

Legislation Tracking for Oregon Health Fund Board Recommendations

Working Draft- For Discussion Only 2/5/2009

Note: Differences are *italicized* and **highlighted**

Oregon Health Fund Board Recommendation Action Steps	HB 2009	Bills on Behalf of the Governor and DHS
Cornerstone: The Oregon Health Authority		
Authority established within state government to implement health reform initiatives, monitor progress, and develop policy.	Authority established within state government to implement health reform initiatives, monitor progress, and develop policy.	HB 2128 makes the Oregon Health Fund Board (OHFB) a permanent entity and allows the group to continue its work to develop and implement a comprehensive health reform plan.
Membership, administrative ability, frequency of meetings defined.	Membership, administrative ability, frequency of meetings defined.	HB 2128 Membership, administrative ability, frequency of meetings defined.
Advisory bodies created including, but not limited to, the Public's Health, Public Employers' Health Coalition, Payment Reform Council, Health Care Workforce Council, Medical Liability Reform Council, Oregon Quality Institute, and Health Information Technology Oversight Council.	Advisory bodies created including, but not limited to, <i>Public Employers' Health Coalition, Payment Reform Council, Health Care Workforce Council (Section 8(1))</i>	HB 2128 directs the OHFB to create advisory committees to assist in further development of the comprehensive reform, including the following committees: health care payment reform, evidence-based practice guidelines and comparative effectiveness, health insurance exchange, and medical malpractice insurance.
Consolidation of health related agencies in state government.	Consolidation of health related agencies in state government.	<i>No legislative language.</i>
Building Block 1: Bring Everyone Under the Tent		
Expand coverage for children and low-income adults.	<i>Expand coverage through a sliding-scale premium assistance program for individuals up to 300% FPL (Section 126(1)).</i>	HB 2117 Expands coverage for children up to 300% FPL and the Governor's Recommended budget reopens OHP Standard.
Reduce enrollment barriers.	Reduce enrollment barriers.	HB 2117 would reduce enrollment barriers.
Conduct targeted and aggressive outreach to multicultural communities.	Conduct targeted and aggressive outreach to multicultural communities.	HB 2117 includes outreach and enrollment initiatives.
Define and maintain the Essential Benefits Package	Define and maintain the Essential Benefits Package	<i>No legislative language.</i>
Authorize and implement financing for coverage expansions.	Investigate and report to the Legislative Assembly on the feasibility and advisability of future changes including financing for coverage expansions	<i>No legislative language.</i>
Secure Legislation direction to develop changes to the Oregon insurance market	Secure Legislation direction to develop changes to the Oregon insurance market	<i>No legislative language.</i>
Prepare for additional coverage expansions.	Prepare for additional coverage expansions.	<i>No legislative language.</i>
Raise revenue for coverage expansion.	Health care assessments on insurers, managed care plans, third-party administrators, large hospitals (excludes small rural hospitals).	HB 2116 Provider tax on 25 DRG hospitals (excludes small rural hospitals) and managed care organizations.

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Building Block 2: Set High Standards— Measure and Report		
Establish an all payer, all claims data collection program.	Establish an all payer, all claims data collection program.	HB 2128 gives the Administrator of the Office for Oregon Health Policy and Research (OHPR) the authority to create and implement an all-payer, all-claims data collection program. The bill allows OHPR to issue civil penalties on entities that do not meet the requirements of the program.
Require the collection of data on race, ethnicity, and primary language.	<i>The Quality Care Institute shall develop for the Oregon Health Authority Board, uniform statewide health care quality standards to be used by all purchases, third-party payers and health care providers as the quality performance benchmarks in Oregon (Section 17(2)).</i>	HB 2128 permits the Administrator of the Office for Oregon Health Policy and Research (OHPR) to establish rules to allow reporting for performance evaluation for the state as they deem appropriate.
Authorize collection of additional reporting by insurers and TPAs.	<i>See above</i>	HB 2130 requires health insurers and third party administrators to submit specific information to the Department of Consumer and Business Services (DCBS) concerning the number of lives covered by line of business and zip code. The bill allows DCBS to publish this information aggregated by line of business and by region.
Authorize reporting of proposed capital expenditures.	<i>See above</i>	HB 2130 authorizes OHPR to adopt rules requiring hospitals and ambulatory surgery centers to: publicly report notices of capital projects exceeding a defined cost; hold a public meeting to explain the project and its projected effects on prices charged at the hospital or ambulatory surgery center; fully disclose the expected impact of the impact of the proposed project on the community; and solicit feedback from community stakeholders.
Empower the Authority to set standards.	Empower the Authority to set standards.	HB 2130 authorizes DCBS to establish uniform statewide standards for the administrative functions of all licensed health insurers. HB 2131 authorizes OHPR to develop quality indicators (as part of an Integrated Health Home Program – see below)

