



Oregon Academy of Family Physicians 2025 Legislative Assembly Weekly Report

Week Ending April 25th, 2025

Capitol Climate

Last week's missive had me thinking, what else in the land of "legislation factoids," is of note this session? So, I did some digging. As I write this there are now **3,430** pieces of introduced legislation. Bear in mind, this does include what we refer to as the "5000 series" which are the budget bills (for state agency and special project funding) and Concurrent Resolutions (recognitions, etc. for special purposes), but those account for a whopping 259 of those 3,430 pieces of introduced legislation. For context, 2023 legislative session = **2,970** pieces of introduced legislation.

We've discussed, in previous reports, that the state is experiencing an uncertain budget scenario, as legislators and the Governor anticipate the May 14th revenue forecast. This has many legislators and advocates nervous about funds available to support programs the state has funded in past legislative sessions. So, how many pieces of legislation are awaiting a decision on their funding prospects? Well, as of right now, there are **502** pieces of legislation assigned to the Joint Ways & Means Committee (the check writing legislators) for consideration, with more to come as bills move through a few special committees (Joint Transportation, Senate/House Rules, etc.) Comparison = in the 2023 legislative session there were **262** pieces of legislation assigned to the Joint Ways & Means Committee for consideration. Less money available, more asks...

If you're a data nerd like me, pay a visit to the Oregon [Legislative Counsel's website](#) where an annual report is provided detailing the number of bills drafted, number introduced, and number passed (among other stats.) One fun nugget I can't help but share: in the 2023 legislative session 13% of all drafted bills became law. Any guesses to what our percent passed will be in 2025?

This Week in Review

Activity on relevant bills:

Committee Activity

House Rules

4/21/25

[HB 3409](#), public hearing

340b program bill.

-2 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.

Detailed Summary:

Prohibits a PBM or insurer from requiring a covered entity to submit a claim for reimbursement with modifier or other indicator that the drug is a 340B drug when:

- *The 340B data is submitted to a third party clearinghouse that meets specified conditions;*
- *The modifier or other indicator is required to prevent a duplicate discount or rebate; or*
- *The claim is for payment by the state medical assistance program.*
- *Specifies that PBMs are not required to participate or subscribe to a clearinghouse.*

Representative Cyrus Javadi supported the bill, stating it preserves access, especially in rural areas, and ensures fair treatment for 340B pharmacies. Marty Carty with the Oregon Primary Care Association explained that the bill simplifies the administrative burden by allowing the use of a third-party clearinghouse to validate and report 340B claims. Daria McGrew, representing pharma, opposed the bill, arguing it reduces transparency and accountability. Jen Laws, from Community Access National Network, also opposed the bill, citing concerns about conflicts of interest and data sufficiency.

Joint Human Services Subcommittee

4/21/25

[HB 5025](#) Oregon Health Authority (OHA) budget bill - Public Health Modernization, Informational Meeting ([slides](#))

The agency provided an overview of the work done to advance public health modernization. The 2023–25 budget allocated:

- \$20.3 million to the Oregon Health Authority (OHA),
- \$50.35 million to local public health authorities (LPHAs),
- \$9.7 million to Tribes,
- \$26.95 million to community-based organizations (CBOs), and
- \$3.4 million to reproductive health providers.

LPHA accomplishments include funding over 300 positions, enhancing disease control and environmental health efforts, developing climate resilience and emergency preparedness plans, improving immunization rates, advancing health equity initiatives, and building better data systems.

CBOs, 196 funded statewide, are serving an average of 4.1 counties each, with a heavy concentration in the tri-county area. Many CBOs serve multiple program areas and focus on reaching priority populations through culturally appropriate outreach and trust-building. OHA requested an additional \$2 million from the General Fund to continue supporting Public Health Modernization efforts.

House Rules

4/23/25

[HB 3134](#), Public Hearing

-4 Replaces the measure. Three main components are:

- *requiring insurers to submit prior authorization data to the Department of Consumer and Business Services for public publication,*
- *prohibiting prior authorization for surgical procedures and related procedures discovered during surgery, and*
- *mandating insurers to use a compliant prior authorization application programming interface (API). The provisions would become operative on January 1st, 2027.*

Bit of a comedy show with Rep. Nosse and Courtni Dresser (OMA) as they introduced the bill, the process of arriving at the amendment and the importance of engaging this work. Nosse spoke in support of the bill, emphasizing the challenges physicians face with prior authorization, describing it as a "Byzantine" process. He noted the administrative burdens, delays, and the need for doctors to navigate multiple portals and billing systems. Courtni Dresser (OMA) reinforced the struggles

clinicians are facing, including workforce shortages, high costs, and stagnant reimbursement rates. She pointed out that prior authorization remains an overwhelming and burdensome process.

Rick Blackwell (Pacific Source) stated they were neutral on the -4 amendment but had initially opposed the base bill. He emphasized the necessity of prior authorizations for patient safety and noted existing regulations from SB 249 (2019) and HB 2517 (2021). While acknowledging provider frustrations, he urged for balanced changes.

Maryanne Cooper (Regence Blue Cross Blue Shield of Oregon) supported the importance of prior authorizations for safe, cost-effective care. She highlighted that the Dash-4 amendment enhances reporting, bans added prior authorizations during approved surgeries, and mandates interoperable systems in line with federal rules. She noted 90% of authorizations are approved on the spot, helping reduce administrative burden.

House Behavioral Health and Health Care

4/24/25

[SB 295](#), Public Hearing

Would allow pharmacists to continue to test and create for COVID.

Kevin Smith (Pharmacist) testified in support sharing the history of pharmacists testing and treating for COVID. Courtni Dresser (Oregon Medical Board) and Henry O'Keefe (WVP Health Authority) testified as neutral on the bill supporting the limited scope. Rep. Diehl asked what the frequency of COVID testing is now, Henry responded it is more about the access to treatment.

Floor Activity

House Floor

4/23/25

[HB 2940](#), Third Reading

- *Subject to the availability of funds, requires OHA to implement a program by May 1, 2026 to provide emergency departments with real time notifications identifying patient with hemoglobinopathies and how to contact a hematologist.*
- *Requires OHA to consult with specified stakeholders when developing the program; permits participation by a member of the Legislative Assembly or a legislative staff member.*

- *Requires OHA to deliver a report the Legislative Assembly by March 1, 2026.*

The bill passed unanimously without discussion.

Legislative Meetings

Agency Committee Updates

The Week Ahead

Activity on relevant bills

Committees

House Behavioral Health and Health Care

4/29/25 3 PM

[SB 951](#), Public Hearing

New corporate practice of medicine bill.

Senate Health Care

4/29/25 3 PM

[HB 2540](#), 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.

Senate Finance and Revenue

4/30/25 8:30 AM

[SB 1206](#), Public Hearing

Possible Placeholder - The bill mandates the Department of Consumer and Business Services (DCBS) to conduct a study on funding aimed at improving access to health care. The findings from this study are required to be submitted to the interim committees of the Legislative Assembly that focus on health care by September 15, 2026.

House Behavioral Health and Health Care

5/1/25 3 PM

[SB 957](#), Public Hearing

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

Floor