

HB 2789 STAFF MEASURE SUMMARY

Carrier: Sen. Patterson

Senate Committee On Health Care

Action Date: 05/13/25

Action: Do pass.

Vote: 5-0-0-0

Yeas: 5 - Campos, Hayden, Linthicum, Patterson, Reynolds

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

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Meeting Dates: 4/22, 5/13

WHAT THE MEASURE DOES:

The measure prohibits the Oregon Health Authority (OHA) from requiring an order from a primary care provider for a nurse to be reimbursed for certain care management services. It directs OHA to establish and maintain a list of covered care management services for which a registered nurse may seek reimbursement. Takes effect on the 91st day following adjournment sine die.

Detailed Summary:

Prohibits the Oregon Health Authority (OHA) from requiring a primary care provider to order a covered care management service as a condition of reimbursement for care management services when:

- The service is provided to a medical assistance recipient by a registered nurse
- The service is within the nurse's scope of practice, and
- The patient does not have a primary care provider

Requires OHA to develop and maintain a schedule of covered care management services for which a registered nurse may seek reimbursement.

- Directs OHA to establish billing and documentation protocols.

Becomes operative January 1, 2026.

ISSUES DISCUSSED:

- Impact of the measure.

EFFECT OF AMENDMENT:

No amendment.

BACKGROUND:

The Oregon Health Plan (OHP) is the state's Medicaid program, offering medical assistance to individuals and families with low incomes, children, pregnant women, and people with disabilities. Primary care refers to a range of health care services to prevent and treat common illnesses and can include coordination of care with specialists. Primary care providers include doctors, nurses, nurse practitioners, and physician assistants.

House Bill 2789 requires the Oregon Health Authority to develop and maintain a schedule of covered care management services that could be provided by registered nurses to medical assistance recipients without requiring an order be submitted by the recipient's primary care provider.