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## HOUSE COMMITTEE ON BEHAVIORAL HEALTH AND HEALTH CARE

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### AGENDA

**Revision 8 Posted: APR 01 01:11 PM**

#### TUESDAY

**Date: April 1, 2025**  
**Time: 3:00 PM**  
**Room: HR C**

*Please note: This meeting is scheduled from 3:00-6:30 pm*

#### Work Session

HB 3226

Includes pharmacy services administrative organizations within the definition of pharmacies for the purpose of ensuring that pharmacy benefit managers are subject to laws regulating their activities even if their contracts are with pharmacy services administrative organizations.

HB 2365 \*\*

\*\*Subsequent Referral(s) to Revenue

Adds mental health professionals, naturopathic physicians, pharmacists, medical laboratory scientists and medical laboratory technicians to the types of providers eligible for the tax credit allowed to rural medical care providers.

HB 2057

Prohibits insurers offering policies or certificates of health insurance and pharmacy benefit managers from requiring that a claim for reimbursement of a prescription drug include a modifier or other indicator that the drug is a 340B drug.

HB 2143

Defines "five-needle protocol."

HB 2147

Provides funding to the Higher Education Coordinating Commission to be distributed to Oregon Health and Science University for purposes of the Addiction Medicine Fellowship program.

HB 2210 \*\*

\*\*Subsequent Referral(s) to Ways and Means

Expands a provider credentialing database maintained by the Oregon Health Authority to include audit or other compliance materials that an organizational provider must submit to a coordinated care organization.

HB 2215 \*\*

\*\*Subsequent Referral(s) to Ways and Means

Establishes a process for determining global budgets for coordinated care organizations that is similar to the rate review process for insurers.

## **AGENDA (cont.)**

### **April 1, 2025**

- HB 2216 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Directs the Oregon Health Authority to assess current fee-for-service billing practices and non-fee-for-service payment pathways for community health workers serving medical assistance recipients to identify improvements for ensuring adequate and sustainable funding.
- HB 2222 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Directs the Oregon Health Authority to create and maintain a registry of mobile integrated health care providers.
- HB 2292  
Requires health benefit plans and medical assistance managed plans to provide coverage with no cost-sharing for additional treatment for human immunodeficiency virus and prohibits requiring prior authorization.
- HB 2385  
Makes it an unlawful practice for drug manufacturers to interfere directly or indirectly with a pharmacy or drug outlet acquiring 340B drugs, delivering 340B drugs to certain health care providers or dispensing 340B drugs.
- HB 2591 \*\* \*\*Subsequent Referral(s) to Revenue  
Establishes an income tax credit for physicians who practice anesthesiology and for certified registered nurse anesthetists who do not qualify for rural health care provider tax credits.
- HB 2594  
Requires a dental laboratory to register with the Health Licensing Office.
- HB 2685 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Directs the Oregon Health Authority to provide information on the screening protocol for cytomegalovirus to hospitals and birthing centers.
- HB 2690 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Establishes the Health Insurance Mandate Review Advisory Committee, staffed by the Legislative Policy and Research Director, to meet during interims between sessions of the Legislative Assembly to review a specified number of proposed measures sponsored by or submitted to the interim committees of the Legislative Assembly related to health if the measure requires health insurance policies to reimburse specified health care providers or to reimburse the cost of a specific service.
- HB 2942  
Requires the Oregon Health Authority and coordinated care organizations to reimburse pharmacies and pharmacists in the same manner as other health care providers for certain services related to HIV treatment.
- HB 2943 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Directs a hospital to conduct HIV and syphilis screening when an individual undergoes a blood test or analysis as part of medical care received within an emergency department, unless the individual declines a test.
- HB 2955 \*\* \*\*Subsequent Referral(s) to Ways and Means  
Requires medical assistance to include continuous glucose monitors for specified recipients of medical assistance.
- HB 3046  
Clarifies that a pharmacist may prescribe, dispense and administer medications for treatment of opioid use disorder.
- HB 3082  
Requires prescription drug manufacturers to report to the Department of Consumer and Business Services the total number of consumers to which the manufacturer offered a patient assistance

## AGENDA (cont.)

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program who participated in the program, notwithstanding any increase in the price of the prescription drug for which the manufacturer offered the program.

HB 3086

Requires the Public Employees' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.

HB 3092

Requires the Oregon Educators' Benefit Board to count payments made by or on behalf of an enrollee for the cost of certain prescription drugs when calculating the enrollee's contribution to an out-of-pocket maximum, deductible, copayment, coinsurance or other required cost-sharing for the drugs.

HB 3146 \*\*

\*\*Subsequent Referral(s) to Ways and Means

Directs the Oregon Health Authority to administer a pilot program to provide low-barrier emergency housing for houseless or unsafely housed individuals on waiting lists for residential substance use disorder treatment or withdrawal management programs.

HB 3192 \*\*

\*\*Subsequent Referral(s) to Ways and Means

Appropriates moneys from the General Fund to the Oregon Health Authority for the purpose of screening newborns for five specific diseases under the Northwest Regional Newborn Bloodspot Screening Program.

HB 3229 \*\*

\*\*Subsequent Referral(s) to Ways and Means

Directs the Oregon Health Authority to expedite the process for enrolling providers in the medical assistance program and study the feasibility of developing and implementing an automated, online tool for provider enrollment applications.

HB 3326

Requires the Oregon Health Authority to study barriers to accessing dental care for seniors.

HB 3439

Requires individual and group health benefit plans and benefit plans offered by the Public Employees' Benefit Board and the Oregon Educators Benefit Board to reimburse services provided by naturopathic physicians within the scope of their practice if the services are reimbursed when provided by licensed physicians, physician associates or nurse practitioners.

HB 3727

Allows a physician or physician associate to use telemedicine to practice medicine or provide health care services under specified circumstances to a patient located out of state.

HB 3042

Specifies additional reasons for which the Oregon Board of Naturopathic Medicine may impose discipline.

### Public Hearing and Possible Work Session

HB 3942

Allows a health care facility to apply for an expedited reissuance of a license if the health care facility was previously licensed within the last 24 months, closed voluntarily or due to financial hardship and will resume operations with no significant changes.

***Please Note: Work Sessions removed for HB 2013, HB 2211, HB 2214, HB 2270, HB 3221, HB 3554, HB 3817, HB 2023, HB 3245, HB 2357, HB 2554, HB 2676, HB 3060, HB 3339, HB 3351, HB 2149, HB 3212, HB 2208, HB 2029, HB 2206, HB 2597, HB 3214, HB 3243.***

**AGENDA (cont.)**  
**April 1, 2025**

**For information on how to submit written testimony or register to testify on bills scheduled for a public hearing:**

[https://www.oregonlegislature.gov/citizen\\_engagement](https://www.oregonlegislature.gov/citizen_engagement)

**Written testimony may be submitted up to 48 hours after the committee meeting is scheduled to begin. Public testimony registration closes 30 minutes before the meeting is scheduled to begin.**

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<https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx>

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