

Policy Brief

Health Policy and Analytics Housekeeping– HB 2078 (formerly legislative concept 404)

Introduction

HB 2078 amends statutes related to Health Policy and Analytics Division to reflect changes in program status or requirements and alignment with federal laws.

Summary of Bill and Rationale

Electronic Credentialing Information Program and OHIT Reporting

Section 1 repeals statutes mandating the establishment of a program and database for credentialing organizations to access the information necessary to credential or re-credential all health care practitioners in the state. After careful consideration and consultation with health system partners and legislative sponsors, OHA decided to suspend the Oregon Common Credentialing Program (OCCP) on July 25, 2018. The repeal is needed due to the permanent suspension of the program.

Section 12 removes the annual report to the Legislative Assembly on the status of the Oregon Health Information Technology program. The Office of Health Information Technology already provides routine reporting through numerous avenues including: quarterly status reports posted to the Office of Health IT webpage; annual reports provided to the Health Policy Board on activities under the program; and annual updates are included in the overall HPA report-out to the legislature by the Director of Health Policy & Analytics. Additional annual reporting outside of the avenues described is duplicative and burdensome to the program.

Oregon Pain Management Training & Curriculum Review

Section 2 removes the requirement for the OPMC to review pain curriculums from educational institutions in Oregon and report findings to the legislative assembly. This curriculum review process has been of limited value while placing additional burdens on educational institutions.

Sections 2-11 amend statutory requirements related to the Oregon Pain Management Commission (OPMC). The measure requires a one-hour training which shall include needs of people of color, minority populations and other groups disproportionately affected by adverse social determinants of health influencing experiences of pain. This requirement aligns with equity goals and limits the length of the training to minimize burdens on licensed professionals. It requires licensed professionals to complete the one-hour training at least once every three years or at license renewal (current law requires licensees to complete it only one time). The intent is that licensing boards may require it every 3 years, or more frequently to align with their license renewal cycle. This is requested in order to aid in developing a common statewide approach to pain management among provider types and to maintain knowledge of current best practices in pain management.

Temporary Employee Eligibility in Public Employees Benefit Board (PEBB)

The Affordable Care Act makes all employees eligible for coverage if they are expected to work more than 30 hours per week based on Affordable Care Act (ACA) regulations. However, PEBB's statute excludes all "temporary" employees who are appointed under ORS 240.309. PEBB's administrative rules have allowed for coverage of temporary or impermanent workers that meet the definition of eligibility under ACA. Section 13 of the bill would not change participation of temporary employees in PEBB plans, it would only align PEBB statutes with Federal ACA regulations.