

Oregon Health Policy Board

AGENDA

(amended 12-02-09)

December 8, 2009

Sheraton Portland Airport Hotel

Cascade Room

8:30 am to 3:30 pm

#	Estimated Time	Item	Lead	Action Item
1	8:30	Call to order/roll call	Chair Eric Parsons	
2	8:35	Review and approve agenda and minutes	Chair	X
3	8:45	Facilitated Discussion: Decision making, Board roles and responsibilities	Diana Bianco Chair Board Members	
	10:45	Break		
4	11:00	Committee considerations and work plan: <ul style="list-style-type: none">• Review and approval of draft Workforce and Purchasing Committee Charters;• Consideration to establish Oregon Health Improvement Plan Steering Committee, Payment and Quality Committee, and Medical Liability Task Force; review and approval of draft charters• Review and approval of work plan	Chair	X
	12:00	Lunch		
5	1:00	Board Discussion: Opportunities and Obstacles for the Work Ahead	Barney Speight	
	2:30	Break		
6	2:45	Federal legislation review	Amy Fauver	
7	3:00	Invited public comment	Health Advocacy Allies	
8	3:30	Adjourn		

Please Note: Other than invited public comment, the Board will be unable to accept verbal public testimony at this meeting, but written testimony can be sent via mail to the Oregon Health Policy Board, 500 Summer Street NE, E-20, Salem, OR 97301 or email to ohpb.info@state.or.us.

Next meeting:

January 12, 2009

Time: 1pm to 5pm

The Market Square Building, 9th floor

1515 SW 5th Avenue

Portland, OR

Oregon Health Policy Board Minutes
November 10, 2009
1:00 to 5:00 p.m. Hearing Room E
State Capitol, Salem, Oregon

Item 1 - Call to Order/Roll Call

Eric Parsons called the first Oregon Health Policy Board (OHPB) meeting to order. Chair Parsons thanked the Board members for being present today. Official roll call was taken. Board members present were Eric Parsons, Lillian Shirley, Carlos Crespo, Chuck Hofmann, Eileen Brady, Mike Bonetto and Nita Werner. Felisa Hagins and Joe Robertson were delayed and arrived shortly after the meeting began. Oregon Health Authority (OHA) staff present were Bruce Goldberg and Tina Edlund.

Item 2 - Welcome and Introductions

Board members and staff introduced themselves and provided their background information. The Board has incorporated the use of small netbooks to receive supporting materials and information electronically in an effort to reduce paper.

Letter from Oregon Health Policy Commission

Chair Parsons read a letter that was received from the Oregon Health Policy Commission which describes the foundation that represents the structure of this organization.

ADMINISTRATIVE ITEMS (Review and approval)

Item 3A – By-laws of the Oregon Health Policy Board – Linda Grimms

Linda Grimms, lead counsel for the Oregon Health Authority, reviewed draft by-laws of the Oregon Health Policy Board. Nita Werner moved to adopt the by-laws; Carlos Crespo seconded. No further discussion. A voice vote was taken and the motion to adopt the by-laws without modification was passed unanimously.

Item 3B – Conflict of Interest Policy – Linda Grimms

Linda Grimms reviewed the Conflict of Interest Policy. Eric Parsons moved to adopt. The motion was seconded by Lillian Shirley. There was no further discussion by the Board. Motion carried. A voice vote was taken and the motion to adopt the Conflict of Interest Policy without modification was passed unanimously.

Item 3C – Statement of Economic Interest Requirements (Review Only) – Linda Grimms

Oregon Health Policy Board members will be required to complete annual statements of economic interest, but the requirements are currently under review and will be finalized soon. There is nothing required of the Board until the first of the year; OHA staff will keep the Board apprised.

Public meetings law - Linda Grimms

Linda Grimms reviewed requirements of Oregon's public meetings law.

Item 4 – Committee Confirmations – Eric Parsons

Tina Edlund explained that there are two standing committees: The Public Employers Health Purchasing Committee and the Health Care Workforce Committee.

Public Employers Health Purchasing Committee

Eric Parsons called for a motion to confirm members of purchasers committee. Eileen Brady motioned first; Chuck Hofmann seconded the motion. Mike Bonetto moved to name Steve McNannay as the chair of the Public Employers Health Purchasing Committee. The motion to name Steve McNannay as chair of the Public Employers Health Purchasing Committee was moved and seconded. Motion carried by a unanimous voice vote.

Heath Care Workforce Committee

The Heath Care Workforce Committee call for nominations began in early October and closed on Oct 23. There were more than 60 applications. The agency looked for a mix of expertise. Applications were reviewed and chosen to develop a good representation of what was outlined in the statute. Rural representation was missing, so the agency worked with Dr. Hoffmann to reach out to the eastern Oregon population and there are two additional people for consideration; an applicant from Blue Mountain Community College in Pendleton and an applicant from Eastern Oregon University in La Grande. Chair Parsons called for discussion. Chuck Hofmann made an additional recommendation to nominate Dr. David Nardone, a retired professor from the Veterans Administration to the committee. Chair Parsons asked for further discussion. Nita Werner made a motion to accept Dr. Nardone's application. Lillian Shirley seconded the motion. No further discussion. Motion carried to accept Dr. Nardone's application.

Chuck Hofmann nominated Dr. John Moorhead to be the chair of the Health Care Workforce Committee. Nita Werner moved and Joe Robertson seconded the motion. Carlos Crespo asked about the broad and diverse group of applicants and asked Director Goldberg if a selection had to be made today, or if the vote could be postponed. Dr. Goldberg indicated that we would like the group up and going as quickly as possible. Dr. Crespo agreed. No further discussion. Motion carried by a unanimous voice vote.

Lillian Shirley moved to nominate Ann Malosh as the Vice Chair of the Health Care Workforce Committee. Carlos Crespo seconded the motion. No further discussion. Motion carried by unanimous voice vote.

ITEM 5 Organizational and budget review – Bruce Goldberg & Jim Scherzinger

Bruce Goldberg, Director designee of the Oregon Health Authority, and Jim Scherzinger, the Department of Human Services Deputy Director for Finance, presented an organizational and budget review of the Oregon Health Authority. The task of the OHPB is to guide and recommend overall health policy for the state and to help guide and oversee the Oregon Health Authority as a new state agency. Dr. Goldberg introduced the slide presentation by explaining that it is intended to set the tone for the types of monthly reports that the Board will receive from the executive team as well as providing a high level sense of the organization, the budget and how the Board will be aiding the new organization over the next one and a half years.

- OHA management is tasked with creating a single organization with a common mission. The common theme and focus are the programs that are involved in heath and health care. As the Authority and the Board move health policy forward, set examples and begin to lead the state in how we organize and purchase health care in Oregon.
- Authority purchases health insurance coverage for over 850,000 people in the state, representing over 25% of the health insurance market in the state. Dr. Goldberg reviewed

the departments and agencies that now make up the Authority and their respective responsibilities.

