

# House Bill 2265

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown for Oregon Health Authority)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Adds optometrists to list of health care practitioners who must complete pain management education program.

Replaces Governor with Oregon Health Policy Board as appointing authority for Health Plan Quality Metrics Committee.

Permits Oregon Health Authority to provide to agencies and Legislative Assembly data from other relevant sources in addition to data from health care workforce database.

## A BILL FOR AN ACT

1  
2 Relating to health care practitioners; amending ORS 413.017, 413.590 and 676.410.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 413.017 is amended to read:

5 413.017. (1) The Oregon Health Policy Board shall establish the committees described in sub-  
6 sections (2) to (4) of this section.

7 (2)(a) The Public Health Benefit Purchasers Committee shall include individuals who purchase  
8 health care for the following:

9 (A) The Public Employees' Benefit Board.

10 (B) The Oregon Educators Benefit Board.

11 (C) Trustees of the Public Employees Retirement System.

12 (D) A city government.

13 (E) A county government.

14 (F) A special district.

15 (G) Any private nonprofit organization that receives the majority of its funding from the state  
16 and requests to participate on the committee.

17 (b) The Public Health Benefit Purchasers Committee shall:

18 (A) Identify and make specific recommendations to achieve uniformity across all public health  
19 benefit plan designs based on the best available clinical evidence, recognized best practices for  
20 health promotion and disease management, demonstrated cost-effectiveness and shared demographics  
21 among the enrollees within the pools covered by the benefit plans.

22 (B) Develop an action plan for ongoing collaboration to implement the benefit design alignment  
23 described in subparagraph (A) of this paragraph and shall leverage purchasing to achieve benefit  
24 uniformity if practicable.

25 (C) Continuously review and report to the Oregon Health Policy Board on the committee's  
26 progress in aligning benefits while minimizing the cost shift to individual purchasers of insurance  
27 without shifting costs to the private sector or the health insurance exchange.

28 (c) The Oregon Health Policy Board shall work with the Public Health Benefit Purchasers

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 Committee to identify uniform provisions for state and local public contracts for health benefit plans  
 2 that achieve maximum quality and cost outcomes. The board shall collaborate with the committee  
 3 to develop steps to implement joint contract provisions. The committee shall identify a schedule for  
 4 the implementation of contract changes. The process for implementation of joint contract provisions  
 5 must include a review process to protect against unintended cost shifts to enrollees or agencies.

6 (3)(a) The Health Care Workforce Committee shall include individuals who have the collective  
 7 expertise, knowledge and experience in a broad range of health professions, health care education  
 8 and health care workforce development initiatives.

9 (b) The Health Care Workforce Committee shall coordinate efforts to recruit and educate health  
 10 care professionals and retain a quality workforce to meet the demand that will be created by the  
 11 expansion in health care coverage, system transformations and an increasingly diverse population.

12 (c) The Health Care Workforce Committee shall conduct an inventory of all grants and other  
 13 state resources available for addressing the need to expand the health care workforce to meet the  
 14 needs of Oregonians for health care.

15 (4)(a) The Health Plan Quality Metrics Committee shall include the following members appointed  
 16 by the *[Governor]* **Oregon Health Policy Board**:

- 17 (A) An individual representing the Oregon Health Authority;
- 18 (B) An individual representing the Oregon Educators Benefit Board;
- 19 (C) An individual representing the Public Employees' Benefit Board;
- 20 (D) An individual representing the Department of Consumer and Business Services;
- 21 (E) Two health care providers;
- 22 (F) One individual representing hospitals;
- 23 (G) One individual representing insurers, large employers or multiple employer welfare ar-
- 24 rangements;
- 25 (H) Two individuals representing health care consumers;
- 26 (I) Two individuals representing coordinated care organizations;
- 27 (J) One individual with expertise in health care research;
- 28 (K) One individual with expertise in health care quality measures; and
- 29 (L) One individual with expertise in mental health and addiction services.

