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## SENATE COMMITTEE ON HEALTH CARE

Oregon State Capitol  
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### AGENDA

**Revision 3 Posted: APR 16 02:41 PM**

### MONDAY

**Date: April 20, 2015**

**Time: 3:00 P.M.**

**Room: HR A**

#### Work Session

- SB 93  
Requires reimbursement for up to 60-day supply of prescription drug that is prescribed for chronic condition.
- SB 147  
Changes communication requirements for pharmacy or pharmacist that substitutes biological product.
- SB 231  
Requires Department of Consumer and Business Services to adopt rules for participation of prominent carriers in Primary Care Transformation Initiative implemented by Oregon Health Authority.
- SB 469  
Makes changes to laws governing hospital nursing staff, including laws setting forth composition of hospital nurse staffing committees and laws governing content of written hospital-wide staffing plans.
- SB 523  
Requires insurer to provide specified notifications to health care providers regarding coverage under qualified health plan offered by insurer through health insurance exchange.
- SB 626 A  
Shortens timeframe within which pharmacies must electronically report to Oregon Health Authority information under prescription monitoring program.
- SB 660 \*\*  
Directs Oregon Health Authority to develop program for screening students in this state who are susceptible to tooth decay and providing dental sealants for those students. \*\*Subsequent Referral(s) to Ways and Means
- SB 661  
Requires health benefit plan that covers opioid analgesic drug products to cover abuse-deterrent opioid analgesic drug products, at no greater cost to insured than other preferred drugs under plan, and specifies other requirements regarding coverage.
- SB 663  
Changes governmental framework for conducting public health activities in this state and for providing public health services to residents of this state.

**AGENDA (Cont.)**  
**April 20, 2015**

- SB 672  
Establishes office of oral health within Oregon Health Authority to study and support oral health of citizens of this state.
- SB 679  
Creates Medicaid Management Information System Oversight Committee to monitor progress of improvements to Oregon's mechanized claim processing system for Medicaid claims.
- SB 692  
Removes sunset on ability of Oregon Health Authority to approve dental pilot projects.
- SB 696  
Directs Oregon Health Authority to study need for changes in licensure of health care practitioners that treat individuals diagnosed with autism spectrum disorders and report to interim committees of Legislative Assembly related to health care on or before September 15, 2015.
- SB 705  
Directs Oregon Health Authority to study and report on demolition of residential structures that have been painted with lead-based paint or insulated with asbestos and risks to public health associated with such demolitions.
- SB 838  
Requires Health Evidence Review Commission to develop prioritized list of prescription drugs.
- SB 841  
Modifies requirements for health plan coverage of prescription drugs dispensed in accordance with synchronization policy.
- SB 874  
Requires Oregon Health Authority to provide or contract for provision of training on adrenal insufficiency for certain health care professionals.
- SB 880  
Exempts for-profit or nonprofit business entity, if business entity provides only palliative care or operates rural health clinic, from requirement that licensed physicians hold majority of voting stock in professional corporation organized for purpose of practicing medicine or be majority of directors of professional corporation.
- SB 891  
Requires health care facilities to publish, in manner prescribed by Oregon Health Authority, price data regarding health care services offered.
- SB 916  
Directs Oregon Medical Board and Oregon State Board of Nursing to adopt rules regarding diagnosis and treatment of Lyme disease.
- SB 920  
Makes legislative findings regarding provision of antibiotics and its relation to public health.

**Public Hearing and Possible Work Session**

- SB 309  
Prohibits discrimination based on age, expected length of life, present or predicted disability, degree of medical dependency or quality of life in issuance of health benefit plans and in determination of medical services covered by state medical assistance program.

*Note: SB 960 moved to April 22nd.*

**Submit testimony or request presentation/projection equipment 24 hours in advance.  
Send materials to the email near the top of the agenda; if unable, bring 10 hard copies.**

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