ACP Oregon Chapter State Advocacy Day – February 25th, 2021

ACP - What's it all about?

Background

The American College of Physicians (ACP) is a national organization of internists - specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internists are major providers of primary care in the United States. They are especially well-trained in the diagnosis of puzzling medical problems, in the ongoing care of complicated illnesses, and in caring for patients with more than one disease. Internists not only treat disease but also coordinate health care and play a critical role in preventing disease and promoting health and well-being.

Internists and Subspecialists

An M.D. or D.O. who completes a three-year internal medicine residency program is an internist. The general internist is an expert in the general care of the adult but also may have special areas of expertise like hospital medicine. A subspecialty internist is an internist with one to three years of additional training in a particular organ (nephrology/kidney), system (endocrinology/glands), or age group (geriatrics). Some internists practice a combination of both general and subspecialty medicine.

Mission and History

The ACP's mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. ACP was founded in 1915 to promote the science and practice of medicine. In 1998, ACP merged with the American Society of Internal Medicine (ASIM) which was established in 1956 to study economic aspects of medicine.

Membership

With 154,000 members, ACP is the largest medical specialty organization and second-largest physician group in the United States. ACP provides information and advocacy for its members as they practice internal medicine and related subspecialties such as cardiology and gastroenterology. ACP members are also involved in medical education, research, and administration.

Levels of ACP membership are Student Member, Resident/Fellow Member, Member, Fellow (FACP), Honorary Fellow, and Master (MACP). Fellowship and mastership recognize achievements in internal medicine. Masters are selected for outstanding contributions to medicine.

ACP Publications

Annals of Internal Medicine is one of the top medical journals in the world. *ACP JournalWise* summarizes the most important medical articles from more than 120 journals. *ACP Internist* is an award-winning semi-monthly newspaper for internists, while *ACP Hospitalist* is written for those in hospital practice. *The ACP Advocate* is a bi-weekly e-newsletter that provides ACP members with news about critical public policy and regulatory issues affecting internal medicine and patient care.

ACP Oregon Chapter

The Oregon Chapter of ACP, currently led by Governor Marianne Parshley, MD, FACP, a practicing Internist in Portland, OR, represents over 1900 student, resident, and clinician members across the state. Our chapter has a long track record of excellence in member engagement and education, having been the recipients of the National ACP Chapter Excellence Award every year since 1996. In keeping with our goal to improve the quality and effectiveness of health care, we are visiting Salem to meet with policy makers to share our perspectives on issues that we believe warrant attention.

Our Health & Public Policy (HPP) committee, which is comprised of dedicated trainees and practicing internists who review key policy issues related to our aims to promote the health and wellness of the populations for which we care. For the upcoming legislative sessions, we have identified the following issues as key priority issues for our chapter. Thus, we thank the members of thank the Oregon Legislature and their staff for their time and consideration on the following issues.

2021 ACP Oregon Legislative Session Priority Issues

Tobacco Tax & Flavored Vaping Products (pgs. 3-4)

Support	**HB 2261** (Sponsors: Rep. Marsch, Sen. Taylor) **HB 2274** (Sponsor: Rep. Clem)
Neutral	**HB 2148** (Governor Kate Brown for Oregon Health Authority)

Reducing Firearm-Related Injuries and Deaths (pgs. 5-6)

Support	**HB 2510** (Sponsors: Reps. Prusak, Sollman, Reynolds, Grayber; Sen. Burdick) **HB 2543** (Sponsors: Reps. Reynolds, Sollman) **SB 554** (Sponsors: Sens. Burdick, Manning Jr, Wagner; Reps. Prusak, Reynolds) **SB 604** (Sponsors: Sen Frederick)

Vaccines: A Tool for Promoting Public Health (pgs. 7-9)

Support	**SB 254** (Senate Interim Committee on Rules and Executive Appointments)

Expanded Treatment & Decriminalization of Substance Use Disorders (pgs. 10-11)

Support	**SB 69** (Governor Kate Brown for Oregon Health Authority) **SB 681** (Sponsor: Sen. Frederick, requested by Oregon Society of Addiction Medicine)

Expanding and Preserving Access to Telehealth Services (pgs. 12-14)

Support	**SB 11** (Sponsor: Sen. Beyer)
Neutral	**SB 423** (Sponsor: Sen. Manning Jr.)

Addressing Carbon Emissions and Climate Change (pgs. 15-16)

Neutral	**HB 2488** (Reps. Power, Helm; Sens. Golden, Dembrow)

Tobacco Tax & Flavored Vaping Products

ACP supports evidence-based public health interventions to reduce the adverse health effects of tobacco products, including "Electronic Nicotine Delivery Systems" (ENDS) via increased taxation, and restricting sales of tobacco & nicotine products to persons over 21 years of age, by supporting HB2261 & HB2274.

What's it all about?