30 (b) The committee shall work collaboratively with the Oregon Educators Benefit Board, the  
 31 Public Employees' Benefit Board, the *[Oregon Health]* authority and the department *[of Consumer*  
 32 *and Business Services]* to adopt health outcome and quality measures that are focused on specific  
 33 goals and provide value to the state, employers, insurers, health care providers and consumers. The  
 34 committee shall be the single body to align health outcome and quality measures used in this state  
 35 with the requirements of health care data reporting to ensure that the measures and requirements  
 36 are coordinated, evidence-based and focused on a long term statewide vision.

37 (c) The committee shall use a public process that includes an opportunity for public comment  
 38 to identify health outcome and quality measures that may be applied to services provided by coord-  
 39 inated care organizations or paid for by health benefit plans sold through the health insurance  
 40 exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board.  
 41 The *[Oregon Health]* authority, the department *[of Consumer and Business Services]*, the Oregon  
 42 Educators Benefit Board and the Public Employees' Benefit Board are not required to adopt all of  
 43 the health outcome and quality measures identified by the committee but may not adopt any health  
 44 outcome and quality measures that are different from the measures identified by the committee. The  
 45 measures must take into account the recommendations of the metrics and scoring subcommittee

1 created in ORS 414.638 and the differences in the populations served by coordinated care organiza-  
 2 tions and by commercial insurers.

3 (d) In identifying health outcome and quality measures, the committee shall prioritize measures  
 4 that:

5 (A) Utilize existing state and national health outcome and quality measures, including measures  
 6 adopted by the Centers for Medicare and Medicaid Services, that have been adopted or endorsed  
 7 by other state or national organizations and have a relevant state or national benchmark;

8 (B) Given the context in which each measure is applied, are not prone to random variations  
 9 based on the size of the denominator;

10 (C) Utilize existing data systems, to the extent practicable, for reporting the measures to mini-  
 11 mize redundant reporting and undue burden on the state, health benefit plans and health care pro-  
 12 viders;

13 (D) Can be meaningfully adopted for a minimum of three years;

14 (E) Use a common format in the collection of the data and facilitate the public reporting of the  
 15 data; and

16 (F) Can be reported in a timely manner and without significant delay so that the most current  
 17 and actionable data is available.

18 (e) The committee shall evaluate on a regular and ongoing basis the health outcome and quality  
 19 measures adopted under this section.

20 (f) The committee may convene subcommittees to focus on gaining expertise in particular areas  
 21 such as data collection, health care research and mental health and substance use disorders in order  
 22 to aid the committee in the development of health outcome and quality measures. A subcommittee  
 23 may include stakeholders and staff from the [*Oregon Health*] authority, the Department of Human  
 24 Services, the Department of Consumer and Business Services, the Early Learning Council or any  
 25 other agency staff with the appropriate expertise in the issues addressed by the subcommittee.

26 (g) This subsection does not prevent the [*Oregon Health*] authority, the Department of Consumer  
 27 and Business Services, commercial insurers, the Public Employees' Benefit Board or the Oregon  
 28 Educators Benefit Board from establishing programs that provide financial incentives to providers  
 29 for meeting specific health outcome and quality measures adopted by the committee.

30 (5) Members of the committees described in subsections (2) to (4) of this section who are not  
 31 members of the Oregon Health Policy Board are not entitled to compensation but shall be reim-  
 32 bursed from funds available to the board for actual and necessary travel and other expenses in-  
 33 curred by them by their attendance at committee meetings, in the manner and amount provided in  
 34 ORS 292.495.

35 **SECTION 2.** ORS 413.590 is amended to read:

36 413.590. (1) **An approved pain management education program described in ORS 413.572**  
 37 **(1)(c) or an equivalent pain management education program as described in ORS 675.110,**  
 38 **677.228, 677.510, 678.101, 684.092, 685.102 or 689.285 must be completed by:**

39 (a) A physician assistant licensed under ORS chapter 677[.];

40 (b) A nurse licensed under ORS chapter 678[.];

41 (c) A psychologist licensed under ORS 675.010 to 675.150[.];

42 (d) A chiropractic physician licensed under ORS chapter 684[.];

43 (e) A naturopath licensed under ORS chapter 685[.];

44 (f) An acupuncturist licensed under ORS 677.759[.];

45 (g) A pharmacist licensed under ORS chapter 689[.];