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Create a Clinical Improvement Assessment Project.	<i>The Oregon Health Insurance Exchange would develop uniform contracting standards for the purchase of health care services by state agencies including evidence-based guidelines for major chronic diseases, health care services with unexplained variations in frequency or cost; and comparative effectiveness guidelines for select new technologies (Section 18(4)(f)(C)).</i>	HB 2129 requires the Health Resources Commission to conduct comparative effectiveness research about new and existing technologies and the Health Services Commission to develop clinical guidelines based on this research.
Adopt recommended guidelines.	See above	HB 2129 requires PEBB, OEBC, The Department of Corrections, and the Department of Human Services and encourages other public bodies to develop purchasing strategies that encourage the adoption of these guidelines.
The Authority establishes ambitious goals for increased transparency and quality improvement for Oregon.	The Authority establishes ambitious goals for increased transparency and quality improvement for Oregon.	HB 2128 permits the Administrator of the Office for Oregon Health Policy and Research (OHPR) to establish rules to allow reporting for performance evaluation for the state as they deem appropriate.
The Legislature makes a substantial, long-term investment in Quality Improvement.	The Quality Care Institute is created within the Authority.	HB 2128 Establishes a data collection program to monitor quality.
Develop standard formats and processes for eligibility verification, claims, and payment and remittance advice transactions.	<i>The Exchange would use a medical screening tool and common rejection rules as well as other contract standards approved by the board and prescribed by the exchange by rule (Section 18(3)(b)(G)).</i>	HB 2130 authorizes the Department of Consumer and Business Services to establish unified statewide standards for the administrative functions of all licensed health plans in the state.
Ensure all providers and payers adopt state standards for electronic administrative transactions.	Ensure all providers and payers adopt state standards for electronic administrative transactions.	HB 2142 Ensures all providers and payers adopt state standards for electronic administrative transactions.
Authorize the Authority to develop and implement public reporting of health care quality data.	Authorize the Authority to develop and implement public reporting of health care quality data.	HB 2128 requires the administrator of OHPR to use data collected through the all-payer, all-claims database collection program to provide information to consumers that will allow them to make more economically sound and medically appropriate decisions. This includes information about both the quality and price of health care services.
Ensure that advances in quality are reaped by individuals of all backgrounds.	No legislative language.	HB 2128 Establishes a data collection program to monitor quality includes racial and ethnic data.

