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LC 225: Health Policy and Analytics Streamlining and Technical Fixes

Oregon Health Authority (OHA) proposes updates to statutes guiding specific boards and programs, to make them more efficient with public dollars while centering core services for people in Oregon, based on changing resource limitations and prior feedback from community and partners.

Palliative Care and Interdisciplinary Quality of Life Council

The Palliative Care and Interdisciplinary Quality of Life Council (PCAC) is directed to advise on matters related to palliative care. However, lack of regulatory authority, systemic federal barriers, and lack of resources since its establishment in 2015 have severally limited the PCAC's ability to promote systemic change that could increase palliative care access.

This proposal sunsets the PCAC and its associated OHA website to allow the legislature and partners to reevaluate efforts to improve palliative care access.

Cost Growth Target

The legislature established Oregon’s Sustainable Health Care Cost Growth Target Program in 2019 to collect data from across the state and provide a comprehensive report into health care spending and spending growth. This helps policymakers, health systems, and other partners identify opportunities and strategies to slow cost growth and address growing affordability concerns across public and private markets.

This proposal removes the requirement for OHA to hold an annual public hearing on health care cost growth, based on prior feedback and attendance. The Program will continue to collect data and provide informational

presentations to the Oregon Health Policy Board and the Legislature as requested.

Health Care Market Oversight Program

Current law requires OHA to study the impact of health care consolidation in Oregon every four years. However, the legislature did not fund this study. While OHA can collect fees to review proposed health care transactions through the Health Care Market Oversight (HCMO) program, OHA cannot collect fees to support this study.

This proposal removes the study requirement. OHA will continue to inform policy makers and the public about the impacts of consolidation through the HCMO program's annual report and transaction reviews.

Health Plan Quality Metrics Committee

The Health Plan Quality Metrics Committee (HPQMC) has been inactive since 2022. This proposal eliminates the committee but makes no changes to the Quality Incentive Program.

Health Care Provider Incentive Program Budget Approval

Current law requires the Oregon Health Policy Board (OHPB) to additionally approve the budget of the Health Care Provider Incentive Program (HCPIP) each year; HCPIP is the only portion of OHA budget approved by the Legislature and then also OHPB. This proposal instead requires HCPIP to submit a biennial budget report to OHPB.

This change allows OHA to spend more time on core program operations, including distributing incentives to health care students and practicing professionals, and avoids delays in distributing incentives. The HCPIP budget will remain transparent via public discussion at OHPB meetings.

Health Insurance Marketplace Advisory Committee

This proposal streamlines the membership of the Health Insurance Marketplace Advisory Committee (HIMAC). It removes a requirement for one member to be a representative of "state agencies that administer the medical assistance program under ORS chapter 414" – which is OHA – and combines two members with similar knowledge of assisting people to enroll in qualified health plans. This reduces the number of members that require Governor appointment and Senate confirmation from 13 to 11.

Public Employees' Benefit Board & Oregon Educators Benefit Board

This proposal includes three technical fixes to strengthen the Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board's (PEBB) ability to carry out strategic objectives through emergency responder benefits, competitive procurement, and Board member expertise.

- Remove the statute that renders members of collective bargaining units representing police officers or firefighters ineligible for PEBB benefits. This change will bring statute into alignment with PEBB's longstanding practice of providing PEBB coverage to police officers and firefighters employed by the state.
- Ensure that OEBB-PEBB procurements remain confidential during the active procurement process, which is the norm for other state contracting.
- Restore the OEBB Board seat designated for an individual with background in health policy or risk management, which will return valuable expertise back to the Board.

For more information:

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