- Dr. Hofmann expressed interest in an opportunity to bring other groups into this purchasing, such as the city and county employees because and asked Dr. Goldberg if he saw opportunities to bring them in, in the next couple of years. Dr. Goldberg responded that he hopes that the Board will direct will direct the Public Employers Health Care Purchasing committee to look at that. Cities and counties are struggling with the same issues around purchasing and health care for their employees. Our goal is to put together the kinds of products and opportunities that cities and counties will want to become a part of.
- Lillian Shirley asked for the numbers served within the Addictions and Mental Health system.
- AKT consultants have been engaged to map business processes within the Department of Human Services to help determine which services might remain shared in a new structure where there are two distinct agencies. Nita Werner voiced concerns about the cost of a consultant and would like to look at the contractor's timeline to make sure that public money is well spent.
- Eileen Brady commented it seems that the Board's role is to review the consultants report to make sure it is aligned with the Board's principles and outcomes. Would like to see an analysis of the 850,000 lives – She would hope that in the future the Board can get a look the people in terms of health conditions, demographics so that the Board can get its arms around what the health situation of the group is.
- Carlos Crespo asked if the Board will be able to look at public health surveillance data. Dr. Goldberg explained that we'll need to go beyond public health surveillance data and that we will through the states' new statutory authority to obtain all payer, all claims (APAC) data. Dr. Crespo asked if any other states have a data program like the APAC data. Tina Edlund indicated that there are 13 other states currently in this process.
- Dr. Robertson commented that AKT is an excellent choice. He asked what adjustments are being made for the cultural adaptation that will be necessary as the new organization is developed. Bruce responded that the agency has been in the process around transformation initiative for a couple of years. DHS has been looking at process improvement, lean management, organizational culture change and leadership. The agency will provide the Board with more information.
- Jim Scherzinger presented a high-level budget overview for the OHA. Total is \$10.6 billion over 2 years; over 60% is within the Division of Medical Assistance Programs (DMAP).

The Board had several questions about the budget slides.

- Can staff provide a breakdown of where the health benefits go: hospitals, pharmaceuticals, physicians, etc.?
- Where does the Oregon State Hospital fit into the budget structure? Bruce Goldberg responded that the majority of expenditures are spent on purchasing services and pharmaceuticals. The state provides very little direct service and resources go to Oregon communities. We do provide services in the state hospital.

- Is the administrative component of what is paid out to health plan counted as a part of OHA administration or is it counted as benefit? Bruce responded that the 8% admin to plans is counted as a benefit and that there are other administrative expenses on benefits that are purchased through commercial insurance for public employees, teachers and likewise for administrative overhead for health plans that aren't included in the OHA admin line in these slides.
- How much are we spending per person – if we had a number, what would that number be and how might it be calculated?
- Would like a break out by program. Are some programs more efficient than others?
- Who is the major partner? Would like a breakdown of those sources.
- How many people in addition to these people are covered under Medicare as well as by cities and counties. Would like to have a break down.
- Dr. Goldberg reviewed the status of the Healthy Kids program and the OHP Standard program.
 - Dr. Crespo asked how the state is working with schools on the Healthy Kids plan: are there barriers? Dr. Goldberg responded that we have yet to scratch our potential as a state. Some of it is structural in terms of how we approach health and health care. In terms of the partnership, we're getting it up and going and have a way to go. Over 100 school districts that have their own way of operating and communicating. We share a common mission, but we're just getting started.
 - Mike Bonetto asked what the expectations of the Board are as it looks at the scope of work, deliverables and activities. Bruce Goldberg responded that the legal and structural oversight over the budget rests with the Governor and the Legislature. This Board does not have the legal and fiduciary responsibility in that way. Budget authority is not there. Don't think the legislature envisioned oversight over day-to-day operations or governance. The Board will provide some oversight, policy direction and suggestions and the process will unfold over time.
 - Eric Parsons added that the next conversation will be about what we want to measure and what do we want to pay attention to. Establishing those measures and metrics will lead the way.
 - Dr. Hofmann asked that there be adequate time at the December meeting for a discussion of roles and responsibilities. Don't want to get bogged down in day-to-day operations. Much more comfortable telling staff what should be done rather than how it should be done.

Item 6 – Review of Oregon Health Fund Board Comprehensive Plan for Health Reform – Eileen Brady and Chuck Hofmann

Eileen Brady and Chuck Hofmann provided an overview of the Oregon Health Fund Board's comprehensive plan and the framework it established for the work of the Oregon Health Policy Board and the Oregon Health Authority. Reviewed the 7 building blocks of the comprehensive plan as well as the Authority. (See Executive Summary of OHFB comprehensive plan).

Item 8 – Review of Straw Dog OHPB 09-11 Work Plan – Tina Edlund

Tina Edlund provided a review of the Straw Dog Oregon Health Policy Board 09-11 Work Plan, which represents the work outlined in the House Bill 2009 for the 09-11 biennium. (See work plan submitted as part of meeting materials).

Item 9 – Retreat Planning – December Meeting

The retreat meeting begins at 8:30 a.m. and concludes at 3:30 p.m. The purpose of this meeting will be to discuss the Board’s work plan and priorities for the work plan. Staff are in the process of identifying a location for the retreat. As soon as a location is secured, it will be posted on the web page.

Item 10 - Other Business Federal Reform Update – Amy Fauver

Amy Fauver, Director of Legislative and Government Affairs for the Oregon Health Authority, provided a comparison of the major provisions of House Bill 2009 and pending federal health reform legislation and the current legislative status of House Bill 3962.

ANNOUNCEMENT Outreach Coordinator Position with OHA

The community engagement coordinator position for the Oregon Health Authority has been posted on the Oregon job site. This is a grant funded position through the end of the biennium.

Item 11 – Public Comment

No one signed up for public testimony. Chair Parsons asked if there was any other business. No other business. Meeting adjourned 4:57 pm

**Next Meeting:
Board Retreat
Portland Airport Sheraton Hotel
Cascade Room
December 8, 2009
9:00 a.m. to 4:30 p.m.**

OREGON HEALTH POLICY BOARD
By-Laws

ARTICLE I

Oregon Health Policy Board

The Oregon Health Policy Board (the Board) is created pursuant to House Bill 2009, 2009 Or. Laws Chapter 595 (the Act). The Board is the policy-making and oversight body for the Oregon Health Authority. The Board's duties are described in Section 9 of the Act.

The Director of the Oregon Health Authority (Director) and staff employed or arranged for by the Director shall serve as staff to the Board.

It is expressly understood that nothing contained in these Bylaws shall be deemed to limit or restrict the general authority vested in the Board or the Oregon Health Authority by law.

