



OPA 2011 Legislative Session Final Report

It was an extraordinarily busy Legislative Session for the OPA legislative committee. The committee monitored over 60 bills and testified to and amended others. Below is a brief summary of several of the priority bills.

PASSED

HB 2068

WHAT THE MEASURE DOES:

Clarifies authority of State Board of Psychologist Examiners (Board) to impose civil penalties.

Effective Date: May 19, 2011

HB 2107

WHAT THE MEASURE DOES:

Modifies statutory language to clarify that a physician or provider can disregard declaration for mental health treatment in the state hospital or secure intensive community inpatient facility for those patients committed under forensic statutes.

Effective Date: January 1, 2011

HB 2395

WHAT THE MEASURE DOES:

Specifies use of title “doctor” in connection with health care profession. Requires, at all times, that individual designate health care profession in which individual’s doctoral degree was earned, including all written or printed matter, advertising, billboards, signs or professional notices used in connection with health care profession, regardless of whether the individual’s name or the term “doctor” appears on the material.

Effective Date: May 19, 2011

HB 2650

WHAT THE MEASURE DOES:

Requires home health agency or in-home care agency to complete criminal background check on an individual the agency hires, contracts with or allows to volunteer to provide home health or in-home care services. Home health agency or in-home care agency shall not employ individual if background check conducted by a home health agency or in-

home care agency discovers individual has been convicted of listed crimes. Prohibits using public funds to support employment of mental health or substance abuse treatment provider who has been convicted of committing, attempting to commit or forming a conspiracy to commit certain crimes.

Effective Date: July 6, 2011

HB 3100

WHAT THE MEASURE DOES:

Requires a person pleading not guilty except for insanity file with the court a report from a psychiatrist or psychologist who has been certified by the Oregon Health Authority (OHA). Requires the Authority to adopt rules to certify psychiatrists and psychologists. Requires the defendant to file the report with the court prior to trial. Allows the court to accept a report after commencement of trial only if there is just cause for not filing the report in time. Allows a court to only accept a plea agreement of not guilty except for insanity if the court has before it a psychiatric or psychological evaluation. Requires a court to commit to the State Hospital a person convicted of a misdemeanor if the court finds that the person not only is affected by mental disease or defect, but also presents a substantial danger to others. Requires a person convicted of a Class C felony be evaluated by a local mental health program designated by the Psychiatric Security Review Board (PSRB). Allows the OHA and PSRB to adopt rules upon passage of the bill. Makes all other provisions applicable January 1, 2012.

Effective Date: August 5, 2011

HB 3650

WHAT THE MEASURE DOES:

Establishes Oregon Integrated and Coordinated Health Care Delivery System (System) administered by the Oregon Health Authority (OHA); requiring Coordinated Care Organizations (CCOs) be accountable for care management and provision of integrated and coordinated health care, managed within global budgets. Requires OHA to regularly report to the Oregon Health Policy Board, Governor and Legislative Assembly on progress of payment reform and delivery system change. Describes qualification criteria for CCOs to be adopted by rule by OHA, including governance structure. Requires OHA to establish alternative payment methodologies. Requires OHA to develop standards for the utilization of patient centered primary care homes. Stipulates the inclusion of individuals who are dually eligible for Medicaid and Medicare. Requires OHA to adopt by rule consumer and provider protections, and monitor and enforce protections. Requires OHA to identify outcome and quality measures, and benchmarks to be evaluated and reported. Requires OHA to develop CCO qualification criteria, global budgeting process and contract dispute process to be presented to the Legislative Assembly no later than February 1, 2012. Describes provisions for transition to System. Requires OHA, in consultation with the Department of Consumer and Business Services (DCBS), to propose recommendations regarding financial reporting requirements to the Legislative Assembly. Requires OHA to develop recommendations for remedies to contain health care costs that address defensive medicine, overutilization and medical

malpractice. Requires OHA to apply for waivers necessary to obtain federal participation in System. Requires the Home Care Commission to recruit, train, certify and refer community health workers and personal health navigators to be used by CCOs. Describes relationship between OHA, CCOs and county governments. Describes contract requirements between OHA and CCOs. Specifies individuals required to enroll in CCOs.
Effective Date: July 1, 2011

SB 89

WHAT THE MEASURE DOES:

