

State Government

2022 Legislative Session

We only have five short days remaining in Oregon's 35-day-long 2022 legislative session as the constitutional deadline for sine die - March 7 draws near. But there are roadblocks in both the House and Senate, where the minority party has required bills to be read in their entirety before a vote can occur – slowing the process and putting important policies at risk of failure. Despite the slowdown in those chambers things have moved quickly at the committee level, as expected over the past four weeks. The initial count of introduced measures/bills was 271 with the House introducing 170 and the Senate coming in at 101.

OPCA's Policy Team began this session tracking 78 bills on behalf of health centers. And as of today, only 45 of those measures remain viable. We want to draw your attention to a few measures that we hope to get across the finish line and onto the Governor's desk for her signature:

HB 4003 would establish a Nurse Internship License, allow nonresident nurses to practice in Oregon for 90 days, and include nurses in the Oregon Wellness Program.

HB 4035 would require the OHA to maintain continuous enrollment for OHP members and give the state some flexibility until the end of 2023 to maintain coverage for Oregonians. It would also create a task force to develop a bridge program to provide affordable health insurance coverage and improve coverage for people who regularly enroll and disenroll as part of the usual "churn" population.

HB 4052 would create a pilot mobile health program that is sustainable and culturally responsive to increase access to care and would inform a statewide study to determine the feasibility of expanding the program statewide.

HB 4083 would require individual and group health insurance policies and Medicaid (OHP) to provide reimbursement for at least three primary or behavioral health care visits annually in addition to one annual preventive primary care visit covered without cost-sharing.

SB 1538 would provide Medicaid-level dental care for [COFA citizens](#) who are legal permanent residents of the U.S. who have turned age 65, Medicare age, but do not qualify for Medicare. Many COFA citizens do not qualify for Medicare because they do not have enough work credits. In recent years, Oregon extended Medicaid-like benefits to COFA citizens but excluded dental. This bill would fill that gap.

HB 4095 would establish a Veterans Dental Program within the Oregon Health Authority to provide oral health care to low-income veterans who reside in Oregon beginning in

2023. The need exists because many veterans do not qualify for VA benefits because they simply do not meet established criteria.

Lawmakers announce retirement, cite low pay and workload

During a meeting of the House this week, three veteran lawmakers announced they will not seek reelection later this year. The three representatives, Karin Power, Rachel Prusak, and Anna Williams said that balancing their service as full-time lawmakers with their day jobs and families is unsustainable. They pointed out that while serving in the Oregon Legislature was once a part-time job – in recent years it has become a full-time commitment that still pays a part-time wage. “How much of a check on power can we be if we earn a base salary of less than \$33,000 a year? How can we adequately oversee a state budget of more than \$25 billion, with dozens of different state agencies?”

Oregon’s legislature has historically been comprised of the wealthy and retired – disenfranchising those who cannot afford to take time away from full-time employment to serve their state for a meager salary that falls far short of a living wage. “Most people cannot afford to even consider this job,” said the representatives in a [statement](#).

Federal Regulatory Update

Surprise billing / Good faith estimate update

Beginning January 1, 2022, “good faith estimate” requirements were imposed on health centers and other provider organizations. We know that health center patients are not subjected to surprise or balance billing practices because the health center model is built around the idea that cost should not pose a barrier to care, for uninsured or other patients.

OPCA continues to work with other partners to advocate for changes that would alleviate this burden on health centers that provides no value-add for patients. We need your help to do this. Please take a few moments to [share any experiences](#) where you believe a patient experienced harm or chose not to access services due to a good faith estimate.

Capitol Hill

House and Senate near budget agreement

We remain under a continuing resolution (CR) until March 11 which funds the government at current service level (CSL) based on FY 21 appropriations. We do expect Congress to pass the annual FY22 Appropriations budget by the end of the CR. The final appropriations Labor-HHS language has not been released yet but we expect to get a bump in health center funding from FY21, as well as direct spending earmarks for health centers.

We expect to see the final omnibus draft next week. Currently, both House and Senate Labor-HHS draft bills have specifically allocated funding for the Ending HIV Epidemic program, School-Based Health Centers, Intimate Partner Violence, and the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities. Additionally, both House and Senate FY22 Appropriations draft proposals include approximately \$61 million and \$100 million in direct spending for health centers. This will leave space for HRSA to spend that non-allocated health center funding on programs they may want to fund.