

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87401
Appropriation Name	OHA CENTRAL SVCS/SAEC GF
GF Appropriation Amount	\$ 185,745,227

Reduction Target	\$ (15,788,344)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
SAEC - Shared Services Funding	All 14 DHS Shared Offices and OHA Shared Office of Information Systems have presented 10% budget reductions. The reductions include low impact reductions such as natural savings (existing vacancy savings, existing Services & Supplies savings), medium impact reductions (hiring freeze, deeper Services & Supplies reductions), strong impacts (cutting contracts, impacting existing management staff), critical impacts (position reductions, stopping professional services contracts).	7/1/2020	\$ (8,502,617)	\$ (37,936)	\$ (1,108,756)	\$ (3,161,768)	0	0.00	1	Reduction proposed to meet the mandatory agency wide 8.5% reduction total. This impact is the OHA side of Shared Services Funding, there is a companion reduction on the DHS side as well. Both sides should stay in-sync.
SAEC - OHA Facilities	This reduction would stop the Ferry Street move for the Human Resources office that would have been Summer of 2020 as well as pushing back the HP&A expansion in Five Oak (Portland).	7/1/2020	\$ (138,332)	\$ -	\$ -	\$ -	0	0.00	2	Reduction proposed to meet the mandatory 8.5% reduction total.
SAEC - Reduce DAS Price List - State Government Service Charge (SGSC)	Assumes reducing the DAS Price List by 10% General Funds.	7/1/2020	\$ (2,868,135)	\$ -	\$ -	\$ -	0	0.00	3	Reduction proposed to meet the mandatory 8.5% reduction total.
SAEC - Reduce DAS Price List - Risk	Assumes reducing the DAS Price List by 10% General Funds.	7/1/2020	\$ (987,810)	\$ -	\$ -	\$ -	0	0.00	4	Reduction proposed to meet the mandatory 8.5% reduction total.
SAEC - Reduce DAS Price List - Enterprise Technology Services (ETS)	Assumes reducing the DAS Price List by 10% General Funds.	7/1/2020	\$ (1,576,336)	\$ -	\$ -	\$ -	0	0.00	5	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Human Resources - hold Principle Executive Management F position vacant rest of the biennium. Requires the Human Resources Director, in addition to running the HR division, to supervise additional staff in classification and compensation, where workload has increased due to COVID-19.	4/1/2020	\$ (150,008)	\$ -	\$ -	\$ -	0	0.00	6	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Human Resources - Operations & Policy Analyst 4 on rotation to DAS for one year. General Funds offset by DAS paying for position for one year.	6/1/2020	\$ (123,475)	\$ -	\$ -	\$ -	0	0.00	7	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Human Resources - Employee Recruitment & Development cost reductions.	6/1/2020	\$ (111,551)	\$ -	\$ -	\$ -	0	0.00	8	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Human Resources - Attorney General cost reductions. HR Investigations in COO office and HR office have been completed or progress has slowed due to the COVID 19 crisis.	6/1/2020	\$ (135,654)	\$ -	\$ -	\$ -	0	0.00	9	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Chief Operations Office - Reduce professional services. Assumes reduced contract expenses from pausing strategic planning due to the COVID-19 crisis.	6/1/2020	\$ (757,328)	\$ -	\$ -	\$ -	0	0.00	10	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Fiscal Ops Div.	Chief Financial Office - Hold Fiscal Analyst 3 position vacant (6/1/20-6/30/21). Increases workload on other staff and may slow down reporting and information to division managers who request budget information.	6/1/2020	\$ (94,854)	\$ -	\$ -	\$ -	0	0.00	11	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Ext Relations	External Relations Division, Communications - Hold Public Affairs Specialist 3 position vacant (6/1/20-6/30/21).	6/1/2020	\$ (115,034)	\$ -	\$ -	\$ -	0	0.00	12	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Ext Relations	External Relations Division, Communications - Hold Public Affairs Specialist 3 position vacant (6/1/20-6/30/21).	6/1/2020	\$ (78,024)	\$ -	\$ -	\$ -	0	0.00	13	Reduction proposed to meet the mandatory 8.5% reduction total.
CS - Ext Relations	External Relations Division, Administration - Principle Executive Management G position vacant (6/1/20-6/30/21).	6/1/2020	\$ (175,097)	\$ -	\$ -	\$ -	0	0.00	14	Reduction proposed to meet the mandatory 8.5% reduction total.
Total Reductions			\$ (15,814,255)	\$ (37,936)	\$ (1,108,756)	\$ (3,161,768)	0	0.00		

Short (negative)/ Over (positive) \$ 25,911

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87802
Appropriation Name	OHA OREGON STATE HOSPITAL GF
GF Appropriation Amount	\$ 496,763,956

Reduction Target	
\$	(42,224,936)

Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
Vacancy Savings	This reduction assumes a hiring freeze on a number of non-direct care positions that are currently vacant. OSH enacted a 120-day hiring delay on all non-direct care positions in January 2020 and was already planning on these savings offsetting other expenditures.	6/1/2020	\$ (3,672,358)		\$ (128,192)	\$ (279,660)	0	0.00	1	
Eliminate Utilization Management (UMD) Department	Eliminates UMD and reassigned compliance specialist positions under Business Services Director to continue monitoring of medical documentation for billing purposes and Centers for Medicare and Medicaid Services (CMS) compliance.	8/1/2020	\$ (662,643)	\$ -	\$ -	\$ -	0	(2.75)	2	
Reductions in Hospital Systems Analysis and Management	Eliminates manager and support staff coordinating services to people under civil commitment, specifically, overseeing the Person Directed Transition Team (PDTT), which works with patients who have barriers getting in the way of successful transition to community providers. Policy and program work would need to shift elsewhere across the hospital.	8/1/2020	\$ (234,995)	\$ -	\$ -	\$ -	0	(0.92)	3	
Reduction of OSH accounting services	This action results in workload strain and processing delays.	8/1/2020	\$ (57,583)	\$ -	\$ (11,173)	\$ -	0	(0.46)	4	
Eliminate REACH program	REACH is a program intended to incentivize participation in treatment and achievement of treatment goals. Patients earn "points" that can be redeemed at the REACH stores. With this reduction, this patient incentive program will be discontinued.	9/1/2020	\$ (400,983)	\$ -	\$ (23,634)	\$ (16,033)	0	(2.50)	5	
Eliminate one Program Executive Team	Combines Crossroads and Springs Program Executive Teams (PET).	8/1/2020	\$ (331,655)	\$ -	\$ -	\$ (12,121)	0	(0.92)	6	
Restructure OSH Psychology program services	Psychology services would be restructured across the hospital. Psychologists would no longer be assigned to units but instead work on a "pull" system where patients would be referred for testing and/or treatment.	10/1/2020	\$ (1,106,803)	\$ -	\$ (18,011)	\$ (20,083)	0	(4.88)	7	
Eliminate Staff Support and Engagement Department	Eliminates Staff Support and Engagement Department including HEART team. This dramatically reduces real-time support to our staff that is often provided during traumatic events.	8/1/2020	\$ (262,586)	\$ -	\$ (31,301)	\$ -	0	(1.38)	8	
Eliminate program coordination support	Duties will need to be reassigned, hospital programs will have reduced program coordination.	8/1/2020	\$ (128,547)	\$ -	\$ -	\$ -	0	(0.92)	9	
Reduce Treatment Services Department	This reduces administrative and analytical support within the Treatment Services Department.	8/1/2020	\$ (218,819)	\$ -	\$ -	\$ (8,472)	0	(0.92)	10	
Reduce LEAN and Risk Management	Eliminates one position and holds two others vacant for remainder of the biennium. This reduction results in decreased project management capacity and limits support for risk identification and performance improvement efforts.	8/1/2020	\$ (98,683)	\$ -	\$ -	\$ (19,148)	0	(0.46)	11	
Reduce Clinic, Infection Prevention and Dietician Departments	Reduces staff in medical services departments.	8/1/2020	\$ (317,351)	\$ -	\$ -	\$ (25,848)	0	(1.83)	12	
Reduce Food Service Management and Logistics	Loss of management positions results in increased staff to manager ratios for remaining managers as well as reduced services in logistics making it harder for remaining staff to supply kitchens with food orders.	9/1/2020	\$ (113,620)	\$ -	\$ -	\$ -	0	(0.83)	13	
Reduce Facility Operations	This reduction requires a redeployment of tasks including the redirection of administrative and project management and logistical duties.	8/1/2020	\$ (186,829)	\$ -	\$ -	\$ (11,173)	0	(1.38)	14	

