

March 15, 2023

## SB 967 Needs Work

Chair Patterson, Vice Chair Hayden, and Members of the Committee,

CareOregon is a community non-profit organization serving over 500,000 Oregonians covered by the Oregon Health Plan for nearly 30 years. CareOregon wholly owns two coordinated care organizations (CCOs), Jackson Care Connect and Columbia Pacific CCO. We also are a founding member of Health Share of Oregon, managing an integrated community network and the behavioral health benefit for all Health Share of Oregon members. We also serve statewide through our tribal care coordination benefit.

CareOregon does not support SB 967 as currently written. We appreciate OHA's responsiveness and willingness to engage with CCOs on this legislation. We are committed to working with OHA on an amendment that addresses our concerns.

**Section 1** allows OHA to establish non-risk payments to support Health Related Social Need (HRSN) payments as part of 1115 waiver implementation. Current language in Section 1 does not include a sunset for the non-risk payments.

**Section 1** also deletes references to dental care organizations. Page 4 line 3 of the bill removes a representative of a DCO as a required seat on CCO governing boards. Dental care is a necessary component of integrated service delivery, and we'd like to see a requirement for dental care representatives remain in statute.

**Section 3** overhauls Oregon's metrics structure by terminating the Health Plan Quality Metrics committee and Metrics and Scoring Committee, replacing both with the Health Equity Quality Metrics Committee. The bill takes a phased approach to terminating the Metrics and Scoring committee. If the Senate Health Care committee agrees that structure and composition will substantively address the Metrics & Scoring Committee Equity Impact Assessment findings, then section 7 needs work:

- Page 7 lines 9-18 delete public process requirements for measure development.
- Page 7 lines 19-32 delete necessary guiding principles for waiver development, leaving the proposed new structure with vague statutory direction.
- Page 7 lines 33-34 delete ongoing review of measures adopted.
- Page 7 lines 35-40 delete emphasis on cultivating expertise.
- Page 7 line 45, page 8 line 1 gives the director of the OHA sole appointment authority for this body.
- The proposed phasing of this committee needs a second look to adequately consider potential contract extension (HB 2446, 2022) and waiver benefit roll-out.

CareOregon firmly believes in the need to adequately capture CCO community and population health impact. The new metrics structure must also be functional. We are committed to working with the OHA on changes to meet our shared goals.

**Section 7** does not relate to the current 1115 waiver as it provides future flexibility to the OHA for initiatives not yet approved or defined. As proposed, section 7 creates an unhelpful incentive to push CCOs to spend earned quality pool dollars as quickly as possible; this tension does not always align with community and partner processes to ensure that investments adequately support community and population health. We think this can wait.

In summary:

CareOregon supports a final bill that focuses on implementing the outstanding components of the 1115 waiver. SB 967 in its current form needs work. We will continue to work with the Oregon Health Authority to address these concerns.

Sincerely,



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