April 24, 2021



To: Joint Committee on Ways and Means From: Health Care for All Oregon RE: Support for Funding SB 5555 and SB 428.

Co-Chair Johnson, Co-Chair Steiner Hayward, Co-Chair Rayfield, and Members of the Joint Committee on Ways and Means

Your work and considerations are about addressing the budget, prioritization, and related challenges. In order to do that now and in the future the Legislative Assembly must address the cost of health care not just in the present but continue to set the stage for the future to do all that is needed to support the funding for the continuation of the Joint Task Force on Universal Health Care under SB 428. Health Care for All Oregon with a supporter base of 37,000 Oregonians calls on the Joint Committee on Ways and Means Committee to recommend the full funding of SB 428.

The distinguished and dedicated members of the Task Force have started and continue to work diligently in spite of the Covid challenges that they have faced. They need to continue that work with proper funding to do the only thing that will really make a difference in both controlling costs and improving health of Oregonians in the future, and establish a truly equitable health care system, i.e. do what they are charged to do by designing a plan for universal care under a single payer system to bring before the legislature for consideration in 2022.

We know that community engagement is essential for success but Covid and Covid related budget cuts prevented that. The Task Force is primed to move forward but must have the needed funding.

There are a number of health care bills that have been brought before either the House or Senate Committee on Health Care and now have been referred to this Committee. Health Care for All has endorsed a number of them which should be funded now because they will make a difference in the near future. However, it is only the work of the Task Force that completely embodies the values and principles of a health care system long established by the Oregon Legislature which will address the disparities in the current system. The studies have been done and the Legislature did right in 2019 to create the Task Force on Universal Health Care so as to establish a path to true systemic health care transformation.

As a point of reference, in early March, Health Care for All Oregon analyzed the bills that had been referred to either the House or Senate Committee on Health Care. Our findings show that at least 20 of the House bills and 22 of the Senate bills would have been addressed had we already had a universal health care system under the purposes, values, and principles previously put forward for the work of the Task Force. This analyses does not include other bills which may be related to social determinants of health or the public health which could potentially be addressed when the savings are realized.

HCAO respectfully requests the Joint Committee on Ways and Means support the full funding necessary for full implementation of SB 428 to do the essential work of the Joint Task Force on Universal Health Care.

Thanks for your time and consideration in this important matter.

Tom Sincic, MSN, Family Nurse Practitioner-Retired President, Health Care for All Oregon

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20 YEARS Health Care for ALL Oregon