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Reduce Legal Services	Reduces legal staffing by one paralegal position and a Supervising Physician position that does not supervise staff. This reduction would impact risk review, Psychiatric Security Review Board hearings, and informed consent processes.	8/1/2020	\$ (322,280)	\$ -	\$ -	\$ (25,258)	0	(0.92)	15	
Reduce Nursing Management and Administrative positions	This would result in supervisory and managerial load re-distribution requiring remaining managers to increase supervised staffing ratios, strain manager ability to provide supervision to staff, impact compliance and impact patient care.	8/1/2020	\$ (793,680)	\$ -	\$ -	\$ (94,086)	0	(3.21)	16	
Eliminate Nursing Hiring Unit	Eliminates nurse hiring unit, requiring the hiring process to become a unit manager function, resulting in significant workload and inefficient hiring processes for other nurse managers. Hiring delays will likely result in staff shortages and increased mandates.	8/1/2020	\$ (227,169)	\$ -	\$ (1,974)	\$ (24,366)	0	(1.38)	17	
Reduce bed capacity	This option reduces the Oregon State Hospital system bed capacity from 704 beds to as low as 531. This reduction places OHA at greater risk of non-compliance of admission timelines for persons under Aid and Assist (ORS 161.370) orders and limits capacity for all other patient commitment types. This reduction also places additional strain on the greater behavioral health continuum of care.	9/19/2020	\$ (24,275,733)	\$ -	\$ (2,290,066)	\$ (1,822,618)	0	(173.13)	18	
Eliminate Vocational Education and Benchwork treatment programs	Eliminates the patient work programs, patient educational programs, and employment training opportunities for patients within Vocational Services. This reduction would result in an offsetting loss of Other Funds revenue of approximately \$144K over the same reduction period as it would remove the Canteen, coffee cart and benchwork programs; as well as patient pay positions in the Kirkbride Cafe and Coffee Shop. This reduction severely impacts the existing opportunities to prepare patients for safe and successful return to the community and further reduces off-unit experiences and opportunities while patients are hospitalized. Displayed cost represents patient payroll.	8/1/2020	\$ (2,599,225)	\$ -	\$ (217,933)	\$ (44,908)	0	(12.38)	19	
Reduce Security Department	This reduction eliminates resources and support to the Security Department.	8/1/2020	\$ (119,247)	\$ -	\$ (11,903)	\$ -	0	(0.92)	20	
Reduce Pharmacy Services	Reduces capacity for pharmacy to provide necessary services to patients.	8/1/2020	\$ (402,611)	\$ -	\$ -	\$ -	0	(1.38)	21	
Close Kirkbride Café & Coffee shop	The Kirkbride Café and Coffee shop serves as both a cafeteria for staff and visitors, as well as, a place for patients and their family members to dine during a visit. This operation provides options for staff who do not have time to leave campus during meal breaks. Loss of the Café presents a hardship for these staff and will impact morale significantly. Further, a disruption in operations may occur if staff who do opt to leave campus during meal breaks arrive back at work late. This reduction has a corresponding revenue impact. For 10 months, \$410,000 of the reduction is from the Café and \$50,000 from the Coffee shop.	9/1/2020	\$ (774,244)	\$ -	\$ (53,676)	\$ -	0	(5.42)	22	

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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
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What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
Reduce Creative Arts and Music Therapy	This reduction decreases the Creative Arts/Music Therapy departments of Treatment Services each by 25%, resulting in a corresponding decrease in service availability and patient care.	8/1/2020	\$ (320,748)	\$ -	\$ -	\$ (15,340)	0	(1.83)	23	
Reduce Certified Therapeutic Recreational Services (CTRS)	This reduction decreases the CTRS department of Treatment Services each by 25%, resulting in a corresponding decrease in service availability and patient care.	8/1/2020	\$ (150,701)	\$ -	\$ (14,594)	\$ (7,521)	0	(0.92)	24	
Reduce Nurse Staffing	Staffing plans are established by a Nurse Staffing committee made up of OSH nursing management and licensed nursing staff, as required by Oregon Statute. Therefore, changes in ratios are difficult to implement without agreement by the committee. There is significant health and safety risk associated to both patients and staff when staffing ratios decrease. It makes it hard for staff to manage individual patients as well as the milieu, given the complex medical and behavioral acuity. To maximize hospital capacity, patients often transition within the hospital and the rate of admission and discharge is high such that stabilization within milieus is additionally challenged. A reduction in direct care staff within this dynamic is a significant concern.	9/1/2020	\$ (4,446,611)	\$ -	\$ -	\$ (75,905)	0	(31.67)	25	
Total Reductions			\$ (42,225,704)	\$ -	\$ (2,802,457)	\$ (2,502,540)	0	-253.31		

Short (negative)/ Over (positive)

\$ 768

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87801
Appropriation Name	OHA HEALTH SYS, HP&A PUBLIC HEALTH GF
GF Appropriation Amount	\$ 1,967,705,435

Reduction Target	(167,254,962)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification	Division
			GF	LF	OF	FF	POS	FTE			
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed	Health Policy & Analytics (HP&A), Health Systems Division (HSD), or Public Health (PH)
HSD - Other Funds (OF) Carryover	Marijuana and Tobacco Tax carryover funds from the 2017-19 biennium that can be spent as Other Funds in lieu of General Fund.	7/1/2019	\$ (5,100,000)	\$ -	\$ 5,100,000	\$ -	0	0.00	1		HSD
HSD - Substance Use Disorder (SUD) Unobligated General Fund (GF)	TANF/MOE (Temporary Assistance for Needy Families Maintenance-of-Effort) of General Fund match that is no longer required.	7/1/2019	\$ (1,192,101)	\$ -	\$ -	\$ -	0	0.00	2		HSD
HSD - Mental Health Block Grant (MHBG)	The Mental Health Block Grant (MHBG) has \$31.4 million total projected carryover plus awards in 2019-21. Total current projections for MHBG expenditures is \$20.4 million. The MHBG has a remaining balance of \$11.0 million that can be used in lieu of General Fund on other Non-Medicaid Mental Health contracted expenditures. This reduction increases Federal Funds limitation for OHA to spend the MHBG balance and offsets a like amount of General Fund.	7/1/2019	\$ (11,027,588)	\$ -	\$ -	\$ 11,027,588	0	0.00	3		HSD
HP&A - Health Evidence Review Commission development of evidence-based guidelines for ambulatory surgery centers and extended stay centers	The development and implementation of evidence-based guidelines have been completed and this funding is no longer needed for 2019-21.	7/1/2019	\$ (183,084)	\$ -	\$ -	\$ (83,873)	0	(0.70)	4		HP&A
HP&A - Health Analytics Medicaid data analysis positions funding adjustment	Medicaid data analysis positions' duties were analyzed and this adjustment aligns the funding source and the purpose of the work performed. This reduction increases Federal Funds limitation and offsets a like amount of General Fund to reflect the 50:50 federal match for Medicaid administrative expenses.	5/1/2020	\$ (280,000)	\$ -	\$ -	\$ 280,000	0	0.00	5		HP&A
HSD - Mental Health Residential Rates Standardization - S-3	Oregon needed a standardized rate system to pay adult mental health facility providers using the same methodology based on actuarially sound principles and tiered for different levels of client acuity needs in a range of bed size bands across the state. OHA collaborated with providers, Actuarial Services, and Optumas, OHA's contracted actuary for CCO capitation rates, to establish a methodology that considered the individual recipient's level of service, demographics, region, and minimum wage differences across the state. Prior to rate standardization, payments to mental health residential facilities included daily rates for support services provided, rent subsidies, and payments for bed slots for certain facility types out of the Non-Medicaid budget. Facilities were also allowed to bill for rehabilitative services, if provided. Under rate standardization, OHA eliminated the rent subsidies and bed slot payments. Also, providers, with some exceptions, will not bill for rehabilitative services. With a standardized daily rate, OHA obtained CMS approval for Medicaid federal matching funds. As a result, HSD is transferring \$43.9 million General Fund from the Non-Medicaid budget to the Medicaid budget to align with the expenditures. OHA has identified \$11.9 million in preliminary General Fund savings. This is early in the implementation and there are budget risks as providers and the agency better understand the impact of these rates in meeting the need.	7/1/2019	\$ (11,895,031)	\$ -	\$ -	\$ 46,284,601	0	0.00	6		HSD
HSD - Behavioral Health Provider Rate Increases - Medicaid Implementation Delay	The 2019-21 Legislatively Adopted Budget included funding for OHA to increase Medicaid and Non-Medicaid provider rates for substance use disorder (SUD) treatment by 20% and increase Medicaid and Non-Medicaid provider rates for mental health non-residential treatment by 6%. The LAB assumed a 24-month budget of \$49.3 million Total Funds (\$13 million General Funds and \$36.3 million Federal Funds) for these rate increases. Non-Medicaid rate increases are effective July 1, 2019, and are estimated to use the entire budgeted amount. The Medicaid rate increases are anticipated to be effective October 1, 2019, pending CMS approval of a Medicaid State Plan Amendment. Because the Medicaid rate increases will only be effective for 18 months of the biennium, there are 6 months of Medicaid budget savings in the amount of \$2,039,750 Total Funds (\$456,250 General Funds and \$1,637,500 Federal Funds).	7/1/2019	\$ (456,250)	\$ -	\$ -	\$ (1,637,500)	0	0.00	7		HSD
HSD - Intensive In-Home Behavioral Health (BH) Treatment Services	The 2019-21 Legislatively Adopted Budget for Medicaid included \$6.6 million to create an Intensive In-Home Behavioral Health Treatment (IIBHT) program. CCOs have postponed implementation of this program, which results in General Fund savings.	7/1/2019	\$ (3,497,055)	\$ -	\$ -	\$ (8,706,951)	0	0.00	8		HSD
HSD - Non-Medicaid Behavioral Health Part C Invoiceable Funds	Part C invoice variance is critical to having funds available when counties have a client with significant needs and no Medicaid coverage, or when the service is required but not medically necessary. Programs and facilities regularly work with individuals who need additional staffing or supports that are not Medicaid-funded or the individual is not Medicaid eligible. This biennium, HSD began a new process where these funds are allocated and available instead of unencumbered and processed through individual contract amendment requests. With this new process, HSD has significantly reduced the number of contract amendment requests for funds needed for the biennium.	7/1/2019	\$ (3,785,381)	\$ -	\$ -	\$ -	0	0.00	9		HSD
PH - Center for Health Protection (CHP) - Health Care Regulation and Quality Improvement (HCRQI) - Patient Safety Commission	Reduces the amount sent to the Patient Safety Commission.	9/1/2020	\$ (195,000)	\$ -	\$ -	\$ -	0	0.00	10		PH

