

February 4, 2015

TO: The Honorable Laurie Monnes Anderson, Chair
Senate Health Care Committee

FROM: Lisa Angus, MPH
Director of Policy Development, Office for Oregon Health Policy and Research
Oregon Health Authority

SUBJECT: SB 230 – Expansion of the Oregon Healthcare Workforce Database

Chair Monnes Anderson and members of the Committee, I am Lisa Angus, Director of Policy Development with the Office for Oregon Health Policy and Research at the Oregon Health Authority (OHA). I am here today to testify in support of Senate Bill 230, an OHA bill. SB 230 requires a number of additional health care regulatory boards to participate in the Oregon Healthcare Workforce Database, created by HB 2009 in 2009. Expanded data collection will allow the Legislature, OHA, and other industry and education stakeholders to better understand Oregon's current health care workforce and plan for future needs.

Incomplete information about health care professionals reduces Oregon's ability to develop a workforce that can meet the needs of the newly insured and support health system transformation. Existing statute (ORS 676.410) requires seven health care workforce regulatory boards to participate in a coordinated data collection effort and authorizes them to collect a small fee from licensees to support data processing and analysis. The seven boards represent nursing, medicine, physical therapy, occupational therapy, pharmacy, dentistry, and dietetics. Another three boards (psychologists, social workers, and professional counselors & therapists) now participate voluntarily but the response rate is low and licensees do not contribute fees. There are a number of additional boards whose licensees provide direct health care services, who do not participate at all (e.g. Oregon Board of Medical Imaging, Oregon Board of Naturopathic Medicine, and Oregon Board of Optometry, among others). This legislation would broaden the data collection effort to almost all health care professional licensing boards, greatly improving the breadth and quality of data available about Oregon's health care workforce.

The kind of information we currently collect includes provider demographics, training background, practice location and specialty, employment status, and future practice plans. In most cases, health care providers supply this data by completing a short, web-based questionnaire as part of their online license renewal. OHA designs and maintains the questionnaire and works with contractors to clean and analyze the data. The data are reported in aggregate (not at the individual level) and used in analyses related to health reform and healthcare workforce development, such as:

- Monitoring workforce diversity (e.g. [this report](#))
- Projecting future demand (e.g. [this analysis](#))
- Regular biennial reports; a new report featuring trends over time and individual profession and county profiles should be available in March.

Current statute specifies that participating boards pay a fee of \$5/licensee/biennium to support data cleaning and analysis. Most charge their licensees this fee; some absorb it.

There is an amendment to this bill (forthcoming), which would *remove* Nursing Home Administrators from the list of participating boards and *add* the Respiratory Therapist & Polysomnographic Technologist Licensing Board. Nursing Home Administrators have managerial and organizational roles and don't usually provide direct care, so are not appropriate for inclusion in this data collection effort. In contrast, respiratory and sleep technologists provide direct health care services and are a growing part of the health professions landscape.

Thank you for the opportunity to present testimony to you today. I would be happy to answer any questions.