2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
401	No	**Eliminating Health Inequities**	The Oregon Health Authority and its Equity and Inclusion Division are leading the state's effort to accomplish the largest and most ambitious transformation in health care and health delivery in the nation. The equity work charged to and led by the OHA Equity and Inclusion Division has agency-wide, state and national scope and impact. All divisions of the agency must be prepared and equipped to support equity and inclusion at every level of their work as well. It is critical to the success of this work that the agency hire additional subject matter expertise in the discipline of equity and inclusion and anti-racism. The work requires practitioners with career and lived experience, well versed in the research, theory and practical application of equity and inclusion. This policy package represents the next phase of assets necessary to achieve the state's and agency's imperative for health systems transformation and close the gap on health inequities that prevent the opportunity for all people in Oregon to attain optimal health, per a gap analysis related to additional capacity necessary to achieve the strategic goal of eliminating health inequities in Oregon by 2030.	$ 20,469,154	$ 1,227,863	$ 8,588,093	$ 30,285,110	92	70.17
402	No	**OSH Specialized Treatment Services & Supports Program**	As an important step towards achieving agency goals, the Oregon State Hospital (OSH) recognizes, supports, and promotes initiatives that contribute to the advancement of equity and inclusion by active collaboration with the Equity and Inclusion Division in creating policies, processes, procedures and developing or implementing strategies that will advance agency mission, vision, values, and transformation goals. Transformational change and progress cannot be achieved with one FTE to support the largest workforce in OHA and the people that are cared for at OSH. This policy package provides investment and redistribution of resources to build a successful and sustainable infrastructure necessary to advance efforts towards fulfilling the shared goal of health equity for all Oregonians.	$ 8,076,367	$ -	$ -	$ 8,076,367	49	27.43
403	No	**REALD & SOGI Implementation: Getting to Data Justice**	This policy package requests resources and funds to address requirements of House Bill 4212 and House Bill 3159 to better collect Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data from providers and insurers. REALD & SOGI data is OHA's best tool to assess how racism, disablism, lack of language access, sexism and heteronormative dominance impact individual and community health. It is also OHA's best tool to close the significant gaps in health inequities experienced by populations that remain invisible. The data also helps OHA evaluate effectiveness of patient and person-centered care. The current lack of quality REALD & SOGI data contributes to more expensive and less effective services, particularly for members of Tribal communities, people of color, those with disabilities, and members of the LGBTQIA2S+ community. Solutions must be culturally appropriate and protect citizens' data privacy and security while providing flexibility. OHA can achieve the call to action by communities most impacted by health inequities and by legislation with sufficient resources, staffing, professional supports, and tools.	$ 16,846,041	$ 1,443,579	$ 2,583,302	$ 20,872,922	7	7.50
404	No	**988 & Behavioral Health Crisis System: 988 Call Center and Crisis Stabilization Centers**	House Bill 2417 (2021) directs the Oregon Health Authority to implement, expand and enhance Oregon's 988 & Behavioral Health Crisis System (988 & BHCS) and declared a state of emergency for Oregon's struggling behavioral health crisis system. The directive includes enhancement of existing services and expansion of the current system to provide a "no wrong door" approach to ensure people in crisis receive the appropriate level of care through three programs: a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization centers (CSCs) within each county, and developing a seamless continuity of care through follow-up service referral and tracking. This request for funding is specific to (1) ensuring the sustainability and creating capacity necessary to continue meeting federal standards for 988 call centers (2) the design and implementation of crisis stabilization centers statewide. Oregon has received $5 million from House Bill 2417 for the 988 call centers. However call volume increase in subsequent years will drive resource need to approximately $21 million in ongoing costs. This is the front door of the continuum of crisis services with relatively less funding need and highest return on investment. In addition, over time, as 988 becomes more well-known and call volume rises, additional resources will be necessary to provide capacity coverage.	$ 268,839,588	$ 28,939	$ 71,268,053	$ 340,136,580	6	4.50
