



CareOregon

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Chair Garrett, Members of the Committee,

My name is Patrick Curran, CEO of CareOregon. I am here today to testify against the passage of HB 3309.

CareOregon is a 501(c)(3) nonprofit organization that partners with five Coordinated Care Organizations (CCOs) in Oregon: HealthShare of Oregon, Jackson Care Connect, Primary Health of Josephine County, Columbia Pacific CCO, and Yamhill County Care Organization. These CCOs serve more than 200,000 Oregonians enrolled in the Oregon Health Plan. CareOregon has a long history of service to Oregon's Medicaid program, dating back to the early days of the Oregon Health Plan. We are committed to health of individuals and the well-being of our communities through shared learning, innovation and collaboration.

In addition to partnering to support and promote the work of five CCOs, CareOregon operates a dental care organization in the Portland area, a Medicare Advantage health plan serving mainly individual who have both Medicare and Medicaid, is a learning systems partner and collaborator, is the administrative partner for Oregon's Health CO-OP, and invests in community transformation work.

I am here today to urge you not to support HB 3309. HB 3309 is a step in the wrong direction. Coordinated Care Organizations are Oregon's opportunity to nurture collaboration between providers and the communities they serve. CCOs throughout the state have physicians, hospitals, counties, community organizations, and other entities, some of which compete with each other, sitting at the same table to improve the health of their community.

Prior to the CCO transformation, CareOregon was the state's largest Medicaid Managed Care Organization. Now, we partner with CCOs and clinical and member leaders to develop and implement innovative solutions supported by truly community-centric organizations. The CCOs that CareOregon has had the privilege to work with operate under both the letter and the spirit of health care transformation laws. Diverse voices and transparent operations within governance structures are sought and encouraged.

I am privileged to participate on five CCO boards. I have one vote on each, regardless of CareOregon's role in these CCOs. All other board members have that same status, regardless of organizational size or influence. If organizations and board members can be singled out based on legislative action, it would have a chilling effect on CCO boards. I can tell you that the conversations we have in the boards I participate in are meaningful, substantive, invigorating, and yes, sometimes challenging. All those conversations, especially the challenging ones, are the key to CCOs attaining their goal of sustainable costs, engaged members and communities, and improved outcomes.

This is an exciting time for health care transformation in Oregon, and we are thrilled to be a part of it. We have the opportunity to improve the models of care in our health care system and improve the health of our communities – if we work together. House bill 3309 is not the way to improve health care or improve the health of OHP members. Legislation like this will result in bad public policy, bad precedent, and fracture communities rather than bring them together.

Thank you for your time and attention. I am happy to answer any questions.