1 (h) A dentist licensed under ORS chapter 679[.];

2 (i) An occupational therapist licensed under ORS 675.210 to 675.340; [and]

3 (j) A physical therapist licensed under ORS 688.010 to 688.201 [*must complete one pain manage-*  
4 *ment education program described under ORS 413.572.*]; and

5 (k) **An optometrist licensed under ORS chapter 683.**

6 (2) The Oregon Medical Board, in consultation with the Pain Management Commission, shall  
7 identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients  
8 in chronic or terminal pain and who must complete one pain management education program es-  
9 tablished under ORS 413.572. The board may identify by rule circumstances under which [*the*] a re-  
10 quirement under this section may be waived.

11 **SECTION 3.** ORS 676.410 is amended to read:

12 676.410. (1) As used in this section, “health care workforce regulatory board” means the:

13 (a) State Board of Examiners for Speech-Language Pathology and Audiology;

14 (b) State Board of Chiropractic Examiners;

15 (c) State Board of Licensed Social Workers;

16 (d) Oregon Board of Licensed Professional Counselors and Therapists;

17 (e) Oregon Board of Dentistry;

18 (f) Board of Licensed Dietitians;

19 (g) State Board of Massage Therapists;

20 (h) Oregon Board of Naturopathic Medicine;

21 (i) Oregon State Board of Nursing;

22 (j) Respiratory Therapist and Polysomnographic Technologist Licensing Board;

23 (k) Oregon Board of Optometry;

24 (L) State Board of Pharmacy;

25 (m) Oregon Medical Board;

26 (n) Occupational Therapy Licensing Board;

27 (o) Physical Therapist Licensing Board;

28 (p) Oregon Board of Psychology; and

29 (q) Board of Medical Imaging.

30 (2) An individual applying to renew a license with a health care workforce regulatory board  
31 must provide the information prescribed by the Oregon Health Authority pursuant to subsection (3)  
32 of this section to the health care workforce regulatory board. Except as provided in subsection (4)  
33 of this section, a health care workforce regulatory board may not approve an application to renew  
34 a license until the applicant provides the information.

35 (3) The authority shall collaborate with each health care workforce regulatory board to adopt  
36 rules establishing:

37 (a) The information that must be provided to a health care workforce regulatory board under  
38 subsection (2) of this section, which may include:

39 (A) Demographics, including race and ethnicity.

40 (B) Education and training information.

41 (C) License information.

42 (D) Employment information.

43 (E) Primary and secondary practice information.

44 (F) Anticipated changes in the practice.

45 (G) Languages spoken.

1 (b) The manner and form of providing information under subsection (2) of this section.

2 (4)(a) Subject to paragraph (b) of this subsection, a health care workforce regulatory board shall  
 3 report health care workforce information collected under subsection (2) of this section to the au-  
 4 thority.

5 (b) Except as provided in paragraph (c) of this subsection, personally identifiable information  
 6 collected under subsection (2) of this section is confidential and a health care workforce regulatory  
 7 board and the authority may not release such information.

8 (c) A health care workforce regulatory board may release personally identifiable information  
 9 collected under subsection (2) of this section to a law enforcement agency for investigative purposes  
 10 or to the authority for state health planning purposes.

11 (5) A health care workforce regulatory board may adopt rules to perform the board's duties  
 12 under this section.

13 (6) In addition to renewal fees that may be imposed by a health care workforce regulatory board,  
 14 the authority shall establish fees to be paid by individuals applying to renew a license with a health  
 15 care workforce regulatory board. The amount of fees established under this subsection must be  
 16 reasonably calculated to reimburse the actual cost of obtaining or reporting information as required  
 17 by subsection (2) of this section.

18 (7) Using information collected under subsection (2) of this section, the authority shall create  
 19 and maintain a health care workforce database. *[that will]* **The authority shall provide data from**  
 20 **the health care workforce database and may provide data from other relevant sources**, in-  
 21 cluding data related to the diversity of this state's health care workforce, upon request to state  
 22 agencies and to the Legislative Assembly. The authority may contract with a private or public entity  
 23 to establish and maintain the database and to perform data analysis.

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