203	No	**Mainframe Migration /Provider & Client Payments**	Everyone deserves uninterrupted access to needed supports and to the income they earn at work. More than one million Oregonians count on the state's current mainframe platform to receive their benefit and provider payments. The COBOL programming code on the mainframe system dates to the 1970s and is increasingly unsupported. Mainframe-proficient staff are shrinking in number and hard to replace, resulting in service and payment bottlenecks. There is increasing risk the agency will be unable to make timely payments to Oregonians, potentially for an extended period. ODHS and OHA are therefore jointly requesting resources to upgrade the mainframe platform and ensure continuity of payments and benefits. It is critical to migrate all current mainframe functions to more modern, ideally cloud-based, solutions. Doing so will help avoid the risk of service breakdowns, bring ODHS|OHA technology into alignment with peer agencies, improve flow across information systems, and allow Oregon to fully benefit from its investments in the ONE eligibility system. This package proposes a strategy to plan for and implement a new payment system, move all remaining benefits on the mainframe to the ONE system, and develop a plan to decommission/archive remaining mainframe programs and data.	$ 6,749,495	$ 5,128,468	$ 2,603,053	$ 14,481,016	21	14.50
406	No	**Public Health Modernization**	Since 2013, Oregon has been on a path to fundamentally shift its practice to ensure essential public health protections are in place for all Oregonians through equitable, outcomes-driven and accountable services. The groundwork laid through initial investments in public health modernization have been critical to Oregon's management of the COVID-19 pandemic. However, the COVID-19 response has highlighted continued inequities in health outcomes and gaps in the public health system, specifically in health equity and cultural responsiveness and apply equity principles across all areas of public health practice. This policy package supports continued implementation of the key public health priorities selected by the Oregon Public Health Advisory Board (PHAB) for the 2023-25 biennium and builds on this work by making comprehensive investments across the public health system and elevating work that directly mitigates health inequities. Not funding this policy package puts at risk OHA's ability to ensure basic public health protections included in statute are available to every person in Oregon and challenges OHA in continuing to meet the deliverables and timelines prescribed in House Bill 3100 (2015).	$ 285,999,330	$ 86,986	$ (733,308)	$ 285,353,008	98	73.50
201	LC 475	**Medicaid Waiver Placeholder**	This policy package would enable OHA to execute and implement the policy and program changes outlined in 1115 Medicaid demonstration waiver and approved by the Centers for Medicare & Medicaid Services (CMS).	$ 397,000,000	$ -	$ 1,446,000,000	$ 1,843,000,000	-	-
202	No	**Redeterminations & Basic Health Program**	One-third of people in Oregon rely on the Oregon Health Plan for health care. During the pandemic, federal rules led to hundreds of thousands of additional Oregonians receiving health care through OHP. Without state action, this increase in health coverage will be lost when the public health emergency declaration for COVID-19 expires. In 2022, the Legislature passed House Bill 4035 to fund the federally mandated redetermination process to help maintain health care coverage by funding short-term coverage for people who earn too much for Medicaid but not enough to afford other coverage and authorize development of a sustainable long-term solution in the form of a Basic Health Program. This policy package would fund the remaining critical elements needed to implement a redetermination process. This package includes extensive investment in engagement with community partners to ensure OHA meets the needs of diverse Oregon communities.	$ 268,269,931	$ 87,805	$ 1,102,652,495	$ 1,371,010,231	34	30.46
409	No	**Healthier Together Oregon**	OHA is leading transformation within the health system. Research shows the majority of what leads to optimal health occurs outside clinic walls. Given the influence of the social and environmental conditions outside of the health system, OHA will fall short of its 2030 goal to eliminate health inequities in Oregon without equally transformative work in the social determinants of health. This policy package supports implementation of Healthier Together Oregon (HTO) – the State Health Improvement Plan (SHIP). This policy package would resource OHA to partner across state agencies to better integrate policies and programs, resource community led solutions for eliminating health inequities and implement policy and system changes grounded in community wisdom. Not funding this policy package risks the state's ability to ensure health for all Oregonians, and risks exacerbating health inequities. It would maintain the status quo of fragmented policies and systems that result in short term solutions to the root causes of health inequities, hindering the elimination of health inequities, and at worst, causing further harm.	$ 15,000,000	$ -	$ -	$ 15,000,000	9	6.75
410	No	**Regional Health Equity Coalition Program Expansion**	In alignment with OHA's 2030 strategic goal to eliminate health inequities, this is the second phase of expansion for the legislatively mandated Regional Health Equity Coalition (RHEC) program to move toward statewide representation to address health inequities more meaningfully, especially for communities of color. This policy package requests funding for five new RHECs. This program provides necessary capacity and infrastructure building support for communities to identify the most pressing health equity issues in their region and create meaningful solutions at the policy, systems, and environment change level. The second phase of expansion requires sufficient staff capacity to support RHECs and internal operations related to the program.	$ 2,098,303	$ 40,801	$ 75,772	$ 2,214,876	3	2.25
