



COVID-19 Response Public Comments

Oregon Nurses Association

March 20, 2020

Chairs Holvey and Roblan and members of the committee,

Thank you for working on legislative recommendations for Oregon's response to COVID-19. Nurses are working around the clock and putting their health and safety on the line to meet this crisis and to make sure patients are able to access the care they need.

We very much appreciate the supply challenges that exist at-large and Director Allen outlining the plans in place, the number of PPE already available and the rate at which Oregon has used PPE. We also appreciate that the legislature has limited ability to change the supply. However, we recommend that elected officials at every level continue to elevate the need and urgency around additional Personal Protective Equipment. This is top-of-mind for nurses in Oregon as they are facing life-and-death conditions and choices every day – it's critical that they feel like leaders are doing everything possible to protect them.

As of March 18, 11 states and DC have passed emergency funding legislation. California unanimously passed a [\\$1.1 billion emergency package](#) to lease and set up 2 hospitals and provide for essential medical equipment for hospitals, nursing homes and other facilities as well as to support local school districts in buying material and protective cleaning equipment. Legislators in Washington state [unanimously passed HB2965](#), providing for \$175 million for public health needs. We encourage the Oregon legislature to follow suit.

We appreciate your concern and sense of urgency moving appropriate and proactive legislative approaches forward. As front-line providers, we would ask that the following points be clarified and/or added to the Health Care System Needs section, particularly around out-of-state licensing:

- Clarify that out-of-state providers may apply for temporary Oregon licenses, per what the Oregon State Board of Nursing and other licensing agencies are already doing.
- Prioritize existing health care workers (i.e. those who typically work in elective surgery; are licensed in-state) to fill necessary shifts before bringing in out-of-state providers. This likely looks like a robust on-call program and adjusting staffing plans to fill demand.
- Every protection available should be taken to keep Oregon health care workers able to work. This includes adequate personal protective gear, accessible and affordable childcare, and incentivizing nurses who work in other sectors or departments to take on high-risk shifts.
- If out-of-state health care workers are brought in, require that they are tested before providing care and when they plan to leave to ensure the virus is not further spread.
- Guarantee an additional 14 paid admin/sick leave days for health care workers, who are exempted in the new federal provision if they work at a hospital.

As providers, ONA critically understands the shortage of resources Oregon is facing right now and fully support increasing staffing to address shortages. However, it's critical that employers are held to

the highest standard possible to support their existing staff and that those protections not be lost in this rapid conversation.

We thank the committee for working on vital protections for patients, including housing and food supports, unemployment insurance and childcare and small business support. We are working closely with the Oregon AFL-CIO, Fair Shot, and SEIU among others to support protections for workers who are facing economic hardship at this time.

We also appreciate the committee considering health care protections for Oregonians in outlining grace periods for insurance premiums. We also hope that more is done and considered around surprise billing and other issues¹, and ask the following recommendations be considered to maximize health care coverage:

- Increased resources and communications to make sure that recently unemployed workers know that they can enroll in the Oregon Health Plan and/or the Healthcare market place.
- For those who were already uninsured previously, continued advocacy to the Federal Government that the healthcare market place to be opened so those who were uninsured and ineligible for OHP can sign-up to proactively get health insurance during this challenging time.

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- ¹ In New York, Governor Cuomo issued a [directive](#) from the State Department of Financial Services on March 2, 2020 requiring the following of NY health insurers to wWaive cost sharing for tests for the virus; develop/expand telehealth capabilities; expanding access to Rx, coverage for off-formulary drugs; hold consumers harmless for any surprise billing; offer all emergency care at in-network rates and cover cost of immunization if/when available
 - Texas Governor Abbott and the TX Department of Insurance announced on 3/10/20 that insurers and HMOs are to take the following steps related to COVID-19: Waive co-payments, co-insurance, and deductibles for testing; Waive consumer cost-sharing and expand telemedicine; Cover necessary medical equipment, supplies, and services; Waive penalties, restrictions, and denials for necessary out-of-network services; Waive requirements for pre-authorization, referrals, notification of hospital admission, or medical necessity reviews; Allow extra time for health providers to file claims; and authorize pharmacy payment for a 90-day supply of prescription medications