While the implementation of evidence-based policies by federal, state, and local governments to reduce tobacco use is considered one of the great public health achievements of the 20th century, tobacco use remains the leading cause of preventable death. With the emergence of the SARS-COV-2 (COVID-19) pandemic that has overwhelmed the hospitals and ICUs across the country, it has been found that being a former or current smoker is one of the risk factors for severe illness. The CDC and the WHO recommends that tobacco users stop using tobacco, and those who have never used it not start.[1,2]

Tobacco Purchase Age

One of the largest influences on if a nicotine user will continue smoking throughout their life is the age at which they started using. More than 90% of adult smokers begin smoking before the age of 18 and 95% begin before the age of 21. A growing body of evidence, including a report by the Institute of Medicine (IOM), shows that increasing the purchase age of tobacco products to 21 would significantly reduce adult daily tobacco use and would lead to thousands of fewer deaths from tobacco-related disease.[3]

Flavored Nicotine Products

Decades of research make clear that flavored tobacco products attract children and contribute to the development of lifelong tobacco addiction. Youth consistently report that they begin using tobacco products because they come in attractive flavors, and the vast majority of adolescents and young adults who use tobacco products reported use of a flavored product. The 2019 National Youth Tobacco Survey showed that over two-thirds of high school students and over half of middle school student had used flavored e-cigarettes.[4] Although the United Kingdom's Royal College of Physicians endorses the use of e-cigarettes as a harm reduction alternative compared to active tobacco smoking,[5] current evidence does not support that flavored products can be marketed to adults without attracting children nor that flavored e-cigarettes are necessary to help adults stop use of combustible cigarettes.[6] In fact, flavored e-cigarette use was associated with a greater than five times odds of intending to initiate cigarette use among never-smoker youth as compared to those who had not used e-cigarettes in the past month. It is probable that the use of e-cigarettes, especially flavored e-cigarettes, carries an increased risk

[1] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#smoking
[2] https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19
[3] https://www.acponline.org/acp_policy/statements/q6_tobacco_joint_principles_october_2019.pdf
[4] Cullen KA, Gentzke AS, Sawdey MD, Chang JT, Anic GM, Wang TW, Creamer MR, Jamal A, Ambrose BK, King BA. e-Cigarette Use Among Youth in the United States, 2019. JAMA. 2019 Nov 5;322(21):2095–103. doi: 10.1001/jama.2019.18387. Epub ahead of print. PMID: 31688912; PMCID: PMC6865299.
[5] https://www.acponline.org/acp_policy/statements/acp_statement_help_hearing_e_cigarettes_nov_2019.pdf
[6] https://www.rcplondon.ac.uk/projects/outputs/rcp-advice-vaping-following-reported-cases-deaths-and-lung-disease-us

for lifelong e-cigarette and combustible tobacco use which may outweigh any potential for driving smoking cessation.[7]

What's the current status?

Tobacco Purchase Age

While Oregon has instituted a minimum purchase age of 21 for tobacco & nicotine products, certain loopholes still remain that would allow for out-of-state vendors to sell to underage persons to buy nicotine products online. **Oregon ACP supports HB 2261** (sponsored by Rep. Marsh & Sen. Taylor) which seeks to close this loophole and further reduce the likelihood that adolescents have access to nicotine during high-risk times for developing addiction.

Flavored Nicotine Ban

While the national ACP organization supports a complete ban on all flavored nicotine products, our local membership express concern that the body of evidence is insufficient to demonstrate the extent benefits gained from a full-out ban on flavored nicotine products when compared to potential harms of consumers seeking unregulated products – one of the main drivers of the 2019 Vaping Associated Lung Injury epidemic. Thus**, Oregon ACP has taken a neutral stance on an outright nicotine ban as outlined in HB2148** (introduced at the behest of Governor Kate Brown for Oregon Health Authority) – recognizing the potential benefit of fewer youth nicotine consumers generated by the ban, while acknowledging that bans often have untoward consequences when applied to vice items that may offset the intended benefits.

Increasing cigarette tax

Increasing taxes on cigarettes has been shown to lower smoking prevalence, it is particularly effective in reducing smoking prevalence in young adult populations.[8] **Oregon ACP supports HB2274** (sponsored by Rep. Clem) that imposes an additional tax of $0.17 on the dollar for all cigarette sales in the state, to be collected and funneled into the Oregon Health Authority for medical and health care-related programs, mental health programs, and other programs concerning tobacco and nicotine health issues.[9]

What is ACP asking of our legislators?

We ask that our legislators **support HB 2261 & HB 2274.**

[7] Dai H, Hao J. Flavored Electronic Cigarette Use and Smoking Among Youth. Pediatrics. 2016 Dec;138(6):e20162513. doi: 10.1542/peds.2016-2513. Epub 2016 Nov 7. PMID: 27940718.
[8] Sharbaugh MS, Althouse AD, Thoma FW, Lee JS, Figueredo VM, Mulukutla SR. Impact of cigarette taxes on smoking prevalence from 2001-2015: A report using the Behavioral and Risk Factor Surveillance Survey (BRFSS). PLoS One. 2018;13(9):e0204416. Published 2018 Sep 20. doi:10.1371/journal.pone.0204416
[9] https://ballotpedia.org/Oregon_Tobacco_and_E-Cigarette_Tax_Increase_for_Health_Programs_Measure_(2020)

Reducing Firearm-Related Injuries and Deaths

ACP supports evidence-based policies to reduce firearm related injuries and deaths in Oregon, including HB 2510, HB 2543, SB 554, and SB 604.