411	No	**OSH Sustainable Staffing**	As directed within the Budget Note within House Bill 5024 (2021), OHA was directed to "submit a financially and programmatically sustainable plan to the Emergency Board or Interim Joint Committee on Ways and Means that provides solutions for maintaining appropriate daily staffing levels to ensure the safety of both patients and staff [at the Oregon State Hospital]." House Bill 5202 (2022) granted a portion of that request, with this policy package requesting the remainder.	$ 50,368,167	$ -	$ -	$ 50,368,167	192	116.00
412	No	**Fixing IT Security Risks & Vulnerabilities**	The Information Security and Privacy Office (ISPO) supports both OHA and Oregon Department of Human Services program and business resources and provides assurance in the protection of agency risk and the confidentiality of information to the communities whom we serve. OHA and ODHS remain responsible for the protection of their regulated data including the breadth, volume, scope, and associated governance, risk and compliance. Information and privacy standards are much greater than that of most other state agencies. Vendor supported systems also fall under agency responsibility. ODHS and OHA must invest in resources and tools to strengthen these essential areas, address Secretary of State audit gaps and mitigate privacy risks and vulnerabilities impacting both agencies.	$ 3,908,627	$ 2,946,033	$ 1,745,284	$ 8,599,944	10	8.15
413	No	**Complex Case Management Unit**	This policy package would be used to develop and staff a specialized unit at the Oregon State Hospital to treat patients who are not responding to current treatment and require intensive services. Staff would be skilled in working with highly acute patients with a history of assaultive behaviors, self-harm, and other complex clinical and social needs. Initial and ongoing training would be provided to these staff using strategies that promote social learning and create a safe and inclusive milieu. This policy package would help prevent patient and staff injuries and promote health equity by addressing the needs of our most acute patients.	$ 8,404,371	$ 1,535,000	$ -	$ 9,939,371	48	36.66

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
414	No	**Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**	This policy package is in response to strong community feedback that Oregon's longstanding Medicaid waiver from federal Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) requirements is harmful and needs to end. EPSDT is a critical federal standard to ensure state Medicaid programs meet the health care needs of children ages 0-21. Additionally, OHA recognizes that the waiver is a barrier to meeting the agency's goal to eliminate health inequities by 2030. Effective January 1, 2023, this waiver ends. This policy package funds the staff and system updates necessary for OHA to build an EPSDT program that will meet federal regulations and ensure children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services that EPSDT entitles them to and are necessary to meet our health equity goals.	$ 1,054,648	$ -	$ 1,570,934	$ 2,625,582	9	6.75
415	No	**Adult Intensive Services & Diversion**	This policy package would improve mental health services through the strategic funding of mental health diversion programs: jail diversion and civil commitment. These programs seek to decriminalize mental illness and work to move these individuals into appropriate treatment settings for more equitable outcomes. Jail diversion and civil commitment center health equity for people who live in rural or frontier areas and people of color. Without these services individuals may otherwise enter the justice system which would result in continued growth of the Oregon State Hospital census and disproportionally cause negative health outcomes for these populations.	$ 4,936,539	$ 8,631	$ 1,551,419	$ 6,496,589	7	5.25
416	LC 471	**Marketplace Transition from SBM-FP to SBM**	This policy package furthers OHA's mission of improving access to quality, affordable health care for Oregonians and its goal to eliminate health inequities by 2030. This package funds the initial stage of Oregon's transition away from the federally facilitated marketplace (FFM) to a state-based eligibility and enrollment platform and call center for operation and administration of Oregon's health insurance exchange. Oregon is seeking a platform that: •Interfaces with Oregon's Medicaid systems to keep people covered during transitions and address churn. •Improves the qualified health plan (QHP) shopping and customer service experience for Oregonians. •Implements input from Oregon's various and diverse communities into technology and call center implementation. •Collects, analyzes, and stores enrollment data, including REALD/SOGI data to improve access to affordable coverage for oppressed communities.	$ -	$ 2,059,864	$ -	$ 2,059,864	4	3.25
417	No	**Environmental Justice Mapping**	House Bill 4077 (2022) was Governor Brown's bill to reinvigorate the Environmental Justice Task Force as the Environmental Justice Council (EJC) with expanded membership and duties, and to direct Department of Environmental Quality (DEQ) and OHA to staff the EJC in developing an Environmental Justice Mapping Tool. OHA's fiscal impact statement identified the need for a high-level limited duration Research Analyst 4 position for this work for 2 years, and then rely on staff of an existing CDC grant-funded program for ongoing informatics support to update data and maintain the tool. However, in June 2022, the CDC notified OHA of a 25 percent cut to the Environmental Public Health Tracking cooperative agreement for the 2022-27 period, eliminating the position that would have taken over the work from the limited-duration position. OHA is therefore now requesting a permanent Research Analyst 4 position to develop and maintain the Environmental Justice Mapping Tool.	$ 191,854	$ -	$ -	$ 191,854	1	0.75