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Building Block 3: Unify Purchasing Power		
Authorize the Authority to develop and implement uniform contracting standards.	Authorize the Authority to develop and implement uniform contracting standards.	HB 2130 Allows the Director of DCBS to establish uniform contract standards for administration.
Convene public employers to implement purchasing strategies to improve the value of health care purchased.	Convene public employers to implement purchasing strategies to improve the value of health care purchased.	No legislative language.
Provide opportunities for other public and private purchasers to use uniform contracting standards	Provide opportunities for other public and private purchasers to use uniform contracting standards	HB 2130 Allows the Director of DCBS to establish uniform contract standards for administration.
Require the use of the Oregon Prescription Drug Program by state agencies, county, city and local governments.	Require the use of the Oregon Prescription Drug Program by state agencies, county, city and local governments.	No legislative language.
Create an Oregon Health Insurance Exchange.	Create an Oregon Health Insurance Exchange.	No legislative language.
Evaluate the role of publicly-owned health plan option.	Evaluate the role of publicly-owned health plan option.	No legislative language.
The Authority sets benchmarks for the maximum allowed increase in administrative spending on a per-member-per-month basis for health insurers. The Legislature authorizes the Insurance Division to develop methodologies and standards for reviewing the administrative expenses of health insurers and to deny proposed increases in the administrative expense portions (“loads”) of premiums subject to appeals procedures.	<i>The Exchange develops methodologies and standards for reviewing the administrative expenses of health insurers and deny rate increases based upon excessive administrative expense portions of premiums (Section 18(4)(d)).</i>	HB 2130 requires insurers and third party administrators are required to report to DCBS their administrative expenses on a per member per month basis and to justify increases and decreases.
The Legislature requires the Insurance Division to report to the Authority, on an annual basis, the average administrative per-member-per-month rate for the marketplace. In addition, the Insurance Division will report, by company, for the dominant insurers in Oregon (currently the eight insurers that represent 90% of insured lives in aggregate) total premiums earned, average administrative per-member-per-month rate, and the percent growth in administration as a percent of premiums.	<i>The Authority administers adherence to standards prescribed by the Exchange with respect to administrative costs and rating (Section 18(3)(b)(H)).</i>	HB 2130 states that increases in administrative expenses that exceed cost of living increases will not be approved by DCBS without sufficient justification.

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The Legislature considers the merits of proposed legislation authorizing the state to regulate the annual increases in provider prices using either a fixed percentage, a fixed multiple of the providers Medicare reimbursement rate, or an alternative approach that achieves the same objective.	<i>Establish annual maximum limits on price increases charged by health care providers within established categories of services to amounts no more than: (A) The U.S. City Average Consumer Price Index for medical care as published by the Bureau of Labor Statistics of the United States Department of Labor minus one percent; or (B) A multiple, established by the Exchange, of the Medicare reimbursement rate for the service (Section 18(4)(e)(A)).</i>	HB 2130 requires health insurers and third party administrators to report to the Office for Oregon Health Policy and Research (OHPR) on their contracted prices with health care providers. While this information will be kept private, OHPR will be authorized to publicly report the annual changes in contracted prices for health services.
Building Block 4: Stimulate System Innovation & Improvement		
Create an integrated health home (IHH) designation that includes reporting requirements on process, outcome and quality metrics.	<i>No legislative language.</i>	HB 2131 establishes within OHPR the Oregon Integrated Health Home Program. Through this program, OHPR will establish criteria and a simple process for certifying integrated health homes and develop a set of uniform quality indicators for integrated health homes and acute facilities. OHPR will create an advisory committee to advise the office on this program.
Establish standards for reimbursing IHHs.	<i>No legislative language.</i>	See above
Develop standard requirements with contracted health plans.	<i>No legislative language.</i>	HB 2131 directs DHS, PEBB, and OEGB to establish uniform contract standards to promote the provision of integrated health homes for public employees, especially those with chronic diseases.
Incorporate IHHs in OHP.	<i>No legislative language.</i>	HB 2131 directs DHS to provide reimbursement in the state's medical assistance program for services provided by certified integrated health homes.
Institute payment restructuring to support the implementation of IHHs.	<i>No legislative language.</i>	See above HB 2131 directs DHS, in collaboration with PEBB and OEGB to develop, pilot, and evaluate strategies to reward enrollees in public health programs for receiving care from their integrated health home, seeking wellness and prevention services, practicing healthy behaviors, and effectively managing chronic diseases.
Partner across state agencies and with other	<i>No legislative language.</i>	HB 2131 establishes a number of opportunities

