Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session **MEASURE: HB 2300 A**
STAFF MEASURE SUMMARY **CARRIER: Rep. Buehler**
House Committee On Health Care

Fiscal: No Fiscal Impact
Revenue: No Revenue Impact

Action Date: 03/30/15
Action: Do Pass As Amended And Be Printed Engrossed.
Meeting Dates: 02/04, 03/30
Vote:
Yeas: 9 - Buehler, Clem, Greenlick, Hayden, Kennemer, Keny-Guyer, Lively, Nosse, Weidner
Prepared By: Sandy Thiele-Cirka, Committee Administrator

WHAT THE MEASURE DOES:
Creates and specifies providers, methods and criteria by which a health care practitioner may offer to treat patient who has a terminal illness with an investigational product that is not approved by the United States Food and Drug Administration. Defines "terminal disease." States that insurers are not required to reimburse any cost associated with the treatment. Specifies that hospice care must be determined on a patient's overall prognosis, care or treatment goals. Specifies protections of waiver of liability for health care practitioners, health care facilities and professional organizations or associations that comply with the measure.

ISSUES DISCUSSED:

- Patient choices for terminal disease treatment
- Other states that have enacted Right-to-Try laws
- Current drug approval process
- Barriers to the use of effective drugs
- Concerns associated with drug misuse
- Current clinical trial processes and procedures
- Handling of costs to clinicians and patients
- Legislative Counsel's opinion
- Review of amendment

EFFECT OF COMMITTEE AMENDMENT:
Replaces term "drug or device" with "investigational product(s)." Specifies that the patient must be 15 years of age or older and, if 15, 16 or 17 years of age, that parental consent is required. Defines "terminal disease" as death expected to result in one year. States that insurers are not required to reimburse any cost associated with the treatment. Specifies that hospice care must be determined on a patient's overall prognosis, care or treatment goals.

BACKGROUND:
Arizona, Colorado, Louisiana, Michigan and Missouri enacted Right-to-Try laws in 2014. Right-to-Try laws generally permit a patient to have access to an experimental drug after it has passed through Phase 1 of a clinical trial, which is the initial trial testing where a drug is given to a small group of people to evaluate its safety and side effects. Proponents state that only about three percent of the sickest Americans qualify for or have access to clinical drug trials approved by the United States Food and Drug Administration.

Right-to-Try legislation that has been developed by the Goldwater Institute states that insurers are not required to cover the costs of the drug or other services related to its use.

This summary has not been adopted or officially endorsed by action of the Committee.