



April 19, 2023

## CareOregon Testimony on SB 1042

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

CareOregon has always supported the principles behind the coordinated model; when CCOs initially formed, CareOregon so aligned with the vision and possibility of community based CCOs, that we started five of the initial sixteen CCOs. CareOregon has served Oregonians for nearly 30 years and today serves over 500,000 Oregonians through 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.

We have worked to provide stability and consistency through multiple Governors, OHA Directors, and well-intended policy concepts. While we remain proud of the work that all stakeholders have accomplished within the coordinated care model over the past decade, we think the next step in innovation would benefit from a fresh review of the role, structure, and purpose of the OHPB. The state has enormous ambitions and expectations and, as this committee is aware, Oregon is a small state with a part-time legislature that must complete an extraordinary amount of work in an extremely small amount of time.

As we enter the second decade of service through the coordinated care model, we think there is an opportunity to re-evaluate how to best use all of Oregon's talent in this space to chart out the future of, recommit to, and ensure the durability and continual improvement of the model and vision.

To do this we should:

1. Acknowledge the complex challenges presented by the need to base this work in the community and align this work with the stakeholders operating within the current health care system.
2. Support Oregon's legislative process by better structuring the deliberation necessary to truly move the needle within this complex model during the interim. Doing so will increase co-creation, collaboration, and honest discussions about the problems we are trying to solve for and the various possibilities to address them.
3. Adequately structure the OHPB to play a vital role in shaping the concepts for the legislature to evaluate. This structure should be one where OHPB collaborates with the OHA, as opposed to leadership by the OHA with report outs to the OHPB.

Oregon must capitalize on what we've learned within a model that is unique because of each CCO's obligation to their community. We must also maintain the flexibility and room for innovation necessary





to best serve our communities as required by the CCO vision. While CareOregon does not support the restructuring of the OHPB suggested in this bill, we do support a conversation about how we best position all the coordinated care model stakeholders to contribute to this progress on behalf the members and communities we serve.

Sincerely,

A handwritten signature in blue ink that reads "H. Rigsby".

Jeremiah Rigsby, JD  
Chief of Staff  
CareOregon

