

**MEMORANDUM**

To: Rep. Rob Nosse, Chair, House Health Care Committee  
Members of the House Health Care Committee

From: Courtni Dresser, Vice President of Government Relations

Date: February 5, 2026

Re: OMA Comments on HB 4003

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The Oregon Medical Association (OMA) represents and advocates for more than 7,000 physicians, physician associates, and medical and PA students across Oregon. Our mission is to support our members in their efforts to practice medicine effectively, improve the health of Oregonians, and provide the highest quality patient care.

We appreciate the work that has gone into HB 4003 and the broader effort to align Oregon's Medicaid program with federal requirements while maintaining a clinically grounded, evidence-based approach to coverage decisions.

We know that the statutory changes are a first step and that much of HB 4003 calls for rule writing and further study; as the work continues, we ask that you consider key items:

It is critical that this transition does not result in increased administrative burden for clinicians and care teams. Clinicians already face significant demands related to documentation, utilization management, and appeals. A system that introduces a need for additional prior authorizations or appeals, new layers of interpretation, inconsistent application across plans, or unclear standards risks shifting time and resources away from patient care and toward administrative processes. Further, OHA should allow OHP fee-for-service and CCOs to use newly received provider documents to reconsider a denied prior authorization in concurrence with member appeal processes and in alignment with CMS guidance. Coverage policies should be clear, predictable, and consistently applied, with meaningful opportunities for individual medical review when clinical circumstances warrant.

Also, Oregon will soon need to make difficult decisions about the OHP benefit package and coverage limitations. These decisions should be made openly and transparently through the Health Evidence Review Commission (HERC) process and other public forums, with meaningful input from clinical experts and patients. Transparency and system partner involvement are key to answering all the questions that remain unanswered, informing rulemaking as well as any future related statutory changes, maintaining trust in the system and ensuring decisions reflect real-world clinical practice.

We look forward to continued engagement as HB 4003 is considered and implemented, and we appreciate the opportunity to help shape an approach that protects the financial and operational stability of OHP, access to medically necessary care, supports clinicians in delivering that care, and ensures accountability and transparency for OHP members.