# Health Care Market Oversight (HCMO) Program

Rules Advisory Committee meeting

July 25, 2022



#### Welcome & Agenda

- 1. Housekeeping and announcements
- 2. Brief program introduction
- 3. Topic #1 Essential health care services
  - Input from Committee members and the public
- 4. Topic #2 Program fees
  - Input from Committee members and the public
- 5. Topic #3 All other rule changes
  - Input from Committee members and the public
- 6. Committee input & public comment on any topic

#### **Housekeeping & Announcements**

- This is meeting is being recorded and will be posted on the program website
- For technical assistance, send a direct message to Pete Edlund
- When providing input, please state your name and organization you represent, if applicable

Submit written comments no later than <u>September 21 to HCMO.info@odhsoha.oregon.gov</u>

#### Structure of Meeting

Today staff from OHA will describe the program and the rules updates

 After Committee members provide input, staff will ask the public for any input

 Each public commenter will have two minutes for each section. A person may provide input about more than one topic

#### Introduction to the Program

The Health Care Market Oversight program reviews proposed business deals to make sure they will help – and not hurt – Oregon's shared goals of health equity, lower consumer costs, increased access, and better care

The program applies to mergers, acquisitions, and other business deals that involve health care entities and meet certain criteria

Merger - businesses combine into one entity

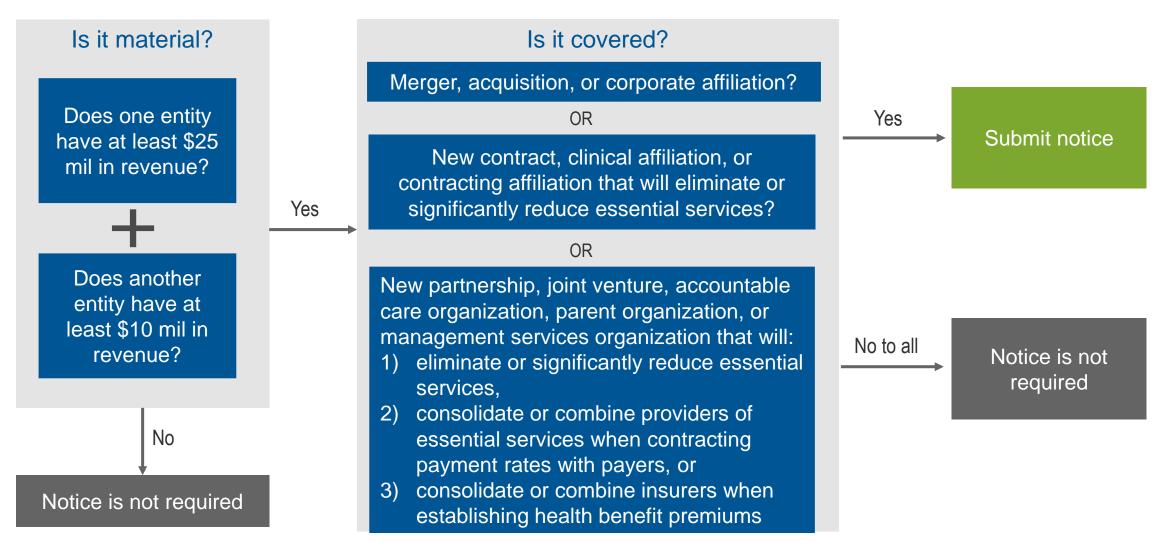
**Acquisition** - one business buys another business

**Affiliation** - businesses otherwise partner or combine resources

#### What transactions are subject to review?



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# Topic 1 – Health care services essential to achieve health equity

#### **Background**

The Oregon Revised Statute (ORS) 415.500(2) – states

"Essential services" means: (a) Services that are funded on the prioritized list described in ORS 414.690; and (b) Services that are essential to achieve health equity.

Many services are currently funded on the prioritized list;:

- Primary care
- Visits to the emergency room
- Pregnancy services
- Surgeries
- And much more

For more information, see this link to Oregon's prioritized list



#### **Proposed Changes**

In addition to services funded on the prioritized list, the proposed rules add:

- "Services that are essential to achieve health equity" means
- (A) Any service directly related to the treatment of a chronic condition;
- (B) Pregnancy-related services;
- (C) Prevention services including non-clinical services; or
- (D) Health care system navigation and care coordination services

Current guidance documents include this definition

What do you think of this addition to OAR 409-070-0005?



#### **Public Comment**



## **Break – 10 minutes**

# Topic 2 – Program fees

#### Background

The statute - ORS 415.512(1) - states

"The Oregon Health Authority shall prescribe by rule a fee to be paid under ORS 415.501(3), proportionate to the size of the parties to the transaction, sufficient to reimburse the costs of administering [the program]"

There were no program fees in 2022



#### **Proposed Changes**

To align with statute, proposed rules now include program fees to start January 1, 2023

- 30-day preliminary review of a transaction: \$2,000
- 180-day comprehensive review of a transaction: sliding scale based on size
  of the smaller entity (or the 2<sup>nd</sup> largest entity)
- Every two years, fees increase by 10%

What do you think of these changes to OAR 409-070-0030?



### Public Comment about any topic



## Topic 3 – All other changes

#### **Background**

Before the program began, representatives of health care entities requested that program details in subregulatory documents be added to the rules.

The currently proposed rules do just that.

#### Note:

On the following slides
OAR stands for Oregon
Administrative Rule, which
governs how the program
operates

#### **Proposed changes**

- 1. For clarity, added definitions for "business entity" and "hospital system". Added language to the definitions for "health care entity" and "revenue". (OAR 409-070-0005)
- 2. Incorporated language from sub-regulatory guidance into the rule about "a significant reduction of services" (OAR 409-070-0010(3))
- 3. Added clarity about a "newly organized legal entity" (OAR 409-070-0015)
- 4. Added language about when OHA will publish information about emergency transactions (OAR 409-070-0022(8))
- 5. Added updated references (OAR 409-070-0035(1)(a)(B), 409-070-0045(2), 409-070-0065(1), and 409-070-0080(2).

#### **Proposed changes**

- 6. For clarity, added new language about when OHA will publish the notice and when the Authority will complete the preliminary review (OAR 409-070-0055(1) and (4))
- 7. For clarity, created a new rule about Community Review Board. Removed language from OAR 409-070-0060 and placed in 409-070-0062.
- 8. Removed language about the first year of the program that is no longer applicable (OAR 409-070-0085)

What do you think of these changes?



### Public Comment about any topic



#### **Rules Timeline**



#### **What Comes Next?**

- How to provide additional feedback:
   Send written input to <a href="https://hcmail.org/hcmail.or
- Staff will publish all written feedback on the program website (<u>https://hcmo.oregon.gov</u>)

 OHA staff will notify all RAC members and interested parties via a GovDelivery email with information about the Rules Hearing in September

#### **Thank You**