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Reduction Target	(167,254,962)
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Activity or Program	Describe Reduction	Implementati on Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification	Division
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What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed	Health Policy & Analytics (HP&A), Health Systems Division (HSD), or Public Health (PH)
PH - Center for Health Protection (CHP) - Health Care Regulation and Quality Improvement (HCRQI) - Trauma Survey Expenses	Suspends all trauma survey travel and contract services for the remainder of calendar year 2020.	6/1/2020	\$ (40,000)	\$ -	\$ -	\$ -	0	0.00	11		PH
PH - Center for Health Protection (CHP)- Health Care Regulation and Quality Improvement (HCRQI) - Portable Orders for Life Sustaining Treatment (POLST) Program	Reduces funding for the secure electronic database for the POLST (Portable Orders for Life Sustaining Treatment) Registry, operated by OHSU for Oregon. POLST formed to ensure emergency health care providers have access to orders to honor patient preferences for care or limit medical treatments if the paper form cannot be found. The funding reduction would lead to less staffing and potentially longer wait times to have the POLST forms entered into the registry.	6/1/2020	\$ (50,122)	\$ -	\$ -	\$ -	0	0.00	12		PH
HP&A - Health Evidence Review Commission (HERC) clinical consultant contract reduction	Not having a HERC clinical consultant will reduce HERC's capacity to make timely updates to the Prioritized List based on evolving evidence, new technology and practice standards. In addition, it will reduce HERC's capacity to produce evidence-based reports on clinical and multisector interventions to improve health.	7/1/2020	\$ (63,141)	\$ -	\$ -	\$ (189,422)	0	0.00	13		HP&A
HP&A - Pharmacy Drug Use Review contract reduction	This reduction would impact the contractor's capacity to provide pharmacist services to HP&A, potentially impacting the preferred drug list development and maintenance, drug use policy, evaluation of drug therapy, and drug therapy consultation.	7/1/2020	\$ (37,500)	\$ -	\$ -	\$ (112,500)	0	0.00	14		HP&A
HSD - Reduce Professional Services	Reduces ongoing contracts with actuarial groups: BH \$0.6 million, COMPASS \$1 million, System of Care Advisory Council \$0.7 million, Project ECHO \$1 million, Program Integrity \$2 million, and Optumas \$0.3 million.	7/1/2019	\$ (5,577,798)	\$ -	\$ -	\$ -	0	0.00	15		HSD
PH - Reduce Services & Supplies (S&S) spending	Reduces Services and Supplies spending.	6/1/2020	\$ (85,016)	\$ -	\$ -	\$ -	0	0.00	16		PH
PH - Payroll Costs (reallocate to grants)	PHP2 will be reallocated across sections' Federal Funds grants and Other Funds accounts.	6/1/2020	\$ (83,500)	\$ -	\$ -	\$ -	0	0.00	17		PH
PH - Employee Training and Development	Reduces training and developmental opportunities for staff.	6/1/2020	\$ (15,000)	\$ -	\$ -	\$ -	0	0.00	18		PH
PH - Oregon Epidemiology Conference 2020/2021	Eliminates conference support for 2021.	6/1/2020	\$ (40,000)	\$ -	\$ -	\$ -	0	0.00	19		PH
PH - Sexually Transmitted Disease (STD) & Tuberculosis (TB) Medications (uninsured/under-insured)	All Local Public Health Authorities (LPHAs) will be required to move to a direct 340B purchase model with reimbursement by the HIV, Sexually Transmitted Diseases and Tuberculosis section (HST).	7/1/2020	\$ (25,000)	\$ -	\$ -	\$ -	0	0.00	20		PH
PH - Public Health Modernization	Reduce all in-state and out-of-state travel.	6/1/2020	\$ (17,839)	\$ -	\$ -	\$ -	0	0.00	21		PH
PH - Center for Health Protection (CHP) - Environmental Public Health Administration	This represents a cost shift from General Fund to Other Funds and Federal Funds in the Environmental Public Health Section.	6/1/2020	\$ (24,789)	\$ -	\$ -	\$ -	0	0.00	22		PH
PH - Center for Health Protection (CHP) - Environmental Public Health (EPH) - Toxic Free Kids Act	This reduction temporarily shifts staff funding Toxic Free Kids (TFK) fees.	6/1/2020	\$ (30,815)	\$ -	\$ -	\$ -	0	0.00	23		PH
PH - Center for Health Protection (CHP) - Center for Health Protection Administration	Offsets General Fund with available Other Funds and Federal Funds for the administration of the Center for Health Protection.	6/1/2020	\$ (42,550)	\$ -	\$ -	\$ -	0	0.00	24		PH
PH - Center for Health Protection (CHP) - Oregon Medical Marijuana Program (OMMP) - Oregon Cannabis Commission	Staff will not charge General Fund.	6/1/2020	\$ (35,000)	\$ -	\$ -	\$ -	0	0.00	25		PH
PH - Injury & Violence Prevention (IVP) - Youth Suicide Prevention Program - Personal Services and Services & Supplies	A 15% reduction shifts \$58,052 in Program expenses. If personnel costs cost are affected, the reduction can be spread over federal grants (SAMHSA GLS, CDC ED-SNSRO) and would result in program savings. No anticipated impact upon services and outcomes.	6/1/2020	\$ (58,502)	\$ -	\$ -	\$ -	0	0.00	26		PH
PH - Emergency Medical Services (EMS)/Trauma Registry Program	A 15% reduction of Program resources can be covered with minor anticipated impact due to savings from position vacancies in 2019-21.	6/1/2020	\$ (137,344)	\$ -	\$ -	\$ -	0	0.00	27		PH
PH - Center for Health Protection (CHP) - Drinking Water Services	Offsets General Fund cut by including in the fiscal year 2020 Drinking Water State Revolving Fund (DWSRF) Capitalization grant, unbanking of a like amount of historically banked set-aside authority. Temporarily shifts staff from General Fund to these Federal Funds during fiscal year 2021.	6/1/2020	\$ (442,925)	\$ -	\$ -	\$ -	0	0.00	28		PH
PH - ScreenWise	A 15% reduction due to anticipated drop in claim volume due to COVID-19.	6/1/2020	\$ (123,378)	\$ -	\$ -	\$ -	0	0.00	29		PH
HP&A - Division-wide Travel, training, and supplies reduction	Reduces Service and Supplies funding for the division. This will have a direct impact on public meetings, committee meetings, staff travel, training, and development of staff.	5/1/2020	\$ (211,969)	\$ -	\$ (650)	\$ (245,003)	0	0.00	30		HP&A
HP&A - Office of Health Information Technology contracts for future planning	This work will be put on hold until next biennium. This will cause delays in execution of health information technology projects and products as well as minimizing the value gained from consultation.	6/1/2020	\$ (590,000)	\$ -	\$ -	\$ (5,310,000)	0	0.00	31		HP&A
HP&A - Health Policy SB 770 Model Design contract delay	Delays Model Design contract work related to Senate Bill 770 (2019), which established the Task Force on Universal Health Care. Delaying this work would limit support to the Task Force.	5/1/2020	\$ (200,000)	\$ -	\$ -	\$ -	0	0.00	32	This program is funded in Appn # 87828.	HP&A
HP&A - Health Analytics - Fund current Research Analyst with Other Funds	Utilizing these Other Funds will reduce the resources available for future data system modifications.	5/1/2020	\$ (100,000)	\$ -	\$ 100,000	\$ -	0	0.00	33		HP&A

