

HB 4040-15  
(LC 241)  
2/3/26 (RH/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE (at the request of Representative Rob Nosse)

**PROPOSED AMENDMENTS TO  
HOUSE BILL 4040**

1 On page 7 of the printed bill, delete lines 9 through 45.

2 On page 8, delete lines 1 through 37 and insert:

3 **“SECTION 9.** ORS 414.690 is amended to read:

4 “414.690. (1) The Health Evidence Review Commission shall regularly so-  
5 licit testimony and information from stakeholders representing consumers,  
6 advocates, providers, carriers and employers in conducting the work of the  
7 commission.

8 **“(2)(a) No less than 14 days before a meeting, the Oregon Health**  
9 **Authority shall post to the authority’s website and to the website of**  
10 **the commission:**

11 **“(A) The agenda for the meeting; and**

12 **“(B) A list of all recommendations before the commission for re-**  
13 **view, including, but not limited to:**

14 **“(i) A drug or drug class review;**

15 **“(ii) A technology review; and**

16 **“(iii) Coverage guidance.**

17 **“(b) Except as provided by the authority by rule, once the authority**  
18 **has posted an agenda under this subsection, the agenda may not be**  
19 **changed.**

20 **“[(2)] (3)(a)** The commission shall actively solicit public involvement  
21 through a public meeting process to guide health resource allocation deci-

sions *[that includes, but is not limited to:]*, **in which the public is invited to testify in writing and in person. Except when more than 50 written comments from the public are received, the authority shall post to the commission's website and provide each commission member with the written comments received from the public no later than 48 hours after the close of the public comment period.**

**“(b) The public meeting process described in this subsection shall include, but not be limited to:**

**“[(a)] (A)** Providing members of the public the opportunity to provide input on the selection of any vendor that provides research and analysis to the commission; and

**“[(b)] (B)** Inviting public comment on any research or analysis tool or health economic measures to be relied upon by the commission in the commission's decision-making.

**“[(3)(a)] (4)(a)** The commission shall develop and maintain a list of health services ranked by priority, from the most important to the least important, representing the comparative benefits of each service to the population to be served.

**“(b)** Except as provided in ORS 414.701, the commission may not rely upon any quality of life in general measures, either directly or by considering research or analysis that relies on a quality of life in general measure, in determining:

**“(A)** Whether a service is cost-effective;

**“(B)** Whether a service is recommended; or

**“(C)** The value of a service.

**“(c)** The list must be submitted by the commission pursuant to subsection **[(5)] (6)** of this section and is not subject to alteration by any other state agency.

**“[(4)] (5)** In order to encourage effective and efficient medical evaluation and treatment, the commission:

1       “(a) May include clinical practice guidelines in its prioritized list of ser-  
2 vices. The commission shall actively solicit testimony and information from  
3 the medical community and the public to build a consensus on clinical  
4 practice guidelines developed by the commission.

5       “(b) May include statements of intent in its prioritized list of services.  
6 Statements of intent should give direction on coverage decisions where  
7 medical codes and clinical practice guidelines cannot convey the intent of  
8 the commission.

9       “(c) Shall consider both the clinical effectiveness and cost-effectiveness  
10 of health services, including drug therapies, in determining their relative  
11 importance using peer-reviewed medical literature.

12       “[(5)] (6) The commission shall report the prioritized list of services to the  
13 Oregon Health Authority for budget determinations by July 1 of each even-  
14 numbered year.

15       “[(6)] (7) The commission shall make its report during each regular ses-  
16 sion of the Legislative Assembly and shall submit a copy of its report to the  
17 Governor, the Speaker of the House of Representatives and the President of  
18 the Senate and post to the Oregon Health Authority’s website, along with a  
19 solicitation of public comment, an assessment of the impact on access to  
20 medically necessary treatment and services by persons with disabilities or  
21 chronic illnesses resulting from the commission’s prior use of any quality of  
22 life in general measures or any research or analysis that referred to or relied  
23 upon a quality of life in general measure.

24       “[(7)] (8) The commission may alter the list during the interim only as  
25 follows:

26       “(a) To make technical changes to correct errors and omissions;

27       “(b) To accommodate changes due to advancements in medical technology  
28 or new data regarding health outcomes;

29       “(c) To accommodate changes to clinical practice guidelines; and

30       “(d) To add statements of intent that clarify the prioritized list.

1        “[8] **(9)** If a service is deleted or added during an interim and no new  
2 funding is required, the commission shall report to the Speaker of the House  
3 of Representatives and the President of the Senate. However, if a service to  
4 be added requires increased funding to avoid discontinuing another service,  
5 the commission shall report to the Emergency Board to request the funding.

6        “[9] **(10)** The prioritized list of services remains in effect for a two-year  
7 period beginning no earlier than October 1 of each odd-numbered year.

8        “[10](a) **(11)(a)** As used in this section, ‘peer-reviewed medical  
9 literature’ means scientific studies printed in journals or other publications  
10 that publish original manuscripts only after the manuscripts have been crit-  
11 ically reviewed by unbiased independent experts for scientific accuracy, va-  
12 lidity and reliability.

13        “(b) ‘Peer-reviewed medical literature’ does not include internal publica-  
14 tions of pharmaceutical manufacturers.”.

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