Requires certain health benefit plans to provide coverage of preventive health services as prescribed by United States Department of Health and Human Services and prohibits those plans from imposing cost-sharing requirements on enrollees for preventive health services. Prohibits health insurer from canceling, rescinding or refusing to renew policy on or after September 23, 2010, except for specified reasons. Requires health insurers to notify covered persons and Department of Consumer and Business Services (DCBS) regarding rescinded policies on or after September 23, 2010. Prohibits preexisting condition exclusion for insured under 19 years of age who are enrolled in certain types of health insurance. Exempts health benefit plan issued to small employer group through association health plan from application of certain provisions. Prohibits annual or lifetime dollar limitations on essential health benefits covered by health insurance. Imposes new requirements for internal review and external appeal of adverse benefit determinations in health benefit plans offered or renewed on or after September 23, 2010. Requires insurers to allow female enrollee access to obstetrical or gynecological care without referral or prior authorization. Modifies requirements relating to coverage of emergency services and pregnancy care. Abolishes Health Insurance Reform Advisory Committee. Requires insurers to provide notice by mail prior to cancellation or nonrenewal of individual health insurance policy. Specifies that cancellation or nonrenewal results in refund to policyholder and insurer must mail refund with explanation to policyholder. Specifies criteria for the insurer to notify policy if cancellation or nonrenewal is due to reported death. Replaces term "certificate holder" with "covered person." Defines "covered person." Amends information to be provided by insurers to covered persons in event group health insurance coverage is terminated. Restores reference to ORS 743.602 in Section 3(7). Conforms current requirement that health benefit plans cover hearing aids for persons under 18 years of age or 18 years of age or older that is enrolled as dependent and enrolled in accredited education institution to federal requirement that health benefit plan dependent coverage cover all dependents up to age 26. Clarifies rescinding criteria by an insurer.

Effective Date: June 23, 2011

SB 91

WHAT THE MEASURE DOES:

Requires health insurance carrier to offer, in each individual and small group market in which carrier offers health benefit plan to provide bronze and silver plan coverage. Specifies requirements for catastrophic plan.

Specifies operative date of January 2, 2014.

Effective Date: January 1, 2012

SB 99

WHAT THE MEASURE DOES:

Establishes Oregon Health Insurance Exchange Corporation as public corporation to be governed by nine member board of directors, and supervised by executive director. Specifies duties, functions and powers of corporation. Requires corporation to deliver to appropriate interim committees and Joint Committee on Ways and Means formal business plan or draft business plan before convening of 2012 Legislative Assembly regular session. Specifies operations of health insurance exchange administered by corporation. Makes operations operative on date that Legislative Assembly approves formal business plan. Establishes Oregon Health Insurance Exchange Fund and continuously appropriates moneys in fund for purpose of carrying out duties, functions and powers of corporation. Exempts corporation from certain laws regulating government entities. Prohibits person from filing or causing to be filed with executive director false or misleading information. Authorizes imposition of civil penalty of no more than \$10,000 for committing violation.

Effective Date: June 17, 2011

SB 238

WHAT THE MEASURE DOES:

Requires the Oregon Health Authority (OHA) to review rules relating to patient data and information provided to OHA by mental health and addiction treatment providers. Requires OHA to determine if excessive requirements and redundancies can be eliminated and the process streamlined. Requires OHA to adopt standardized forms. Requires OHA to appoint a work group to advise OHA in review and development of rules and forms. Defines membership of work groups. Requires department to adopt or amend rules or forms no later than January 1, 2012. Requires OHA to report to the Legislative Assembly.

Effective Date: June 14, 2011

SB 276

WHAT THE MEASURE DOES:

States Legislative Assembly findings that United States Department of Veterans Affairs Veterans Health Administration be encouraged to export its expertise in military sexual trauma, post traumatic stress disorder and other conditions associated with military service to outside health care providers. Encourages outside health care providers to seek continuing education related to military sexual trauma, post traumatic stress disorder and other conditions associated with military service.

Effective Date: May 19, 2011

SB 390

WHAT THE MEASURE DOES:

Limits disclosure of record of civil commitment proceeding to parties while pending and on appeal. Requires appellate court to protect identity of subject of proceedings in its opinions. Conforms disclosures to comply with federal law. Authorizes Chief Justice of Oregon Supreme Court to determine effective date of sections 2 and 4.

Effective Date: June 14, 2011

SB 432

WHAT THE MEASURE DOES:

Clarifies that the maximum time, three years, a person may be committed to the Oregon State Hospital (OSH) in an aid and assist proceeding starts from the date the defendant is first committed to OSH.