418	No	**Integrated Care Modeling - Project Nurture Expansion**	In the past 20 years, the United States has seen a fourfold increase in the prevalence of maternal substance use disorders during pregnancy. Substance use during pregnancy is associated with adverse maternal and infant health outcomes. A coalition of maternity care providers, substance use treatment agencies, state social service agencies, and Medicaid funding partners in Oregon tested a care model called Project Nurture in three clinics in the Portland area in 2015. A peer-reviewed study found Project Nurture to be associated with reductions in child maltreatment and placement of children in foster care and increases in prenatal visits. Preliminary data from an independent evaluator suggest that Project Nurture may reduce preterm births, reduce intensive neonatal care, and increase engagement in substance use disorder treatment. This policy package would expand Project Nurture to a statewide program.	$ 10,385,839	$ -	$ 385,839	$ 10,771,678	4	3.00
419	No	**MMIS Infrastructure Replacement**	Support continued availability of the mission critical Medicaid Management Information System (MMIS) that processes over $8 billion annually in capitation payments to CCOs and supports the services for over 1.4 million Oregonians. This request primarily focuses on replacement of end-of-life servers.	$ 1,387,180	$ -	$ 9,936,540	$ 11,323,720	-	-
420	No	**Pandemic Response Information System**	This policy package would fund the planning and phased development of a robust data system for collection, safe storage, data exchange, and use of data collected over the course of a reportable disease investigation so that Oregon has an appropriately robust, flexible, and scalable system to meet the needs of all people in Oregon, particularly our most vulnerable populations during normal operations and during pandemic and other surge situations. During the 2023-25 biennium, OHA would continue to improve and support existing case investigation, outbreak investigation, and contact tracing systems to meet current and emerging requirements. OHA would actively partner with community to plan this effort to develop a comprehensive roadmap for a modernized, interoperable pandemic response information system.	$ 10,808,044	$ 8,026,541	$ -	$ 18,834,585	26	26.00
421	LC 499	**Fee For Service Transformation**	More than 100,000 people eligible for Oregon Health Plan (OHP) receive their health care through Fee-For-Service (FFS) rather than coordinated care organizations (CCOs). Many on FFS have complex behavioral and physical health needs and are disproportionately experiencing health inequities. FFS is not resourced to provide person-centered care and coordination to meet the unique needs of the people it serves. FFS does not have systemic standards and metrics for accountability and outcomes, flexible funding, or localized knowledge of support networks and partners to address wider supports and social determinants of health. This policy package funds a transformation in FFS to create a statewide, person-centered system of care that will reduce health inequities. It keeps the current advantages of FFS while adding innovative elements and creating a full system to better serve its members.	$ 2,996,295	$ 25,727	$ 4,363,250	$ 7,385,272	25	19.00
422	No	**Regional Resource Hospitals for Disaster Response**	In local or statewide emergencies where the statewide health care system is stressed to capacity, hospitals and emergency medical services (EMS) have limited ability to efficiently coordinate patient distribution beyond normal operations or normal seasonal hospital surges. With temporary federal grant funds, OHA and partners built upon existing Health Care Coalitions and established Regional Resource Hospital systems and collaborated to develop situational communication, patient distribution and resource sharing capacity. OHA also worked with the Oregon Medical Coordination Center to ensure appropriate care no matter where you live in Oregon. These efforts support better and equitable access to all levels of hospital care during major health system surges. Oregon needs a sustained and robust operational system of communication and clinical coordination for current and future emergencies that isn't dependent on temporary federal COVID-19 pandemic related grant funding.	$ 3,005,068	$ -	$ -	$ 3,005,068	1	0.75
423	LC 496	**100% FMAP Tribal Savings and Reinvestment Program**	This policy package is needed to procure system improvements for the 100 percent FMAP Tribal Savings and Reinvestment Program, which the Oregon Health Authority has operated at the request of Oregon's federally recognized Tribes since 2018.	$ 118,602	$ -	$ 355,806	$ 474,408	-	-
424	LC 438	**Oral Health Workforce Dental Pilot Project Program**	Oral health is essential to overall health. In Oregon, oral health inequities exist for children, adolescents and adults based on race, ethnicity, geographic residence, household income, etc. OHA operates the Dental Pilot Project Program that accepts pilot projects that are designed to test various innovative oral health workforce models that eliminate health inequities and increase access to oral health care, but it is scheduled to sunset on January 2, 2025. This policy package and its corresponding legislative concept would permanently preserve the OHA Dental Pilot Project Program. If improvements are not made to the oral health workforce, then OHA will fail to reach its 10-year strategic goal of eliminating health inequities in Oregon and too many people will continue to experience needless pain and suffering from cavities and oral diseases.	$ 25,000	$ -	$ -	$ 25,000	-	-