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Reduction Target	(167,254,962)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification	Division
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What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed	Health Policy & Analytics (HP&A), Health Systems Division (HSD), or Public Health (PH)
HP&A - Transformation Learning Collaboratives reduction	Large convenings for coordinated care organizations (CCOs), Community Advisory Councils (CACs), and provider and community partners for the remainder of the biennium will be cancelled, including the spring Innovation Café (which was going to focus on behavioral health) and the fall 2020 CAC event for members and coordinators. CCOs and partners will not have the opportunity to learn from and spread best practices with each other. Much of this support was designed to support CCO 2.0 implementation.	7/1/2020	\$ (150,000)	\$ -	\$ -	\$ (150,000)	0	0.00	34		HP&A
HP&A - Transformation Center Technical Assistance reduction	Various technical assistance (TA) contracts will not move forward, including those for the regional behavioral health collaborative, coordinated care organization (CCO) TA for the children's health complexity work, oral health integration TA, a value-based payment provider communications contract, and Oregon School-based Health Association TA focused on youth. In general, the impact of this work not moving forward will be reduced support for CCOs, health systems, providers and partners related to value-based payments, supporting children's health complexity, and oral health integration.	7/1/2020	\$ (50,000)	\$ -	\$ -	\$ (50,000)	0	0.00	35		HP&A
HP&A - Behavioral Health data contract shift to Other Funds	Offsets General Fund by using Other Funds as match. This will reduce the resources available for future data system modifications.	7/1/2020	\$ (80,839)	\$ -	\$ 80,839	\$ -	0	0.00	36		HP&A
HSD - Admin Services & Supplies Savings	This reduction is a one-time management action in the amount of \$1,163,000 General Fund in Services & Supplies. Of that amount, HSD Administration is offering \$628,000 is from HSD Administration, \$225,000 is from the Rates Unit and \$310,000 is from the Office of Program Integrity.	7/1/2019	\$ (1,163,000)	\$ -	\$ -	\$ -	0	0.00	37		HSD
HSD - Medicaid Transformation Program Special Payments	Unobligated Administration funds.	7/1/2019	\$ (553,463)	\$ -	\$ -	\$ -	0	0.00	38		HSD
HSD - Community Mental Health (CMH) Unobligated General Fund	General Fund in the Community Mental Health Program that has not yet been contracted this biennium.		\$ (1,000,465)	\$ -	\$ -	\$ -	0	0.00	39		HSD
PH - Center for Health Protection (CHP) - Environmental Public Health (EPH) - Modernization	Vacancy savings for Operations and Policy Analyst 3 position.	6/1/2020	\$ (22,980)	\$ -	\$ -	\$ -	0	0.00	40		PH
PH - ContraceptiveCare (CCARE) - Reproductive Health Contraceptive Care (Personal Services and Special Payments)	Personal Services savings from delay in hiring. Special Payments reduction reflects savings from the anticipated drop in claims due to COVID-19. CCARE represents a General Fund and Federal Funds savings due to the 1:9 matching rate with Medicaid.	7/1/2020	\$ (526,407)	\$ -	\$ -	\$ (4,500,000)	0	0.00	41		PH
HP&A - Transformation Center CCO 2.0 position held vacant	Holds a CCO 2.0 position in the Transformation Center vacant for the remainder of the 2019-21 biennium. HP&A will continue to lack division-wide evaluation expertise necessary to design internal evaluations of CCO 2.0 policy implementation and the impact of the work being performed across offices, including but not limited to the Transformation Center. This could impact the planning for the next 1115 waiver and the next round of CCO contracts.	4/1/2020	\$ (73,203)	\$ -	\$ -	\$ (73,203)	0	0.00	42		HP&A
HP&A - Patient-Centered Primary Care Home (PCPCH) Behavioral Health Homes positions held vacant	Vacancy savings from holding two Behavioral Health Homes positions vacant for the remainder of the 2019-21 biennium. In the 2019 legislative session OHA received funding for two staff to develop a Behavioral Health Home program, established by Senate Bill 22. The BHH program work has not started yet and will be delayed without these positions. This will result in BHH standards not being developed in collaboration with a volunteer advisory committee and OHA will not have a process to identify behavioral health organizations that meet the BHH standards.	4/1/2020	\$ (60,346)	\$ -	\$ -	\$ (60,346)	0	0.00	43		HP&A
HP&A - Dental Director position held vacant	Holds the Dental Director position vacant for the remainder of the 2019-21 biennium. OHA will lack agency-wide leadership on oral health issues and transformation. The impact of this will likely be a delay in the progress toward integration of oral health care with behavioral and physical health, which is one of the key tenets of coordinated care organizations. Another impact is the lack of statewide leadership on oral health.	4/1/2020	\$ (133,570)	\$ -	\$ -	\$ (133,570)	0	0.00	44		HP&A
HP&A - Office of Health Information Technology positions held vacant	Vacancy savings from holding vacant two positions in the Office of Health Information Technology. Oregon Provider Directory and Clinical Quality Metrics Registry work will potentially slow down.	4/1/2020	\$ (24,163)	\$ -	\$ -	\$ (217,463)	0	0.00	45		HP&A
HP&A - Operations & Policy Analyst 4 held vacant	Vacancy savings from holding vacant for 10 months one position that is responsible for bridging the gaps between health policy, health analytics, and our actuarial services unit in order to ensure we have strong alignment and are using a data-driven approach in policy development, providing research, analysis, and leading development on policies related to financial supports for the health system. Tracking and supporting COVID-19 health system recovery, to ensure that we are understanding and accounting for the trajectory of the economy and especially understanding how the economic recovery could impact health equity. Additionally, this position is key to analyzing economic components of the 2022 1115 waiver development, which will have significant changes in the near term that will need to be considered, adjusted, and potentially mitigated.	4/1/2020	\$ (43,923)	\$ -	\$ -	\$ (43,923)	0	0.00	46		HP&A

