WHAT IS IT WE WANT TO COVER TODAY…

➢ Context For the 79th Legislative Assembly
  • New Legislators, Shifting of Roles
  • Overarching themes
➢ Bills You Maybe Interested In
  • Compliance Aspect
➢ How you can influence the conversation
➢ Q&A – What’s On Your Mind
LEADERSHIP
- Governor Kate Brown (D)
- Senate President Peter Courtney (D-Salem) • Maintains majority (17Ds:13Rs)
- Speaker of the House Tina Kotek (D-Portland) • Maintains majority (35Ds:25Rs)
- No Supermajorities

WAYS AND MEANS
- Co-Chairs
  - Senator Devlin (D-Tualitin)
  - NEW Representative Nancy Nathanson (D-Eugene)
- NEW W&Ms Sub. Human Services Co-Chairs
  - Senator Elizabeth Steiner Hayward (D-Portland)
  - Representative Dan Rayfield (D-Corvallis)
  - NEW Members:
    Sen Gelser (D-Corvallis)
    Rep Alonso Leon (D-Happy Valley)
    Rep Malstrom (D-Beaverton)
    Rep Buehler (R-Bend)
    Rep Hayden (R-Roseburg)

HEALTH CARE COMMITTEES
- Senate Health Care
  - Chair, Senator Laurie Monnes Anderson (D-Gresham)
  - NEW Senator to the Committee
    - Lee Beyer (D-Eugene)
- House Health Care
  - Chair, Representative Mitch Greenlick (D-Portland)
  - NEW Representatives
    - Teresa Alonso Leon (D-Happy Valley)
    - Jodi Hack (R-Salem)
    - Sheri Malstrom (D-Beaverton)
OVERARCHING THEMES

- Budget, Budget, Budget
- Revenue/Tax Policy: Budget pressures will make revenue policy a key topic
- Education (k-12 and Higher Ed)
- Transportation Investment Package
- Affordable Housing
- Medicaid Budget

SURPRISE BILLING

- **HB 2339**
  - Prohibits health care providers or participating health care facilities from surprise or balance billing patients for services provided at participating health care facility. Requires an insurer or health care service contractor, as of January 1, 2019, to reimburse nonparticipating provider at a rate that is reasonable and customary. Based on the patient's insurance, coinsurance, copayments and/or deductible amounts still apply.
  - **Compliance Considerations**
    - Provider and insurer responsibility
    - Patient to be held harmless
    - Billing rules protect contracting process
    - Dispute resolution process

DRUG TAKE-BACK PROGRAMS

- **HB 2386**
  - Require pharmaceutical manufacturers to develop and implement a Drug Take-Back program in order to continue selling prescription drugs in Oregon. State Pharmacy Board has oversight. Hospitals, pharmacies, and law enforcement are authorizing collectors.
  - **Compliance Considerations**
    - Legal considerations for being a drop-off site
    - Compliance and safety concerns
      - HIPAA
      - Drug Storage
      - Theft
      - Administrative
ASSAULTS ON HOSPITAL EMPLOYEES

**HB 2620**
- Expands crime of assault in the third degree to include injuries to hospital workers. Makes assaults on health care workers a Class C felony, with a maximum of up to five years in prison, $125,000 fine or both.
- Applies to a person that “intentionally, knowingly or recklessly causes physical injury to a person working in a hospital while the worker is performing official duties.”

**Compliance Considerations**
- Invest in workplace violence prevention
- Educate employees
  - Safe patient handling
  - Workplace violence
- Train staff in de-escalation protocols
- Administrative oversight

ADVANCE DIRECTIVES

**SB 494**
- Modifies:
  - Means by which advanced directive is executed
  - Law by which individual is selected to make health care decisions for another individual
  - Provisions governing individuals who become incapable of making health care decisions

**Compliance Considerations**
- Form will be reviewed every 4 years with possible changes
- New form replaces old form
- Patient care standards and regulations

COMMUNITY BENEFIT REPORTING

**HB 2115**
- Establishes an annual community benefit spending requirements of 5% of “gross receipts” with the penalty being the loss of property tax exemption. Modifies state definition of community benefit to exclude underpayments from Medicare and Medicaid.

**Compliance Considerations**
- Two part test for hospital/health system tax exemption
  1. Property is used to provide health services or administrative services necessary for health services, AND
  2. Hospital/Health System spends at least 5% of gross receipts on community benefits OR is a rural critical access hospital/health system.
- Removes ALL underpayments from government sponsored programs
- Requires Oregon Health Authority (OHA) to develop a process for organization to obtain a certificate that hospital/health system has met new criteria.
- Penalties:
  - Up to $500 per day violation
  - Civil Penalties
  - Loss of Property Tax Exemption
KEY DATES

- February 1, 2017
  • 79th Legislative Assembly convenes
- April 18, 2017
  • 1st Chamber Deadlines
- May 16, 2017
  • May Revenue Forecast
- June 2, 2017
  • 2nd Chamber Deadlines
- June 29
  • Target Sine Die
- July 10
  • Constitutional Sine Die

STAYING ENGAGED

- Advocate
  • Meet with your local legislators, share your story and position on bills
  • Testify on bills
- Communicate
  • Keep your executive team, board and community leaders informed
  • Talk about the issues in your community
- Donate
  • Identify and work with your PAC

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