



**Oregon Academy of Family Physicians
2025 Legislative Assembly Weekly Report**

Week Ending May 2nd, 2025

Capitol Climate

On Thursday, Salem's streets were filled with energy as hundreds gathered for the annual May Day March, championing immigrant and worker rights. The Capitol steps transformed into a stage of cultural performances and passionate speeches, with Governor Tina Kotek and many legislators lending their voices to the cause.

The Building itself was buzzing, not just with speeches and protests, but with a flurry of “placeholder bills”—a sort of legislative fill in the blank. These bills, filed in record numbers this session, are empty vessels: a title, a bill number, and... not much else (also called study bills, because they are drafted, often, with language to “study” something.) But don’t be fooled—they’re a crucial part of legislative strategy.

Think of them like props: they may look like nothing now, but they eventually center stage, filled with real policy content once negotiations are in full swing. Lawmakers use them to stake a claim on legislative bandwidth, keeping their options open as priorities and political winds shift. It’s a little chaotic, yes—it’s democracy in draft form.

These blank bills raise eyebrows among transparency advocates, who worry the maneuver allows too much behind-the-scenes wrangling before the public sees what’s actually at stake. But lawmakers insist it’s a necessary tactic in a fast-moving session and when elections happen so close to the start of the legislative session—especially with big-ticket issues like housing, education, and public safety all vying for attention.

In other words, Salem this week is less “Schoolhouse Rock” and more “Choose Your Own Adventure”—with the final plot twists still unwritten.

This Week in Review

Activity on relevant bills:

Committee Activity

House Rules

4/28/25

[HB 3409](#), Work Session

Relating to 340B drug reimbursements:

-3 *Replaces the measure. The amendment specifies the circumstances in which a pharmacy benefit manager (PBM) or insurer is prohibited from requiring a 340B pharmacy to submit a claim for reimbursement with a modifier or other indicator that the drug is a 340B drug.*

The amendment was adopted and the bill moved to the floor on a party line vote without discussion.

House Behavioral Health and Health Care

4/29/25 and 5/1/25

[SB 951](#), Public Hearing

Corporate Practice of Medicine (CPOM).

Notes from 4/29 and 5/1 combined

Legislators, physicians, health systems, labor unions, medical students, health care advocates, and fully physician-owned MSOs testified in support of the bill. They emphasized the harms of consolidation and stressed the importance of doctors retaining control over patient care.

Healthcare attorneys, private equity investors, and some independent providers warned that SB 951 could unintentionally ban 100% physician-owned MSOs, hinder collaborative physician-administrator models, and push independent practices out of state. A rural family physician warned MSO options could actually worsen consolidation by strengthening hospital monopolies. Oregon Business and Industry opposed the non-compete section, citing conflicting definitions and conflict with other non-compete legislation.

Insurers brought up a new issue that was not discussed in 2024 or in prior hearings of this session. They raised alarms that the bill could limit their ability to support

struggling clinics or help transition providers to value-based care models. They argued that the bill applies a one-size-fits-all approach, fails to distinguish local insurers from national investors, and unjustly exempts hospitals—thus accelerating consolidation. **They requested a waiver process through the Division of Financial Regulation.** They argued that insurers are already heavily regulated so they would not be able to take control of patient care like MSOs do, but that they play a vital role in helping providers find local solutions to their funding issues. Rep. Nosse was curious why the bill sponsor, Rep. Bowman, had not included their waiver idea as it seemed reasonable to him.

Several lawmakers flagged implementation concerns. Rep. Diehl raised the issue of dual ownership and rural access, and asked to draft an amendment. Reps. McIntire and Harbick worried that current MSO models and effective partnerships could be penalized. Rep. Isadore emphasized the need to avoid oversimplifying functional MSO arrangements.

Senate Health Care

4/29/25

[HB 2540 A](#), Work Session

Would require commercial insurers to credit any amount an enrollee pays directly to a provider toward out-of-pocket costs and deductibles when applicable.

The bill moved to the floor with a “do pass” recommendation.

House Rules

4/30/25

[HB 3134](#), work session

-5 *Replaces the measure. Three main components are:*

- *Requires insurers to annually submit specified PA data and information to DCBS;*
- *requires DCBS to publish information in a format that identifies insurers to the department's website by March 1 of each year. Defines "expedited prior authorization request" and "standard prior authorization request."*
- *Prohibits insurers requiring PA for surgical procedures from requiring additional PA for additional or related procedures identified during surgery if the provider determines delay would not be medically advisable, the additional procedure is*

covered by the patient's insurance, and the additional procedure is not experimental or investigational.

- *Requires insurers to use a PA application programming interface that complies with federal requirements and rules and enables a provider to determine whether PA is required, identify the information and documentation necessary to submit the PA request, and uses secure electronic transmission.*
- *Requires insurers to respond to PA requests made through the programming interface via the same interface.*
- ***New section in -5, only change from previous -4 Applies requirements to health care service contractors. The provisions would become operative on January 1st, 2027.***

-5 amendment adopted with no discussion and unanimous vote. The amended bill moved out of committee unanimously and the bill moved to the floor for consideration.

House Behavioral Health and Health Care

5/1/25

[SB 957](#), Public Hearing

Would ban/make unenforceable non-competes for individuals licensed by the Oregon Medical Board.

Floor Activity

Legislative Meetings

Agency Committee Updates

The Week Ahead

Activity on relevant bills

Committees

House Behavioral Health and Health Care

5/6/25 3 PM

[SB 295](#), Work Session

Allows pharmacists to continue testing and treating COVID.

Senate Finance and Revenue

5/7/25 8 AM

[SB 1206](#), Public Hearing

HB 2010 in the 2025 session, the Legislature extended the assessments on health insurance plan premiums or premium equivalents and on net patient hospital revenue through December 31, 2032. During the debate on HB 2010 in the Senate Committee on Finance & Revenue, other funding policy options were discussed. This bill enables the continuation of that policy discussion.

Senate Rules

5/7/25 1 PM

[SB 690](#), Public Hearing

Momnibus, housing for homeless infants and children.

Floor

House Floor

5/6/25 11 AM

[HB 3409](#), Third Reading

Relating to 340B drug reimbursements:

***-3** Replaces the measure. The amendment specifies the circumstances in which a pharmacy benefit manager (PBM) or insurer is prohibited from requiring a 340B pharmacy to submit a claim for reimbursement with a modifier or other indicator that the drug is a 340B drug.*