

California, Oregon eye universal health coverage

Hospital care costs are out of control. Price caps can help

SB 1508

This bill updates health care provisions. The Oregon Health Authority is to determine the types of health care services provided for recipients of medical assistance. Such assistance will be subjected to revisions and revisions based on legislative funding. The bill also involves setting standards for health care services, determining fees, and perhaps requiring co-payment from recipients. Health services will be provided based on global budgets set by the authority and approved by the Governor. The bill also covers the duties, roles, and composition of the Health Evidence Review Commission and Pharmacy and Therapeutics Committee who assist with providing care. It also defines key terms related to the assistance process like medical assistance, coordinated care organization, alternative payment methodology, quality of life in general measure, among others.

HB 4149

This bill relates to pharmacy benefits and regulations for Pharmacy Benefit Managers (PBMs) in Oregon. The act requires PBMs to be licensed and alters the definition of a PBM. It modifies the way PBMs can audit drug stores and mandates yearly reporting to the Department of Consumer and Business Services (DCBS). The act also changes the insurance coverage of 340B drugs, a federal program that allows eligible healthcare providers to purchase outpatient drugs at discounted prices. The bill safeguards certain information provided to or developed by the Oregon Prescription Drug Program (OPDP) from public disclosure. In addition, the bill stipulates new requirements on PBMs such as not requiring a prescription to be filled or refilled by a mail order pharmacy for reimbursing the cost of a drug and not charging a fee to a pharmacy for submitting claims or adjudicating claims. The bill declares an emergency, making it effective immediately upon passage.

HB 4139

This bill relates to the certificate of need program managed by the Oregon Health Authority (OHA). This bill excludes new hospitals providing inpatient psychiatric services, inpatient rehabilitation services, or inpatient or outpatient substance use treatment, from the requirement to obtain a certificate of need from the OHA. It also excludes the construction of new long-term care facilities from this requirement. Additionally, this bill sets procedures for applying for a certificate of

need, rules for issuing a recommendation, and guidelines for an informal hearing if the recommendation is disputed. It explains the circumstances under which a certificate of need may be revoked or limited and what facilities and services do not require a certificate of need.

HB 4089

This bill regards health care in the state of Oregon, particularly focusing on the work schedules of health care employees and the financial transparency and reporting of hospitals. The bill requires these institutions to maintain and adhere to predictive scheduling of on-call shifts and to report quarterly their financial data to Oregon Health Authority (OHA), including the hospital's daily cash on hand. This financial data as well the specifics about employees' work schedules must also be made publicly available. The bill empowers the OHA to impose penalties on hospitals that fail to comply with these new legal requirements. The bill seeks to enhance transparency in hospital's operations, management, and finances. Overtime rules for nursing staff are outlined clearly to mitigate their overwork. The bill also contains provisions addressing the handling of complaints as well as some specifications related to financial transactions which hospitals must adhere to. Lastly, the bill calls for the Oregon Health Authority to adopt rules necessary to ensure compliance with these new measures.

HB 4028

This bill is related to health care and specifically addresses the issue of drug accessibility in Oregon. The bill has two major components. Firstly, the bill restricts the actions of drug manufacturers by preventing them from making it harder for pharmacies or drug outlets to acquire or deliver specific drugs, known as 340B drugs. These 340B drugs refer to drugs offered at reduced prices under the federal 340B Drug Pricing Program, which requires drug manufacturers to offer drugs at reduced prices to health care organizations that care for underserved populations. Secondly, the bill mandates the Oregon Health Authority (OHA) to study the issues in accessing health care services in the state. OHA must then report its findings to legislative committees related to health.

Amedisys says Oregon regulators are reviewing its \$3.7B acquisition by UnitedHealth

Optum looks to fast-track

controversial acquisition of physician-owned clinic

HB 4069

Establishes the Aligning for Health Pilot Program, administered by the Oregon Health Authority, to test alternative methods for paying for health care.