HOUSE AMENDMENTS TO A-ENGROSSED HOUSE BILL 4017

By JOINT COMMITTEE ON WAYS AND MEANS

February 26

1	On page 1 of the printed A-engrossed bill, line 2, after "678.038" insert "and sections 3 and 5
2	chapter 575, Oregon Laws 2015".
3	On page 3, after line 17, insert:

"SECTION 3. Notwithstanding any other law limiting expenditures, the amount of \$415,000 is established for the biennium beginning July 1, 2015, as the maximum limit for payment of expenses for carrying out the provisions of sections 1 and 2 of this 2016 Act, from fees, moneys or other revenues, including Miscellaneous Receipts, but excluding lottery funds and federal funds, collected or received by the Department of Consumer and Business Services.

- "SECTION 4. Section 5 of this 2016 Act is added to and made a part of ORS chapter 414. "SECTION 5. (1) As used in this section:
- "(a) 'Approved clinical trial' has the meaning given that term in ORS 743A.192.
 - "(b) 'Routine health care':

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- "(A) Means the types and extent of health care and services that the Oregon Health Authority requires to be provided in medical assistance in accordance with ORS 414.065.
 - "(B) Does not include:
- "(i) The drug, device or service being tested in an approved clinical trial, unless a coordinated care organization would provide or pay for the drug, device or service if provided to a member who is not enrolled in an approved clinical trial;
- "(ii) Items or services required solely for the provision of the drug, device or service being tested in an approved clinical trial;
- "(iii) Items or services required solely for the clinically appropriate monitoring of the drug, device or service being tested in an approved clinical trial;
- "(iv) Items or services that are provided solely to satisfy data collection and analysis needs associated with an approved clinical trial and that are not used in the direct clinical management of the member; or
- "(v) Items or services customarily provided by a clinical trial sponsor free of charge to any participant in an approved clinical trial.
- "(2) A coordinated care organization may not discriminate against a member on the basis of the member's participation in an approved clinical trial by:
 - "(a) Denying the provision of or payment for routine health care; or
- "(b) Excluding, limiting or imposing additional conditions on the provision of or payment for routine health care furnished in connection with the member's participation in an approved clinical trial.
 - "(3) A coordinated care organization that provides routine health care to a member en-

- rolled in an approved clinical trial is not, based on the provision of that care, liable for any adverse effects of the approved clinical trial.".
- 3 In line 18, delete "3" and insert "6".
- 4 After line 23, insert:

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- 5 "SECTION 7. Section 3, chapter 575, Oregon Laws 2015, is amended to read:
- "Sec. 3. No later than February 1[, 2016,] of each year, the Oregon Health Authority and the
 Department of Consumer and Business Services shall report to the Legislative Assembly, in the
 manner provided in ORS 192.245:
- 9 "(1) The percentage of the medical expenses of carriers, coordinated care organizations, the 10 Public Employees' Benefit Board and the Oregon Educators Benefit Board that is allocated to pri-11 mary care; and
- "(2) How carriers, coordinated care organizations, the Public Employees' Benefit Board and the Oregon Educators Benefit Board pay for primary care.
 - "SECTION 8. Section 5, chapter 575, Oregon Laws 2015, is amended to read:
- "Sec. 5. (1) Sections 1, [to] 2 and 4, [of this 2015 Act] chapter 575, Oregon Laws 2015, are repealed on December 31, 2018.
- "(2) Section 3, chapter 575, Oregon Laws 2015, is repealed on January 2, 2020.".
- In line 24, delete "4" and insert "9".

HA to A-Eng. HB 4017