

HB 4016 B STAFF MEASURE SUMMARY**House Committee On Rules****Action Date:** 02/21/20**Action:** Do pass with amendments to the A-Eng bill, and be referred to Ways and Means by prior reference. (Printed B-Eng).**Vote:** 6-1-0-0**Yeas:** 6 - Fahey, Holvey, Nosse, Smith Warner, Sprenger, Zika**Nays:** 1 - Drazan**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Melissa Leoni, LPRO Analyst**Meeting Dates:** 2/21**WHAT THE MEASURE DOES:**

Specifies the Board of Certified Advanced Estheticians (Board) to define in rule the type of device(s) used for advanced nonablative esthetics procedure. Authorizes individuals certified to practice esthetics by the Health Licensing Office to use an item that is not a device as defined by the Board. Clarifies and modifies the definitions for skin care and facial care practices used in esthetics. Defines temporary removal of hair and mechanical or electrical apparatus, appliance, or device. Defines "urgent medical condition." Requires specified health insurers to cover prescription drugs for urgent medical conditions including drugs prescribed and dispensed by a licensed pharmacist. Requires insurers to reimburse pharmacist. Prohibits specified health insurers from requiring prior authorization during first 30 days of treatment for medications prescribed for treating opioid or opiate withdrawal, or antiretroviral drugs, and from restricting reimbursement to in-network pharmacists or pharmacies for such medications. Allows an insurer to require a pharmacist who prescribes a drug for an urgent medical condition to document the patient visit and certify the pharmacist made a reasonable attempt to inform the patient's primary care provider of the prescription. Requires the Task Force on Universal Health Care to report to the Legislative Assembly during the 2021 regular session on its progress in developing findings and recommendations. Requires the final task force report by November 1, 2021. Establishes the Senior Emergency Medical Services Innovation program in Department of Human Services (DHS) to select, fund, and monitor local public sector pilot projects that meet specified criteria. Specifies the program is to promote efficient, quality, and appropriate use of senior emergency medical services for residents in residential and long-term care facilities. Creates and specifies an eight-member, Governor appointed, Senior Emergency Medical Services Advisory Council. Directs DHS to staff the Council and prepare a report for the Council on pilot projects and recommendations for legislative changes to improve senior emergency medical services. Prohibits local government authority from regulating or imposing fees on a long-term care or residential care facility that are subject to regulation by DHS under federal law, state law, or in rule by DHS. Establishes certain exemptions from the prohibition. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Improving access to urgent medications through pharmacists' ability to prescribe and dispense medications
- Extending the timeline for the Task Force on Universal Health Care (Senate Bill 770 (2019))
- Estheticians educational and licensure requirements
- Recent rulemaking affecting the scope of practice for estheticians and advance estheticians
- Proposed grant funding to local fire departments for pilot projects to improve senior emergency medical services (EMS)
- State regulatory pre-emption and preservation of local authority to regulate
- Clarification that local public health authority is not pre-empted by proposed amendments

EFFECT OF AMENDMENT:

Defines "urgent medical condition." Requires specified health insurers to cover prescription drugs for urgent medical conditions including drugs prescribed and dispensed by a licensed pharmacist. Requires insurers to reimburse pharmacist. Prohibits specified health insurers from requiring prior authorization during first 30 days of treatment for medications prescribed for treating opioid or opiate withdrawal, or antiretroviral drugs, and from restricting reimbursement to in-network pharmacists or pharmacies for such medications. Allows an insurer to require a pharmacist who prescribes a drug for an urgent medical condition to document the patient visit and certify the pharmacist made a reasonable attempt to inform the patient's primary care provider of the prescription. Establishes the Senior Emergency Medical Services Innovation program in Department of Human Services (DHS) to select, fund, and monitor local public sector pilot projects that meet specified criteria. Specifies the program is to promote efficient, quality, and appropriate use of senior emergency medical services for residents in residential and long-term care facilities. Creates and specifies eight-member, Governor appointed, Senior Emergency Medical Services Advisory Council. Directs DHS to staff the Council and prepare a report for the Council on the pilot projects and recommendations for legislative changes to improve emergency medical services. Prohibits local government authority from regulating or imposing fees on a long-term care or residential care facility that are subject to regulation by DHS under federal law, state law, or in rule by DHS. Establishes certain exemptions from the prohibition. Requires the Task Force on Universal Health Care to report to the Legislative Assembly during the 2021 regular session on its progress in developing findings and recommendations. Requires the final task force report by November 1, 2021. Declares emergency, effective on passage.

BACKGROUND:

In 2015, House Bill 2642 created a Board of Certified Advanced Estheticians within the Health Licensing Office (HLO), which oversees the safe practice of advanced nonablative esthetics and ensures that individuals who are practicing advanced nonablative esthetics are qualified to perform services on the public. In 2019, the Board of Cosmetology revised Oregon Administrative Rules (OARs) with a focus on esthetics scope of practice including use of devices, chemical peels, dermaplaning and client records, and requirements for additional education and training. The revised OARs (Chapter 817) clarified the requirements for the practice of advanced nonablative procedures and use of devices registered with the Food and Drug Administration among licensed estheticians and advanced estheticians.

Pre-exposure prophylaxis (or PrEP) involves taking oral medications, daily, to lower an individual's chances of HIV infection. Research indicates PrEP reduces the risk of HIV infection by 99 percent for sexually transmitted HIV and approximately 74 percent for individuals exposed to HIV through drug use. Use of a postexposure prophylaxis (or PEP) is also recommend for individuals who suspect exposure to HIV. PEP involves taking antiretroviral medicines within 72 hours after possible exposure.

In 2019, Senate Bill 770 (Chapter 629, Oregon Laws 2019) established the 20-member Task Force on Universal Health Care charged with recommending the design of the Health Care for All Oregon Plan -- a universal health care system that is equitable, affordable, and comprehensive; provides high quality health care; and is publicly funded and available to every individual residing in Oregon.

According to the United States Census Bureau, the population age 65 and over increased from 37.2 million in 2006 to 49.2 million in 2016 (a 33 percent increase) and is projected to almost double to 98 million in 2060. With the projected growth of the older population, the demand for long-term care (LTC), including nursing homes and assisted living facilities, is expected to increase. Elderly patients, particularly those in LTC settings are a growing proportion of patients who present to a hospital's emergency department (ED). Research indicates nursing home residents account for over 2.2 million emergency department visits yearly in the U.S.; the majority are cared for and transported by emergency medical services (EMS) providers. In Oregon, EMS includes dispatch centers (the

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initial 911 call point of contact), emergency medical response, field triage, treatment and stabilization, and transport by ground or air ambulance to a hospital. Oregon EMS providers may be called to long-term care and residential care facilities for non-emergency situations. Research suggests that LTC facilities might be using EMS when not appropriate, which places demand on hospitals through potentially avoidable admissions and on local EMS service providers. Accordingly, hospitals, EMS, and LTC providers are exploring interventions aimed at preventing unnecessary utilization of the ED, avoidable inpatient admissions, and other acute care services among LTC residents.

House Bill 4016-B clarifies scope of practice for estheticians and advanced estheticians, allows pharmacists to dispense certain prescription drugs based on the “urgent medical condition” as defined in the measure, extends the timeline of the Task Force on Universal Health Care, and directs DHS to create the Senior Emergency Medical Services Innovation program and Senior Emergency Medical Services Advisory Council to improve senior emergency medical services.