

Chair Williamson, vice chairs McLane and Rayfield, and members of the committee. I am Charlie Swanson, a health care and democracy advocate from Lane County.

I am here to speak in favor of HB 2122, and in favor of the -14 amendments being considered by this committee. I especially appreciate the recognition that DCBS needs to be involved in some manner with OHA's effort related to a rules advisory committee. I am worried that the language in the bill may not yet provide sufficient flexibility and authority to OHA to meet the goals of transparency and accountability that are recommended by the Oregon Health Policy Board. To have the proper transparency and accountability for the use of Oregon Health Plan funds, OHA may need more authority to enforce transparency, accountability, and reserve requirements for OHP funds, and these requirements may need to be independent of DCBS requirements for other (non-OHP) funds within the same organization.

I want to address some of the testimony from those representing and supporting Trillium's position, which is against requirements in this bill regarding transparency and the use of funds. As I understand it, they are objecting to the state putting what they deem as unnecessary requirements on the use of public funds, but yet, from reports in the Eugene Register Guard, Trillium was willing to divert at least \$131 million of those public funds to shareholder profits.

I think this committee should welcome a proposal from Trillium that ensures excess profit taking will never again occur within the portion of a CCO funded with OHP dollars.

I understand and agree with Trillium's desire for local authority for establishing and running CCOs. But that local authority should be local **community** authority. For the community to have this authority, it needs to be sufficiently involved in the governance of the CCO.

I agree with some comments of Karen Gaffney, Assistant Director of Lane County Health and Human Services, who has submitted testimony against this bill. Trillium did well to invest *"in the establishment of two new community health clinics that became part of [Lane County's] Federally Qualified Health Clinic umbrella and allowed [Lane County] to attract new primary care and behavioral health professionals to the region."* Karen is correct that the ability to spend money in this manner should not be put in jeopardy. But section 5 of HB 2122 allows spending on *"services designed to address health disparities,"* which this seems to have been. However, if Karen is indeed correct that the language in section 5 is too restrictive to allow such spending, the language should be corrected.

Thanks for your efforts to help CCOs meet the vision of the legislation that established them – local, community-based organizations or statewide organizations with community-based participation in governance or any combination of the two.