425	No	**Universally offered Home Visiting**	The policy package would continue to provide the resources required to implement and scale up the next phase of universally offered home visiting (UoHV) in Oregon with the early adopter communities and the next cohort. It also focuses on building out the community alignment, engagement, and health equity work of the initiative. Without this funding, OHA would not be able to fully implement the program as statutorily mandated in ORS 433.301. 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 with local resources that are individualized, non-stigmatizing and meet them where they are with what they need. As the program would be implemented at the local level, there would be an impact of reduced capacity to adequately serve families during the biennium.	$ 5,924,191	$ -	$ 156,129	$ 6,080,320	5	3.75
426	No	**Child and Family Behavioral Health Continuum of Care**	This policy package seeks to address gaps identified by youth and families to strategically expand the continuum of services available to children, youth and families experiencing behavioral health challenges, using low-barrier procurement processes centering communities of color and people with lived experience in the development and implementation of investment and infrastructure.	$ 11,503,382	$ 31,708	$ 1,980,684	$ 13,515,774	6	4.50
427	No	**Medicaid Enterprise System Modularity**	To mitigate health inequities and identify areas for targeting equitable healthcare delivery, changes to legacy agency systems are needed. Lack of investment in infrastructure greatly increases the risk of catastrophic system failure. Even in the absence of system failure, the age of the current IT infrastructure inhibits or otherwise increases the cost to system changes that would benefit Medicaid recipients and recipients of other services provided by ODHS and OHA. To address these concerns, OHA is planning a multi-biennia Medicaid Enterprise System Modernization Program to facilitate the transition from the current monolithic Medicaid Management Information System (MMIS) to a modular system to support more equitable service delivery, beyond providing the basic requirements expected through Centers for Medicare & Medicaid Services (CMS) and Oregon policy requirements. Transforming health care services includes modernizing the entire Medicaid Enterprise System that includes systems that reside outside of MMIS boundaries as well.	$ 496,549	$ 1,325,387	$ 4,468,878	$ 6,290,814	11	9.29
428	No	**PPE & Medical Supply Management**	During the COVID-19 pandemic, the Oregon Health Authority (OHA) learned many lessons relevant to health security, preparedness, and response. One vital lesson learned is that Oregon needs to have a robust and operational stockpile and inventory management system for lifesaving PPE and medical supplies to effectively respond to major events such as pandemics, wildfires, and other disasters. This stockpile and management systems should always be operational to be effective for saving as many lives as possible in emergency response.	$ 2,563,052	$ -	$ -	$ 2,563,052	5	3.75
429	LC 502	**988 & Behavioral Health Crisis System: Payer Parity for Behavioral Health Crisis Services**	In 2021, the Legislature directed OHA in House Bill 2417 to implement, expand and enhance Oregon's 988 & behavioral health crisis system (988 & BHCS). This includes enhancing existing services and expanding the current system to provide a "no wrong door" approach that ensures individuals in crisis receive the appropriate level of care through three programs: a statewide 988 call center, expanding mobile crisis team outreach, creating crisis stabilization centers (CSCs), and developing a seamless continuity of care through follow-up service referral and tracking. This request would address payor parity for BHCS by commercial payors. Though Medicaid is the only payor that covers behavioral health crisis services, these services are required to be accessible and be delivered to all regardless of insurance type or status. Payor parity is essential for long term fiscal sustainability of behavioral health crisis services including crisis service workforce in Oregon.	$ 191,854	$ 1,927,355	$ -	$ 2,119,209	1	0.75

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
430	No	**Support for the Health Care Market Oversight Program**	Requests General Fund to support OHA's administration of the Health Care Market Oversight (HCMO) program in the 2023-25 biennium. Through the HCMO program, OHA reviews and approves health care consolidation in Oregon, ensuring that health care mergers and acquisitions support statewide goals related to cost, quality, access, and equity. Without this policy package to support the HCMO program, health care in Oregon could become more consolidated, resulting in higher prices without improved quality, and access issues, particularly for low-income communities, rural communities, and communities of color. This package requests funds for four full-time, permanent positions and program expenses.	$ 1,240,524	$ -	$ -	$ 1,240,524	4	4.00
431	No	**Staffing for the System of Care Advisory Council (SOCAC)**	The System of Care Advisory Council requires additional staffing to fulfill their vision where young people from all backgrounds are healthy, safe, learning and thriving at home and in their communities. This proposal adds two positions to enable the council to attend to the needs of youth and families.	$ 452,866	-	-	$ 452,866	2	2.00
