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SENATE COMMITTEE ON HEALTH CARE

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AGENDA

Posted: JAN 31 04:19 PM

WEDNESDAY

Date: February 6, 2019
Time: 1:00 P.M.
Room: HR A

Public Hearing

- SB 236
Prohibits policy or certificate of health insurance from requiring prior authorization for coverage of specified treatment by participating physical or occupational therapist if treatment is medically necessary and falls within quantitative treatment limits of policy or certificate.
- SB 587
Prohibits policy or certificate of health insurance from requiring prior authorization for coverage of specified treatment by participating physical or occupational therapist if treatment is medically necessary and falls within quantitative treatment limits of policy or certificate.
- SB 537
Requires that rules adopted by Director of Department of Consumer and Business Services for coordination of benefits protect insured from out-of-pocket expenses if combined coverages exceed costs to be reimbursed.
- SB 139
Imposes restrictions and reporting requirements for utilization management of health services by commercial insurers, coordinated care organizations and state medical assistance program.
- SB 249
Specifies requirements for insurer determinations regarding requests for prior authorization for coverage of health care items, services, procedures and settings.

Work Session

Possible Introduction of Committee Measures

Send materials or presentations to the email at the top of the agenda 24 hours in advance of the meeting date. All submissions will be posted and made public on the Oregon Legislative Information System (OLIS).

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