

SB 1529 B STAFF MEASURE SUMMARY**Carrier:** Rep. Prusak**House Committee On Health Care****Action Date:** 02/23/22**Action:** Do pass with amendments to the A-Eng bill. (Printed B-Eng.)**Vote:** 10-0-0-0**Yeas:** 10 - Alonso Leon, Campos, Dexter, Hayden, Moore-Green, Noble, Prusak, Salinas, Schouten, Weber**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Brian Nieubuurt, LPRO Analyst**Meeting Dates:** 2/21, 2/23**WHAT THE MEASURE DOES:**

Allows Public Health Director to direct and deploy State Emergency Registry of Volunteers in Oregon (SERV-OR) providers upon approval of Governor. Directs Oregon Health Authority (OHA) to provide workers' compensation coverage for SERV-OR providers. Applies existing requirements for contracts between pharmacies and pharmacy benefit managers (PBMs) to all contracts entered into, renewed, or extended on or after January 1, 2021, and contracts automatically renewed on or after January 1, 2023. Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program to reimburse cost of at least three mental or physical health primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing. Requires insurer offering qualified health plan on health insurance exchange to offer at least one plan in each metal tier satisfying primary care visit coverage requirements. Exempts plans offered by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB). Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program from: (1) excluding coverage for behavioral or physical health services on basis that services were provided on same day or in same facility, and (2) requiring prior authorization for specialty behavioral health services provided at behavioral health home or patient centered primary care home. Limits insurer imposition of copayments for services provided by behavioral health home and patient centered primary care home on same day or in same facility. Requires health insurer and coordinated care organization to assign beneficiary a primary care provider if not selected by 90th day of plan year. Requires Department of Consumer and Business Services to adopt rules prescribing methodology for assignment and attribution of beneficiaries. Applies to state medical assistance program beginning January 1, 2024 and insurance coverage offered for the 2024 plan year. Declares emergency, effective upon passage.

ISSUES DISCUSSED:

- Use of SERV-OR volunteers and cost savings to state
- Scope of Governor and Public Health Director authorities during health care emergencies
- Applicability of House Bill 2185 (2019) provisions to evergreen contracts
- Fiscal impacts of primary care provider assignment of Medicaid recipients not enrolled in a coordinated care organization

EFFECT OF AMENDMENT:

Allows Public Health Director to direct and deploy SERV-OR providers upon approval of Governor. Requires individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program to reimburse cost of at least three mental or physical health primary care visits annually in addition to one annual preventive primary care visit covered without cost-sharing. Requires insurer offering qualified health plan on health insurance exchange to offer at least one plan in each

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metal tier satisfying primary care visit coverage requirements. Exempts plans offered to public employees by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB). Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements, and state medical assistance program from excluding coverage for behavioral or physical health services on basis that services were provided on same day or in same facility. Limits insurer imposition of copayments for services provided by behavioral health home and patient centered primary care home on same day or in same facility. Prohibits individual and group health insurance policies, health care service contractors, multiple employer welfare arrangements and state medical assistance program from requiring prior authorization for specialty behavioral health services provided at behavioral health home or patient centered primary care home. Requires health insurer and coordinated care organization to assign beneficiary a primary care provider if not selected by 90th day of plan year. Requires Department of Consumer and Business Services to adopt rules prescribing methodology for assignment and attribution of beneficiaries. Applies to state medical assistance program beginning January 1, 2024 and insurance coverage offered for the 2024 plan year.

BACKGROUND:

The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a database of health care professionals, including physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and others who serve in response to emergencies. Providers who are licensed in another state may practice in Oregon upon declaration of an emergency.

Pharmacy benefit managers (PBMs) are intermediaries between health insurers, pharmacies, wholesalers, and manufacturers. Most health insurers contract with PBMs to provide third-party administrative services for the insurer's pharmacy benefit. House Bill 2185 (2019) imposed a number of requirements on PBMs operating in the state, including prohibiting the requirement that prescriptions be filled via mail order pharmacy and limiting the retroactive denial or reduction of claims.

In January 2020, the chair of the House Committee on Health Care created the Universal Access to Primary Care Work Group (UAPC Work Group) and tasked it with developing proposals to move Oregon towards universal access to comprehensive primary care, including identifying policy options to ensure affordable primary care services are accessible to all residents; identifying primary care models that provide access to comprehensive primary care for the communities they serve (e.g., behavioral and oral health); and determining factors that influence the potential implementation of a system of universal primary care. The UAPC Work Group consisted of twenty members representing a wide-ranging set of primary care stakeholders, including primary care practitioners, behavioral health specialists, specialty providers, health system representatives, coordinated care organizations (CCOs), payers, and a patient advocate. In November 2020, the UAPC Work Group issued a report outlining ten policy proposals in four key areas: increasing access to, and affordability of, comprehensive primary care; increasing support for, and participation in, Oregon's patient centered primary care home model; identifying and removing barriers to use of telehealth; and advancing alternative payment models across payers.

Senate Bill 1529 B allows the Public Health Director to direct and deploy SERV-OR providers upon approval of the Governor; clarifies the applicability of requirements in contracts between pharmacies and pharmacy benefit managers; and implements recommendations for increasing access to primary care.