432	No	**Domestic Well Safety Program**	This package would restore the previously federally-funded Domestic Well Safety Program (DWSP) by providing funding to permanently fill a vacant dedicated DWSP staff position. DWSP uses data collected under the state Domestic Well Testing Act to inform people in Oregon about the importance of testing drinking water from wells and provides guidance about how to improve poor water quality, leading to improved health outcomes. DWSP also conducts special projects, including the 2020 Wildfires-Impacted Domestic Well Testing project and the Lower Umatilla Basin Ground Water Management Area (LUBGWMA) project. This package funds public health interventions in LUBGWMA including outreach for domestic well screening and testing and where indicated, water treatment device installation and maintenance.	$ 2,252,557	$ -	$ -	$ 2,252,557	1	0.75
433	No	**MMIS Staffing Capacity for Compliance Changes**	OHA has identified a goal to eliminate health inequities by 2030. Central to the pursuit of this goal, OHA has identified two areas related to operations of the Medicaid Management Information System (MMIS) which, without increased staffing, would significantly prohibit the achievement of this goal: Transformed Medicaid Statistical Information System (TMSIS) data reporting and Medicaid Provider Portal security oversight and governance. Because the nature of the Medicaid program lends itself to a greater composition of historically underserved populations, gaps identified throughout these two areas are more likely to impact those communities and further inequities throughout Oregon.	$ 194,336	$ -	$ 582,965	$ 777,301	4	3.00
434	No	**Marketplace Outreach & Operations**	This policy package uses existing Marketplace funds to further OHA's goals of 98 percent coverage by 2024 and elimination of health inequities by 2030. Priority populations face significant barriers to accessing health care due to systemic racism, oppression, discrimination, and bias. Specialized and dedicated efforts are needed to mitigate historical and contemporary injustices and either build or rebuild trust to ensure people are connected to the resources they need. With current staffing and due to the increasing demand from the community, the Marketplace needs additional resources to expand outreach and education initiatives to the communities it serves, including those who are and have been underserved and marginalized. With additional staff, these communities will have access to the most effective assistance available to gain access to potentially free or very low-cost health care.	$ -	$ 526,331	$ -	$ 526,331	3	2.50
435	No	**PEBB OEBB Benefits Management System Replacement**	The current benefit management systems (BMS) used by the Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board (PEBB) no longer support all current business needs since their respective introductions in 2008 and 2003. OEBB and PEBB are seeking to continue the BMS replacement project to improve user experience and customer care. The new BMS would facilitate the potential collection of REALD & SOGI data and provide a mobile app experience that has a better chance of members, including those in underserved communities, having better access to enroll in benefits, utilize benefit tools and wellness programs, and make informed benefit choices. Not prioritizing and supporting a replacement effort for the current system would result in canceling a contract signed with new vendor, discontinued implementation efforts, and continued use of end-of-lifecycle technology that is fragmented, non-standard, difficult to support, and is not scalable. Approximately 300,000 covered lives would be at risk for benefits interruption if a replacement system is not identified and procured prior to the expiration of existing vendor support in 2022.	$ -	$ 6,631,605	$ -	$ 6,631,605	3	2.25
436	No	**Alcohol and Drug Policy Commission - Oregon's Strategic Plan Implementation**	This policy package includes additional staff for the Alcohol and Drug Policy Commission (ADPC) to support implementing Oregon's Strategic Plan.	$ 453,897	$ -	$ -	$ 453,897	2	1.76
437	No	**Newborn Bloodspot Screening Program Fee Ratification**	Oregon newborn bloodspot screening (NBS), which is statutorily mandated for OHA, is conducted by the Northwest Regional Newborn Bloodspot Screening (NBS) Program at the Oregon State Public Health Laboratory (OSPHL). The requested fee increase would allow the NBS Program to eliminate the gap between revenue and expenses once sufficient fees are collected. Additionally, because of the evolving landscape for newborn screening, the fee increase would allow the program to be self-sufficient in future years and remain agile, with ability to respond to the needs of Oregon families and comply with federal law and guidelines.	$ -	$ 8,252,000	$ -	$ 8,252,000	2	1.50
