

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO  
SENATE BILL 492**

1 On page 1 of the printed bill, line 2, after “program” delete the rest of the  
2 line and delete line 3 and insert a period.

3 Delete lines 5 through 31 and delete pages 2 through 13 and insert:

4 **“SECTION 1. (1) The Oregon Health Authority shall study policies**  
5 **and practices governing the provision of and payments for health ser-**  
6 **vices in the medical assistance program under ORS chapter 414, in-**  
7 **cluding an assessment, at a minimum, of the following issues:**

8 **“(a) The Health Evidence Review Commission and its use of re-**  
9 **search and analysis, including research that:**

10 **“(A) Studies health outcomes that are priorities for persons with**  
11 **disabilities who experience specific diseases or illnesses, through sur-**  
12 **veys and other methods of identifying priority outcomes for individ-**  
13 **uals who experience the diseases or illnesses;**

14 **“(B) Studies subgroups of patients who experience specific diseases**  
15 **or illnesses, to ensure consideration of any important differences and**  
16 **clinical characteristics applicable to the subgroups; and**

17 **“(C) Considers the full range of relevant, peer-reviewed evidence**  
18 **and avoids harm to patients caused by undue emphasis on evidence**  
19 **that is deemed inconclusive of clinical differences without further in-**  
20 **vestigation.**

21 **“(b) The use of the prioritized list of health services, developed by**

1 the commission under ORS 414.690, and the impact of the prioritized  
2 list on access to medically necessary treatment and services by recip-  
3 ients of medical assistance, including members of coordinated care  
4 organizations.

5 “(c) The impact of the prioritized list on the authority’s policy ini-  
6 tiatives, including the goal to achieve equitable access to health care  
7 by 2030, and the implementation of policy objectives included in the  
8 demonstration project approved by the Centers for Medicare and  
9 Medicaid Services under 42 U.S.C. 1315.

10 “(d) The use of any quality of life measures, either directly or by  
11 considering research or analysis that takes into account a measure of  
12 an individual’s quality of life, in determining whether a service is  
13 cost-effective, whether a service is recommended, or the value of a  
14 service.

15 “(e) The use of prior authorization or other utilization management  
16 procedures and their impact on access to medically necessary treat-  
17 ment and services, specifically among persons with disabilities or  
18 chronic illnesses.

19 “(f) The use of vendors to provide or compile research and analysis  
20 that is considered by the commission, including the vendors’ funding  
21 sources, and any conflicts of interest that a vendor may have with  
22 respect to the research and analysis provided.

23 “(g) The opportunity for public participation and engagement with  
24 the commission’s review process, including timely public notice of  
25 actions, use of executive sessions to hear evidence from advisory  
26 committees, subcommittees or panels of experts and the applicability  
27 of ORS 192.610 to 192.690 to meetings of the advisory committees or  
28 subcommittees described in ORS 414.689.

29 “(2) The authority shall submit a report, in the manner provided  
30 by ORS 192.245, of the authority’s study and assessments under sub-

1 **section (1) of this section, and shall include recommendations for leg-**  
2 **islation, to the interim committees of the Legislative Assembly related**  
3 **to health no later than September 15, 2024.**

4 **“SECTION 2. Section 1 of this 2023 Act is repealed on January 2,**  
5 **2025.”.**

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