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HP&A - Operations & Policy Analyst 3 held vacant	Vacancy savings from holding vacant for 10 months a position that is a key member of our rapid response team, and will handle deeper research needs in support of the COVID-19 response. This position will support cross-agency needs for research and policy analysis on a variety of topics and will be expected to rapidly come up to speed to develop background briefs. This person will be responsible for increasing our knowledge around Medicare, and will partner with the duals analyst in HSD. This position also will provide policy staff support to the Oregon Health Policy Board, which has continued to meet through COVID-19 and would benefit from targeted support.	4/1/2020	\$ (49,376)	\$ -	\$ -	\$ (31,568)	0	0.00	47		HP&A
HP&A - Operations & Policy Analyst 4 position held vacant	Vacancy savings from holding a position vacant for ten months. The position is critical to keeping HPA on track with fundamental process improvement, as reflected in the Performance System Fundamentals map and coaching teams on quality improvement processes. This activity will be pivotal as the division seeks to operate effectively within resource constraints during economic recovery.	4/1/2020	\$ (43,923)	\$ -	\$ -	\$ (43,923)	0	0.00	48		HP&A
HP&A - Hold Pharmacy position held vacant (SB 138)	Vacancy savings from holding Pharmacy position vacant for 10 months. Not having a clinical pharmacist position significantly limits the oversight and expertise for OHA's pharmacy programs, including the Oregon Prescription Drug Program (OPDP), Pharmacy and Therapeutics Committee, and Mental Health Clinical Advisory Group. In addition, Oregon will be unable to expand and leverage purchasing power of the OPDP.	4/1/2020	\$ (116,955)	\$ -	\$ -	\$ (116,955)	0	0.00	49		HP&A
HP&A - Health Information Technology Oversight Council (HITOC) Operations & Policy Analyst 4 - Hold vacant for 10 months	Vacancy savings from holding HITOC Lead analyst position vacant for 10 months. OHIT will postpone the Health Information Technology (HIT) Strategic Planning Update work until 2021 (or until the position is filled). The current HIT Strategic Plan expires in 2020, and it will take 9-12 months for the stakeholder process to update the 5-year plan. HITOC meetings will continue on a minimal basis supported by other staff. This means that HIT Leadership related to responding and recovering from COVID will be lagging from the state, and stakeholders seeking direction and clarity on state efforts may pause their important work. HITOC Strategic Plan Update will include a new direction on social determinants of health and the role of HIT, further work on health equity and the role of HIT, and evolution of health information exchange strategies and patient engagement/mobile health work.	4/1/2020	\$ (8,784)	\$ -	\$ -	\$ (79,056)	0	0.00	50		HP&A
HP&A - Behavioral Health Operations & Policy Analyst 3 held vacant	Vacancy savings from holding a Behavioral Health position vacant for 10 months. The position plays a critical role supporting behavioral health strategic planning. This position will be important for future COVID-19 long-term planning for behavioral health.	4/1/2020	\$ (40,473)	\$ -	\$ -	\$ (40,473)	0	0.00	51		HP&A
HP&A - Provider Tax Research Analyst 4 position held vacant 10 months	Vacancy savings from holding the Provider Tax Research Analyst position vacant for 10 months. Data analytics will be critical for future COVID-19 long-term recovery planning efforts, and this position will add critical anticipated capacity for this work.	4/1/2020	\$ (40,473)	\$ -	\$ -	\$ (40,473)	0	0.00	52		HP&A
HP&A - Business Operations positions held vacant	Vacancy Savings from holding three Business Operations positions vacant for the remainder of the 2019-21 biennium. Implementing this reduction would significantly reduce the ability to support the major functions within the division including budget development and maintenance, position management, and coordination with Human Resource functions, including Workday.	4/1/2020	\$ (216,032)	\$ -	\$ -	\$ (144,022)	0	0.00	53		HP&A
HP&A - Workforce Clinical Services and Integration Unit Manager position held vacant	Vacancy savings from holding the Workforce Clinical Services and Integration Unit Manager position vacant. The position adds critically important managed capacity for a team currently without a dedicated manager under the state Chief Medical Officer (CMO). With the CMO dedicated nearly full time to COVID-19 response indefinitely, this position is important to add management capacity to backfill the Chief Medical Officer.	4/1/2020	\$ (79,530)	\$ -	\$ -	\$ (79,530)	0	0.00	54		HP&A
PH - Center for Health Protection (CHP) - Health Care Regulation and Quality Improvement (HCRQI) - Emergency Medical Services- Admin	Vacancy savings from holding positions open.	6/1/2020	\$ (208,600)	\$ -	\$ -	\$ -	0	0.00	55		PH
PH - Center for Health Protection (CHP) - Health Care Regulation and Quality Improvement (HCRQI) - Nurse Staffing	Vacancy savings from holding positions open.	6/1/2020	\$ (64,000)	\$ -	\$ -	\$ -	0	0.00	56		PH
HP&A - Hiring Delays	No funding for temporary appointments and vacancy savings from holding vacant some limited duration positions.	7/1/2019	\$ (369,875)	\$ -	\$ (151,606)	\$ (499,317)	0	0.00	57		HP&A
HP&A - Health Policy positions held vacant	Vacancy savings from positions created to support the Senate Bill 770 Task Force on Universal Access to Health Care, which is significantly delayed. When the work resumes, these positions may be needed depending on how this work moves forward.	4/1/2020	\$ (175,982)	\$ -	\$ -	\$ -	0	0.00	58	This program is funded in Appn # 87828.	HP&A
HP&A - Health Analytics - SB 770 research position held vacant	Vacancy savings from holding vacancy one position in Health Analytics for the remainder of the 2019-21 biennium. The position would provide research support to fulfill the legislative mandates in Senate Bill 770: 1) Designing a public option health insurance and 2) Developing a plan for universal health insurance in Oregon. Without this position, much of this work cannot be accomplished.	4/1/2020	\$ (116,133)	\$ -	\$ -	\$ -	0	0.00	59	This program is funded in Appn # 87828.	HP&A

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HP&A - Patient-Centered Primary Care Home (PCPCH) position held vacant	Vacancy savings from holding one PCPCH position vacant for the remainder of the 2019-21 biennium. On-site certification visits of PCPCHs are conducted by two PCPCH program staff: a Compliance Specialist 3 a Program Analyst 3. At full staffing, the PCPCH program has four functioning site-visit teams. Without this position, the program will have only three site-visit teams. Oregon Administrative Rule (OAR) mandates the program conduct an on-site visit to every PCPCH at least once every five years, and the loss of a site-visit team will impact the program's ability to comply.	4/1/2020	\$ (70,841)	\$ -	\$ -	\$ (45,292)	0	0.00	60		HP&A
HSD - Admin Vacancy Savings	Vacancy savings from holding HSD and Central operations positions vacant for 9 months.	10/1/2020	\$ (1,100,666)	\$ -	\$ -	\$ -	0	0.00	61		HSD
HSD - CCO Limited Duration positions held vacant	Vacancy savings from holding limited duration positions vacant for 12 months.	7/1/2020	\$ (316,736)	\$ -	\$ -	\$ -	0	0.00	62		HSD
HP&A - Health Analytics - Reduce Freedman contract and shift work to existing staff	This reduction would place additional burden on staff capacity already stretched thin by existing high-priority work, including the All Payor All Claims (APAC) vendor transition. Responsibilities associated with monthly APAC Technical Advisory Group (TAG) meetings would be shifted onto program staff. The re-visioning of the APAC public-facing website would also be added to existing staff workload. This reduced capacity could inhibit program ability to nimbly respond to new demands that might arise in the wake of COVID-19. Capacity for tracking national APCD trends and developments would also be diminished.	7/1/2020	\$ (109,800)	\$ -	\$ -	\$ (70,200)	0	0.00	63		HP&A
HP&A - Patient Centered Primary Care Homes (PCPCH) Technical Assistance (TA)	Reduces the amount of TA the PCPCH program provides related to improving primary care delivery, especially in a group setting for providers as opposed to individual clinic-based TA that accompanies site visits.	7/1/2020	\$ (54,832)	\$ -	\$ -	\$ (35,056)	0	0.00	64		HP&A
HP&A - Health Information Exchange (HIE) Onboarding Program	Reducing OHA's investment in the HIE Onboarding Program means that fewer coordinated care organizations (CCOs) and Medicaid clinics and hospitals will be able to benefit from the one-time onboarding funding for connecting to Reliance eHealth Collaborative, Oregon's regional HIE covering about 1/3 of Oregon's counties and currently supporting 5 CCOs. Without support for expanding participation in Reliance, these communities will have fewer participants sharing patient-level data with their CCO for value-based payments, quality, and care coordination; as well as fewer clinics benefitting from information on their patients for care coordination purposes, as well as improving patient safety and quality of care. In addition, Reliance is playing a key role in supporting their participants with responding to COVID-19.	7/1/2020	\$ (360,000)	\$ -	\$ -	\$ (3,240,000)	0	0.00	65		HP&A
HP&A - Health Analytics - Hold five CCO 2.0 positions vacant for the remainder of the biennium	Vacancy savings from holding five Business Intelligence positions vacant for the remainder of the 2019-21 biennium. These positions were slated to create a Health Analytics Business Intelligence Infrastructure team. This team would have defined and implemented a robust process by which HA delivers interactive data displays to end users. Their work would consist of developing and enacting extensive stakeholder engagement processes, developing and documenting standards and best practices, assessing and ensuring training among staff and end users, change management and governance, quality assurance, priority setting, website management and communications. Without this team, HA will not develop business intelligence analytical capacity in a structured way, as there will not be a cohesive plan or process. Current staff do not have the capacity nor the background to pivot to this work.	4/1/2020	\$ (321,462)	\$ -	\$ -	\$ (321,462)	0	0.00	66		HP&A
PH - Reproductive Health Equity Act Special Payments	The current Reproductive Health Equity Act (House Bill 3391) budget is projected to be underspent by \$1 million. Limits to staffing or operations may impede program's ability to support provider re-engagement post-COVID-19.	6/1/2020	\$ (1,000,000)	\$ -	\$ -	\$ -	0	0.00	67		PH
PH - WIC Farmers Market	The Women, Infants & Children (WIC) Farmers Market program provides vouchers to 25,300 low income WIC participants each summer to purchase locally grown fresh fruits and vegetables. This reduction would reduce income to local farmers as over 90% of the dollars go directly to 500+ local Oregon farmers; and reduce access to healthy food choices for this vulnerable population. This program supports the SHIP priority: Slow the increase of obesity, Strategy: improve availability of affordable, healthy food and beverage choices for two identified target groups, 2-5 year old and adults.	6/1/2020	\$ (228,397)	\$ -	\$ -	\$ -	0	0.00	68		PH
PH - Senior Farmers Market	The Senior Farmers Market program provides vouchers to 43,000 low income seniors each summer to purchase fresh locally grown fruits and vegetables. This reduction would reduce income to local farmers as over 90% of the dollars of directly to 500+ local farmers; and reduce access to healthy choices for this population at risk for inadequate intake of fruits and vegetables and food insecurity. This program supports the SHIP priority: Slow the increase of obesity, Strategy: improve availability of affordable, healthy food and beverage choices for adults, a primary target group.	6/1/2020	\$ (43,439)	\$ -	\$ -	\$ -	0	0.00	69		PH

