

SB 549 A STAFF MEASURE SUMMARY**Carrier:** Rep. Nosse**House Committee On Behavioral Health and Health Care****Action Date:** 05/15/25**Action:** Do Pass the A-Eng bill.**Vote:** 9-0-0-0**Yeas:** 9 - Diehl, Harbick, Isadore, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Alexandra Kihn-Stang, LPRO Analyst**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.

ISSUES DISCUSSED:

- Consequences of delays in repair of complex rehabilitation technology on an individual's ability to participate in daily activities
- Impact of prior authorization on the time required to repair mobility devices
- Repair complexity and prior authorization

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 either through enrollment in a coordinated care organization (CCO) or as fee-for-service (FFS) or "open card" coverage. Most often, OHP members are assigned to a CCO based on their geographic location, while a small subset of OHP members instead receive FFS coverage due to meeting certain demographic criteria. Currently, there are 16 CCOs operating regionally across Oregon, accounting for more than 92 percent of nearly 1.5 million OHP members.

Some benefits and services may require prior authorization from a CCO or, for FFS members, from OHA in order for coverage to apply. 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" (DME) as equipment or appliances used for a medical purpose that meet 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 DME. 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 DME within the Medicare program that meet certain criteria.

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