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	SB 355	Delays sunset of requirement that health insurance reimburse cost of applied behavior analysis for autism spectrum disorder.			x	x		
101 10 10 7 22 17		Changes authorization to practice for behavior analysis interventionists from registration to licensure.	42					
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3ill No.	Description	Expanding Coverage	Equity	Financing	Choice of Provider	Applicable to UHC	Not Applicable to UHC
		Coverage	Equity	Tinancing	Flovider	one	one
HB 2010	Creates public option to allow consumers to enroll in state-designed health plans through health insurance exchange. Allows Department of Consumer and Business Services to access data in All Payer All Claims database by certifying data will only be used to	x	-		-	x	
HB 2044	carry out department's duties.						x
HB 2072	Increases fees for licenses for home health agencies.						x
HB 2074	Increases prescription monitoring program fees from \$25 to \$35.						x
HB 2075	Establishes vendor license and annual fee for persons engaging in certain conduct regarding radiation devices and equipment, including X-ray machines and tanning devices.						×
HB 2077	Requires person to identify to Oregon Health Authority third party that performs lead-based paint activities or renovation.						x
HB 2078	Repeals electronic credentialing information program.						x
HB 2080	Establishes Office of Pharmaceutical Purchasing in Oregon Health Authority and specifies duties.			×		×	
HB 2081	Modifies Health Care Cost Growth Target Program and Health Care Cost Growth Target Implementation Committee.			v		×	
IB 2088	Requires Oregon Health Authority to adopt by rule qualification criteria for tribal traditional health workers as additional category of traditional health workers.			^			x
IB 2113	Expands specific geographic diversity requirement to include all medical professional members of Oregon Medical Board.						x
HB 2114	Authorizes Oregon Board of Psychology to assess costs associated with disciplinary action to person against whom disciplinary action is taken.						×
IB 2115	Authorizes Oregon Board of Licensed Professional Counselors and Therapists to sanction applicants for licensure and licensees for unprofessional conduct.						×
B 2116	Authorizes Oregon Board of Licensed Professional Counselors and Therapists to order mental health, medical condition or chemical dependency evaluations of applicants, licensees and registered interns.				x	x	
	Repeals Oregon Board of Psychology authority to issue initial psychologist associate licenses. Directs office of the Governor to study laws related to health and provide results to interim committees of Legislative Assembly no later than	1		1	1		×
<u>B 2164</u>	September 15, 2022. six hours of continuing education related to suicide risk assessment, treatment and management every six years and to report completion of		x			×	<u> </u>
<u>B 2315</u>	continuing education to authority or board.						x
<u>B 2328</u>	Adds further specification to prohibition on discrimination against health care providers by insurers in participation in or coverage under health benefit plan.				x		
<u>B 2337</u>	Requires state agencies and third party contractors that collect demographic data on behalf of state agencies to comply with rules adopted by Oregon Health Authority for collection of data on race, ethnicity, preferred spoken and written languages and disability status.						x
<u>B 2348</u>	Requires hospitals and long term care facilities to make available to patients, residents, staff and visitors plant-based meals and beverages.						x
IB 2359	Requires health care providers to work with health care interpreters from health care interpreter registry operated by Oregon Health Authority to provide interpretation services.		x			x	
	Prohibits nonprofit hospital from requiring patient to apply for medical assistance before screening for or providing financial assistance.						
<u>B 2360</u>	entities that had \$25 million or more in net patient revenue in preceding three fiscal years or before mergers, acquisitions or affiliations that will			x		x	
	result in one entity having increase in net patient revenue of \$1 million or more.						x
<u>B 2381</u>	Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age.						x
<u>B 2388</u>	Expands health benefit plan coverage of childbirth and pregnancy-related health care expenses. Requires health benefit plan and health care service contract coverage of pediatric autoimmune neuropsychiatric disorders associated with	x				x	
IB 2390	streptococcal infections and pediatric acute-onset neuropsychiatric syndrome.	x				x	
<u>B 2417</u>	Requires Department of Human Services to administer program to provide matching grants to cities or counties to operate mobile crisis intervention teams.	x				x	
B 2421	Establishes Oregon Kidney Disease Prevention and Education Task Force.						×
	Allows person employed by health care facility to practice surgical technology if person is enrolled in or has completed specified apprenticeship program.						
<u>B 2464</u>							×
B 2469	Requires state medical assistance program to provide for up to six behavioral health checkups every year. Directs Health Licensing Office to establish and maintain voluntary alternative practitioner registry of individuals who provide alternative well- being care.	x				x	
B 2506	Establishes Organ Donor Registry and Public Awareness Fund.						x
1B 2508	Requires Oregon Health Authority to ensure reimbursement of health services delivered using telemedicine.						
	Requires oregon real realized and the reinbursement or realized events of an event of any teeneducine. Requires owner or possessor of firearm to secure firearm with trigger or cable lock, in locked container or in gun room except in specified circumstances.			Â			×
	Requires coordinated care organizations to report specified information to Oregon Health Authority regarding requests for prior authorization.			x		x	
	Directs Oregon Board of Dentistry to issue dental therapist license to qualified applicant.						×
IB 2541	Provides that licensed optometrist may perform specified optitularitic surgery procedures. Imposes requirements upon mental health treatment professionals and programs to ensure culturally and linguistically affirmative mental health services for individuals who are dead, deat-bill or hard of hearing.						×
B 2585	Allows mobile school-based health centers to qualify for safety net grants from Oregon Health Authority.	x				x	
IB 2619	Authorizes Health Licensing Office to issue license to practice genetic counseling to qualified applicant.						v
B 2622	Paulinitizes relatin Exercising Onice to issue incerise to practice genetic counseling to qualitied applicant. Requires hospitals and ambulatory surgical centers to use smoke evacuation system during surgical procedures likely to generate surgical smoke.						Î,
B 2622	Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes.			x		x	Ê
I <u>B 2627</u>	Allows expanded practice dental hygienist to perform interim therapeutic restoration. Allows pharmacist or pharmacy technician to transfer drug containing pseudoephedrine without prescription to person who is at least 18 years	×			1	×	<u> </u>
B 2648	of age and presents person's valid government-issued photo identification. Requires individual and group health insurance policies to reimburse services provided by naturopathic physicians within scope of their practice	<u> </u>	<u> </u>		<u> </u>		x
<u>B 2673</u>	If services are reimbursed when provided by licensed physicians.	-	-	x	x	x	
<u>B 2970</u>	(3:35 pm) Defines "device" for purposes of practice of advanced nonablative esthetics.						x
<u>B 2977</u>	(3:50 pm) Makes appropriation to Oregon Health Authority for dental director position. (4:00 pm) Requires Oregon Health Authority to establish and administer program to provide palliative care services and support provision of						x
<u>B 2981</u>	home- and community-based end of life care.	x				x	
<u>B 3011</u>	Appropriates moneys from General Fund to Oregon Health Authority for expenses related to hospital nurse staffing program.						x
IB 3016	Adds requirements for suspension of hospital nurse staffing plan during national or state emergency declaration.	-	-		-	-	x
<u>B 3036</u>	Removes requirement that physician assistant practice under supervising physician. Authorizes Oregon Health Authority to disclose individually identifiable information related to COVID-19 to certain persons and under certain				×		
IB 3057	circumstances.						×
	Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state						

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