



Legislative Fiscal Office
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Bill Title: Relating to health care for adults in custody.

Government Unit(s) Affected: Department of Corrections

Summary of Fiscal Impact

Costs related to the measure are indeterminate at this time - see explanatory analysis.

Measure Description

The measure requires the Department of Corrections (DOC) to provide medical care to adults in custody (AIC) for pre-existing conditions. DOC must not consider the AIC's remaining duration of incarceration when determining medical care and must document in each AIC medical file the specific reason for any denial or refusal of medical care. The measure also requires DOC to provide AIC's access to, at a minimum, prescriptions listed on the formulary adopted by the Centers for Medicare and Medicaid Services (CMS) effective June 1, 2025.

Fiscal Analysis

The fiscal impact is indeterminate and dependent on the number of medical care services provided that fit under the term of "pre-existing" or happen during the period in which an AIC is in custody, the number of denials and the level of detail that needs to be documented or tracked, and the costs of medications listed on the CMS formulary compared to DOC's current formulary.

DOC currently provides care to pre-existing conditions of AIC's with clinical flexibility. Pre-existing is not defined in statute and can vary depending on if it includes a self-report by the AIC, what is found during an intake exam or lab results, and/or from reviewing prior medical records. Currently, DOC providers have discretion to determine how to manage pre-existing conditions based on their professional clinical judgement, which considers if a condition can be safely monitored rather than actively treated, or if treatment requires offsite care based on clinical acuity and the ability of the agency to provide appropriate care on-site. Under the measure, it is not clear if DOC medical providers would maintain the practice of utilizing their own clinical judgement, or if DOC would be required to treat all conditions that fit under the term of "pre-existing".

Currently, DOC does take into consideration the sentence duration when clinically evaluating the feasibility of initiating treatments that require long-term follow-up or continuation after release, because in some cases stopping treatment at release presents medical risk. DOC reports that they do not formally document denial of care, or record clinical reasoning behind treatment decisions, so this measure would require additional activity. The frequency of denials varies case-by-case and the workload for DOC to begin recording denials as required by the measure would depend on the level of documentation required and the impact of integrating this documentation into their current clinical practices.

Current medications that DOC provides are based on DOC's formulary. In part, this is a result of the ancillary impact that certain pharmaceuticals have, causing safety and security issues in a carceral setting. It is unknown how much DOC's formulary differs from that of the CMS formulary. Costs would be dependent on how many

additional medications DOC would be required to provide, and the frequency and volume of the medications used. In addition, some CMS covered medication may require additional training or security measures by DOC when used in a correctional setting.

Relevant Dates

The measure takes effect on January 1, 2026.