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PH - Acute and Communicable Disease Prevention (ACDP) surge funding to Local Public Health Authorities (LPHAs)	Eliminating this funding will remove capacity to provide surge support to LPHAs throughout Oregon. Funding includes one Epidemiologist 3 position to provide leadership, training, and direct assistance for identified surge needs for outbreak response to prevent the transmission of communicable diseases and the position will be moved to other funding sources. Funding also includes associated supplies, software, travel, and telecommunications costs.	9/1/2020	\$ (229,389)	\$ -	\$ -	\$ -	0	0.00	70		PH
PH - Reproductive Health Equity Act Special Payments	Reductions resulting from delays outreach efforts to vulnerable populations, which may yield limited engagement in reproductive health services and potentially lead to unintended pregnancies. Limits to staffing of operations may impede program's ability to support provider re-engagement post-COVID-19. Given additional loss of Title X activities this reduction would be difficult to absorb.	9/1/2020	\$ (505,143)	\$ -	\$ -	\$ -	0	0.00	71		PH
PH - Public Health Modernization	Removes needed information technology improvements for the Oregon Public Health Lab to Interface with Electronic Medical Records.	6/1/2020	\$ (220,000)	\$ -	\$ -	\$ -	0	0.00	72		PH
PH - Public Health Modernization	This will impact the Public Health Lab's ability to expand Whole Genome Sequencing and conduct modern tests in the lab.	6/1/2020	\$ (68,200)	\$ -	\$ -	\$ -	0	0.00	73		PH
PH - Family Connects Oregon Program (UoHV)	Reduces the number of families served by the Family Connects Oregon program in the 2019-21 biennium by approximately 30% (500 families and their newborns in 18 counties across the state). Family Connects Oregon is an evidence-based, universally offered, 1-3 visit, nurse home-visiting program that connects all families with the services they need. A reduction would result in the inability to fully implement the program as statutorily mandated. This would undermine the goal of establishing a more cohesive and comprehensive home-visiting system that is evidence-based and connects every family with a newborn in Oregon with local resources that are individualized, non-stigmatizing and meet them where they are with what they need. As the program will be implemented at the local level by LPHA, the LPHAs would not have the funding and support to leverage federal Medicaid funding and engage commercial health plans to offer universal home visiting for all births in their respective communities. Additionally, reduced funding would impact the ability of the program to acquire and receive required technical assistance from the Family Connect model developer, Family Connects International, which includes community alignment, data and data system alignment, program evaluation, and service delivery.	9/1/2020	\$ (550,000)	\$ -	\$ -	\$ 262,613	0	0.00	74		PH
PH - Public Health Modernization	Eliminates the information technology support for the Oregon Public health Assessment Tool (OPHAT) data system.	6/1/2020	\$ (150,000)	\$ -	\$ -	\$ -	0	0.00	75		PH
PH - Public Health Modernization	As PHD works toward the 2020-2024 State Health Improvement Plan (SHIP) and addressing disparities, reducing funding in this area will impact the work of the Learning Collaborative.	7/1/2020	\$ (105,000)	\$ -	\$ -	\$ -	0	0.00	76		PH
PH - Public Health Modernization	As PHD works toward the 2020-2024 State Health Improvement Plan (SHIP) and addressing disparities, reducing funding in this area will impact the work of the Learning Collaborative Facilitation.	7/1/2020	\$ (100,000)	\$ -	\$ -	\$ -	0	0.00	77		PH
PH - Public Health Modernization	This eliminates a critical component of the modernization plan, Health Equity Technical Assistance. As PHD works toward the 2020-2024 State Health Improvement Plan (SHIP) and addressing disparities, reducing funding in this area will impact that work.	7/1/2020	\$ (100,000)	\$ -	\$ -	\$ -	0	0.00	78		PH
PH - Public Health Modernization	These funds are allocated for data collection and evaluation of the modernization which is a foundational capability in the modernization plan.	9/1/2020	\$ (493,108)	\$ -	\$ -	\$ -	0	0.00	79		PH
HSD - Unallocated Mental Health Block Grant (MHBG)	Unallocated Mental Health Block Grant could be made available to offset General Fund if approved by the Addictions and Mental Health Planning Advisory Council.	7/1/2019	\$ (1,900,000)	\$ -	\$ -	\$ 1,900,000	0	0.00	80		HSD
HSD - Psychiatric Residential Treatment Services (PRTS)	Eliminates planned PRTS capacity expansion. In 2019, the Governor issued an Executive Order for OHA to increase PRTS capacity by 15 beds. OHA identified budget to address PRTS capacity needs for children, but will not be able to complete this work with this reduction.	7/1/2019	\$ (574,228)	\$ -	\$ -	\$ 574,228	0	0.00	81		HSD
PH - HIV Testing for Homeless	Reduces capacity to provide DBS (Dry Blood Spot) testing, which has recently been adopted for hard-to-reach populations. It is being used by field outreach workers at homeless camps. DBS testing is also used to detect Hepatitis C (HCV), Hepatitis B (HBV), syphilis.	6/1/2020	\$ (25,000)	\$ -	\$ -	\$ -	0	0.00	82		PH
PH - Lab information technology (IT) modernization	Reduces Rhapsody & Orchard training. This funding also fills gaps for IT modernization that is not funded with Health Information Technology for Economic and Clinic Health (HITECH) funds and the Lab would not be able to purchase reagents to support the development and expansion of Whole Genome Sequencing.	6/1/2020	\$ (217,000)	\$ -	\$ -	\$ -	0	0.00	83		PH
PH - HIV Services - payments to Local Public Health Authorities (LPHAs)	Allocation to LPHA supports disease intervention services, partner services, testing, linkage to care.	7/1/2020	\$ (315,580)	\$ -	\$ -	\$ -	0	0.00	84		PH
PH - Sexually Transmitted Disease Testing - Oregon State Public Health Lab (uninsured/under-insured)	The HIV, Sexually Transmitted Diseases and Tuberculosis section (HST) will reduce the amount paid to the Oregon State Public Health Laboratory (OSPHL) from \$350k to \$322,919. The federal grant is limited to 10% for clinical services and can not sufficiently support the amount of Chlamydia, Gonorrhea, and syphilis testing needed given the current rising positivity rates.	6/1/2020	\$ (27,081)	\$ -	\$ -	\$ -	0	0.00	85		PH