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carriers to implement IHHs.		for DHS to partner with PEBB, OEBC and other agencies to promote the integrated health home.
Evaluate the impact of IHH model on a biennial basis for six years.	<i>No legislative language.</i>	<i>No legislative language.</i>
Establish Learning Collaborative for Integrated Health Homes (IHH).	<i>No legislative language.</i>	HB 2131 establishes a collaborative in which state agencies and certified integrated health homes can share best practices.
Develop policies and incentives to integrate behavioral health care.	<i>No legislative language.</i>	SB 156 Develop policies and incentives to integrate behavioral health care.
Institute a higher alcohol tax	<i>No legislative language.</i>	<i>No legislative language.</i>
Restructure systems so that patients with multiple conditions can receive care in one clinical location.	<i>No legislative language.</i>	SB 156 Develop policies and incentives to integrate behavioral health care.
Enforce mental health parity.	<i>No legislative language.</i>	<i>No legislative language.</i>
Establish a Payment Reform Council.	Establish a Payment Reform Council.	HB 2128 establishes a payment reform subcommittee of the Oregon Health Fund Board.
Provide opportunities for the private health care sector to discuss and develop new strategies for reforming health care payment systems and to promote evidence-based practice under clearly articulated state policy and active supervision to avoid possibility of anti-trust violations.	Safe Harbor language included to allow stakeholders to come together and discuss new strategies for payment reform: "Activities of the Authority do not constitute a conspiracy or a combination in restraint of trade or an illegal monopoly, nor are they carried out for the purposes of lessening competition or fixing prices arbitrarily."	<i>See above, the Payment Reform Subcommittee would refine the work done by the Oregon Health Fund Board.</i>
Establish a statewide voluntary, electronic POLST registry.	<i>No legislative language.</i>	HB 2132 requires DHS to establish a statewide voluntary, electronic POLST registry and creates an advisory committee to advise DHS on the registry.
Create clinical guidelines for end of life care and adopt recommended guidelines	<i>No legislative language.</i>	HB 2132 requires the Oregon Health Services Commission to establish or recommend end of life care guidelines.
Establish challenge grants to support community-based collaboration.	<i>Creates a community-centered health initiatives (Section 11(1)(e)).</i>	<i>No legislative language.</i>
Use administrative waivers to express agency support for community-based innovation.	<i>The Authority would guide and support community centered health initiatives (Section 11(e)).</i>	<i>No legislative language.</i>
Use state contracting leverage to show state agency support for community-based innovation.	<i>See above</i>	<i>No legislative language.</i>
Include the safety net in all efforts to redesign	The Authority would include the Office for Oregon	HB 2128 Continues the work of the OHFB and

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health care delivery.	Health Policy & Research which staffs the Safety-Net Advisory Council.	includes the Office for Oregon Health Policy & Research which staffs the Safety-Net Advisory Council.
The Authority defines Accountable Health Communities across the state and reports quality and cost data accordingly.	<i>The Authority would include the Office for Oregon Health Policy & Research and a new Quality Care Institute (Sections 17(1) and 20(1)(e)).</i>	HB 2128 and HB 2130 would create a new health care data collection ability that would allow the designation of Accountable Health Communities.
The Authority engages community stakeholder groups to use Accountable Health Community data to drive quality improvement interventions.	<i>No legislative language.</i>	HB 2128 requires that the administrator of OHPR to engage stakeholders in the design and dissemination of health care data.
Authorize the Authority to coordinate development of the Healthy Oregon Action Plan in 2009 as well as implement programs and initiatives targeting prioritized strategies and benchmarks established in the Healthy Oregon Action Plan in 2010.	<i>No legislative language.</i>	HB 2131 requires DHS to establish aggressive goals for the reduction of tobacco use, obesity, and other chronic disease risk factors and to collaborate with community partners to develop and implement a strategic plan to achieve the goals.
Establish and appropriate funds for a Community-Centered Health Initiatives Fund (CCHI) in 2009. Develop criteria and request for proposals for CCHI funding in 2010.	Establish and appropriate funds for a Community-Centered Health Initiatives Fund (CCHI) in 2009. Develop criteria and request for proposals for CCHI funding in 2010.	HB 2131 creates within DHS the Statewide Health Improvement Program to support evidence-based community efforts to prevent chronic disease and reduce the utilization of expensive and invasive treatments. DHS will award one or more grants to support community-based primary and secondary prevention activities focused on chronic diseases.
Increase the tobacco and alcoholic beverages taxes to fund the Healthy Oregon Action Plan and the Community-Centered Health Initiatives Fund, and help fund the county public health departments' tobacco use and chronic disease prevention and reduction programs.	<i>Increase the tobacco tax to fund the Community-Centered Health Initiatives Fund, and help fund the county public health departments' tobacco use and chronic disease prevention and reduction programs with half being distributed on a per capita basis and half going to counties (Sections 11(e) & 149(1)&(2)).</i>	HB 2122 <i>Increases the tobacco taxes to fund public health and health promotion programs, maintenance and expansion of the Oregon Health Plan, and senior transportation services.</i>
Develop the Oregon Employee Wellness Action Plan in 2009 and prioritize and implement strategies Wellness Action Plan strategies in at least 50% of Oregon state agencies by 2010.	<i>No statutory change required.</i>	<i>No statutory change required.</i>

