

Comparison of Health Fund Board Recommendations to Health Reform Bills HB 2009C and HB 2116C

5/28/09

Action Items	Oregon Health Fund Board (recommendations for 2009-2011)	Policy language included in HB 2009C and HB 2116C
Oregon Health Authority	An Oregon Health Authority with a strong citizen board to coordinate the State's health care policy, purchasing and investments in health service innovation. The Authority will focus on quality, costs and the health of the population.	The Authority is established as an independent agency and all duties, functions and powers of the DHS with respect to health care are imposed upon, transferred and vested in the Authority.
Cost Containment	Direct steps to lower the cost of medical inflation as well as actions to establish foundational delivery system infrastructure to support coordinated cost containment	HB 2009C includes the seven bills put forward on behalf of the OHFB and passed by the Senate Health and Veteran's Services Committee. These bills reflect OHFB's recommended first steps to bend the cost curve. The initiatives included in the bill will set Oregon on the path to saving nearly \$1 billion in the next three years and up to \$10 billion in the coming decade
Health Insurance Coverage	Health insurance for all children in Oregon and adults with income below 100% FPL, reduce enrollment barriers, aggressive outreach to multicultural communities	HB 2116C will provide coverage for 80,000 children and 60,000 low income adults through an expanded provider tax on DRG hospitals and managed care insurance premiums and state self-insured entities. Vigorous enrollment efforts will be pursued as outlined in HB 2116C sections 34 and 35
	A detailed plan and implementation strategy for additional coverage expansions in 2011-2015	<p>Develop and submit a plan to the Legislative Assembly by 12/31/2010 to provide and fund access to affordable, quality health care for all Oregonians by 2015.</p> <p>The Board shall study and report to the Legislative Assembly by 12/31/2010 and annually thereafter about the feasibility and advisability of using a payroll tax as a means to encourage employers to continue providing health insurance to their employees.</p> <p>Develop a program to provide health insurance premium assistance to low and moderate income individuals who are legal residents of the state.</p>
Public Purchasing Coordination	Create an Oregon Health Insurance Exchange	The Authority, in consultation with DCBS, will develop a plan for staffing, funding and administration of the Health Insurance Exchange, with a request to develop a measure submitted to LC no later than 10/1/2010. Specific considerations required within the plan are listed in HB 2009C

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	Develop a strategy for a publicly-owned health plan option	The Authority shall develop a plan to submit to the Legislature by 12/31/2010 for the development of a publicly-owned benefit plan that operates within the Exchange
	Develop and implement uniform contracting standards, purchasing strategies to improve value of health care and expanded uses of Oregon Prescription Drug Program	<p>Develop uniform contracting standards for the purchase of health care, including quality standards and performance measures, evidence-based guidelines and a statewide drug formulary that may be used by publicly funded health benefit plans.</p> <p>Health Policy Board with work with the public Health Benefit Purchasers Committee to identify uniform provisions for state and local public contracts for health benefit plans that achieve maximum quality and cost outcomes.</p>
Insurance Market Reforms	Develop changes to Oregon insurance market	<p>Develop, in consultation with DCBS, and the Health Insurance Reform Advisory Committee, one or more products designed to provide more affordable options for the small group market.</p> <p>Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage.</p>
	Authority to set benchmarks for maximum allowed increase in administrative spending for health insurers	Premium rates are subject to approval, disapproval or withdrawal of approval by the director of DCBS
	Insurance Division to develop standards for reviewing administrative expenses of health insurers and denying proposed increases subject to appeals process	Director of DCBS shall 1) open a 30-day public comment period, posting comments to DCBS website, 2) give written notice to approve or deny rate filing within 10 business days after public comment period, 3) require a statement of administrative expenses from licensed insurers, including but not limited to administrative expenses on a per member per month basis and an explanation of the basis for any proposed premium rate increases or decreases.

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Transparency and Simplification	Insurance Division to report to Authority annually on administrative rates and total premiums earned	The Authority, in consultation with DCBS will periodically review and recommend standards and methodologies for: review of administrative expenses of health insurers, approval of rates, enforcement of rating rules adopted by DCBS
	Establish all-payer, all-claims data collection program	All-payer, all-claims data collection program established in sections 1200-1202
	Data reporting should include race, ethnicity, primary language, contract rates to providers, insurance numbers by line of business and zip code, capital expenditures of hospitals and ASCs	Licensed health plans shall annually report to DCBS the number of covered lives by line of business and zip code as required in section 1195 Capital projects of hospitals and ASCs shall be reported to OHPR as written in section 1197 and 1198 The Administrator shall establish and maintain a program that requires reporting entities to report health care data for the purposes written in section 1201, including evaluating health disparities, including but not limited to disparities related to race and ethnicity. Data related to race, ethnicity and primary language shall be collected in a manner consistent with established national standards.
	Develop standard formats and processes for eligibility verification, claims, payment and remittance advice transactions and electronic administrative transactions	Director of DCBS may establish by rule uniform standards for health insurers including but not limited eligibility verification, health care claims processes and payment and remittance advice as written in section 1192 and 1193
Quality Improvement, System Innovation	Create a Clinical Improvement Assessment Project to develop and adopt standard sets of evidence-based guidelines	The Health Resources Commission shall conduct comparative effectiveness research and review of health treatments, procedures and services and the Health Services Commission shall develop and disseminate evidence-based health care guidelines as written in sections 1179- 1180
	Establish Oregon Quality Institute to support quality improvement initiatives	Establish and continuously refine uniform, statewide health care quality standards for use by all purchasers of health care, third party payers and health care providers as quality performance benchmarks.
	Include the safety net in efforts to redesign health care delivery	The Health System Fund in HB 2116C may be used to provide grants to community health centers and safety net clinics. HB 2116C directs DGS to award grants to community health centers or safety net clinics to ensure the capacity of each grantee to provide services to underserved or vulnerable populations.

