

Executive Appointments Board Roster

Health Evidence Review Commission

Agency: None
Authorization: ORS 414.688
Members: Min: 13 Max: 13
Term Length: 4 years Limit: 2
Senate confirmation required? Yes

Policy Area: Health

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Current Appointments:

Member Name and Address (Alphabetical)

Gerald B Ahmann Physician Term(s): 01-01-2012 - 12-31-2015	Position Number: 5
Wiley V Chan, MD Physician Term(s): 01-01-2015 - 12-31-2018 01-01-2012 - 12-31-2014	Position Number: 13
Irene C Croswell Pharmacist Term(s): 01-01-2014 - 12-31-2017 01-01-2012 - 12-31-2013	Position Number: 12
Leda I Garside Public Health Nurse Term(s): 01-01-2013 - 12-31-2016 01-01-2012 - 12-31-2012	Position Number: 7
John Mark Gibson Consumer Representative Term(s): 01-01-2012 - 12-31-2015	Position Number: 9
Holly Jo Hodges, MD Insurance Industry Representative Term(s): 01-01-2015 - 12-31-2018	Position Number: 1
Chris Labhart Consumer Representative Term(s): 12-12-2014 - 12-31-2016	Position Number: 10
Vern A Saboe, Jr, DC, PC Alternative & Complementary Provider Term(s): 01-01-2012 - 12-31-2015	Position Number: 11

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Somnath Saha, MD, MPH, Chair Physician Term(s): 01-01-2014 - 12-31-2017 01-01-2012 - 12-31-2013	Position Number: 3
Derrick J Sorweide Physician Term(s): 05-22-2015 - 12-31-2015	Position Number: 2
Beth K Westbrook, PsyD Behavioral Health Term(s): 01-01-2014 - 12-31-2017 01-01-2012 - 12-31-2013	Position Number: 8
Susan L Williams Physician Term(s): 01-01-2015 - 12-31-2018 05-01-2013 - 12-31-2014	Position Number: 4

Vacant Appointments:

Pos	Member	Appointed By	Term Begin	Term End
6	James H Tyack Dentist	Governor	01/01/2014	12/31/2017
6	James H Tyack Dentist	Governor	01/01/2012	12/31/2013

Executive Appointments Legislative Review
Compiled by Oregon Legislative Committee Services

OFFICE: Health Evidence Review Commission

APPOINTEE: Dr. Derrick Sorweide of Lebanon; New appointment replacing Dodson

APPOINTMENT/CONFIRMATION AUTHORITY: ORS 414.688

TERM: Unfinished four-year term: June 1, 2015 – Dec. 31, 2015

ECONOMIC INTEREST FILING (ORS 244.050): Not required.

STATUTORY QUALIFICATIONS: ORS 414.688

Affirmative action policy: See ORS 182.100. Diversity criteria: See ORS 236.115.

- Thirteen members; serve four-year terms at the pleasure of the Governor:
 - Five members shall be physicians licensed to practice medicine in this state who have clinical expertise in the general areas of family, internal, obstetrics, perinatal, pediatrics, disabilities, geriatrics or general surgery (AHMANN, CHAN, SAHA, **SORWEIDE**, WILLIAMS)
 - One member must be a dentist with clinical expertise in general, pediatric or public health dentistry related to the delivery of dental services under OHP (TYACK)
 - One member must be a public health nurse (GARSIDE)
 - One member must be a behavioral health representative, who may be a social services worker, alcohol and drug treatment provide, psychologist or psychiatrist (WESTBROOK)
 - Two members must be consumers of health care who are patient advocates or represent the areas of indigent services, labor, business, education, or corrections (GIBSON, LABHART)
 - One member must be a complimentary or alternative medicine provider who is a chiropractic physician, naturopathic physician or acupuncturist (SABOE, Chiropractic)
 - One member must be an insurance industry representative who may be a medical director or other administrator (HODGES)
 - One member must be a pharmacy representative who engages in the practice of pharmacy at a retail drug outlet (CROSWELL)
- No more than six members of the commission may be physicians either in active practice or retired from practice; and
- In making the appointments, the Governor shall consult with professional and other interested organizations.

DUTIES AND AUTHORITY: ORS 414.689-414.698

- The Commission shall select one member as chairperson and another as vice chairperson, for terms and with duties and powers the commission determines necessary for the performance of the functions of the offices.
- A majority of the members of the Commission constitutes a quorum.
- The Commission shall meet at least four times per year at a place and time determined by the chairperson.
- The Commission may use advisory committees or subcommittees whose members are appointed by the chairperson, subject to approval by a majority of the members.
 - The conditions of service of the advisory committees or subcommittees will be determined by the chairperson and a majority of the members.
- The Commission shall regularly and actively solicit testimony and information from the public, stakeholders representing consumers, advocates, providers, carriers and employers in conducting the work of the Commission and guiding health resource allocation decisions.
- The Commission shall develop and maintain a list of health services ranked by priority representing the comparative benefits of each service to the population to be served. The list must be submitted by the commission to the Oregon Health Authority by July 1 of each even-numbered year and is not subject to alteration by any other state agency.
 - The prioritized list of services remains in effect for a two-year period beginning no earlier than October 1 of each odd-numbered year; and
 - The Commission may include clinical practice guidelines in its prioritized list of services and statements of intent in its prioritized list of services.
- The Commission shall report during each regular session of the Legislative Assembly and shall submit a copy of its report to the Governor, the Speaker of the House of Representatives and the President of the Senate.
- The Commission may alter the list of health services during the interim only as follows:
 - To make technical changes to correct errors and omissions;
 - To accommodate changes due to advancements in medical technology or new data regarding health outcomes;
 - To accommodate changes to clinical practice guidelines; and
 - To add statements of intent that clarify the prioritized list.
- If a service is deleted or added during an interim and no new funding is required, the Commission shall report to the Speaker of the House of Representatives and the President of the Senate. However, if a service to be added requires increased funding to avoid discontinuing another service, the Commission shall report to the Emergency Board to request the funding.
- The Commission shall develop a medical technology assessment process. The Oregon Health Authority shall direct the commission with regard to medical technologies to be assessed and the timing of the assessments.
 - The Commission shall appoint and work with an advisory committee whose members have the appropriate expertise to conduct a medical technology assessment.
 - The Commission shall present its preliminary findings at a public hearing and shall solicit testimony and information from health care consumers.
 - The Commission shall give strong consideration to the recommendations of the advisory committee and public testimony in developing its assessment.
- All findings and conclusions, interviews, reports, studies, communications and statements procured by or furnished to the commission in connection with obtaining the data necessary to perform its functions is confidential pursuant to ORS 192.501 to 192.505.
- The Commission shall conduct comparative effectiveness research of medical technologies.

- The Commission may conduct the research by comprehensive review of the comparative effectiveness research undertaken by recognized state, national or international entities;
 - The Commission may consider evidence relating to prescription drugs that is relevant to a medical technology assessment but may not conduct a drug class evidence review or medical technology assessment solely of a prescription drug.; and
 - The Commission shall disseminate the research findings to health care consumers, providers and third-party payers and to other interested stakeholders.
- The Commission shall develop or identify and shall disseminate evidence-based health care guidelines for use by providers, consumers and purchasers of health care in Oregon.

Revised May 4, 2015 Erin Seiler