Effective Date: June 23, 2011

HB 5038

What the measure does:

Limits biennial expenditures from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by State Board of Psychologist Examiners.

Effective Date: July 1, 2011

HJM4-Filed with Sec. of State

WHAT THE MEASURE DOES:

Urges Congress to mandate a limit on mental health care caseloads.

FAILED

HB 2101

What the measure does:

Requires Oregon Health Authority to designate nonprofit entity to administer state policies and programs for electronic exchange of health information.

HB 2106

What the measure does:

Modifies jurisdiction of Psychiatric Security Review Board.

HB 2214

What the measure does:

Adds new definitions and requirements for health insurance coverage of autism spectrum disorders.

HB 2311

What the measure does:

Specifies health care professionals and providers included in healthcare workforce database and expands list beginning January 2, 2013.

HB 2365

What the measure does:

Provides civil immunity to education providers, and officers, employees and agents of education providers, for acts or omissions of education provider in attempting to prevent suicide by students.

HB 2376

What the measure does:

Authorizes Department of Consumer and Business Services to enforce health insurance requirements of federal law.

HB 2390

WHAT THE MEASURE DOES:

Establishes task force on health care reform.

HB 2394

WHAT THE MEASURE DOES:

Allows health professional regulatory boards to which moneys in fund or account are continuously appropriated to spend, without limitation, specified percentage of moneys in fund or account for expenses related to conducting contested case proceedings.

HB 2389

What the measure does:

Establishes Task Force on Health Professional Regulatory Boards to review role of health professional regulatory boards.

HB 2396

What the measure does:

Directs Oregon Department of Administrative Services and Legislative Fiscal Officer to establish pilot program to streamline budgeting process for at least two health

professional licensing boards in preparing budget proposals for the biennium beginning July 1, 2013.

HB 2404-A

WHAT THE MEASURE DOES:

Creates tax credit for mental health professionals who provide services to veterans.
Applies to tax years beginning on or after January 1, 2011.

HB 2496

What the measure does:

Establishes Task Force on the Consolidation of State Government Boards and Commissions.

HB 2697

What the measure does:

Requires defendant or youth to file report of psychiatric or psychological evaluation, conducted by certified evaluator, with court before defendant or youth may introduce evidence related to insanity defense.

HB 2701-A

WHAT THE MEASURE DOES:

Requires the Oregon State Hospital (OSH) to conduct an initial assessment of and develop a treatment plan for a person sent to OSH after a court found the person guilty except for insanity. Requires OSH to notify the Psychiatric Security Review Board (PSRB) and the Oregon Health Authority (OHA) that a person committed to OSH and under the jurisdiction of the PSRB no longer needs hospital care. Requires the PSRB to conditionally release a person no later than 60 days after receiving this notice. Allows a person on conditional release to be taken into custody if the person presents a danger to self or others. Allows the PSRB to require the released person to live in a restrictive living environment. Requires OHA to adopt rules to ensure treatment practitioners follow evidence based practices. Clarifies that the maximum time, three years, a person may be committed to OSH in an aid and assist proceeding starts from when the defendant is first committed to OSH. Applies to persons found guilty except for insanity before or after the effective date of this measure and to persons found unable to aid and assist.

HB 3023

What the measure does:

Requires Director of Department of Consumer and Business Services to adopt rules allowing insurers to offer health insurance policies or certificates that limit benefits otherwise required by Insurance Code to be covered.

HB 3164

What the measure does:

Expands required health insurance coverage of professional counselor or marriage and family therapist services to include services provided by counselor or therapist authorized to practice without license.

HB 3523

WHAT THE MEASURE DOES:

Establishes Committee on Prescribing Psychologists (CPP) within Oregon Medical Board (OMB). Identifies composition and duties of CPP. Stipulates that OMB may issue certificate of prescriptive authority to qualified psychologists as well as rules and procedures. Lists certificate requirements for applicable psychologists. Requires OMB, with concurrence by State Board of Psychological Examiners, to adopt rules requiring psychologist maintain ongoing collaboration with health care professional who oversees patient's medical care; that collaboration be recorded; and, that health care professional not be liable for injuries to patient from psychologist's care. Allows OMB to deny, suspend, limit or revoke certificate if inappropriate use of authority is established.

SB 50

What the measure does:

Consolidates reporting procedures for abuse of elderly persons and individuals with disabilities.

