

OSPA's Legislative Achievements - 2017

The 2017 legislative session adjourned on Friday July 7th after roughly 160 days of lawmaking. OSPA had a great session: We passed some important technical regulatory fixes, and PAs were instrumental in saving the rural provider tax credit from the chopping block.

The legislature faced a \$1.6 billion hole in its budget (meaning taxes collected wouldn't cover expected costs) for the 2017-19 budget cycle. Much of that deficit was in expected Medicaid spending, so legislators passed a historic \$570 million hospital and insurance premium tax package to make sure Medicaid was fully funded (assuming the federal government does fold the program).

OSPA priorities that passed:

SB 964: clarifies that hospitals may grant admitting privileges to PAs. This will fix the Health Authority's rules, which mentioned NPs and Physicians but not PAs, and led to some confusion among hospital administrators. Passed unanimously and was signed by the Governor.

SB 423: Allows PAs to dispense Schedule III & IV drugs. It was ZoomCare's bill; OSPA supported. Passed and signed by the Governor.

HB 3439: Allows NPs and PAs, as well as physicians, to be majority owners of a medical corporation. Passed and signed by the governor. A separate bill, SB 485, created to narrowly allow Orchid Health to operate a medical clinic as a rural for-profit with a non-provider owner, also passed.

HB 3261: rural provider incentives: This bill funded the loan repayment, loan forgiveness and rural scholarships programs. It also contains a directive for the Health Authority, through the Oregon Health Policy Board, to continue to look at the best way to incentivize providers to work in rural Oregon.

HB 2066: rural medical provider tax credits: The Rural Health Association and its member organizations, including OSPA, managed to save the tax credit from being cut in the last weeks of session, but the program was pared back: only providers making less than \$300,000 (except OBs and general surgeons) are eligible, and each provider can only claim the credit for ten years.

SB 48: as originally written would have required all providers to take suicide risk assessment CMEs. With some hard work by many provider groups, the bill was rolled back to a voluntary program. Passed and signed by the governor.

In addition to these bills that passed, a number of bad bills died. OSPA provided constructive feedback that led to positive amendments or the death of a bill on numerous occasions.

What's Up for 2018?

Optimal Team Practice (OTP) and a whole lot more!