



HEALTH POLICY
Office of Health Policy and Research
Kate Brown, Governor



1225 Ferry Street SE, 1st Floor
Salem, OR 97301
503-373-1779
503-378-5511
www.oregon.gov/oha/ohpr/

February 24, 2015

Senator Laurie Monnes-Anderson
Chair, Senate Committee on Health Care
900 Court Street NE, S-413
Salem, OR 97301

Re: Letter of support for SB 594

Dear Senator Monnes-Anderson:

We are writing today in support of Senate Bill (SB) 594 which would allow the Oregon Health Authority (OHA) to continue its efforts to establish a program and database providing credentialing organizations access to information necessary to credential health care practitioners in Oregon as directed by Chapter 603, Oregon Laws 2013.

Under sections two through seven of Chapter 603, health care practitioners or their designees would submit credentialing information into a common credentialing solution and credentialing organizations would use the solution to obtain that information. This legislation was sponsored by Senators Alan Bates and Elizabeth Steiner Hayward; both practicing physicians. It was also supported by the Oregon Medical Association, the Oregon Association for Hospitals and Health Systems, the Oregon Health Leadership Council, and Regence Blue Cross/Blue Shield among others.

The Common Credentialing Advisory Group (CCAG) has been tasked with the responsibility of advising OHA about fulfilling provisions of Chapter 603, Oregon Laws 2013. Group membership includes individual practitioners, and representatives from credentialing organizations, health care regulatory boards, and provider practices. Since this group was first convened in October 2013, meaningful progress has been made. Monthly CCAG meetings have resulted in the development of a list of health care practitioners anticipated to participate in a common credentialing solution, the identification of accrediting entity requirements for credentialing, a Request for Information has been issued, and the release of a Request for Proposals is expected in April 2015.

While provisions of Chapter 603 are not mandated to be operational until January 1, 2016, a considerable amount of work remains. We would like to see this important work continue to be completed with care and consideration. SB 594 would grant flexibility in establishing the implementation date for the use of the common credentialing solution to ensure these efforts are not burdened by untenable timelines. The legislation would also provide health care practitioners and credentialing organizations with the necessary time to be informed of program requirements and offer feedback prior to the program's implementation date.

On behalf of the Common Credentialing Advisory Group, we would like to voice our support of SB 594. Please let us know if we can provide further information. Thank you for your consideration.

Sincerely,

Erick Doolen, Co-Chair, Common Credentialing
Advisory Group

Kevin Ewanchyna, MD, Co-Chair, Common
Credentialing Advisory Group