

**FISCAL IMPACT OF PROPOSED LEGISLATION**

81st Oregon Legislative Assembly – 2022 Regular Session  
Legislative Fiscal Office

**Measure: SB 1529 - B**

*Only Impacts on Original or Engrossed  
Versions are Considered Official*

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**Measure Description:**

Authorizes the Public Health Director of the Oregon Health Authority to direct and deploy emergency health care providers. Directs the Oregon Health Authority to provide workers' compensation coverage for registered volunteer emergency health care providers.

**Government Unit(s) Affected:**

Oregon Judicial Department (OJD), Oregon Health Authority (OHA), Department of Consumer and Business Services (DCBS), Oregon Board of Pharmacy (OBOP)

**Summary of Fiscal Impact:**

Costs related to the measure are indeterminate at this time - See explanatory analysis.

**Analysis:**

SB 1529 - B permits the Public Health Director of the Oregon Health Authority (OHA) to direct and deploy emergency health care providers upon approval of the Governor and directs OHA to provide workers' compensation coverage for volunteer emergency health care providers who are injured in the course and scope of performing emergency health care services. This measure also allows pharmacy benefit manager requirements established in sections 3 and 4, chapter 526, Oregon Laws 2019 to apply to contracts with pharmacy benefit managers that automatically renew on or after January 1, 2023.

Additionally, this measure requires that an individual or group policy or certificate of health insurance that is not offered on the health insurance exchange, and that reimburses the cost of hospital, medical or surgical expenses, must reimburse the cost of at least three primary care visits for behavioral or physical health each year. This coverage may not be subject to copayments, coinsurance, or deductibles, and is in addition to the yearly preventive primary care visit that must be covered without cost sharing. Insurers that offer health plans on the health insurance exchange must offer at least one plan in each metal tier offered by the insurer that provides this coverage. This section of the measure does not apply to the Public Employees' Benefit Board or the Oregon Educators Benefit Board. This section is also exempt from ORS 743A.001 which requires certain health insurance provisions to sunset after six years.

This measure also prohibits an individual or group policy or certificate of health insurance from excluding coverage for a behavioral or physical health service on the basis that these services were provided on the same day or in the same facility; from imposing a copayment for physical or behavioral health services provided by an in-network provider if on the same day a copayment was imposed for other services; or from requiring prior authorization for a covered behavioral health service provided by a specialist in a behavioral health home or patient centered primary care home. The Department of Consumer and Business Services (DCBS) is to adopt rules for assignment of primary care providers by insurers.

OHA and coordinated care organizations (CCOs) may not deny a claim for reimbursement for a behavioral or physical health service provided to a medical assistance recipient on the basis that these services were provided on the same day or in the same facility, though this does not apply to CCO payments to providers using a value-based payment arrangement or other alternative payment methodology. CCOs may not require prior

authorization for specialty behavioral health services provided to a medical assistance recipient unless permitted by OHA. CCOs are to assign primary care providers to members if they have not selected one by the 90th day after enrollment in medical assistance.

Oregon Health Authority

The fiscal impact for OHA with respect to the health care emergency provisions is indeterminate at this time. While this measure requires the agency to provide workers' compensation for injured volunteers in the event of an emergency and the volunteer is injured in the course and scope of performing emergency health care services, the agency cannot predict when a health care emergency will be declared nor how many volunteer health care providers will be deployed and actually injured.

Department of Consumer and Business Services

DCBS anticipates minimal fiscal impact from this measure. However, the agency notes that the expansion of coverage requirements for health benefit plans may be considered a new mandate under the Patient Protection and Affordable Care Act. This requires states to offset the cost of mandated benefits enacted after December 2011 for plans issued through the health insurance marketplace. The federal guidance does not clarify whether offsets must be paid out of the General Fund or from other state funds such as marketplace assessment funds, but the bill may have an overall fiscal impact to the state.

Other state agencies

There is no fiscal impact for the Oregon Judicial Department or the Oregon Board of Pharmacy.