438	No	**Affordable Care Act (ACA) Employer Reporting**	In 2014 employer required Affordable Care Act (ACA) reporting was delegated to PEBB to complete on behalf of the state of Oregon. This includes 1095C mailings and 1095B mailings to eligible employees, and the electronic 1094C, 1095C, and 1095B to the IRS. There was not a full understanding of ACA reporting at that time. The most complex part of ACA reporting is the data related to offers of coverage owned by HRIS systems. No funding or positions were allocated for this effort. The Internal Revenue Service (IRS) ended "good faith" ACA reporting beginning with tax year 2021. Data gaps in HRIS makes accurate reporting challenging. The Chief Human Resource Office (CHRO) has not given an indication of any efforts to secure a position within their office to ensure required ACA data is captured. At this time, PEBB has not received an estimated timeline as to when HRIS will be able to include essential ACA data elements into its system. PEBB is requesting one full-time position to act as a liaison between the vendor, the employers, and the members. If PEBB is not able to procure a vendor, positions would need to be added to fill expertise in ACA rules and regulations and changes, including 1095 coding requirements based on data available. Additional positions would be needed to address data needs, data gaps, compile IRS compliant files, mail 1095 forms and track mailings, corrections for compliance. Alternatively, ACA reporting as currently conducted is a liability for the state.	$ -	$ 853,068	$ -	$ 853,068	1	0.75
439	No	**OSH Asset & Equipment Replacement**	The Oregon State Hospital (OSH) Salem facility began construction in 2009, was completed in 2011, and is over 11 years old. The Junction City facility is now over 6 years old. As aging occurs, much of the expendable property and capital assets in operation have outlived or have soon expiring useful lives. Replacement of these items is necessary to provide a safe and secure environment for patients and staff, as well as maintain critical continuity of hospital operations.	$ 2,861,000	$ 3,045,000	$ -	$ 5,906,000	-	-
440	No	**Oregon Environmental Laboratory Accreditation Program**	The statutorily mandated Oregon Environmental Laboratory Accreditation Program (ORELAP) was established in 1999. ORELAP accredits Oregon drinking water, environmental, cannabis, and psilocybin laboratories based on consensus standards to ensure laboratories are following federal and state regulations. ORELAP is a fee-based program experiencing a budgetary shortfall. This policy package would support a fee increase and an update to the ORELAP fee structure for simplification and ensure that fees are appropriate for the work required to perform laboratory accreditations of differing and increasing complexity. A fee increase is needed to ensure ORELAP can provide timely quality accreditations that meet established standards and regulatory requirements to best serve ORELAP's clients and protect the health of all Oregonians.	$ -	$ 809,530	$ -	$ 809,530	-	-
441	No	**Licensing of Temporary Staffing Agencies**	This policy package provides additional General Fund to implement Senate Bill 1549 (2022), which requires the Health Licensing Office (HLO) authorize and regulate Temporary Staffing Agencies (TSAs). HLO revenue will ultimately be fully derived from authorization holders; however, HLO requires General Fund to cover up-front implementation costs, cash-flow needs for this new program and address Other Funds revenue uncertainty due to having no way of knowing how many TSAs will apply for an authorization.	$ 394,482	$ -	$ -	$ 394,482	2	2.00
442	No	**Children's Health Team**	This policy package requests General Fund to establish a systems policy- and data-focused children's health team charged with identifying and addressing health inequities in childhood and adolescence, especially those exacerbated by system inefficiencies and barriers. This work would be accomplished through partnership with existing programs and agencies and would inform strategic policy direction within the agency and state.	$ 1,502,946	$ 15,428	$ 775,762	$ 2,294,136	10	8.25
443	No	**Data Governance**	OHA lacks a cohesive plan to secure, protect, manage, govern and support data, and is thus faced with significant challenges stewarding data across hundreds of systems. This creates great risk for the agency and prevents OHA from creating an environment where high quality data is collected and shared in a transparent manner, in partnership with community. This proposal is critical to maturing the agency's data governance and ensuring pathways are established for shared leadership with community to determine how data is collected, analyzed and shared by OHA. Without this investment, OHA will fail to comply with recent legislation that establishes standards for collection of demographic data, and DAS policies that require state agencies to inventory and publish agency datasets and to establish a data governance plan.	$ 1,314,048	$ 1,151,168	$ 3,942,053	$ 6,407,269	10	7.50
444	No	**Regional Infection Prevention and Control**	Enhanced infection control capacity has been critical to decreasing lives lost in Oregon's vulnerable long-term care communities. The purpose of this policy package is to maintain this capacity initiated by short term Federal Funds by creating a permanent Regional Infection Prevention & Control Program, comprised of highly-trained, regionally-placed Infection Preventionists and a supervising manager, to provide equitable access to infection control expertise and technical assistance across Oregon and all health care facility settings in every preparedness region, thus preventing the spread of disease for some of Oregon's most vulnerable people. If this policy package is not funded, substantial progress in infection control practice improvements, particularly in vulnerable long-term care settings, will be lost and OHA will lose the ability to provide rapid, on-site technical assistance for health care facilities preparing for or responding to high-impact communicable diseases, including but not limited to COVID-19 and antibiotic-resistant bacteria.	$ 1,301,141	$ -	$ -	$ 1,301,141	6	4.50