ARTICLE II

Board Composition

Section 1 – Board Members

The Board consists of nine members appointed by the Governor and confirmed by the Senate. Board members serve four year terms. A Board Member is eligible for reappointment. A Member whose term has expired but whose successor has not been appointed and confirmed may continue to serve until replaced.

Section 2 – Compensation

Members of the Board receive no compensation for their services, but shall be reimbursed for per diem and travel expenses for their attendance at Board meetings and Committee meetings as provided in ORS 292.495.

ARTICLE III

Officers of the Board

Section 1 – Statutory Composition of the Board's Officers

The officers of the Board shall be a Chairperson and a Vice Chairperson, appointed by the Governor from the membership of the Board.

Section 2 – Duties of Officers

A. The Board Chairperson shall preside at all meetings of the Board and shall perform such other duties as may be assigned by the Board. The Chairperson will:

1. Coordinate meeting agendas in consultation with the Director
2. Review all draft Board meeting minutes prior to the meeting at which they are to be approved

OREGON HEALTH POLICY BOARD

By-Laws

3. Make Committee Chairperson assignments

B. The Board Chairperson shall possess the power to sign all certificates, contracts and other instruments which may be authorized by the Board, unless delegated by the Board to the Director.

C. In the absence of the Board Chairperson, or in the event of the Chairperson's inability or refusal to act, the Vice Chairperson shall perform the duties of the Chairperson, and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairperson. The Vice Chairperson shall perform such other duties as from time to time may be assigned by the Board Chairperson.

Section 3 – Office Vacancies

A. If a vacancy occurs in the office of the Board Chairperson, the Vice Chairperson shall carry out the functions of the Chairperson until the Governor selects a new Chairperson.

B. If a vacancy occurs in the office of the Vice Chairperson, the office shall remain vacant until the Governor selects a new Vice Chairperson.

C. If a vacancy occurs in the office of the Chairperson when the office of the Vice Chairperson is vacant, the Board shall designate one of its Board Members to serve as chairperson pro tem over meetings until the Governor selects a Chairperson or a Vice Chairperson.

Section 4 – Absence of Officers from Meetings

If neither the Chairperson nor the Vice Chairperson is able to attend any duly called Board meeting, the Chairperson of the Board shall designate a Board Member to serve as chairperson pro tem for that meeting.

Section 5– Committees

A. Public Health Benefit Purchasers Committee: Appointment of membership and duties of the Public Health Benefit Purchasers Committee shall be made in accordance with statute.

B. Health Care Workforce Committee: Appointment of membership and duties of the Health Care Workforce Committee shall be made in accordance with statute.

C. Advisory and Technical Committees

The Board may establish such advisory and technical committees as the Board considers necessary to aid and advise the Board in the performance of the Board's functions. These committees may be standing committees or temporary committees. The Board will determine the representation, membership, terms and organization of the committees and shall appoint the members of the committees. The Board Chairperson shall appoint Committee Chairpersons at the same time the committee is appointed. The Board may terminate a committee, except for a Committee established by statute.

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D. Committee Procedures, Recommendations and Reports to the Board

1. Meetings of the Committees are subject to the Public Meetings Law. The Committee Chairperson shall work with Oregon Health Authority staff to provide for the distribution of an agenda and for the recording of meetings, and shall be responsible for the order and conduct of the meeting.

2. A recommendation from a Committee to the Board requires an affirmative vote of a majority of the Committee members.

3. The work of the Committees must be arranged so as to permit the timely completion of tasks requested by the Board or included within the Committee's mandate. The Committees will work cooperatively with the Board and staff to provide requested information.

E. Compensation

Members of Committees who are not voting Board Members may be reimbursed from funds available to the Board for actual and necessary mileage and parking expenses (and other expenses authorized by the Board) incurred by them in the performance of their official duties, in the manner and amount provided in ORS 292.495.

ARTICLE IV

Board Meetings

Section 1 – Regular and Special Meetings.

A. The Board shall meet at least once every month and shall meet at least once every two years in each congressional district in this state, at a place, day and hour determined by the Board.

B. The Board may also meet at other times and places specified by the call of the Chairperson or a majority of the Members of the Board, or as specified in these Bylaws.

C. Board meetings will be held within the geographic boundaries of the state.

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Section 2 – Meetings by Telecommunication

A. A regular or special meeting of the Board may be held by telephone, video conferencing or other electronic means in which all Board Members may hear each other so long as it complies with the Oregon Public Meetings Law.

B. If a Board Member is unable to attend any meeting in person, the Member may participate via telephone, video conferencing or other electronic means, providing that all participants can hear each other and members of the public attending the meeting can hear any Board Member who speaks during the meeting. Board Members attending through such electronic means shall be included in constituting a quorum.

Section 3 – Attendance

Regular attendance at meetings is expected of each Board Member. A Member should notify the Chairperson, the Director, or Oregon Health Authority staff assisting the Board, at least 24 hours in advance of a meeting if the Member is unable to attend. In an emergency, the Member shall contact the Chairperson, the Director, or Oregon Health Authority staff assisting the Board, as soon as reasonably possible.

Section 4 – Notice of Meetings, Minutes and Records

A. Meetings of the Board are subject to the Oregon Public Meetings Law.

B. Notice of scheduled meetings, together with an agenda and minutes of the previous meeting will be mailed to all Board members and to the public at least ten (10) business days prior to such meetings, or if ten days' notice is not practicable then such lesser notice as is practicable.

C. Typed minutes of all meetings of the Board shall be distributed to all Board Members and made available to the public no later than thirty (30) days after the meeting and are subject to amendment and approval of the next meeting of the Board.

D. The Board shall maintain all records in accordance with the Oregon Public Records Law.

Section 5 – Rules of Order

A. The Board will conduct its business through discussion, consensus building and informal meeting procedures.

B. The Chairperson may, from time to time, establish specific procedural rules of order to assure the orderly, timely and fair conduct of business. The Chairperson may refer to the most recent edition of Robert's Rules of Order for guidance.

Section 6 – Quorum and Voting Rights

A. Quorum – A majority of the voting Members of the Board constitutes a quorum for the transaction of business, so five (5) voting Members constitute a quorum of the Board. The continued presence of a quorum is required for any official vote or action of the Board throughout an official meeting. Less than a quorum of the Board may receive testimony.

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B. Voting – All official actions of the Board must be taken by a public vote. On all motions or other matters, “voice” vote may be used. At the discretion of the Chairperson or at the request of a Board Member, a show of hands or “roll-call” vote may be conducted. Proxy votes are not permitted. The results of all votes and the vote of each member by name must be recorded.

C. When there is a quorum present at a meeting, a majority of the Board Members present is necessary to pass motions or take other action during a meeting. Abstaining votes shall be recorded as abstention.

