

SB 549 A STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

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Meeting Dates: 5/8, 5/15

WHAT THE MEASURE DOES:

The measure defines "complex rehabilitation technology" and requires the Oregon Health Authority or a Coordinated Care Organization to respond to prior authorization requests for its repair within 72 hours.

Fiscal impact: Has minimal fiscal impact

Revenue impact: No revenue impact

SENATE VOTE: Ayes, 29

ISSUES DISCUSSED:

- Delays in repair of complex rehabilitation technology limit an individual's ability to engage in activities of daily living
- Prior authorization can extend the time required to repair mobility devices
- Prior authorization may be required regardless of complexity of the repair

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The Oregon Health Plan (OHP), Oregon's medical assistance program, was initially implemented in 1994. OHP members receive coverage for health services through enrollment in a coordinated care organization (CCO), or as fee-for-service (FFS) or "open card" coverage. OHP members are typically assigned to a CCO based on their geographic location, while a small subset of OHP members are not assigned to a CCO and instead receive FFS coverage. Currently, there are 16 CCOs operating regionally across Oregon, accounting for more than 92 percent of nearly 1.5 million OHP members.

Some covered benefits and services may require prior authorization from a CCO or, for FFS members, from OHA. Prior authorization requirements vary by CCO. For FFS members, requirements are described in the OHA [Prior Authorization Handbook](#). To obtain prior authorization from OHA, providers must submit a request through the "interChange" system. The request must include demographic information, a description of the service or equipment type, and any special circumstances or considerations. Providers must enter a service or procedure code, requested start and end dates for the authorization, and specific details about the requested equipment. Immediate (24-hour) or urgent (72-hour) processing may be requested by the provider and must include the reason for expedited review.

Oregon Administrative Rule (410-122-0010) defines "durable medical equipment" as equipment or appliances used for a medical purpose that meets certain criteria and are not generally useful to an individual without disability, illness, or injury; OAR 410-122-0010 includes wheelchairs, crutches, and hospital beds as examples of durable medical equipment. Oregon does not currently define "complex rehabilitation technology" (CRT) in rule or statute. Washington state administrative code defines CRT as wheelchairs and seating systems classified as durable medical equipment within the Medicare program that meet certain criteria.

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