What's it all about?

Firearms-related injuries and deaths are a major public health concern. In 2019, 566 Oregonians died from firearms-related injuries.[10] For perspective, that is close to the number of Oregonians who died from pneumonia that year.[11] In addition, 82% of firearm related deaths in Oregon in 2018 were from suicide, and these deaths disproportionately impacted citizens in rural communities.[12] Just as the ACP supports public health initiatives to reduce deaths from pneumonia, the ACP also seeks to reduce firearms-related injuries and deaths through common-sense, evidence-based policies.

What's the current status?

HB 2510 (Reps. Prusak, Sollman, Reynolds, Grayber; Sen. Burdick) has been introduced to mandate the safe storage and transfer of firearms to help prevent accidental and intentional firearms-related injuries. Data suggests that states with mandatory gun lock laws have lower suicide rates.[13] Oregon has a high rate of firearm related death due to suicide,[14] and HB 2510 is one way to address this public health concern. This legislation would also mandate the reporting of loss or theft of firearms, which has the potential to prevent further loss of life.

HB 2543 (Reps. Reynolds, Sollman) clarifies language in order to pause the transfer of firearms by a gun dealer or private party if authorities cannot determine if the recipient is qualified to receive a firearm. A gun seller would not be able to transfer the firearm until confirmation of a completed background check. This legislation closes a loophole that allows individuals to acquire firearms without completed background checks.

SB 554 (Sens. Burdick, Manning Jr, Wagner; Reps. Prusak, Reynolds) would create the legal framework to allow for cities, county, metropolitan service districts, schools, colleges or universities to restrict concealed carry on their premises. This legislation would allow local jurisdictions to create the conditions they feel make their citizens safest.

SB 604 (Sen. Frederick) would require individuals to obtain a permit before purchasing or otherwise receiving firearm under circumstances requiring criminal background check. This would reduce the number of "default proceed" designations through the system by instituting a

[10] https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm
[11] https://www.cdc.gov/nchs/pressroom/states/oregon/oregon.htm
[12] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/Pages/Firearm-Safety.aspx
[13] https://annals.org/aim/fullarticle/2709820/reducing-firearm-injuries-deaths-united-states-position-paper-from-american
[14] https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/Pages/Firearm-Safety.aspx

second safeguard system. Applications that "default proceed" through the background check system are 4 times more likely to have been denied if they were fully reviewed.[15]

What is ACP asking of our legislators?

ACP asks legislators to continue addressing the public health crisis of firearms-related injuries and deaths by supporting HB 2510, HB 2543, SB 554, SB 604, and other common-sense, evidence-based proposals such as those outlined below.

Table 1. Summary of Recommendations - Reducing Firearm Injuries and Deaths in the United States: A Position Paper from the American College of Physician[15]	
Assault Weapons and Large Capacity Magazines Sales of semiautomatic firearms that are designed to increase their rapid killing capacity (often called "assault weapons") should be banned to reduce lethality in mass shootings. Large capacity magazines and bump stocks that allow shooters to continue firing without reloading should also be banned.	**Extreme Risk Protection Orders** States should pass extreme risk protection laws, which allow families and law enforcement to get a ruling from an impartial judge within 72 hours to temporarily remove guns from individuals at imminent risk of using them to harm themselves or others, with due process.
Firearm Research There must be dedicated and increased federal funding for research on gun violence; current restrictions should be lifted. Domestic Violence Loopholes in the background check system, which allow domestic violence offenders to buy and own guns, should be closed. Domestic violence offenders include dating partners, cohabitants, stalkers, those who victimize a family member other than a partner or child, and those with temporary restraining orders.	**Physician Counseling on Gun Safety** Physicians should discuss with their patients the risks that may be associated with having a firearm in the home and recommend ways to mitigate such risks, just like they would with anything that could pose a risk to their patients' health, including not using seatbelts, not getting vaccinated, or using tobacco. In December 2017, Annals of Internal Medicine published a pledge about doctors discussing firearm safety with patients. Over 2,400 doctors have committed to date.
Concealed Carry States should not be required to accept concealed carry permits from other states with weaker standards to obtain such permits. For instance, a state that requires gun safety training should not have to accept permits from ones that don't.	**Child Access Prevention** States should pass laws to require adults who have guns in their homes to store them safely and securely so they don't end up in the hands of children or others who might use them to harm themselves or others.
Background Checks There must be universal background checks, including for private sales and sales at gun shows.	**Mental Health** Access to mental health needs to be expanded. While few people with mental health issues will use guns to harm others, they are more likely to be victims of gun violence.

[15] Anestis MD, Anestis JC. Suicide Rates and State Laws Regulating Access and Exposure to Handguns. Am J Public Health. 2015;105(10):2049-2058 [https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302753

Vaccines: A Tool for Promoting Public Health

Eliminating Non-Medical Exemptions for Vaccines

ACP supports efforts to eliminate non-medical vaccine as an evidence-based policy to promote public health in Oregon including SB254.

