



Oregon Urological Society, Quarterly Update Spring 2019

Oregon Medical Association Update: Policies relevant to OUS

- 1) Transparency of Expert Medical Witnesses in Medical Liability cases. (holds that expert medical witnesses be present or named in all phases of physician/provider defendant testimony, and requiring transparency and accountability for the quality of their expert testimony.
- 2) Senate Bill 139 (SB 139) Utilization Management Transparency Act (eases administrative burden for providers with regard to prior authorization and STEP therapy. Bill summary: Creates new requirements applicable to prior authorization, step therapy and other utilization review policies and procedures on insurers offering health benefit plans and health insurance, medical services contracts, multiple employer welfare arrangements, healthcare service contracts and pharmacy benefit managers. *Imposes restrictions and reporting requirements for utilization management of health services by commercial insurers, coordinated care organizations and state medical assistance program.*

Extends from 30 to 90 days period during which insurer's approval of prior authorization is binding on insurer. Authorizes provider to act on behalf of enrollee, upon request of enrollee, with respect to internal appeals and external reviews of adverse benefit determination concerning utilization review. Requires insurers offering health benefit plans to report specified information to Department of Consumer and Business Services regarding requests for prior authorization.

Current bill status: In Senate Joint Committee on Ways and Means.

- 3) House Bill (HB 2270) which would increase tobacco and e-cigarette tax to help fund Medicaid

Current bill status: The bill is in the House Committee on Revenue. No committee meetings are scheduled for the bill at this time.

- 4) CRNA ability to write prescriptions for longer than 10 days which is the current limitation

Senate Bill (SB 136) is very concerning to the OUS, especially in light of the current opioid epidemic. The CRNA reasoning for the need to expand their current prescribing authority is based on a perceived rural access issue to MATs/pain management services. This bill allows for unlimited prescriptions of ALL controlled substances – including opioids.

Current bill status: Voted out of the Senate 19-6. Had a hearing in the House Health Committee on 4/16. Scheduled for a Work Session (vote to approve/not approve in committee) on April 23rd

5) Elimination of cap on noneconomic damages (HB 2014)

The OUS agrees that in cases where the unthinkable happens, patients and their families need to be made whole and be taken care of. However, already, there are no limits on economic damages, which are objective and fair and include such expenses past and future medical costs, lost wages and potential lifetime earnings and any other conceivable losses. Increasing or eliminating the cap on noneconomic damages will not help patients and their families. Instead it will raise medical costs and diminish access to healthcare for all, especially those in rural areas where access is already a problem.

Current bill status: Passed the House 36:22 (mostly a partisan vote—although Rep. McKeown voted no, and Rep. McLane voted yes). The bill is now in the Senate.