

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: SB 604 - A

Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office

*Only Impacts on Original or Engrossed
Versions are Considered Official*

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Measure Description:

Requires Oregon Medical Board to establish database for purpose of providing to credentialing organizations information that is necessary to credential persons regulated by board.

Government Unit(s) Affected:

Oregon Health Authority (OHA), Oregon Medical Board, Board of Nursing, Board of Medical Imaging, Board of Pharmacy, Board of Dentistry, Board of Chiropractic Examiners, Board of Examiners for Speech-Language Pathology and Audiology, Board of Licensed Professional Counselors and Therapists, Board of Licensed Social Workers, Board of Massage Therapists [Semi-Independent Agency], Board of Naturopathic Examiners, Board of Optometry [Semi-Independent Agency], Board of Psychologist Examiners, Occupational Therapy Licensing Board, Oregon Health Licensing Agency (OHLA)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

Senate Bill 604 requires the Oregon Health Authority to establish a statewide information/database system to provide credentialing organizations (e.g. hospitals and health plans) access to information necessary to credential a health care practitioner. The bill requires the Oregon Health Authority to convene, at least once a year, an advisory group to work with OHA on this credentialing information system. Members of the advisory group must represent credentialing organizations, health care practitioners, and health care regulatory boards. The bill provides for prepaid group practice health plans that serve at least 200,000 members in Oregon to file a petition to be exempt from the requirements of this bill. OHA must report on the implementation of this system to an interim committee of the legislature by October 1, 2014, and to the Legislative Assembly by February 1, 2014 and February 1, 2015.

Oregon Health Authority (OHA)

Passage of this bill is anticipated to have a fiscal impact on the Oregon Health Authority. However, at this time, the full fiscal impact is indeterminate. Should this bill become law, the Oregon Health Authority is required to develop and manage an electronic information/database system that can be accessed 24 hours a day, seven days a week by credentialing organizations. The bill authorizes OHA to contract with a private entity to develop and administer this system. The bill requires OHA to issue a request for information/proposals (RFI/RFP) concerning the capabilities and costs related to this credentialing information system. Although OHA will use existing staff and resources to perform the preliminary requirements of the bill (including convening the advisory group, and developing the RFI/RFP), the agency anticipates needing dedicated staff to manage the ongoing contract. The cost of the contract to develop and implement the credentialing information system, as well as the cost to manage this contract will depend on the scope of the credentialing information system, including (1) the type of information that will be included in this online database; (2) the process by which information is submitted; (3) and the fee structure for users of this credentialing information system. The bill provides for these decisions to be decided by OHA in collaboration with the yet to be establish advisory group.

State health care regulatory boards

The fiscal impact of this bill on state health care regulatory boards is indeterminate. This fiscal assumes that any involvement in the advisory group to work with OHA on this credentialing information system can be absorbed with existing staff and resources. However, the bill authorizes OHA to require health care regulatory boards to provide or supplement the credentialing information needed to develop and administer the credentialing system. At this time, the type of information and the delivery format that will be required of health care regulatory boards cannot be predicted.