

STAFF MEASURE SUMMARY

Joint Committee On Ways and Means

Fiscal: Has minimal fiscal impact**Revenue:** No Revenue Impact**Action Date:** 06/29/15**Action:** Do Pass With Amendments To The A-Eng Bill. (Printed B-Eng.)**Meeting Dates:** 06/29**Vote:****Senate**

Yeas: 12 - Burdick, Devlin, Girod, Hansell, Johnson, Monroe, Roblan, Shields, Steiner Hayward, Thomsen, Whitsett, Winters

House

Yeas: 12 - Buckley, Gomberg, Huffman, Komp, McLane, Nathanson, Rayfield, Read, Smith, Whisnant, Whitsett, Williamson

Prepared By: Kim To, Fiscal Analyst**WHAT THE MEASURE DOES:**

Defines terms, and institute methods by which attending physicians may refer a patient who has a terminal disease to a health care practitioner who is authorized to treat patients with investigational products not yet approved by the USDA. Establishes the parameters for health care practitioners and patients eligible for treatment with investigational products, including defining the provisions for qualifying for treatment and paying for treatment. Requires the physician who makes a referral, health care practitioner that administers treatment, and consulting physician to file record with the Oregon Health Authority. Records filed by the health care practitioner that administers treatment must at least provide details that include adverse effects, positive outcomes, cost of treatment, and demographics. Requires OHA to: (1) Adopt rules for the collection of information from physicians who makes a referral, health care practitioners that administers treatment, and consulting physicians; (2) Review, annually, a sample of records of patients who have a terminal disease and receive treatment with an investigational product; (3) Create an annual statistical report that is available to the public; and (4) Provide the annual to report to the Legislative Assembly on or before February 1 of every odd-numbered year. The bill as amended is effective January 1, 2016, and sunsets on January 2, 2022.

ISSUES DISCUSSED:

- Proposed amendment.
- Minimal fiscal impact.

EFFECT OF COMMITTEE AMENDMENT:

No amendment.

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.