Create a social marketing approach that supports public health efforts to make it easier for Oregonians to make healthy choices.	<i>No statutory change required.</i>	<i>No statutory change required.</i>
Develop private-public partnerships to implement the Healthy Oregon Action Plan.	<i>No statutory changes required.</i>	<i>No statutory change required.</i>
Establish a Medical Liability Reform Council	No legislative language.	HB 2128 establishes a medical liability reform subcommittee of the Oregon Health Fund Board.
Authorize a Health Information Technology Oversight Council charged with focusing state, federal, and private resources and activities to accelerate the adoption of personal health records, electronic health records, and electronic data interchange among healthcare providers, patients, and consumers.	<i>The Authority will investigate and report to the Legislative Assembly on the feasibility and advisability of future changes to the health insurance market in Oregon including, but not limited to The implementation of a system of interoperable electronic health records utilized by all health care providers in this state (Section 10(1)(j)(G).</i>	HB 2142 establishes within DHS a Health Information Technology Oversight Council and defines membership and terms.
Set health information technology goals for Oregon and evaluate progress toward goals.	See above	HB 2142 directs the Health Information Technology Oversight Council to set health information technology (HIT) goals for Oregon and monitor progress in achieving the goals. The Council will also maximize the distribution of resources expended on HIT across the state.
Create a purchasing collaborative to help small practices select from a small number of state-supported electronic health record (EHR) vendors and service companies that meet quality, performance, privacy and service standards and offer the most aggressive price.	See above	HB 2142 directs the Health Information Technology Oversight Council to create and provide oversight for a public-private purchasing collaborative or alternative mechanism to help providers obtain affordable rates for electronic health records. The Council will identify and select the industry standards to be used in selecting HIT promoted by the purchasing collaborative and ensuring the products and services implement proper privacy and security controls. The Council will also enlist and leverage community resources, educate the public and providers about HIT, coordinate health sector activities to move the adoption of health information technology forward and achieve interoperability.
Determine a fair and appropriate way to reimburse providers for their use of electronic health records (EHRs), starting with providers	See above	HB 2142 directs the Health Information Technology Oversight Council to determine a fair, appropriate method for reimbursing

