



February 13, 2013

Health Share of Oregon Comments on SB 412

Members of the Senate Committee on Judiciary:

Thank you for the opportunity to comment on Senate Bill 412, which would redefine coordinated care organizations (CCOs) as public bodies for the purpose of subjecting CCOs to public meetings law. CCOs contract with the State to provide high quality, high value, coordinated care to Oregon Health Plan (OHP) members. Health Share of Oregon is the state's largest CCO, serving approximately 165,000 members in the Portland Metro area. Health Share was created through collaboration of 11 existing organizations that serve OHP enrollees: Adventist Health, CareOregon, Central City Concern, Clackamas County, Kaiser Permanente, Legacy Health, Multnomah County, Oregon Health & Science University, Providence Health & Services, Tuality Healthcare, and Washington County. Health Share is organized as a private non-profit corporation.

Health Share questions the need for this legislation, as the organization already promotes transparency and public input throughout its processes. Health Share's Community Advisory Council is the best forum for public input into the CCO; much of Health Share's financial and operational records are already in the public sphere; and CCOs are private entities contracting with the state, which are not generally subject to public meetings law.

Health Share's Community Advisory Council is comprised of true community members, from OHP consumers to home care workers to mental health advocates and representatives of community service organizations. The Council meets every month in an open forum where community members and the media are welcome. Community members are invited to participate in a public comment period during the first thirty minutes of every meeting. Health Share announces each Council meeting with a press release, in addition to email notification. The Chair of Health Share's Council is an OHP member, a consumer advocate, and a Director on Health Share's governance board.

The Council has advised the Board of Directors throughout development of the organization. In fact, the Council formed and began meeting before the Board of Directors was fully established. The Council has also reviewed Health Share's transformation plan during its public meetings throughout the transformation plan development process, taking public input into account along the way. The Council has been created as and should remain the appropriate forum for public input.

Moreover, as a non-profit corporation, much of Health Share's business is already in the public sphere. Health Share has filed with the Internal Revenue Service (IRS) for tax exempt status.

Once the IRS grants formal tax exempt status to Health Share, the CCO will be required to disclose a significant amount of financial information to the public in the form of tax returns on IRS Form 990, and Health Share's application for tax exempt status must be made available upon request. In addition to publicly available financial information, state law requires that CCOs' community needs assessments and transformation plans be conducted and developed through public processes, as Health Share has done by involving its Council.

The State contracts with numerous private entities—both for-profit and non-profit—to provide a vast array of services from laying asphalt on public roads to managing computer systems. CCOs were conceived as private entities contracting with the state to provide coordinated physical, mental, and oral health care services to OHP members. The Legislative Assembly did not create a public body to coordinate or deliver care. As such, the governance meetings and business decisions are designed to be made in a private setting, like any other private entity that contracts with the State.

Thank you for the opportunity to express Health Share of Oregon's concerns with SB 412.

Respectfully Submitted by Janet Meyer, Chief Executive Officer