Section 7 – Conflict of Interest

Actions of the Board and Committees are subject to the Oregon Government Ethics Law, including requirements for declaring conflicts of interest. The Board shall adopt a policy with respect to conflicts of interest involving Board Members and Committee members. The policy shall be reviewed periodically by the Board and may be modified from time to time.

ARTICLE V

Rules of Construction and Amendments to Bylaws

A. All references in these Bylaws to “mail” or “mailing” shall also include electronic mail to a Member or an addressee who has an email address on file with the Board and who has agreed to be contacted by electronic mail.

B. All procedures in these Bylaws shall be construed in accordance with the intent and purpose of applicable state laws and regulations.

C. These Bylaws may be amended or repealed and new bylaws adopted, by the Board at any regular or special meeting of the Board provided that twenty (20) days written notice of the proposed amendment shall be given to each Member of the Board prior to any regular or special meeting of the Board at which the proposed amendment is to be considered and acted upon. Amendment of the Bylaws requires an affirmative vote of five (5) voting Members of the Board.

OREGON HEALTH POLICY BOARD
Conflict of Interest Policy

This Conflict of Interest Policy governs the activities of the Oregon Health Policy Board. Board members are appointed, in part, because of their diverse experiences in their professional and civic lives. The Board further recognizes that persons appointed to this body bring valued histories of service to varied populations in the state or to stakeholder groups. Each Member is reminded that by accepting membership on the Board, they agree to serve the broader goals of establishing health policy for the State of Oregon.

This policy is designed to ensure that voting members of the Oregon Health Policy Board identify situations that present possible conflicts of interest and to describe appropriate procedures if a possible conflict of interest arises. The Board seeks to promote transparency and integrity of its decision-making process, aided by this policy. Questions about this policy should be directed to the Chairperson of the Board or to the Director of the Oregon Health Authority (Director).

- 1. What is a conflict of interest?** A conflict of interest arises when a Board member has a personal financial interest that conflicts with the interests of the Board.

An **actual** conflict of interest occurs when the action taken by the Board member *would* affect the financial interest of the Board member, the Board member's relative or a business with which the Board member or relative is associated.

A **potential** conflict of interest exists when the action taken by the Board member *could* have a financial impact on that Board member, a relative of the Board member or a business with which the Board member or the relative of the Board member is associated.

The Board recognizes that the standards that govern its conduct are fully set forth in ORS Chapter 244. It is therefore the policy of this Board that all Board members, upon confirmation of appointment, and periodically thereafter, are made aware of the requirements of this law, or subsequent versions thereof. It is the Board's intent that the statutory requirements set forth in Oregon law are binding authority to which members must adhere, and that this Conflict of Interest Policy, or others adopted in furtherance of its purposes, be viewed and utilized as elaboration and guidance.

- 2. How do Board members identify conflict of interest situations?** Board members are encouraged to examine prospective issues at the earliest opportunity for the potential of a conflict of interest and are reminded that compliance with the statutory requirements often require sensitivity to avoiding the appearance of impropriety. Members are to consult with the Chairperson of the Board or the Director for guidance where appropriate.

OREGON HEALTH POLICY BOARD
Conflict of Interest Policy

The following circumstances do not represent a conflict of interest:

- If the conflict arises only from a membership or interest held in a particular business, industry or occupation or other class that was a prerequisite for holding the Board position.
- If the financial impact of the official action would impact the Board member, relative or business of the Board member or relative to the same degree as other members of an identifiable group or class.
- If the conflict of interest arises only from a position or membership in a nonprofit corporation that is tax-exempt under 501(c) of the Internal Revenue Code.

- 3. Duty to disclose.** Board members should disclose to the Board Chairperson as soon as the Board member is aware of the actual or potential conflict of interest.

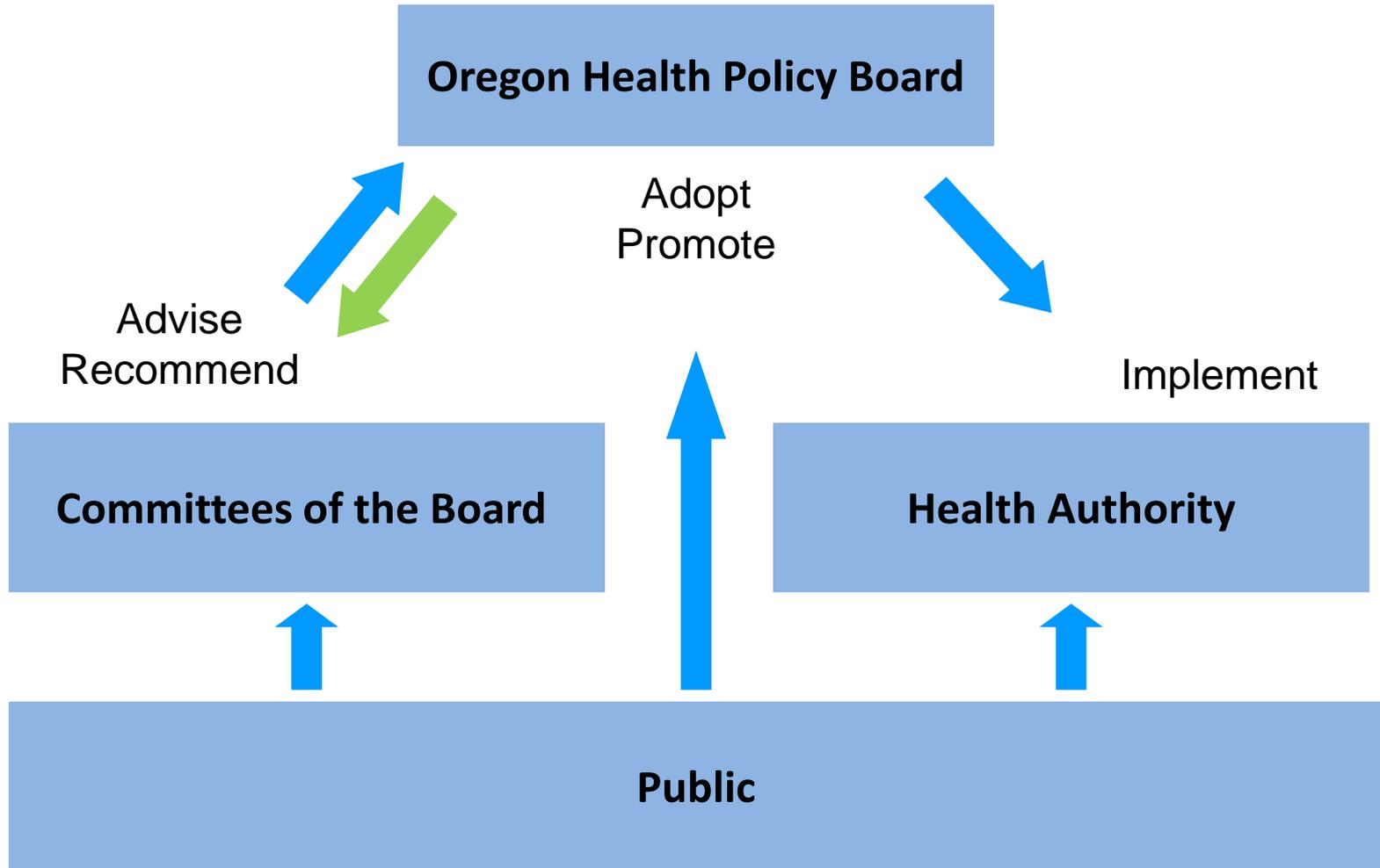
Board members must publicly announce the nature of the conflict of interest before participating in any official action (discussion or voting) on the issue giving rise to the conflict of interest.