What's it all about?

Vaccines are one of the most effective public health interventions to combat infectious communicable diseases. Vaccines directly help to protect the immunized and indirectly help to protect (via herd immunity) those who cannot receive immunizations on account of age or certain exclusionary medical conditions.[16,17] Historically, Oregon has had some of the lowest vaccination rates in the United States.

What's the current status?

Legislation in Oregon currently allows for non-medical vaccine exemptions. For the 2018-19 school year, representing the latest available nationwide data, 7.7 percent of Oregon kindergartners claimed at least one exemption, according to the Center for Disease Control. Oregon has the highest rate of vaccination exemptions among any state.[18] Additionally, an analysis by the Oregonian found that nearly 65% of the state's public charter schools that serve nearly 13,000 students across the state lack sufficient "community immunity" against measles.[19] Outbreaks of vaccine-preventable diseases have been linked to communities of unvaccinated individuals. Studies indicate that the easier it is to receive an exemption, the higher the rate of exemptions in a particular state. As the number of exemptions increases, the risk of vaccine-preventable disease has been found to increase.

Why and how should the Legislative Assembly address this issue?

What is the cost of vaccine preventable illness? According to the American Journal of Managed Care, the cost to contain the spread of measles, a disease once considered eradicated in the United States, was $266 million.[20] In 2017, a 6-year-old boy who had received none of the recommended childhood vaccinations sustained a cut to his forehead. This cut would end up costing over $800,000 (not including air transportation, rehab or follow-up visits) while this boy was admitted for 57 days, 47 of which were spent in the ICU due to tetanus, a vaccine-preventable disease.[21]

[16] https://www.acponline.org/acp_policy/letters/avac_joint_letter_importance_of_worldwide_vaccination_october_2019.pdf
[17] Siddiqui, M., Salmon, D. A., Saad, &, & Omer, B. (2013). Epidemiology of vaccine hesitancy in the United States. Humman Vaccines and Immunotherapeutics, 5515(December), 2643–2648.
[18] Seither R. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarte— United States, 2018–19 School Year. MMWR Morb Mortal Wkly Rep. 2019;68. doi:10.15585/mmwr.mm6841e1
[19] Terry, Lynne. "Low Vaccination Rates Put Some Oregon Schools at High Risk for Measles." The Oregonian, 22 Apr. 2019.
[20] https://www.ajmc.com/view/assessing-the-cost-of-vaccinepreventable-diseases
[21] https://www.cdc.gov/mmwr/volumes/68/wr/mm6809a3.htm

During the 2019 session, Oregon ACP publicly supported HB3063. This bill would have removed non-medical vaccine exemptions, an effort we believe would increase vaccination rates in Oregon. We continue to support the elimination of non-medical vaccine exemptions, a position supported by the American College of Physicians:[22]

- The College supports state laws designed to promote all recommended immunizations.
- The College calls on states to pass legislation to eliminate any existing exemptions, except for medical reasons, from their immunization laws.
- The American College of Physicians supports the immunization of all children, adolescents, and adults, according to the recommendations and standards established by the U.S. Advisory Committee on Immunization Practices (ACIP), National Vaccine Advisory Committee (NVAC), and the Centers for Disease Control and Prevention (CDC).
    - Of note, this includes the Pfizer-BioNTech and Moderna COVID-19 vaccines recently approved for persons 16 and older under the Food and Drug Administration's Emergency Use Authorization. [23,24]

Accordingly, The ACP strongly supports measures like **SB254 -- Relating to health care; declaring an emergency** (requested by Senate Interim Committee on Rules and Executive Appointments), which will remove non-medical exemptions to childhood vaccinations. We believe this bill is a step towards improving the health and safety of all Oregonians.

What is ACP asking of our legislators?
ACP will continue to advocate for the elimination of non-medical vaccine exemptions and asks legislators to support measures like SB254.

[22] https://www.acponline.org/acp_policy/policies/non_medical_exemptions_policy_2015.pdf
[23] https://www.cdc.gov/mmwr/volumes/68/wr/mm6809a3.htm
[24] https://www.acponline.org/acp_policy/policies/non_medical_exemptions_policy_2015.pdf

Support for COVID-19 Vaccination of Oregonians

ACP supports efforts to vaccinate Oregonians against COVID-19 as an essential element to control and stop the spread of the SARS-CoV-2 (COVID-19) virus.

