

SB 549 A STAFF MEASURE SUMMARY

Carrier: Sen. Sollman

Senate Committee On Health Care

Action Date: 04/08/25
Action: Do pass with amendments. (Printed A-Eng.)
Vote: 4-1-0-0
Yeas: 4 - Campos, Hayden, Patterson, Reynolds
Nays: 1 - Linthicum
Fiscal: Has minimal fiscal impact
Revenue: No revenue impact
Prepared By: Daniel Dietz, LPRO Analyst
Meeting Dates: 1/30, 4/8

WHAT THE MEASURE DOES:

The measure requires the Oregon Health Authority (OHA) or a Coordinated Care Organization (CCO) to make a determination within 72 hours on a request for prior authorization for repair of complex rehabilitation technology.

DETAILED SUMMARY:

- Defines “complex rehabilitation technology” as durable medical equipment that is configured to meet a person’s unique medical, physical, and functional needs (e.g., wheelchairs, adaptive seating, strollers, gait trainers).

ISSUES DISCUSSED:

- Timelines for prior authorization approval.
- Timelines for repair.
- Impacts of the measure.

EFFECT OF AMENDMENT:

Removes full restriction on prior authorization for repairs.

BACKGROUND:

For Oregonians enrolled in the Oregon Health Plan (OHP), covered services and benefits may require prior authorization from either a coordinated care organization (CCO) or, for fee-for-service enrollees, from the Oregon Health Authority (OHA).

Prior authorization requirements vary among CCOs. For fee-for-service enrollees, requirements are described in OHA's Prior Authorization Handbook ([link](#)). To obtain prior authorization from OHA, providers must submit a request through the "interChange" system. The request must include demographic information, a description of the service type (in this case, equipment), and any special circumstances or considerations. Providers must also enter a service or procedure code, requested start and end dates for the authorization, and specific details about the requested equipment. If needed, providers can request immediate (24-hour) or urgent (72-hour) processing and must include the reason for expedited review. The request may then be approved or denied.

SB 549 A requires determinations on requests for medical assistance coverage of repair to complex rehabilitation technology be made within 72 hours.

Analysis prepared by LPRO Graduate Intern Aleya García Rivas.