74th OREGON LEGISLATIVE ASSEMBLY - 2007 Regular Session MEASURE: SB 36 A STAFF MEASURE SUMMARY CARRIER: Rep. Gelser

House Committee on Health Care

REVENUE: No revenue impact **FISCAL:** Fiscal statement issued

Action: Do Pass **Vote:** 7 - 0 - 2

Yeas: Bonamici, Bruun, Cannon, Flores, Gelser, Maurer, Greenlick

Nays: 0

Exc.: Kotek, Richardson

Prepared By: Sandy Thiele-Cirka, Administrator

Meeting Dates: 5/14

WHAT THE MEASURE DOES: Clarifies list of entities that may be assessed fees by Oregon Patient Safety Commission (OPSC) to fund operating costs of the commission. Caps collected fee amount that OPSC collects in a fiscal year at \$1.5 million. Authorizes commission to adjust capped fee based on Consumer Price Index. Allows Public Health Officer, or the officer's designee, to be a member of the OPSC. Declares emergency, effective July 1, 2007.

ISSUES DISCUSSED:

- Review of bill components
- Summary of how fees are assessed
- Need for secure, stable funding to maintain commission's independent role
- Organizations participating in the voluntary reporting to the commission
- Efforts to enlist participation of retail pharmacies, nursing homes, and ambulatory surgery centers

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: The Oregon Patient Safety Commission (OPSC) was created in 2003 to improve patient safety by reducing the risk of serious adverse events occurring in Oregon's health care system and by encouraging a culture of patient safety in Oregon. The Oregon Patient Safety Reporting Program (OPSRP) was created within the OPSC to develop a reporting system for serious adverse events. OPSRP collects fees from entities in order to fund its operation. Reporting to the commission is voluntary; however, the fees are mandatory for all health care facilities and retail pharmacies.

This system assures broad financial support and eliminates cost as a reason for entities not to participate in the reporting program. It was the original intent of the legislation and the OSPC is seeking to ensure, through the language clarification within SB 36-A, that health care entities pay fees regardless of whether they choose to report.