The ACP broadly supports the mission of "Operation Warp Speed", a joint effort by the Department of Health and Humans Services (HHS), the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Biomedical Advanced Research and Development Authority (BARDA), and the Department of Defense (DoD), to develop and administer vaccinations against COVID-19.[25] We believe this is a critical component to the effective control of COVID-19. We support and encourage the development of these vaccines as well as their administration to all individuals. However, production capacity is not limitless. Therefore, we encourage an equitable and just distribution of available vaccines as outlined by the report from the National Academies of Sciences, Engineering and Medicine (NASEM) Framework for Equitable Allocation of COVID-19 Vaccine. In brief, we agree with the phased distribution of vaccines whereby vaccines are allocated based on risk and divided into tiered phases. We support NASEM's recommendation to vaccinate all front-line health care workers, including primary care providers, trainees, workers in nursing homes and first responders in the initial phase 1a.[26] This includes primary care providers who are not associated with large hospitals or institutions who are reporting difficulty with getting vaccinated.[27,28,29]

During vaccine rollout, we continue to encourage previously recommended strategies to reduce transmission such as maintaining social distancing, use of masks in public, frequent hand hygiene, frequent disinfecting of surfaces and isolation/quarantine for those with any symptoms or confirmed diagnosis of COVID-19.[30,31] While there is currently no pending legislation in Oregon regarding COVID-19 vaccination, we support any local, state or federal efforts working to vaccinate Oregonians in a just and equitable manner as a means to combat the COVID-19 pandemic.

[25] *https://www.hhs.gov/coronavirus/explaining-operation-warp-speed/index.html*
[26] *National Academies of Sciences, Engineering, and Medicine 2020. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. https://doi.org/10.17226/25917.*
[27] *https://www.statnews.com/2021/01/04/covid19-vaccines-primary-care-doctors-rollout/*
[28] *https://www.wsj.com/articles/covid-19-vaccines-remain-elusive-for-many-doctors-health-care-workers-11610046715*
[29] *https://www.acponline.org/advocacy/state-health-policy/covid-19-action-toolkit/acp-state-chapter-action-plan-on-covid-19-vaccines*
[30] *National Academies of Sciences, Engineering, and Medicine 2020. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. https://doi.org/10.17226/25917.*
[31] *https://www.acponline.org/advocacy/state-health-policy/covid-19-action-toolkit/acp-state-chapter-action-plan-on-covid-19-vaccines*

Expanded Treatment & Decriminalization of Substance Use Disorders

ACP supports evidence-based approaches to expand access and options for substance use disorder and de-incarceration, including *support of SB69 and SB681.*

What's it all about?

- ACP maintains that SUD is a chronic medical condition & should be managed as such.
- ACP supports the implementation of treatment focused programs as an alternative to incarceration or other criminal penalties for persons with substance use disorders found guilty of the sale or possession of illicit substances; and that stakeholders should assess the risks and benefits of removing or reducing criminal penalties for nonviolent offenses involving illicit drugs.[32]
- ACP advocates for evidence-based solutions to systemic racism, discrimination, and violence in criminal justice and law enforcement policies and practices that have both direct and indirect impacts on public health measures.[33]

Expanding access to substance use disorder treatment options

Compared with other states, Oregon ranks poorly in the prevalence of substance use disorder (SUD) for almost all types of substances. It is one of the major public health threats in the State of Oregon. Despite the expansion of coverage initiated by Affordable Care Act (aka Obamacare) and the Mental Health Parity and Addiction Equity Act, only one-in-10 Oregonians who need SUD treatment receive it.[34] Evidence shows that patients enrolled in comprehensive SUD treatment that include medical assistance treatment (MAT) -in addition to counseling & behavioral health – are more likely to help people achieve and maintain sobriety.[35] Unfortunately, access to MAT for rural Oregonians with SUD is nearly non-existent. In Oregon, only 14 facilities offer MAT programs, and all are located along the I-5 corridor.[36] While Recent Ballot Measure 110 ("The Drug Decriminalization and Addiction Treatment Initiative") recently passed and will provide much needed funding streams to increase access to these much-needed treatment options, these steps are still an incomplete solution.

Much of our population struggling with SUD is also struggling with houselessness. Oregon ranked 49th in the nation for the rate of unsheltered homeless (60.5 percent) and has the second highest number of rural homeless. Providing housing to individuals with SUD has a tremendous impact on their potential for recovery. Housing for the homeless saves $8,700 in health care spending the first year.[37] Including housing as an intervention for treatment programs to include as part of SUD treatment should be considered.[38]

[32] Https://www.acponline.org/acp_policy/policies/health_and_public_policy_to_facilitate_effective_prevention_and_treatment_Of_substance_use_disorders_2017.pdf
[33] https://www.acponline.org/acp_policy/policies/understanding_discrimination_law_enforcement_criminal_justice_affecting_health_at-risk_persons_populations_2021.pdf
[34] https://stateofreform.com/wp-content/uploads/2017/11/SUDs-in-Oregon-Prevention-Treatment-and-Recovery3.pdf
[35] https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions
[36] https://stateofreform.com/wp-content/uploads/2017/11/SUDs-in-Oregon-Prevention-Treatment-and-Recovery3.pdf
[37] https://stateofreform.com/wp-content/uploads/2017/11/SUDs-in-Oregon-Prevention-Treatment-and-Recovery3.pdf
[38] https://www.ajpmonline.org/article/S0749-3797(07)00104-3/pdf

De-incarceration related to substance use disorder related offenses

Incarceration does not prevent SUD, does not treat SUD, and is more expensive than treatment. Only an estimated 11 percent of incarcerated individuals in need of treatment receive it in jail or prison. Compounding this, criminalization of SUD has disproportionately impacted Oregon's black, Indigenous and people of color (BIPOC) communities.[39] Executive director of the Oregon Association of Chiefs of Police, wrote, "Too often, individuals with addiction issues find their way to the doorstep of the criminal justice system when they are arrested for possession of a controlled substance. Unfortunately, felony convictions in these cases also include unintended and collateral consequences including barriers to housing and employment and a disparate impact on minority communities."

