

**Seventy-Eighth Oregon Legislative Assembly - 2015 Regular Session**  
**STAFF MEASURE SUMMARY**  
**House Committee On Health Care**

**MEASURE: SB 440 B**  
**CARRIER: Rep. Buehler**

**Fiscal:** Has minimal fiscal impact

**Revenue:** No Revenue Impact

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**Action Date:** 05/18/15

**Action:** Do Pass As Amended And Be Printed Engrossed.

**Meeting Dates:** 05/11, 05/18

**Vote:**

Yeas: 7 - Buehler, Greenlick, Hayden, Kennemer, Keny-Guyer, Lively, Nosse

Nays: 1 - Weidner

Abs: 1 - Clem

**Prepared By:** Sandy Thiele-Cirka, Committee Administrator

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**WHAT THE MEASURE DOES:**

Requires the Oregon Health Policy Board to develop a strategic plan for collection and use of healthcare data and to establish the Health Plan Quality Metrics Committee (Committee). Directs the Committee to develop health outcomes and quality measures for the coordinated care organizations (CCOs) and plans offered by the Public Employees' Benefit Board and the Oregon Educators Benefit Board and to publish the data. Requires the Oregon Health Authority to give CCOs a three-month advance notice before changing health outcomes and quality measures in their contracts. Eliminates the metrics and scoring committee. Grants exclusive authority for Governor to appoint members of the Health Plan Quality Metrics Committee. Further identifies specific membership composition. Adds Oregon Health Authority to work in collaboration with the committee. Declares an emergency, effective on passage.

**ISSUES DISCUSSED:**

- Current metrics process
- Need for consistency
- Identifying data before measuring outcomes
- Need to align objectives
- Proposed amendment

**EFFECT OF COMMITTEE AMENDMENT:**

Grants exclusive authority for Governor to appoint members of the Health Plan Quality Metrics Committee. Further identifies specific membership composition. Adds Oregon Health Authority to work in collaboration with the Committee.

**BACKGROUND:**

Healthcare quality and outcome measures indicate how well healthcare services are being delivered and consider a variety of factors such as cost, utilization, satisfaction and access. Quality measurement provides comparable data on which to evaluate and make decisions regarding care. The federal Agency for Healthcare Research and Quality and the National Committee for Quality Assurance develop evidence-based measures to evaluate quality. For example, they measure the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer or percentage of adults who reported whether they were provided specific discharge information from a hospital. Measures are calculated by using insurance claims data, medical records and surveys.

In 2013, House Bill 2118 created the Health Plan Quality Metrics Workgroup (workgroup) to recommend core outcome and quality measures. The workgroup reports that the Oregon Health Authority, Oregon Educators Benefit Board and the Public Employees' Benefit Board have no set of standards for healthcare quality and outcome measures. While organizations collect

a substantial number of measures, specifications and data sources used to calculate measures may vary across organizations. The workgroup recommends developing a common set of statewide health improvement priorities and goals to guide quality measurement efforts.