- Potential conflict of interest: Following the public announcement, the Board member may participate in official action on the issue that gave rise to the conflict of interest.
- Actual conflict of interest: Following the public announcement, the Board member must refrain from further participation in official action on the issue that gave rise to the conflict of interest.
- If a Board member has an actual conflict of interest and the Board member's vote is necessary to meet the minimum number of votes required for official action, the Board member may vote. In this situation, the Board member must make the required announcement and refrain from any discussion, but may participate in the vote required for official action by the Board. These circumstances are rare.

- 4. Record of proceedings.** The Board shall keep a record of disclosures of conflict of interest and the nature of the conflict in the public record.

- 5. Does this policy apply to the Board's Committees?** Committee members should follow this policy when engaged in decision-making with the Committee, conferring as needed with the chairperson of the Committee or the Director of the Oregon Health Authority or his designee. Public employees should follow the conflict of interest policies of their appointing authority.

**Oregon Health Policy Board
Decision Making
&
Policy Implementation/Improvement Cycle**



OREGON HEALTH POLICY BOARD
Policy-Making and Oversight Role

The Oregon Health Policy Board is the policy-making and oversight body for the Oregon Health Authority. § 9(1) HB 2009.

- **Policy-making:** Recommending desired objectives or proposed actions from among alternatives in the light of given conditions to guide present and future decisions.
 - Related to the topics identified by the Legislature in HB 2009
 - access to affordable, quality health care for all Oregonians by 2015
 - uniform, statewide health care quality standards
 - evidence-based clinical standards and practice guidelines
 - cost containment mechanisms
 - health care workforce
 - comprehensive health reform
 - health benefit package
 - health insurance exchange(not a complete list)
 - Sheer scope and magnitude of these topics shows that Board involvement is to evaluate, review, adopt, and promote alternatives in order to make necessary reports and recommendations to the Oregon Health Authority and, as appropriate, the Legislative Assembly.
 - Board is aided in its functions:
 - Committees
 - Oregon Health Authority
- Administration and implementation is assigned to the Oregon Health Authority, in addition to their other duties and functions.*
- **Oversight:** Evaluating progress toward achieving policy objectives. It may also include re-evaluating policy in light of additional information or changed circumstances (e.g., changes in federal law, etc.).
- Actual implementation of certain policy objectives may require legislative approval or funding.

*Final policy-making authority for OHA as the state Medicaid agency must be retained by OHA to meet federal requirements.

Oregon Health Policy Board Committee Structure

Oregon Health Policy Board

**Health Systems
Performance Committee
*(proposed)***
Subs: Payment Policy &
Standards
Quality Policy & Standards

**Health Care Workforce
Committee**

**Medical Liability
Committee
*(proposed)***

**Statewide Health
Improvement Program
Steering Committee
*(proposed)***

**Public Employers Health
Purchasing Committee**

Temporary Committees

**Patient-Centered
Primary Care Home
Standards
Committee**



Oregon Health Authority



Committees/Commissions of the Authority
(e.g., Health Resources Commission, Health Services
Commission)

**Oregon Health Policy Board
Public Employers Health Purchasing Committee Charter**

Approved by OHPB on *[Insert Date]*

I. Authority

House Bill 2009 [Section 7(2)] directs The Oregon Health Policy Board (“Board”) to establish the Public Employers Health Purchasing Committee (“Committee”). The Committee shall include individuals who purchase health care for:

- Public Employees’ Benefit Board (PEBB);
- Oregon Educators Benefit Board (OEBB);
- Public Employees Retirement System (PERS);
- City governments;
- County governments;
- Special districts; and
- Private, non-profit organizations that receive the majority of funding from the State of Oregon and request to participate

This charter shall be reviewed annually to ensure that the work of the Committee is aligned with the Oregon Health Policy Board’s strategic direction.

II. Objectives

The Committee shall:

- Evaluate the aggregate market presence of public employer purchasers and other state-sponsored programs in local and regional Oregon markets.
- Compare and contrast the performance of local health care markets in Oregon in terms of utilization, cost and quality trends.
- Working with the Oregon Health Policy Board and relevant committees of the Board, develop uniform quality, cost and efficiency benchmarks that can be incorporated in health care purchasing programs of state and local governments and private sector entities.
- Develop purchasing policies, standards and model contract terms for health benefit programs that incorporate the best available clinical evidence, recognized best practices and demonstrated cost-effectiveness for health promotion and disease management.
- Develop processes for collaboration among public employers and other interested purchasers of health benefits to foster the broad, statewide implementation of uniform and aligned purchasing policies and standards.

III. Deliverables

The Committee shall deliver to the Board:

- A work plan that outlines specific, well-defined contracting policy and standards on which the Committee will be working, with supporting justifications.
- Reports that document the contracting policies, standards and model contract terms developed by the Committee, the implementation timeframes for health programs operating under the Oregon Health Authority (“Authority”), and the actions taken to encourage other public and private employers to implement such policies, standards and model contract terms.
- An annual report recommending topics for investigation and study by the Board and its committees, or commissions and committees operating under the Authority, that would assist the Committee in future endeavors.

IV. Dependencies

The Public Employers Health Purchasing Committee will seek information from:

- Oregon Health Policy Board [policy]
- Payment & Quality Committee (OHPB) [quality standards, etc.]
- Health Services Commission (OHPB) [evidence-based guidelines]
- Health Resources Commission (OHPB) [comparative effectiveness studies]
- Office of Health Policy & Research [all-payer, all-claims data program]

The Public Employers Health Purchasing Committee will provide draft contracting policies, standards and model contracts for input to:

- OHA senior staff
- Oregon Health Policy Board

V. Timing

The Committee will provide its initial work plan to the Board no later than March, 2010; and its preliminary report, including recommendations for statutory changes, no later than June, 2010. A final report will be submitted in September 2010.

The Committee shall subsequently report to the Board on its activities and recommendations at least bi-annually.