What's the current status?

Expanding access to substance use disorder treatment options

As discussed, stable housing should is helping people address their substance use disorders. Currently, ORS 430.335 authorizes Oregon Health Authority (OHA) to…"(5) directly or by contract with public or private entities, administer financial assistance, loan and other programs to assist the development of drug and alcohol free housing". Due to this limiting language, those persons with active drug use working toward sobriety are precluded from housing benefits through the OHA. SB 69 makes amendments to this policy to allow those undergoing SUD treatment but not yet in full sobriety to enroll in these aforementioned OHA housing programs.

De-incarceration related to substance use disorder related offenses

Oregon Measure 110, Drug Decriminalization and Addiction Treatment Initiative decriminalizes the personal possession of small amounts of illicit drugs, including cocaine, heroin, Oxycodone and methamphetamine. Moving forward since its passage, Oregonians will not be subject to the criminal penalties previously imposed. However, those in our state who previously have been charged with these crimes will carry the heavy consequences that otherwise would not be imposed if placed in the same circumstances today. SB 681 seeks to create a legal infrastructure to allow qualifying convictions to be deemed not to have been previously convicted and the court shall issue an order sealing the record of conviction and other official records in the case, including the records of arrest, citation or charge.

What is ACP asking of our legislators?

ACP Oregon asks legislative members to support SB 69 (Introduced at behest of Governor Kate Brown for Oregon Health Authority) - Expands range of housing for individuals with substance use disorders that is authorized to receive development funding from Oregon Health Authority.

ACP Oregon asks legislative members to support SB681 (Sponsored by Senator FREDERICK at the request of Oregon Society of Addiction Medicine) - Establishes procedure for person with qualifying conviction for possession of controlled substance to file motion requesting court order setting aside conviction.

[39] https://www.oregon.gov/cjc/CJC%20Document%20Library/PossessionofControlledSubstancesReport-9-2018.pdf

Expanding and Preserving Access to Telehealth Services

ACP supports legislation that directs all healthcare payers and insurance providers to continue coverage for telehealth services, including support of SB11.

What's it all about?

Telemedicine is the use of telephonic or electronic communications of medical information from one site to another regarding a patient's health status for the purposes of diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals.[40,41]

The benefits of telehealth modalities are numerous, and include its established tendency to improve health outcomes, increase access to care (particularly in rural settings), decrease wait times and missed appointments, improve medication adherence, and cut costs.[42] While telehealth has many potential benefits, it is not a panacea. Early experiences with telehealth are showing potentially increased disparities to access care among the elderly and populations with reduced access to smart-devices, computers, and internet.[43,44] Nonetheless, 2020 has shown that telehealth has benefited Oregonians throughout 2020.

Despite significant benefits, prior to the COVID-19 pandemic many insurance plans would not reimburse providers for telehealth appointments at the same rate for in-person appointments. As telehealth became essential during the COVID-19 pandemic, many states, including Oregon, revised their telehealth policies to ensure payment parity for telehealth services.[45] With sustained efforts to expand access to all corners of our state by ensuring that internet access and technological literacy barriers are addressed, telehealth has the potential to greatly improve the lives of our citizens.

While policies are needed here to ensure access to care for Oregonians, telehealth doesn't necessarily stop at state boarders. Many of our citizens residing near our borders often are cared for by practitioners in neighboring states. In August 2020, a joint Gubernatorial statement from Oregon, Washington, Nevada, & Colorado identified the needs for a coordinated effort on creating new telehealth policies to address: access, confidentiality, equity, standards of care, stewardship, patient choice, and payment/reimbursement.[46] While these principles provide a shared vision for a better system, meaningful policy actions to address these for the larger region have yet to be enacted.

Pre-COVID public health emergency, providers were required to be fully-licensed in Oregon to provide service in Oregon. On Dec 3, 2020, the U.S. Department of Health and

[40] https://oregon.public.law/rules/oar_410-130-0610#:~:text=Rule%20410%2D130%2D0610,regarding%20a%20patient's%20health%20status.&text=(c)%20OHP%20enrolled%20providers%20may,it%20to%20be%20medically%20appropriate.
[41] https://www.who.int/gho/goe/telehealth/en/
[42] https://www.who.int/gho/goe/telehealth/en/
[43] https://www.aamc.org/news-insights/how-telemedicine-boom-threatens-increase-inequities
[44] https://www.oregonhealthforum.org/2020/05/19/june-10-2020-sustaining-oregons-telehealth-gains-through-covid-19-and-beyond/
[45] https://www.arcgis.com/apps/MapSeries/index.html?appid=68685bf7116447349ff120902f328447
[46] https://www.governor.wa.gov/news-media/washington-colorado-nevada-and-oregon-announce-coordination-telehealth

Human Services (HHS) issued a 4th amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act). This expands the scope of practice provider can provide for out-of-state patient, as long as the provider abide with the State's requirements. Out-of-state physicians can request a temporary authorization to practice in Oregon under OAR 847-010-0068 if the state has declared a COVID-19 emergency state.[47]

What's the current status?