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PH-Health Promotion and Chronic Disease Prevention (HPCDP)- Alcohol and Drug Prevention Program	Reductions in contracts, County/Tribes/Coalition funds, training and technical assistance for grantees, data collection and sale enforcement will result in the delay in Program and message alignment for Alcohol and Drug Prevention and Education Program (ADPEP) grantees and less information available for planning and evaluation.	9/1/2020	\$ (222,532)	\$ -	\$ -	\$ -	0	0.00	86		PH
PH - Statewide School-based Dental Sealant Program	Eliminates the ability for the Maternal and Child Health section (MCH) to administer the Statewide School-based Dental Sealant Program, which provides screening and dental sealant services to 1st & 2nd graders and 6th & 7th graders in schools where at least 40% of the students are eligible for the federal National School Lunch Program. This program provides services when a local program cannot. School sealant programs can reduce cavities by 50%. During the 2018-19 school year, over 2,900 dental sealants were placed.	6/1/2020	\$ (134,480)	\$ -	\$ -	\$ -	0	0.00	87		PH
PH - Center for Health Protection (CHP) - Health Care Regulation and Quality Improvement (HCRQI) - In-Home Care Agencies	Delays implementation of Senate Bill 669 (2019), which requires OHA to establish training requirements for individuals who provide in-home care services and to conduct increased on-site inspections of licensed in-home care agencies. This reduction would require a statute change.	7/1/2020	\$ (400,000)	\$ -	\$ -	\$ -	0	0.00	88		PH
HP&A - Patient Centered Primary Care Homes (PCPCH) Clinical Advisor contract	Reduces the availability of a clinical advisor for the PCPCH Program by approximately 50%, meaning PCPCH staff will have limited access to someone with primary care clinical expertise who can provide necessary guidance needed for successful PCPCH program implementation.	7/1/2020	\$ (123,782)	\$ -	\$ (79,140)	\$ -	0	0.00	89		HP&A
HSD - Coordinated Care Organization (CCO) Adjustments - 0.2% Reduction	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	90		HSD
HSD - Eliminate the Indirect Medical Education (IME) component of the Graduate Medical Education (GME) program	Eliminates Medicaid payments to teaching hospitals that help offset indirect costs associated with their GME programs. IME includes indirect costs that arise from the inexperience of residents such as extra medical tests and reduced productivity. Oregon's teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these 11 teaching facilities and would de-incentivize hospitals from training new physicians. Discontinuing GME payments would also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality health care. CMS APPROVAL REQUIRED.	7/1/2020	\$ (4,727,000)	\$ -	\$ -	\$ (7,374,000)	0	0.00	91		HSD
HSD - Eliminate the Direct Medical Education (DME) component of the Graduate Medical Education (GME) program	Eliminates Medicaid payments to teaching hospitals that help offset costs associated with their graduate medical education programs. GME includes costs associated with stipends or salaries for residents, payments to supervising physicians, and direct program administration costs. Oregon's teaching hospitals depend on these payments to supplement their teaching programs. Discontinuing payments would be a hardship on these 11 teaching facilities and would de-incentivize hospitals from training new physicians. Discontinuing GME payments would also impact the physician workforce as there is already a shortage in the primary care specialty, which is one of the largest specialties in a teaching program. A reduction of trained providers may limit access to quality healthcare. CMS APPROVAL REQUIRED.	7/1/2020	\$ (874,000)	\$ -	\$ -	\$ (1,363,000)	0	0.00	92		HSD
HSD - Non-Medicaid BH Rate Increase Implementation Delay	Delays implementation of Non-Medicaid behavioral health provider rate increases. Medicaid rates have been increased, which means Non-Medicaid would rates to be lower than Medicaid rates, creating a disincentive to serve Non-Medicaid, indigent clients.	7/1/2019	\$ (9,350,000)	\$ -	\$ -	\$ -	0	0.00	93		HSD
HSD - Crisis and Acute Transition Services (CATS) Implementation Delay	Reduces the \$3.07 million investment in the 2019-21 Legislatively Adopted Budget to increase CATS capacity across the state. OHA was able to award enhancement funds to all nine existing CATS providers and continues to work on identifying new CATS providers across the state (the COVID crisis contributed to the delay in awarding funding). At this time, OHA is preparing to update the RFP and open eligibility criteria to include mental health agencies outside of the counties to apply for CATS funding. CATS providers work closely with local emergency rooms to provide an alternative option to inpatient and residential placements while preserving and supporting the child and family in their own home and community. These services help reduce the amount of emergency room "boarding" and reduces the impacts on the resources in the emergency room so that they can prioritize medical and physical health needs of the community. The expansion of these services is supported by Senate Bill 1 (2019) and has been named a priority by the Children's System of Care Advisory Committee.	7/1/2019	\$ (2,069,535)	\$ -	\$ -	\$ -	0	0.00	94		HSD
HSD - Assertive Community Treatment (ACT) Implementation Delay	ACT services are a critical component of the ongoing Oregon Performance Plan. This money is a commitment to infrastructure and start up for this program which is otherwise funded through Medicaid dollars once the program is trained and staffed to fidelity requirements. Without this funding the current system claims it is at capacity and individuals who are eligible for the service will not receive it because there are not enough teams to provide the service for all individuals eligible through Medicaid.	7/1/2019	\$ (4,000,000)	\$ -	\$ -	\$ 4,000,000	0	0.00	95		HSD

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87801
Appropriation Name	OHA HEALTH SYS, HP&A PUBLIC HEALTH GF
GF Appropriation Amount	\$ 1,967,705,435

Reduction Target	(167,254,962)
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Activity or Program	Describe Reduction	Implementati on Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification	Division
			GF	LF	OF	FF	POS	FTE			
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed	Health Policy & Analytics (HP&A), Health Systems Division (HSD), or Public Health (PH)
HSD - Reduce Behavioral Health Contracts by 25% for Last Six Months of 2019-21	This would further weaken an already underfunded system and would jeopardize the behavioral health of Oregonians. During the current pandemic environment and the recession, the need for behavioral health will be increase. This reduction will significantly reduce OHA and its partners' ability to address the needs of our state.	1/1/2021	\$ (10,684,884)	\$ (449,739)	\$ (5,486,477)	\$ (2,064,167)	0	0.00	96		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 0.4% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	97		HSD
HSD - Project Nurture Implementation Delay	Legislative intent for the pilot was not only to secure a model of Substance Use Disorder (SUD) treatment for pregnant and postpartum women, but also to address increasing foster care placements in a time of limited capacity for foster care placements. Child welfare presented that 75% of cases involving removal have one or more parents with a substance use disorder. Children between ages 0-5 represent 52% of all removals. Of those removals 42% of the cases have one or both parents with a substance use disorder. Project Nurture models ensure women receive prenatal care and have a continuum of care for their physical and behavioral health (with the same providers) until the child's one year well baby check (and longer if needed). Medication Assisted Treatment (MAT) doctors are often reluctant to treat pregnant women, thus pilots afford statewide learning so that pregnant women across the state who need MAT have a provider willing to treat their Opioid Use Disorder (OUD). This is a reduction will increase costs in child welfare and health care for substance impacted infants.	7/1/2019	\$ (2,500,000)	\$ -	\$ -	\$ -	0	0.00	98		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 0.6% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	99		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 0.8% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	100		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 1.0% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	101		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 1.2% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	102		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.2% Reduction to 1.4% Total	There is risk that the CCOs will not sign the contracts for this reduction and that the coordinated care system in Oregon would suffer as a result.	1/1/2020	\$ (4,883,882)	\$ -	\$ -	\$ (14,297,112)	0	0.00	103		HSD
HSD - Eliminate Mental Health Services Fund (MHSE) Residential Development	The MHSE is used to update and remodel existing residential programs to maintain safe and healthy environments for residents. Its elimination would result in some program facilities deteriorating and potentially resulting in unsafe environments. This would erode the livability of residential programs for adults with a serious mental illness.	7/1/2019	\$ (1,000,000)	\$ -	\$ -	\$ -	0	0.00	104		HSD
HSD - Reduce Rental Assistance by 25%.	This reduction would result in individuals with serious and persistent mental illness (SPMI) losing their rental assistance and accompanying supports. Most if not all of these persons would need to leave their residence for inability to pay. Individuals would become homeless, move in with friends or relatives or end up in higher levels of care. When homeless, the costs are seen elsewhere in the system due to increases in Emergency Department, Arrests, Aid and Assist, admissions to Acute Care Psychiatric Hospitals and Oregon State Hospital. Any reductions to Rental Assistance affects for individuals with SPMI may result in US Department of Justice (USDOJ) issuing findings and proceeding with an Olmstead lawsuit against the state. USDOJ and Independent Consultant has been pleased with the investments to date, but continue to state more is needed. The investment by the legislature in the community mental health system is a large factor in moving toward the goals in the Oregon Performance Plan (OPP). A step back would be seen as Oregon's lack of commitment to the Oregon Performance Plan and Behavioral Health Quality and Performance Improvement Plan.	7/1/2020	\$ (2,795,211)	\$ -	\$ (650,728)	\$ -	0	0.00	105		HSD