VI. Staff Resources

Senior OHA Staff: Barney Speight

Policy Staff: Kelly Harms

VII. Committee Membership

Insert membership table

DRAFT

**Oregon Health Policy Board
Health Care Workforce Committee**

Approved by OHPB on *[Insert Date]*

I. Authority

The Health Care Workforce Committee is established by House Bill 2009, Section 7 (3)(a). This charter defines the objectives, responsibilities and scope of activities of the Health Care Workforce Committee. The Committee will be guided by the triple aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008) outlines the following ways in which training a new health care workforce addresses the triple aim:

Improves population health by:

- Ensuring an adequate numbers of health care providers in all areas in Oregon
- Improving access to primary care services by increasing the number of primary care providers

Improves the individual's experience of care by:

- Ensuring individuals have access to the providers they need in their communities
- Ensuring the diversity of Oregon's population is reflected in its provider workforce
- Ensuring providers are prepared to provide culturally competent care

Reduces per capita costs over time by:

- Ensuring providers are working at the top of their licenses
- Expanding the use of community health workers to provide cost-effective care

This charter will be reviewed annually to ensure that the work of the Committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Objective

The Health Care Workforce Committee is chartered to coordinate efforts in Oregon to recruit and educate health care professionals and retain a quality workforce to meet the demand created by the expansion in health care coverage, system transformations and an increasingly diverse population. The Workforce Committee will advise and develop recommendations to the OHPB for attaining the training, recruitment and retention of all levels of health care providers in all regions of Oregon.

The overall objective of the Health Care Workforce Committee is to become the most complete resource for information about the health care workforce in Oregon by improving data collection and measurement of Oregon's health care workforce through regular assessment and

reporting of workforce supply and demand. The aim is to develop data driven policy recommendations that support the recruitment, retention and distribution of the health care workforce.

III. Deliverables

The Health Care Workforce Committee will focus its work on identifying needs, resources and gaps, as well as ensuring a culturally competent workforce. To the extent possible, the Committee will coordinate and align recommendations of health care workforce initiatives in the state in order to present biennial recommendations to the Oregon Health Policy Board.

The Committee shall deliver to the Board:

- An inventory of all grants and other state resources available for addressing the need to expand the health care workforce to meet the needs of Oregonians for health care. This will include recommendations to the Board about state investments in health care workforce development.
- Recommendations to OHA staff for metrics and the analytical framework to examine the Oregon Workforce Database.
- A biennial report to the Board of recommended policy changes, including statutory changes if required, that support the recruitment, retention and distribution of a health care workforce in Oregon.
- A work plan that outlines specific, well-defined products upon which the Committee will be working with supporting justifications.

IV. Timing

The Committee will provide the inventory of grants and other state resources to the Board no later than May 2010. Recommendations for the Oregon Workforce Database analytical framework will be completed by June 2010. The Committee work plan will be completed by April 2010. A report including recommendations for state policy changes that may be required to ensure an adequate health care workforce will be completed by December 31, 2010.

V. Staff Resources

Senior OHA staff: TBD

OHA policy analyst: Lisa Angus

Other policy staff: TBD

VI. Committee Membership

Insert membership table

**Oregon Health Policy Board
Health Systems Performance Committee Charter**

Approved by OHPB on *[Insert Date]*

I. Authority

The Oregon Health Policy Board, under House Bill 2009, Section 8(1) may establish advisory and technical committees as the Board considers necessary to aid and advise in performance of its functions. The Board establishes the Health Systems Performance Committee to recommend to the Board and continually refine uniform, statewide health care quality standards for use by all purchasers of health care, third-party payers, health care providers and consumers. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Committee will also be guided by the Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008), particularly in reference to Building Block 2: Setting High Standards:

Improve population health by:

- Developing a complete picture of where Oregon is doing well and where there is room for improvement so that effective, targeted initiatives aimed at improving population health can be developed
- Coordinating a statewide strategy to improve quality of care
- Providing communities with information about resource utilization that is needed to make health planning decisions that maximize population health

Improve the individual's experience of care by:

- Giving people the information they need to compare available health plans
- Allowing health care consumers to make informed decisions about the providers they see based on the quality of care they provide

Reduce per capita costs by:

- Providing a clear picture of how resources are used in health care
- Allowing for the identification of providers/regions that are providing cost-effective and high-value care and those that are utilizing more resources without achieving better outcomes, thereby reducing variations in care patterns and the provision of unnecessary care
- Increasing public accountability for the way health dollars are spent
- Encouraging competition between health plans and between providers based on the value of services provided and thus allowing health care purchasers to make informed purchasing decisions
- Giving providers the information they need to benchmark their performance, identify opportunities for quality improvement, and design effective quality improvement initiatives that allow for better health outcomes at a lower cost

This charter shall be reviewed annually to ensure that the work of the committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Committee and Sub-Committee Makeup

The Health Systems Performance Committee will have two subcommittees: one focusing on recommendations for payment policy and standards and the second focusing on standards and metrics related to value: both quality and cost in health care. The two subcommittees together will constitute the Committee. Each subcommittee may bring in additional content experts to assist them in developing their recommendations for methodologies, standards and metrics. Recommendations to the Board require a majority vote of the full Health Systems Performance Committee.

III. Deliverables

The Health Systems Performance Committee is established to investigate, evaluate and develop recommendations to the Board for transparent payment methodologies that provide incentives for cost-effective, patient-centered care and reduce variations in cost and quality of care. The Committee will provide technical performance measurement and reporting expertise and make recommendations to the Board about and continually refine uniform, statewide health care quality standards in support of a high performing health system for use by all purchasers of health care, third-party payers and health care providers.

Short Term

1. A report recommending to the Board transparent payment methodologies that may be incorporated in health care purchasing programs of state and local government and private sector entities and that provide incentives for the efficient delivery of care which (April 2010).
2. A report recommending to the Board a set of core quality and efficiency measures that align with the priorities of the State Health Improvement Plan, the Patient-Centered Primary Care Advisory Committee and are based on nationally validated, evidence-based metrics addressing variations in utilization and cost. The report will include recommendations for statistically valid levels of reporting by geography and/or provider level (e.g., hospital, hospital system, accountable care organization, clinic, etc.). Once adopted by the Board, the Oregon Health Authority will produce a performance dashboard which includes the recommended core measures. (Core measures recommendation: April 2010, OHA dashboard: September 2010)

Long Term

1. Based on data from the Oregon Health Authority on utilization, outcomes and cost, a report recommending areas for attention by the Board by procedure, condition and geography by June 2011.
2. Recommend and develop an Oregon Health Systems Scorecard that includes key quality, cost/efficiency metrics. The scorecard will include standardized, comparable

measures of quality, cost and efficiency and will include geographic and provider-level analysis where statistically appropriate. The first Oregon Health System Scorecard will be completed no later than June 2011.