Reimbursement for Services Rendered

With ongoing need for physical distancing and concerns of patients potentially contracting COVID while seeking routine medical care, many patients and physicians have been relying on telehealth as a means to continue ongoing medical care. Oregon Waiver 1135 went into effect March 1, 2020 which allowed providers to bill for telehealth & other alternative healthcare delivery formats at their contracted payment rates48. Due to ongoing pandemic conditions, ongoing payment parity for telehealth has been fortunately preserved – however these have been through emergency avenues with fixed expiration dates. However, unless policies are enacted to protect these payments moving forward, there is no guarantee that patient will have access to telehealth if practitioners won't be reimbursed for their services.

Recent Emergency Directives

9/10/2020 - Telemedicine Payment Parity Requirements (Rule 410-141-3566)	"This Permanent Administrative Order directs Oregon's contracted Coordinated Care Organizations to reimburse their contracted physical and behavioral health providers the same rate for telemedicine and telehealth services as they would for people in-person."
Dec.15, 2020 - Department of Consumer and Business Services	Director Andrew Stolfi, announced an agreement with Oregon commercial insurers to extend payment parity for telehealth services from Dec. 31, 2020 to June 30, 2021[49]

Interstate Medical Licensure Agreements.

Dec 3, 2020, the U.S. Department of Health and Human Services (HHS) issued a 4th amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act). This expands the scope of practice provider can provide for out-of-state patient, as long as the provider abide with the state's requirements. Out-of-state physicians can request a temporary authorization to practice in Oregon under OAR 847-010-0068 if the state has declared a COVID-19 emergency state. Prior to the PREP Act, using the State of Oregon as an example, providers are required to be fully-licensed in Oregon to provide service in Oregon 50. Again, without permanent collaborative efforts with the Oregon Health Authority, the Oregon

[47] https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx
[48] https://www.arcgis.com/apps/MapSeries/index.html?appid=68685bf7116447349ff120902f328447
[49] https://www.bizjournals.com/portland/news/2020/12/17/insurers-agree-to-keep-paying-for-telehealth.html
[50] https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx

Medical Board, and our State Legislature – these waivers that facilitate ongoing patient choice of care may lapse forcing patient to cut ties with their medical practitioners.

Why and how should the Legislative Assembly address this issue?

ACP believes that telemedicine can potentially be a beneficial and important part of the future of health care delivery. However, it is also important, especially as policymakers and stakeholders shape the landscape for telemedicine going forward, to balance the benefits of telemedicine against the risks for patients. In allowing expanded telehealth coverage to extend beyond the period of the COVID-19 public health emergency, Oregon would be joining with other states including New Hampshire, Idaho, Colorado and Ohio, which all passed legislation in 2020 that made permanent various expansions of private insurance coverage of telehealth enacted during the pandemic.[51] Oregon would also be aligning with federal actions, including the Centers for Medicare & Medicaid Services ruling to extend telehealth coverage for Medicare beneficiaries beyond the end of the public health emergency period.[52] Currently, two bills have been proposed that would address some of these concerns.

SB11 (sponsored by Sen. Beyer) Requires health benefit plan to reimburse cost of covered telemedicine health service provided by health professional licensed or certified in this state if same health service is covered when provided in person. While it does not protect full reimbursement parity, it is a crucial step to ensure that Oregonians will continue to have virtual access to their health care practitioners beyond the timelines under current emergency directives.

SB 423 (sponsored by Sen. Manning Jr) would allow patient located in Oregon to receive health care services through telemedicine from out-of-state health care practitioners for geographic neighboring states of California, Washington, & Idaho. This law would eliminate the need for practitioners to maintain a separate Oregon Medical license, but they must be in good standing with their local medical board. It also allows for patients to file complaints the Oregon Medical Board who then is able to relay complaints to the sponsoring medical board for the out-of-state provider. The American College of Physicians supports efforts to streamline attainment interstate medical licensure, however it supports processes that ***allow states to retain individual licensing and regulatory authority.***[53] Thus, while we are excited to see legislation proposed to address cumbersome interstate licensure needs – especially in the era of growing telemedicine – we hope to see preserving states' regulatory authority as a feature of future policy proposals.

What is ACP asking of our legislators?