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87801
Appropriation Name	OHA HEALTH SYS, HP&A PUBLIC HEALTH GF
GF Appropriation Amount	\$ 1,967,705,435

Reduction Target	\$ (167,254,962)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification	Division
			GF	LF	OF	FF	POS	FTE			
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed	Health Policy & Analytics (HP&A), Health Systems Division (HSD), or Public Health (PH)
HSD - Reduce Community Mental Health (CMH) Choice Funding by 50%	This reduction would result in individuals within the mental health system having increased challenges with appropriate transitions and discharges. This could result in individuals either not getting transitioned or discharged, or with having transition or discharges that do not have the appropriate supports in place. This is because there would not be an entity that brings the provider, coordinated care organization (CCO), community mental health program (CMHP) and individual together to ensure this occurs. In the event that transitions and discharges slow or stall altogether, individuals will be unable to move out of the Oregon State Hospital (creating an Olmstead/civil rights issue and putting OHA at risk of another CRIPA investigation by the USDOJ). It would also create a log jam in the residential system, making it difficult to divert admissions to OSH, and also adding to Olmstead issues. Choice funds are also used to provide for temporary shelter and supports as needed to ensure transitions occur when there are no appropriate options available. Failure to provide this will increase discharges to homelessness. When homeless, the costs are seen elsewhere in the system due to increases in Emergency Department, Arrests, Aid and Assist, admissions to Acute Care Psychiatric Hospitals and Oregon State Hospital.	7/1/2020	\$ (5,226,849)	\$ -	\$ -	\$ -	0	0.00	106		HSD
HSD - Reduce Rental Assistance by an additional 25% for a total of 50%.	This reduction would result in individuals with serious and persistent mental illness (SPMI) losing their rental assistance and accompanying supports. Most if not all of these persons would need to leave their residence for inability to pay. Individuals would become homeless, move in with friends or relatives or end up in higher levels of care. When homeless, the costs are seen elsewhere in the system due to increases in Emergency Department, Arrests, Aid and Assist, admissions to Acute Care Psychiatric Hospitals and Oregon State Hospital. Any reductions to Rental Assistance affects for individuals with SPMI may result in US Department of Justice (USDOJ) issuing findings and proceeding with an Olmstead lawsuit against the state. USDOJ and Independent Consultant has been pleased with the investments to date, but continue to state more is needed. The investment by the Legislature in the community mental health system is a large factor in moving toward the goals in the Oregon Performance Plan (OPP). A step back would be seen as Oregon's lack of commitment to the Oregon Performance Plan and Behavioral Health Quality and Performance Improvement Plan.	7/1/2020	\$ (4,229,047)	\$ -	\$ (650,728)	\$ -	0	0.00	107		HSD
HSD - Coordinated Care Organization (CCO) Adjustments - Additional 0.98% Reduction to 2.38% Total	At this level of reduction to CCOs, there is risk that this would not meet the requirements of being actuarially sound. Also, this would result in cuts that may risk the enhanced Federal Medical Assistance Percentage (FMAP) due to COVID-19. Finally, there is great risk that the CCOs would not sign the contracts to reach this cut and that the coordinated care in Oregon would suffer as a result.	1/1/2020	\$ (24,500,000)	\$ -	\$ -	\$ (60,000,000)	0	0.00	108		HSD
			\$ -	\$ -	\$ -	\$ -	0	0.00	113		
			\$ -	\$ -	\$ -	\$ -	0	0.00	114		
			\$ -	\$ -	\$ -	\$ -	0	0.00	115		
			\$ -	\$ -	\$ -	\$ -	0	0.00			
Total Reductions			\$ (167,266,569)	\$ (449,739)	\$ (1,738,490)	\$ (132,853,002)	0	(0.70)			

Short (negative)/ Over \$ **11,607**
 amts
 HSD \$ (137,963,773)
 HP&A \$ (4,579,991)
 PH \$ (7,403,116)

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87827
Appropriation Name	OHA SCHOOL-BASED HEALTH CTRS (HB3165) GF
GF Appropriation Amount	\$ 950,000

Reduction Target	(80,750)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
PH - School-Based Health Centers (SBHCs) Special Payments (HB 3165)	Additional Special Payment reductions would be spread evenly across Local Public Health Authorities (LPHAs) PE 44 and non-LPHA Grant Agreements for SBHC Base Funds. Would impact service levels at SBHCs.	7/1/2020	\$ (80,750)	\$ -	\$ -	\$ -	0	0.00	1	
			\$ -	\$ -	\$ -	\$ -	0	0.00	2	
Total Reductions			\$ (80,750)	\$ -	\$ -	\$ -	0	0.00		

Short (negative)/ Over (positive) \$ -

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87828
Appropriation Name	OHA TASK FRC-UNIV HLTH CARE (SB770) GF
GF Appropriation Amount	\$ 1,174,816

Reduction Target
\$ (99,859)

Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
HP&A - Health Policy positions held vacant	These positions were to support the Task Force on Universal Access to Health Care (TFUHC) established by Senate Bill 770 (2019), which is significantly delayed. When the work resumes, it could prove useful to have these positions, depending on how this work moves forward.	4/1/2020	\$ (99,859)	\$ -	\$ -	\$ -	0	0.00	1	Reduction to achieve required 8.5% reduction in this specific appropriation. The rest of the reduction for the TFUHC is in the 87801 appropriation.
			\$ -	\$ -	\$ -	\$ -	0	0.00	2	
			\$ -	\$ -	\$ -	\$ -	0	0.00	3	
Total Reductions			\$ (99,859)	\$ -	\$ -	\$ -	0	0.00		

Short (negative)/ Over (positive) \$ (0)

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87829
Appropriation Name	OHA HPA HCCGB COMMITTEE (SB889) GF
GF Appropriation Amount	\$ 993,797

Reduction Target	
\$	(84,473)

Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
HP&A - Health Policy SB 889 positions held vacant	Delays in hiring will result in delayed implementation of the Health Care Cost Growth Benchmark program established by Senate Bill 889 (2019). The value of health care system cost growth targeting in the post-COVID-19 environment will become even more significant. Delayed hiring of these positions will reduce the division's ability to effectively bridge the COVID-19 recovery to the post-recovery environment and realize health care system-wide value.	1/1/2021	\$ (84,473)	\$ -	\$ -	\$ -	0	0.00	1	Reduction to achieve required 8.5% reduction in this specific appropriation.
			\$ -	\$ -	\$ -	\$ -	0	0.00	2	
			\$ -	\$ -	\$ -	\$ -	0	0.00	3	
Total Reductions			\$ (84,473)	\$ -	\$ -	\$ -	0	0.00		

Short (negative)/ Over (positive) \$ 0

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	87830
Appropriation Name	OHA COVID RESPONSE (MARCH-2020) GF
GF Appropriation Amount	\$ 5,000,000

Reduction Target	(425,000)
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Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
COVID-19 Appropriation	The Emergency Board allocated these funds to address COVID-19. If these funds are reduced, it will impact the divisions ability to financially address COVID-19 and impact our Federal Emergency Management Agency (FEMA) reimbursement as some of these funds are set aside for the required 25% match with FEMA.	6/1/2020	\$ (425,000)	\$ -	\$ -	\$ (1,275,000)	0	0.00	1	Reduction to achieve required 8.5% reduction in this specific appropriation.
			\$ -	\$ -	\$ -	\$ -	0	0.00	2	
Total Reductions			\$ (425,000)	\$ -	\$ -	\$ (1,275,000)	0	0.00		

Short (negative)/ Over (positive) \$ -

Agency Number	44300
Agency Name	Oregon Health Authority
Appropriation Number	81001
Appropriation Name	OHA Capital Improvement GF
GF Appropriation Amount	\$ 753,070

Reduction Target
\$ (64,011)

Activity or Program	Describe Reduction	Implementation Date	Reduction Amount by Fund Type (Including Pos/FTE)						Priority	Justification
			GF	LF	OF	FF	POS	FTE		
What program/activity will be reduced	Describe the effects of this reduction and impacts associated with the reduction.	When would the reduction option be implemented.							First cut to take listed as #1	Brief description on why the reduction option is being proposed
	This appropriation has been 100% spent, per a DAS CFO-initiated process set up during the 2015-17 Governor's Budget process. Documentation below.		\$ -	\$ -	\$ -	\$ -	0	0.00	1	
Total Reductions			\$ -	\$ -	\$ -	\$ -	0	0.00		

Short (negative)/ Over (positive) \$ (64,011)