

REVENUE: No revenue impact

FISCAL: May have fiscal impact, statement not yet issued

Action:	Do Pass as Amended and Be Printed Engrossed and Rescind the Subsequent Referral to the Committee on Revenue and Refer to the Committee on Ways and Means by Prior Reference
Vote:	7 - 3 - 0
Yeas:	Cannon, Dembrow, Garrett, Harker, Kennemer, Kotek, Greenlick
Nays:	Bruun, Maurer, Thompson
Exc.:	0
Prepared By:	Roxie Cuellar, Administrator
Meeting Dates:	4/13, 4/14, 4/17, 4/20, 4/22

WHAT THE MEASURE DOES: Establishes the Oregon Health Authority (Authority). Sets terms of Authority Board, defines qualifications of members, and rules for quorum. Allows Authority to adopt rules to carry out its functions. Authorizes the creation by the Authority of a Public Health Benefit Purchasers Committee and a Health Care Workforce Committee, and defines their membership and duties. Specifies the duties and responsibilities of the Authority. Establishes the Oregon Health Authority as a separate state agency specifying its duties and structure, allows the Governor to appoint the Director, subject to Senate Confirmation. Allows for the creation of such deputy directors as are necessary to carry out the duties. Directs the Authority to create an essential health benefit package. Establishes the Quality Care Institute with specific duties. Directs the Authority to develop, in consultation with Department of Consumer and Business Services (DCBS), an insurance exchange and report back to the legislature seeking approval of a business plan prior to the exchange operating. Specifies that Oregon Office of Health Policy and Research, Public Health, Medical Assistance Programs, Addictions and Mental Health, Oregon Private Health Partnership, Public Employees Benefit Board, and Oregon Education Benefits Board be moved into the Authority. Abolishes the Health Policy Commission. Allows the Authority and DHS to delegate duties to each other during the two-year transition of moving programs. Allows for insurers and providers to meet together under the direction of the Authority or DCBS to develop the insurance exchange and Essential Benefit Package. Sets the policy goal of every Oregonian having health care by 2015. Adds language to clarify that a public insurance plan proposed and the creation of an insurance exchange could not start until after a business plan developed by the Authority has been approved by the 2011 Legislative Assembly. Provides for transparency of health care costs and reporting, examining use of electronic health records, establishing a patient-centered primary care home, authorizing creation of an all-claims, all-payer database, developing a process to review and establishing comparative effectiveness guidelines for health care. Creates Physician Orders for Life-Sustaining Treatment Registry (POLST).

ISSUES DISCUSSED:

- Broad range of issues regarding health care reform
- Recommendations of the Oregon Health Fund Board

EFFECT OF COMMITTEE AMENDMENT: Removes provisions to impose a tax against insurance companies, managed care organizations and hospitals. Sets the policy goal of every Oregonian having health care by 2015. Adds language to clarify that a public insurance plan proposed and the creation of an insurance exchange could not start until after a business plan developed by the Authority has been approved by the 2011 Legislative Assembly. Provides for transparency of health care costs and reporting, examining use of electronic health records, establishing a patient-centered primary care home, authorizing creation of an all-claims, all-payer database, developing a process to review and establishing comparative effectiveness guidelines for health care. Creates Physician Orders for Life-Sustaining Treatment Registry (POLST).

BACKGROUND: The 2007 Legislative Assembly enacted SB 329 the Healthy Oregon Act, established the framework for a comprehensive health care reform plan for the state and identified a set of principles and goals to guide the reform process. The measure established the Oregon Health Fund Board, from which the program will be funded, and specified

possible sources of contributions and appropriated money to the fund. SB 329 also created a board and five subcommittees to manage the fund. The Oregon Health Policy Commission, the Office of Oregon Health Policy and Research (OHPR), the Health Service Commission and the Medicaid Advisory Committee were directed to compile data and conduct research to inform the subcommittees. The board was directed to develop a comprehensive reform plan, based on recommendations of finance, delivery, benefits, and eligibility subcommittees, and to hold public hearings on the plan.

HB 2009B is the product of the recommendations developed by the Oregon Health Fund Board.