who serve a large percentage of Medicaid patients.		providers who use electronic health records to improve patient care, starting with providers whose practices consist of a large percentage of medical assistance recipients.
Establish a program to subsidize provider use of state-selected electronic health record (EHR) vendors and service companies.	<i>See above</i>	<i>No legislative language.</i>
The Health Information Technology Oversight Council ensures support of the Health Record Bank project and requires that a system be built with interoperability as a main focus.	<i>See above</i>	HB 2142 directs the Health Information Technology Oversight Council to support and provide oversight to DHS to implement a personal health records bank of medical assistance recipients.
The state designates the Health Information Technology Oversight Council as the oversight entity for promoting a statewide system for exchange of health information technology.	<i>See above</i>	HB 2142 directs the Health Information Technology Oversight Council to coordinate activities that help achieve interoperability.
The state allocates the proper funding to create a statewide system for health information exchange.	<i>See above</i>	<i>No legislative language.</i>
The Authority, advised by the Health Information Oversight Council, will analyze the policies and programs it develops to ensure that the privacy and security of health information technology is maintained, especially as health information exchange systems are established and expanded.	<i>See above</i>	HB 2142 includes a number of provisions that direct the Health Information Technology Oversight Council to assess products and services to ensure they meet privacy and security standards.
The Health Information Technology Oversight Council works on privacy and security issues as well as identified opportunities for Oregon to strengthen state law to protect the privacy and security of Oregonians' health information.	<i>See above</i>	See above.
Building Block 5: Ensure Health Equity for All		
The Legislature promotes population-based approaches with an on-going, substantial investment in public health activities that will prevent disease and promote the health of Oregonians.	Levies a new cigarette tax to be increased to raise \$50 million per biennium for public health system transformation and to fund local county public health programs.	HB 2122 Increases the tobacco taxes to fund public health programs.

<p>The Division of Medical Assistance Programs (DMAP) and the Oregon Health Insurance Exchange strengthen the relationship between health-focused Community-Based Organizations and the health care delivery system through integrated health homes.</p>	<p><i>The Exchange will create contract standards approved by the board and prescribed by rule for participating insurers and health care purchased by state agencies including uniform quality performance measures (Section 18(3)(b)(l)&(f)(A)).</i></p>	<p>HB 2131 establishes within OHPR the Oregon Integrated Health Home Program. OHPR will create an advisory committee to advise the office on this program.</p>
<p>The Oregon Health Authority implements universal eligibility.</p>	<p>The Authority Board will investigate and report to the Legislature to cover all low and moderate income Oregonians and advance reforms of the insurance market (Section 10(1)(j)(A-G)).</p>	<p>HB 2117 Would establish the Healthy Kids Plan where all children in Oregon would be eligible for the program (with restrictions on public assistance based on income).</p>
<p>Oregon's federal delegation addresses citizenship documentation barriers.</p>	<p><i>Provides Legislative authorization for the Authority to pursue change at the federal level (Section 10(1)(f)).</i></p>	<p><i>No legislative language.</i></p>
<p>DMAP conducts targeted and aggressive outreach to multicultural communities.</p>	<p>DMAP conducts targeted and aggressive outreach to multicultural communities.</p>	<p>HB 2117 (Healthy Kids) includes funding for outreach at the community level.</p>
<p>The Legislature ensures language access by taking advantage of growing technological capacity in Oregon by creating a state-wide pool of qualified, certified interpreters and organizations that can utilize and build on technologies being developed for telemedicine or telehealth. DMAP seeks federal waiver approval for this change.</p>	<p><i>No legislative language.</i></p>	<p><i>No legislative language.</i></p>
<p>The state agency authorized to certify integrated health care homes makes the integrated health home model an essential element of restructuring the health care delivery system.</p>	<p><i>No legislative language.</i></p>	<p>HB 2131 establishes within OHPR the Oregon Integrated Health Home Program with a certification process. OHPR will create an advisory committee to advise the office on this program.</p>
<p>The Legislature and DMAP authorize direct reimbursement for Community Health Workers (CHWs) for publicly-sponsored health programs.</p>	<p><i>No legislative language.</i></p>	<p><i>No legislative language.</i></p>
<p>The Legislature ensures language access. DMAP seeks federal waiver approval for this change.</p>	<p><i>No legislative language.</i></p>	<p><i>No legislative language.</i></p>
<p>The Authority, in coordination with the Oregon Workforce Institute and other groups builds a culturally competent workforce that reflects the diversity of Oregonians.</p>	<p>The Health Care Workforce Council will ensure that there is sufficient workforce and training to meet the demands of an increasingly diverse population.</p>	<p><i>No legislative language.</i></p>
<p>The Legislature supports Community Health Worker programs that recruit and train members</p>	<p><i>No legislative language.</i></p>	<p><i>No legislative language.</i></p>