IV. Committee Dependencies

The Health Systems Performance Committee will seek information from:

- a. Patient-Centered Primary Care Advisory Committee
- b. State Health Improvement Plan Steering Committee
- c. Health Care Workforce Committee

The Health Systems Performance Committee will provide information to:

- a. Public Employers Health Care Purchasers Committee

The Health Systems Performance Committee will provide draft recommendations for input to:

- a. OHA senior staff
- b. Public Employers Health Care Purchasers Committee
- c. Oregon Health Policy Board

Quality standards will be developed and reviewed by the Committee on an ongoing basis. Updates and recommendations will be made to the Board on a quarterly basis.

V. Staff Resources

Quality and Efficiency Subcommittee:

Senior OHA Staff: Tina Edlund and Gretchen Morley

Policy Analyst: Lisa Angus

Payment Reform Subcommittee:

Senior OHA Staff: Barney Speight and Jeanene Smith

Policy Analysts: Rob Stenger and Lynn Marie Crider

VI. Committee Membership

Insert membership table

Oregon Health Policy Board
Oregon Health Improvement Plan Steering Committee

Approved by OHPB on [insert date]

I. Authority

The Oregon Health Policy Board, under House Bill 2009, Section 8(1) may establish advisory and technical committees as the Board considers necessary to aid and advise in performance of its functions.

II. Objective

The committee is chartered to provide leadership, direction and oversight for the development of an Oregon Health Improvement Plan (name TBD), under the direction of the Oregon Health Policy Board (OHPB). This plan supports a key OHPB goal to improve the health of all Oregonians by promoting and supporting lifestyle choices that prevent and manage chronic diseases. The plan will outline evidence-based interventions that incorporate policy, systems and environmental approaches to promote population health at the state and community levels.

The Steering Committee's purpose is to conduct a strategic planning process that involves public and private sector organizations and individuals and engages policy makers, schools, government, business and community leaders. The result will be a comprehensive, multi-sector, multilevel action plan to improve population health through a decrease in tobacco and obesity and the prevention, early detection and management of chronic diseases such as asthma, arthritis, cancer, diabetes, heart disease and stroke.

III. Scope

The Steering Committee's recommendations about a strategic planning process will serve as the foundation to develop the statewide health improvement plan. The work of the committee is based on several key factors outlined in HB 2009, the Health Funds Board report (November 2008) and public health practice related to a statewide health improvement plan/program:

1. Population health (or public health), the health care delivery system and communities must work together to promote and support individual and community health for all Oregonians;
2. Create and maintain a bridge between population health and communities as an essential part of improving the health of all Oregonians;
3. Population health, chronic disease prevention, early detection and management is a high priority for the Oregon Health Authority and its divisions;
4. The "plan" will be grounded in culturally and socially appropriate evidence-based primary and secondary prevention interventions to prevent and manage chronic diseases;
5. The plan will be grounded in policy, systems and environmental interventions at the state and community levels;

Oregon Health Policy Board
Oregon Health Improvement Plan Steering Committee

Approved by OHPB on [insert date]

6. A range of community partners, including multicultural stakeholders will be actively engaged in the strategic planning process;
7. The plan will include performance criteria and measurable outcomes to demonstrate improvements in population health status and a reduction of chronic disease risk factors.

IV. Deliverables

- A. A plan is created and approved by consensus of the steering committee that will:
 - a. List measurable objectives related to tobacco use, obesity prevention, and chronic disease prevention, early detection and management, including baseline and target
 - b. Outline metrics that define progress towards these goals
 - c. Outline an implementation strategy, budget and timeline
- B. A statewide stakeholder coalition for implementation is identified and selected. The coalition will:
 - a. Have sufficient influence to impact the issue
 - b. Have sufficient reach to impact the issue
 - c. Be representative of geographic and demographic diversity
 - d. Be representative of business, public sector and non-governmental organization wellness and senior leadership teams
 - e. Have official backing and endorsement of the plan from stakeholder organizations

V. Timeline

Key milestones include:

1. Steering Committee meetings are held regularly, beginning January 2010
2. Steering Committee reports to the Oregon Health Authority Board, beginning Spring 2010
3. Plan outline completed, February/March 2010
4. Stakeholder meeting held, March 2010
5. Designated task force groups meet, February/March through September 2010
6. Public hearings held around the state for input, Summer 2010
7. Finalized health promotion/health improvement plan by September 2010
8. Plan released at statewide conference in Fall 2010
9. A 2-year operational plan is finalized by June 2011
10. A 2-year progress report is completed by Fall 2012

VI. Steering Committee Membership

The steering committee will be composed of select members with expertise, experience and knowledge in the implementation of a broad range of evidence-based interventions

**Oregon Health Policy Board
Oregon Health Improvement Plan Steering Committee**

Approved by OHPB on [insert date]

supporting and promoting population health at the state, regional and community levels. Members will be representative of Oregon’s geographic and demographic diversity. Members will be selected through a nomination and application process.

VII. Staff Resources

The work outlined above will be supported by:

- Oregon Health Authority Divisions, including Oregon Public Health Division (OPHD)
- An external contractor facilitates the committee and its work and provides technical assistance to task force groups, supported by the Health Promotion and Chronic Disease Prevention (HPCDP) section, Oregon Public Health Division
- Staff support to the committee from OPHD programs, led and coordinated by HPCDP

DRAFT

Summary of OHPB Activities and Deliverables: 2009-2011

 Population Health	 Cost Containment and Quality	 Access Delivery System Reform
<ul style="list-style-type: none"> ➤ State Health Improvement Plan (<i>Public Health</i>) 	<ul style="list-style-type: none"> ➤ Establish common contracting standards for public employers' health benefits (<i>Purchasers' Committee</i>) ➤ Develop and pilot payment reform models (<i>OHA programs</i>) ➤ Conduct comparative effectiveness research reviews (<i>Health Resources Commission</i>) ➤ Establish evidence-based clinical guidelines (<i>Health Services Commission</i>) ➤ Establish statewide quality standards and publicly report (<i>Board</i>) ➤ Establish cost containment mechanisms (<i>Board</i>) ➤ Develop statewide drug formulary (<i>OHA staff</i>) 	<ul style="list-style-type: none"> ➤ Pilot community-based health care initiatives (<i>Selected communities</i>) ➤ Pilot integrated addictions, mental and physical health pilots (<i>Addictions and Mental Health</i>) ➤ Pilot patient-centered primary care homes (<i>OHA programs</i>) ➤ Develop comprehensive plan to provide and fund access to affordable, quality health care for all Oregonians by 2015 (<i>Office for Health Policy and Research (OHPR)</i>) ➤ Establish patient-centered primary care home program, set standards (<i>OHPR</i>) ➤ Establish community-based multi-share initiatives (<i>OHPR, communities</i>)
Infrastructure		
<ul style="list-style-type: none"> ➤ Develop statewide workforce strategy (<i>Workforce Committee</i>) ➤ Implement workforce database (<i>OHPR</i>) ➤ Develop and implement statewide health information exchange strategy (<i>Health Information Technology Oversight Council (HITOC)</i>) ➤ Implement All-Payer, All-Claims database (<i>OHPR</i>) ➤ Implement POLST registry (<i>Public Health</i>) ➤ Pilot Accountable Care Organization (ACO) model (<i>OHA, local communities</i>) 	<ul style="list-style-type: none"> ➤ Develop Health Insurance Exchange Business Plan (including a public plan) (<i>OHA, OHPR and DCBS</i>) ➤ Develop small group product and basic benefit health plan (<i>OHA, OHPR and DCBS</i>) ➤ Establish uniform administrative standards (<i>OHPR</i>) ➤ Standards and methodologies for rate review (<i>OHA</i>) ➤ Report to Legislative Assembly on feasibility and advisability of future changes to health insurance market (<i>Board</i>) 	