445	No	**Electronic Health Record Replacement Planning**	The Oregon State Hospital's (OSH) current electronic health record (EHR) does not adequately support its clinical or business needs. Since 2011, the current system has been in a continuous state of development, preventing OSH from fully eliminating paper processes and tracking systems. OSH, as part of the state's strategy to eliminate health inequity, must integrate its EHR with community and regional health systems. Our current solution lacks the ability to share clinical information between OSH and other health systems. This lack of effective integration has adverse consequences for patient care when patients move between providers and treatment sites. Additionally, the Joint Commission explicitly cited the hospital in its 2021 survey due to the difficulty users have in finding necessary patient information in the current EHR. Again, this creates risk for adverse patient consequences. Finally, the system lacks a functional revenue cycle management element, which presents challenges for billing. This package requests funding to begin a multi-biennia process of replacing the current OSH EHR.	$ 1,937,582	$ -	$ -	$ 1,937,582	6	5.28
446	No	**Youth and Adult Suicide Intervention & Prevention Plans**	Suicide remains a persistent, pervasive, and yet largely preventable cause of death. Oregon's suicide rates remain above the national average. Every death by suicide in Oregon carries a substantial and long-lasting ripple effect into our communities. The important work to prevent youth suicide (ages 5–24) remains a top priority for OHA. Now through intensive community engagement, Oregon has developed a plan for reducing adult suicide. The work of this policy package includes initiatives as broad as creating connection and meaningful experiences and as specific as training providers to treat suicidal ideation confidently and effectively. This policy package has equity, cultural responsiveness, and community voice woven throughout.	$ 22,115,940	$ -	$ -	$ 22,115,940	4	3.00

2023-25 Oregon Health Authority Policy Packages

POP #	Legislation	Title	Summary	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE
447	No	**Life Span Respite**	This policy package is designed to provide respite care to ensure independence and decision making when there is a lack of natural supports or of primary paid caregivers. Additional paid caregiving supports are necessary for a short time frame when paid providers are unavailable or when the natural caregiver needs relief. This package also seeks to expand respite services for Rehabilitative and Behavior Rehabilitation Services within the Medicaid State Plan.	$ 3,894,051	$ -	$ 3,811,472	$ 7,705,523	2	1.50
448	No	**Behavioral Health Metrics Incentive Fund**	This package requests $15 million for the Behavioral Health Committee to incentivize a robust metrics system. The Behavioral Health Committee support team is currently being built and supporting the design of metrics by the Behavioral Health Committee, which OHA would like to incentivize in the next biennium.	$ 15,000,000	$ -	$ -	$ 15,000,000	-	-
449	No	**Oregon Psilocybin Services: Nation's First Regulatory Framework for Psilocybin**	This policy package would fund the implementation of the Oregon Psilocybin Services Act by addressing any immediate shortfalls while license applications are being accepted, reviewed, and issued by OHA. Without the additional funding, the sustainability of the work would be jeopardized. OHA wouldn't have adequate resources to license and regulate entities seeking licensure in a timely manner. There would be insufficient staff to continue to implement the regulatory program, review license applications and conduct licensure inspections. Consequently, psilocybin businesses seeking licensure could experience financial hardship due to delays in obtaining licensure, an inability to provide services and to legally receive revenue. Additionally, community members seeking psilocybin services would not have the benefits of access to those services. As the first state in the nation to regulate psilocybin services, successful implementation in Oregon is critical to creating a safe, accessible program for Oregonians and model across the nation.	$ 6,587,395	$ -	$ -	$ 6,587,395	22	22.00
450	No	**Deferred Maintenance**	The Salem campus of the Oregon State Hospital consists of 1.2 million square feet of buildings and interior court yards and 23 cottages with a Current Replacement Value (CRV) as reported to the Capital Advisory Board (CPAB) of $387 million. This makes the Oregon State Hospital among the highest replacement value of any single facility owned by the state. The Junction City campus is 229,816 sq. ft. with a current CRV of $141 million. The Pendleton Cottages facility consists of several older buildings with a total square footage of 23,700. The facility has a current replacement value of $7.8 million and is presenting considerable deferred maintenance due to the age of the campus. Funding the requested deferred maintenance requests would eliminate the current critical deferred maintenance needs for the Salem, Junction City and Pendleton campuses and maximize the lifespan of the state's investment and public trust.	$ 11,996,000	$ -	$ -	$ 11,996,000	-	-
451	No	**Family Care Settlement**	This policy package requests funding for OHA to meet the agreed upon settlement requirements and costs between OHA and FamilyCare.	$ 6,500,000	$ -	$ -	$ 6,500,000	-	-
				$ 1,487,616,236	**$ 47,214,817**	**$ 2,668,664,475**	**$ 4,203,495,528**	**758**	**557.20**