Oregon ACP is asking Oregon Legislators **to vote in support of SB11**, and **is neutral on the stance of SB 423.**

[51] https://www.aarp.org/health/conditions-treatments/info-2020/telehealth-private-insurance-coverage.html
[52] https://www.cms.gov/newsroom/press-releases/trump-administration-finalizes-permanent-expansion-medicare-telehealth-services-and-improved-payment
[53] https://www.acpjournals.org/doi/10.7326/M15-0498?articleid=2434625

Addressing Carbon Emissions and Climate Change

ACP recognizes that climate change is a critical public health issue and asks legislators to support common sense measures to curtail carbon emissions.

What's it all about?

Climate change has major consequences for the health of all Oregonians – and thus an issue ACP is interested in addressing. Warming temperatures and the subsequent environmental impacts will negatively affect multiple organ systems [54,55]. Some of these effects include:

Cardiovascular (Heart health): Extreme heat events and drought are associated with cardiovascular disease. In addition, particulate matter released from fossil fuel combustion is also associated with cardiovascular disease and death.

Infectious Disease: A warming climate and change in rainfall patterns will lead to the spread of many vector-borne and waterborne diseases, including malaria, dengue, West Nile virus, Lyme disease, cholera, and cryptosporidium.

Pulmonary (Lung Health): Extreme heat, increased ozone, and wildfires can all exacerbate respiratory disease. In addition, a warmer climate can lead to an increase in pollen production and a longer pollen season, which may further exacerbate allergies and lung disease.

Nephrology (Kidney Health): Increased temperatures are linked with renal failure and kidney stones.

Gastroenterology (Digestive health): Warmer temperatures will increase the risk of infectious gastroenteritis illness as vector-borne and waterborne disease expand their geographic distribution.

Geriatrics: Elderly individuals are much more susceptible to extreme heat events and other major weather events.

While all Oregonians are imperiled by its health impacts, our most marginalized communities will be disproportionately harmed.[56] Last summer, record-breaking wildfires were a testament to our unequal vulnerability. People that were financially obligated to work outdoors, incarcerated in close proximity to the wildfires, or living outdoors were exposed to toxic air without reprieve. These groups are largely composed of economically and socially disenfranchised people, who are disproportionately people of color. As an organization, the ACP has taken a stance to be an anti-racist organization ensuring that diversity, equity, and inclusion woven throughout our

[54] Salas RN, Solomon CG. The Climate Crisis - Health and Care Delivery. N Engl J Med. 2019;381(8):e13.
[55] https://www.acponline.org/acp_policy/testimony/acp_statement_to_house_resources_committee_climate_change_2019.pdf
[56] York EA, Braun MJF, Goldfarb GG, Sifuentes JE. Climate and health in Oregon: 2020 report. Oregon Health Authority. December 2020: Portland, OR. https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/CLIMATECHANGE/Pages/profile-report.aspx

advocacy.[57] As climate change intensifies, these same groups are most likely to suffer severe health impacts.[58] If the State of Oregon hopes to protect these vulnerable populations and prioritize climate justice, it must lead the transition toward a sustainable economy by urgently transitioning away from the combustion of fossil fuels.

What's the current status?

Steps to mitigate the effects of climate change have been ongoing for the last several years. Governor Kate Brown has issued several executive orders directed state agencies to reduce & regulate greenhouse gas emission.[59,60] Legislatively however, inroads to progress have been slower. In 2019, HB 2020 (Clean Energy Jobs Initiative), also known as the "Cap & Trade Bill " was introduced.[3] HB 2020 passed in the House but remained in Senate committee at adjournment. The bill aimed to lower emissions to 80% below 1990 levels by 2025 and use revenues to adapt to the impacts of climate change and transition to a lower carbon future. A revised version was reprised for the 2020 session as Senate bill (SB 1530) shorted to the *"Cap and Invest"* bill.[61] This new proposal sought to address some of the concerns related to HB 2020, however died in the Senate during walkouts over a continued lack of common ground over ongoing concerns of disproportionate economic burden on predominantly rural areas that rely on farming and timber as major economic industries.

For the 2021 legislative session, there are various proposed policies ranging from credits for electric vehicles proposals to have the Department of Land Conservation & Development (DLCD) to consider and pursue future strategies for mitigating future damages from hazardous climate change driven by greenhouse phenomena. Ultimately, for the 2021 legislative session, the Oregon chapter of the American College of Physicians is not taking any particular stance on proposed bills at this time.

What is ACP asking of our legislators?

ACP asks legislators to continue exploring legislative paths forward to address worsening climate change that leads to the worsened health of our communities in Oregon.

[57] https://www.acponline.org/acp-newsroom/acp-issues-organizational-commitment-to-be-anti-racist-diverse-equitable-and-inclusive
[58] Davies IP, Haugo RD, Robertson JC et al. The unequal vulnerability of communities of color to wildfire. PLoS One. 2018;13(11):e0205825.
[59] https://www.oregon.gov/gov/Documents/executive_orders/eo_20-04.pdf
[60] https://www.oregon.gov/gov/Documents/executive_orders/eo_20-04.pdf
[61] Jackson A. Oregon Poised (Again) to Cap Carbon Pollution. NRDC. https://www.nrdc.org/experts/alex-jackson/oregon-poised-again-cap-carbon-pollution. Accessed January 12, 2020