Oregon Health Policy Board Work Plan 2009-2011

Activity	Lead	Product	Deadlines
Develop 2009-2011 Board Work Plan	Board/Staff	Work Plan Adopted	Dec. 8, 2009
Establish Permanent Committees of the Board	Board/Staff	Committees chartered	Done
Develop legislative concepts	Board/Staff	LCs finalized	Jun-10
Preliminary Policy Option Packages (POPs) due	Board/Staff	Preliminary POPs submitted	Apr-10
Cost Containment and Quality			
Establish Health Systems Performance Committee	Board	Committee chartered	None
Establish Medical Liability Task Force	Board	Taskforce chartered	None
Establish common contracting standards for OHA programs	Purchasers' Committee	Common contracting standards	Sep-10
Establish pilot payment model(s)	OHRP/Purchasers' Committee/OHA programs	Pilots established	None
Primary care payment reform (HB 2009 and HB 3418)	OHRP, DMAP, Other Public Purchasers	DMAP: Feasibility study to legislature	DMAP to report on value of primary care (due to legislature Dec 31, 2009).
Establish statewide drug formulary	OHA/Purchasers' Committee	Drug formulary established	None
Conduct comprehensive reviews of comparative effectiveness research and disseminate findings	Health Resources Comm/Purchasers Comm	Findings disseminated and incorporated in contracting	None
Establish evidence-based clinical guidelines	Health Services Commission/Purchasers	Guidelines incorporated into public purchasers contracting	None
Establish statewide health care quality standards	Health Systems Perf. Comm.	Primary and acute care standards and benchmarks established	Sep-10
Establish program of public reporting of cost and quality data	OHRP/Cost and Quality Committee	Regular public reporting of cost and quality data	Sep-10
Establish capital projects reporting program (hospitals and ambulatory surgery centers)	OHRP	Rules set, capital projects reported on facility websites	Stakeholder work group in Jan 2010. Anticipate rules adopted by 04/01/10
Access and Delivery System Reform			
Implement Healthy Kids expansion program	Office of Healthy Kids	Rules set, waiver approved children enrolled	Oct 1 for kids < 100% FPL, January 1, 2010 for kids 200% FPL and above
Implement OHP Standard expansion	DMAP	Rules set, waiver and SPA approved, new names drawn	January 1, 2010 to begin enrolling
Establish patient-centered primary care (PCPC) home program and establish standards	OHRP	Standards established	Apr-10
Establish x PCPC pilots	OHRP/Purchasers' Committee/OHA programs	Pilots established	None
Establish two behavioral health integration pilots	AMH	Pilots established	None
Establish community-based health care initiatives (aka, "three-share" initiatives)	OHRP, participating communities	Initiatives established	Communities to report to legislature no later than October 1 of each year.

Oregon Health Policy Board Work Plan 2009-2011

Activity	Lead	Product	Deadlines
Establish Accountable Care Community pilot(s)	OHPR/Purchasers' Committee/OHA programs	Pilots established	None
Develop comprehensive plan to provide and fund affordable, quality health care for all Oregonians.	OHPR	Statewide Plan	Dec. 31, 2010: Plan due to Leg coverage of all Oregonians by 2015
Improving Population Health			
Establish Statewide Health Improvement Program	Public Health Division (PHD)	Statewide Plan	Sep-10
Infrastructure			
Develop affordable small group product	OHPR/DCBS/HIRAC	Affordable small group product developed and available on the	April/May 2010
Establish basic benefit package	Health Services Commission (HSC)	Basic benefit developed	None
Report on feasibility and advisability of future changes to health insurance market.	OHPR	Rate review methodologies and standards developed	December 31, 2010, and annually thereafter
Establish uniform standards for health insurers licensed in Oregon	OHPR/DCBS	Uniform standards established and rules established	Stakeholder work group in December; report to the Legislature in Jan. Recs to DCBS in Jan/Feb
Review and recommend methodologies for health insurance rate review	DCBS/OHPR	Rate review methodologies and standards developed	Applies to premium rate filings submitted on/after April 1, 2010.
Develop business plan for a health insurance exchange and publicly owned health benefit plan	OHPR/DCBS	Business Plan for Health Insurance Exchange	Straw plan in March. Oct. 1, 2010: Board shall submit a request to the Legislative Counsel for a measure to implement the Exchange plan; Dec. 31, 2010: Plan for Exchange due to legislature.
Develop health care workforce database.	OHPR and licensing boards	Database	Rules adopted on Jan 1, 2010. Oregon State Board of Nursing submitting 2009 data on Feb.
Develop strategies to ensure that Oregon's health care workforce is sufficient in numbers and training	Workforce Committee/staff	Plan, Inventory of grants, workforce dollars	None
Establish Health Information Technology Oversight Council (HITOC) and develop business plan	OHA	Council chartered, strategic plan completed	Council formed. Plan due to Office of the National Coordinator by July 1, 2010.
Establish POLST registry program	Public Health Division (PHD)	Rules set, program established	Started up Dec. 3, 2009.
Establish All-Claims, All-Payer Database	OHPR	APAC Data	Rules done by Feb. 1; early Fall 2010 data submission begins. Plan to capture 2009 data.

Acronyms:

AMH: Addictions and Mental Health Division

DCBS: Department of Consumer and Business Services

DMAP: Division of Medical Assistance Programs (Medicaid, Oregon Health Plan)

HIRAC: Health Insurance Reform Advisory Committee

HITOC: Health Information Technology Advisory Council

Oregon Health Policy Board Work Plan 2009-2011

Activity	Lead	Product	Deadlines
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OHA: Oregon Health Authority
OHPR: Office for Oregon Health Policy and Research
PHD: Public Health Division