of underserved communities to provide culturally and linguistically competent health services within that community.		
The Legislature develops a plan to ensure appropriate education designed to increase cultural competence for all health care providers.	The Health Care Workforce Council ensures that there is sufficient workforce and training to meet the demands of an increasingly diverse population	<i>No legislative language.</i>
The Authority expands data collection efforts.	The Authority expands data collection efforts.	HB 2124 requires regulatory boards for health profession licensing to collect demographic information for OHPR.
The Quality Institute implements initiatives to enhance quality.	The Quality Institute implements initiatives to enhance quality.	<i>No legislative language.</i>
Building Block 6: Train a New Health Care Workforce		
The Legislature funds the Authority to develop a statewide health care workforce strategy.	The Health Care Workforce Council will ensure that Oregon’s health care workforce is sufficient in numbers and training to meet the demand that will be created by the expansion in health coverage, system transformations and an increasingly diverse population.	<i>No legislative language.</i>
The Legislature authorizes the Authority, in coordination with the Oregon Workforce Institute and other groups, to collect adequate data through the licensure process that will provide Oregon with an on-going database about its current workforce.	See above.	HB 2143 directs OHPR to establish a data collection program using the health professions’ licensing process and provide routine data analysis so Oregon has the capacity to: (1) understand Oregon’s health care workforce; (2) inform public and private educational and workforce investments; and (3) inform policy recommendations for the Governor’s Office, legislative leadership and state agencies regarding Oregon’s health care workforce.
The Authority, in coordination with the Oregon Workforce Institute and other groups, develops a comprehensive, dynamic planning process to assure Oregon has an adequate, highly trained health care workforce and coordinate with existing groups focused on workforce issues.	See above.	HB 2131 See above.
The Authority, in coordination with the Oregon Workforce Institute, health professional schools and other groups, implements strategies to train, attract and retain an appropriate supply of primary care providers in all geographic areas of	See above.	HB 2143 See above.

Oregon.		
The Legislature authorizes the expanded use of Community Health Workers in Oregon. The Authority, in coordination with appropriate state, local and other government agencies, encourages the use of Community Health Workers.	See above.	<i>No legislative language.</i>
The Authority works in coordination with appropriate health professional schools to develop a plan to ensure appropriate education designed to increase cultural competence for all health care providers.	See above.	HB 2143 See above.
The Authority takes steps to ensure a health care workforce that reflects the diversity of Oregonians.	See above.	HB 2143 See above.
Building Block 7: Advocate for Federal Changes		
Provide Legislative authorization for the Authority to pursue change at the federal level.	Provides Legislative authorization for the Authority to pursue change at the federal level.	HB 2128 gives the OHFB the authority to request federal waivers needed to implement its comprehensive reform plan, upon legislative approval of the plan.
Develop a strategy to advocate for equitable Medicare reimbursement and rate reform.	See above.	HB 2128 makes the Oregon Health Fund Board (OHFB) a permanent entity and allows the group to continue its work to develop and implement a comprehensive health reform plan.
Investigate expanding the number of FQHCs and FQHC “look-alikes” in the state.	<i>No legislative language.</i>	<i>No legislative language.</i>
Investigate barriers to open dialogue among provider organizations about delivery system change.	<i>No statutory change required.</i>	<i>No statutory change required.</i>
Advocate for federal change to remove other barriers to reform.	Advocate for federal change to remove other barriers to reform.	<i>No statutory change required.</i>
Advocate for state-level changes recommended by the Federal Laws Committee.	Provides Legislative authorization for the Authority to pursue change at the federal level.	<i>No statutory change required.</i>