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	Create an Integrated Health Home designation, including reporting standards, payment strategies, partnership and evaluation plans and a Learning Collaborative to share information on best practices and quality improvement	There is established in OHPR the patient centered primary care home program, with specifics outlined in section 1163.
	Restructure systems to provide comprehensive services for patients with multiple conditions in one clinical location. Develop policies and incentives to integrate behavioral health care	Share best practices for maximizing integration to ensure that patients have access to comprehensive primary care including prevention and chronic disease management as written in section 1163
	Establish a Payment Reform Council and work with provide sector to develop strategies for reforming health care payment systems	The Board shall meet cost-containment goals by structuring reimbursement rates to reward comprehensive management of disease, quality outcomes and the efficient use of resources. Included in Authority duties to structure reimbursement to meet the above goals.
	Establish statewide voluntary electronic POLST registry	Authority shall establish and operate a statewide registry for the collection and dissemination of physician orders for life-sustaining treatment as written in sections 1182- 1190
	Create and adopt clinical guidelines for end of life care, including decision support services and palliative care	The Health Resources Commission shall conduct comparative effectiveness research and review of new and existing health treatments, procedures and services and the Health Services Commission shall develop and disseminate evidence-based health care guidelines as written in sections 1179- 1180
	Establish challenge grants to support community-based collaboration, using administrative waivers and state contracting leverage to demonstrate agency support	Authority may, subject to funding, award one or more grants to support community-based primary and secondary prevention activities focused on chronic diseases and in line with the Statewide Health Improvement Program.
	Define Accountable Health Communities, with outcomes, quality and cost data reported to Authority or Quality Institute	Guide and support community-centered health initiatives designed to address critical risk factors, especially those that contribute to chronic disease. Approve and monitor community-centered health initiatives that are consistent with public health goals, strategies, programs and performance standards adopted by the Authority to improve the health of all Oregonians and regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives.

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	Establish Medical Liability Reform Council	Not included in bill language
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	Establish Health Information Technology Oversight Council to focus state, federal and private resources to accelerate adoption of electronic health records and health information exchange, set goals and evaluation tools, reimbursement strategies, privacy and security standards	The Authority will establish a Health Information Technology Oversight Council with specific tasks relating to the health information technology goals and strategic plan for HIT as written in sections 1167-1173
	Create a purchasing collaborative to provide state approved contracting standards for vendors and service companies of electronic health records	A public-private purchasing collaborative will be created as written in section 1171
Train a New Health Care Workforce	Develop a statewide strategy for an adequate, highly trained health care workforce through collection of licensure data and in partnership with the Oregon Healthcare Workforce Institute.	Creates a Health Care Workforce Committee to coordinate efforts to recruit and educate health care professionals as written in sections 1174- 1178
	Ensure cultural competency in medical education and a workforce reflecting the diversity of Oregonians	Incentives should be provided to attract qualified individuals, especially those from underrepresented minority groups to health care education.
Improve Public Health, Ensure Health Equity for All	Institute a higher alcohol tax to fund prevention and addiction treatment	Not included in bill language
	Coordinate the development of the Healthy Oregon Action Plan, implementing programs and initiatives to prevent and reduce tobacco uses, obesity and chronic disease	Approve and monitor community-centered health initiatives that are consistent with public health goals, strategies, programs and performance standards adopted by the Authority to improve the health of all Oregonians and regularly report to the Legislative Assembly on the accomplishments and needed changes to the initiatives. Guide and support community three-share agreements in which an employer, state or local government and an individual all contribute a portion of a premium for a community-centered health initiative or for insurance coverage. There is created in the Authority the Statewide Health Improvement Program to support evidence-based community efforts to prevent chronic disease...establish aggressive goals

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		for the reduction of tobacco use, obesity and other chronic disease factors.
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	Establish Community-Centered Health Initiatives Fund from increased tobacco and alcoholic beverages taxes using public/private partnerships for implementation	Not included in bill language
	Support Community Health Worker programs that recruit and train members of underserved communities to provide culturally and linguistically competent health services with in that community. Promote population-based approaches and ensure language access by creating statewide pool of certified interpreters and utilizing technology for telemedicine	Share best practices for maximizing the utilization of patient centered primary care homes... including culturally specific and targeted outreach and direct assistance to adults and children of racial, ethnic and language minority communities and other underserved populations. Develop, test and evaluate community-based strategies that utilize community health workers to enhance the culturally competent and linguistically appropriate health services provided by patient centered primary care homes in underserved communities Authority may reimburse patient centered primary care homes for interpretive services provided to people in the state's medical assistance programs if interpretive services qualify for federal financial participation
	Implement universal eligibility and address citizenship documentation barriers through the federal delegation	Not included in bill language