SB 96

WHAT THE MEASURE DOES:

Expands the list of health professional regulatory boards that are subject to health care workforce data reporting to the Office for Oregon Health Policy and Research (OHPR). Adds the Director of the Oregon Health Authority (OHA) to the Administrator of OHPR as persons responsible for collaborating on rules for health care workforce data reporting. Adds timing to the list of rules that the Administrator of OHPR and the Director of OHA shall collaborate on.

SB 97

WHAT THE MEASURE DOES:

Requires Oregon Health Authority (OHA) and specified regulatory boards to develop standards and list of opportunities for continuing education in cultural competence and to develop and implement education for licensed health care providers. Requires OHA and boards to study cost and operation of and opportunities in such education. Requires OHA to report to legislative committee on or before December 31, 2012. Sunsets on January 2, 2014.

SB 100

What the measure does:

Requires health insurance carriers to offer health benefit plan that provides bronze plan coverage. Specifies requirements for catastrophic plan. Transfers responsibility for prescribing basic health plan coverage and terms from Health Insurance Reform Advisory Committee to Department of Consumer and Business Services and eliminates committee. Specifies operative date of January 2, 2014.

SB 225

WHAT THE MEASURE DOES:

Requires the Oregon Health Authority (OHA) to study methods used in other states to address issues relating to the scope of practice of health care professionals. Requires OHA to submit a report to the Legislative Assembly on or before October 1, 2012. Sunsets study on January 2, 2014.

SB 231

What the measure does:

Prohibits insurer from seeking refund of payment on claim submitted by health care provider after date specified by agreement but no more than 24 months after claim was paid.

SB 256

What the measure does:

Creates Task Force on Technology and Security of Personal Health Care Information.

SB 281

What the measure does:

Provides credit against income taxes for providing mental health services to veterans.

SB 555-A

WHAT THE MEASURE DOES: Requires health benefit plans to cover the screening for, diagnosis of and treatment for autism spectrum disorders (ASDs). Prohibits insurers from terminating coverage or refusing to issue or renew coverage for an individual solely because the individual is diagnosed with or has been treated for ASD. Allows coverage for applied behavioral analysis (ABA) to be limited to 87 hours per month. Prohibits insurers from applying cost-sharing provisions to ASD coverage that are less favorable than the cost-sharing that applies to physical illness generally. Limits insurer review of ASD treatment to not more than once every six months. Allows Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) coverage of ASD services to be subject to: (a) a separate annual deductible of \$500; (b) coinsurance of up to 20 percent; and (c) no annual limits on an individual's out-of-pocket expenses.

SB 565

What the measure does:

Creates Oregon Commission on Autism Spectrum Disorder and requires commission to report to Legislative Assembly.

SB 573-A

What the measure does:

Prohibits health insurer from demanding refund of payment made to satisfy claim of health care provider on or before earlier of date specified in contract with provider or nine months after date of payment.

SB 594

What the measure does:

Authorizes county sheriff or municipal police chief to make community notification when person found guilty except for insanity of homicide or felony sex offense is conditionally released from state hospital.

SB 631-A

WHAT THE MEASURE DOES:

Authorizes the Oregon Health Authority (OHA) to establish and maintain a children's psychiatric access telephone hotline. Requires that the hotline: (a) provide assistance to primary care practitioners treating children from birth to 18 years of age; (b) be accessible Monday through Friday, between 9 a.m. and 5 p.m.; (c) be accessible throughout the state; (d) provide face-to-face consultation for patients who have a high level of need; and (e) provide face-to-face consultation by electronic means for patients in rural settings. Allows OHA to accept gifts, grants or contributions from public and private sources.

SB 631-A

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Authorizes the Oregon Health Authority (OHA) to establish and maintain a children's psychiatric access telephone hotline. Requires that the hotline: (a) provide assistance to primary care practitioners treating children from birth to 18 years of age; (b) be accessible Monday through Friday, between 9 a.m. and 5 p.m.; (c) be accessible throughout the state; (d) provide face-to-face consultation for patients who have a high level of need; and (e) provide face-to-face consultation by electronic means for patients in rural settings. Allows OHA to accept gifts, grants or contributions from public and private sources.

SB 653

What the measure does:

Requires Director of Department of Consumer and Business Services to determine if premium rates proposed by insurer for health benefit plans for small employers and individual health benefit plans satisfy specified criteria.