. The 17 college and university health services across Oregon are the health home for over 138,000 students. Because of how they are funded they are more likely than other provider organizations to encounter out-of-network insurance reimbursement barriers.

In the past five years Oregon has experienced three meningococcal disease outbreaks which have killed at least one person and permanently disabled several others. Those outbreaks have occurred in Crook County in 2012, in Lane County at University of Oregon in 2015, and the still ongoing outbreak in Benton County at Oregon State University which started in 2016.







In both the U of O and OSU meningococcal outbreaks, barriers to insurance payments for protective vaccination were encountered and may have contributed to much lower than needed vaccination rates among the students most at risk from this disease. I have heard from colleagues around the state that local public health departments have also had trouble vaccinating OSU students who were home on weekends and holidays. Just like student health services', local health departments are out-of-network and unable to be reimbursed for the meningococcal vaccine even when they are dealing with an OSU undergrad for whom vaccination has been recommended by OSU, Benton County Health Department and the Oregon Health Authority.

So this is not a problem restricted to meningococcal disease or to universities and colleges. Every one of our local health departments investigate and respond to communicable disease outbreaks on a regular basis. In fact, public health investigated 291 disease outbreaks in 2015, up from 256 in 2014 (a 14% increase). Urgent preventive treatment is not needed in every outbreak, but when it is necessary, measures should be in place beforehand to clear as many barriers as possible. This bill would help ensure that everyone in Oregon who is exposed during an outbreak can receive timely preventive treatments no matter whether their medical home is close by or if they are travelling, working, or studying away from home.

Oregonians are great travelers, and even people with the most comprehensive private insurance coverage could receive a public health recommendation for immediate preventive treatment or vaccination while skiing or fishing in the Cascades, attending a music festival, rodeo, or sporting event, or while vacationing on the coast. In those cases it is quite likely that the most accessible – and perhaps the only - provider would be out-of-network and that travel to an in-network provider could delay treatment and result in more and wider spread of the disease.

I would also like to point out that House Bill 3276 aligns with the modernization of Oregon's public health system. Communicable disease investigation & management is one of four foundational programs in Oregon's modernized public health model. We all know that transmission of disease-causing bacteria and viruses is not constrained by county lines, CCO boundaries or insurance coverage areas. This bill will help Oregon's local public health departments to work together providing more coordinated, accessible prevention services even when outbreaks spread across jurisdictional boundaries.

The Coalition of Local Health Officials urges your support of House Bill 3276 which will help assure that necessary preventive services can reach everyone who needs them more rapidly and more easily during declared disease outbreaks.

Respectfully, Charlie Fautin RN, MPH Chair, Oregon Coalition of Local Health Officials (CLHO)



