



Rules Advisory Committee (RAC) meeting report from July 25, 2022

Health Care Market Oversight Program

The following document summarizes information shared by Oregon Health Authority (OHA) staff and input received from Rules Advisory Committee members and the public during the Rules Advisory Committee meeting on July 25, 2022. This document serves as the RAC Meeting Report. Please contact HCMO.Info@odhsoha.oregon.gov with any questions.

Meeting Report:

RAC members in attendance:

- Kristen Downey from Providence Health and Services
- Laura Johnson from SIEU Local 49
- Jonathan Frochtzvajg from Cascade AIDS Project
- Blair Stenvick from Basic Rights Oregon
- Tom Karnes from PeaceHealth

Members of the public in attendance:

- Sadie Ellwood, Kaiser Permanente
- Stefan Shearer, CareOregon
- Carrie Young
- Ruth Miles, Salem Health

Staff from Oregon Health Authority in attendance:

- Zachary Goldman
- Pete Edlund
- Colleen Needham
- Sarah Bartelmann
- Stacy DeLong
- Chandra Elser
- Jenny Grunditz
- Trang Weitemier

Meeting Notes:

1. RAC member rollcall

2. Introduce the purpose of the meeting. Pete Edlund and Zachary Goldman discussed the process of modifying Oregon Administrative Rules and specified the purpose of today's meeting is to hear input from RAC members and the public.
3. Zachary Goldman provided a high-level review of the Health Care Market Oversight program including what entities and types of transactions are subject to review.
4. Topic #1 – defining which services are essential to achieve health equity. Zachary presented the following background information: the proposed rule language is currently in a sub-regulatory guidance document and these proposed rule changes move that language from guidance document into the rule.
 - a. Laura Johnson: Thanks for leading the process, making sure rules reflect legislative intent. Support these categories as written. Provide flexibility and specific.
 - b. Tom Karnes: Concerns about including items C and D. Overly vague and difficult to interpret.
 - o C. Prevention services, including non-clinical services
 - o D. Health care system navigation and care coordination services
 - c. Kristen Downey: Will sub-reg guidance documents go away?
Zachary responded: They will remain if the final rules reflect this change. Changes to the rules will mean we need to update those guidance documents.
 - d. Kristen Downey: Agree with Tom. Would be helpful to have more clarity. What would trigger a transaction? What counts for the non-clinical services? Additional detail on what these parts entail.
 - e. Blair Stenvick: Echo Laura's comments. BRO is supportive of the proposed additions. Highlight D as essential for health equity.
 - f. Jonathan Frochtz wajg: Support for the proposed changes, they are solid categories that provided guidance as well as flexibility.

Public Comment: No comment

5. Topic #2 – adding program fees to the rules. Zachary presented background information such as there were no program fees in 2022 and these draft rules are intended to align with statute and would take effect January 1, 2023. The fee is based on the date when OHA accepts a complete notice of Material Change Transaction.

Proposed fees are as follows:

 - Flat fee for prelim review or emergency review
 - Sliding scale for comprehensive review
 - Fees increase 10% every two years

Price amounts are similar to those proposed last year, but we have simplified the calculation so that it is more transparent and easier to understand what the fee will be.

 - a. Kristen Downey: Is there a way to bring the sliding scale down in the first two years. As organizations figure out what it means to go through the process, need to do their due diligence to understand what this means. Most transactions will be helpful to maintain access; don't want fee to discourage access. Instead of a 10% increase, it should be based on something like the consumer price increase. Ten percent feels arbitrary.
 - b. Tom Karnes: The fees may have a chilling effect on helpful collaborations between entities.
 - c. Laura Johnson: OHA should be provided resources they need to do the reviews.
6. Topic #3 - All other proposed rule changes. Zachary presented the remaining proposed changes.

- a. Jonathan Frochtzwaig: Feedback about the amount of time OHA would wait to publish information about an emergency transaction. Twenty-four months, as proposed is excessively long. Advocate to shorten to 6 months
- b. Blair Stenvick: Echo what Jonathan said. Six months seems like a more appropriate length of time
- c. Laura Johnson: Agree with the 6-month time frame. Since it says "no less than..." OHA could also publish information later than 6 months. OHA would use its discretion.
- d. Kristen Downey: Definition of hospital system, references to governance and membership creates some confusion, so remove it from A and B. Non-profits are not really "owned", so adding "ownership" or "control" would be more meaningful. Also, a comment about "significant reduction": In the sub-regulatory guidance, 50% makes more sense than 1/3. Include changes as a result of the transaction. There should be flexibility around the 1/3 threshold. Want to bring some of that standardization to the rule language.
- e. Tom Karnes: Regarding the timeline of the 30-day preliminary review and that it starts on written notification from OHA about receipt, that makes it harder for entity to map out the calendar. Suggest including the time needed for agency's process.
- f. Laura Johnson: Feel strongly that 1/3 threshold for what constitutes a significant reduction was a compromise. Don't want that to get diluted as it makes its way into rule.

Racial equity impact statement

- a. Kristen Downey: This is well done. Reflects changes in the rule
- b. Laura Johnson: Echoes those comments

Notice of rulemaking worksheet: No comments

Public Comment: No comment

Zachary closed the meeting by presenting the timeline of the anticipated rules hearing and the deadline for written input.

Adjourn

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