

Oregon Health Policy Board

AGENDA

June 23, 2011

Telephone Conference Call

10:00 am to 11:00 am

Public call-in number (listen only line): 1-877-581-9247

Code: 604851

#	Time	Item	Presenter	Action Item
1	10:00	Welcome, call to order and roll Action item: Consent agenda <ul style="list-style-type: none">• Workforce Committee, final charter• 5-10-11 minutes	Chair	X
2	10:05	Budget and Legislative Overview	Bruce Goldberg	
3	10:20	Status and Timeline <ul style="list-style-type: none">• HB 3650 – Health Care Transformation• SB 99 – Health Insurance Exchange	Bruce Goldberg Mike Bonetto	
4	10:55	July meeting	Tina Edlund	
5	11:00	Adjourn	Chair	

Next meeting:

July 12, 2011

Time: TBD

Location: Market Square Building

Oregon Health Policy Board

DRAFT Minutes

May 10, 2011

8:30 – 11:30 am

Market Square Building
1515 SW 5th Ave, 9th Floor
Portland, OR 97201

Item

Welcome and Call To Order

Chair Eric Parsons called the Oregon Health Policy Board (OHPB) meeting to order. All Board members were present. Mike Bonetto participated by phone. Bruce Goldberg and Tina Edlund were present from the Oregon Health Authority (OHA).

Consent Agenda:

Minutes from the April 11, 2011 meeting and reports from the Public Health Purchaser Committee and Health Information and Technology Oversight Council were unanimously approved.

Director's Report – Dr. Bruce Goldberg

- The grant for the information systems of the Health Insurance Exchange (HIX) has been approved by the legislature. Oregon is one of six states that will be contracting with the federal government to develop the federal exchange IT requirements.
- Oregon's proposal is unique because we intend to streamline the eligibility determination for federal programs such as Medicaid and food stamps.
- In order to be prepared for the passage of the HIX bill (SB 99) through the legislature, we are putting things in place, such as getting the software developed and working on getting the board together.

This report can be found [here](#), starting on page 15.

PEBB/OEBB Update – Joan Kapowich

- OEBB just completed annual renewals. Rates this year are much better than they've been in the past. Medical homes are being added, weight management benefits are being extended to dependents, and revision are being made to the evidence-based benefits tiers.
- PEBB approved the same rates as last year.
- PEBB is implementing two new programs. One allows members who have uncomplicated back pain to call into rehabilitation centers and be triaged by phone. They then can be approved to start physical therapy within 48 hours.
- The other program is a telemedicine pilot. The pilot consists of a small room on a worksite where people can go to have an on-line visit by camera for minor conditions like colds and rashes. The visit would be charged as an on-line visit instead of a primary care visit and would take less time away from work.



The Board asked for paper copies of the data Joan referenced in her report.

Medicaid Update – Quality Results – Mylia Christensen and Jeanny Phillips

- The Quality Corp Mission is to measure and improve the quality of health care in Oregon through community-wide collaboration.
 - ❖ It is a local, neutral, independent, not for profit organization with a 27-member board whose members work in health policy or for health plans, or are purchasers, consumers or providers
 - ❖ Quality Corp developed and maintains the most comprehensive directory of data from primary care providers in the state and contains approximately 75% of all primary care practitioners actively practicing in Oregon.

This report can be found [here](#).

- The Board was very interested in the changes Quality Corp has seen among the physicians after sharing data.

Workforce Committee Charter – Lisa Angus

- Lisa presented the main focus of the committee's new charter.

- The committee is going to look at pilots and make recommendations to help prepare the workforce for the needed jobs.
- Assuming SB 879 (which standardizes requirements for students) passes, the committee will convene a group to create those standards.
- HB 3466 asks for a strategic plan for primary care provider recruitment. The committee is also going to look at barriers to cooperative recruitments.
- The committee is also looking to clarify implementation barriers for public universities to be able to respond to workforce needs to provide training for different types of providers as societal needs change.

This charter can be found [here](#), starting on page 61.

The Board voted unanimously to approve the charter.

Legislative Update – Amy Fauver

- The bills the Board has put forth are moving along well for the most part, but we must be alert for amendments that would either change a bill significantly, or put it in jeopardy.
- SB 99, the HIX bill moved out of the Senate with a strong vote of support but has been facing some conflict in the House over selective contracting the board membership.

This report can be found [here](#), starting on page 67.

Update on the Joint Special Committee on Health Care Transformation: HB 3650 – Amy Fauver and Tina Edlund

- Amendments have been put forward for HB 3650.
- Work is being organized and assigned in anticipation of the passage of the bill.

This report can be found [here](#), starting on page 70.

Health Insurance Exchange (HIX) Update – Gregory Jolivette

- The Ways and Means Committee approved the IT Innovator grant, which is giving \$48 million to Oregon, Kansas, Wisconsin, Nebraska, Maryland and New York. The next step for Oregon is rate reviews. We recently had an architectural review and we got really good feedback.
- Staff is currently working on the application for the planning grant, which will be submitted in June and will provide funding through the finalization of the business plan.
- Work is being done with consultants on operational plans and developing a financial model for the HIX. There will be a final financial model and operational plan that will be made public.

BREAK

Affordable Care Act (ACA) – Attorney General John Kroger

- The Attorney General spoke to the Board about the ongoing litigation against the ACA and how it might affect Oregon.
- There are a number of different cases currently being argued. The defendant is the federal government and the plaintiffs are different in each case. The different cases are likely to be combined into one case to be heard by the Supreme Court.
- There are 21 states who are arguing the ACA is unconstitutional and 9 who are upholding it. The unconstitutionality argument centers on the mandate that all individuals purchase health insurance. The mandate can be struck from the bill without declaring the entire bill unconstitutional.
- There are four main arguments for the constitutionality of the mandate.
 - ❖ This act was premised on the Commerce Clause – one of the arguments is that refusal to buy insurance is not commerce and cannot be regulated as such. There is a 2005 case that states the Commerce Clause allows government to regulate non-commercial activity to remedy an overall commerce problem. They're very unlikely to overturn Gonzalez v. Raich, and ultimately the argument is weak.
 - ❖ Argument based on activity vs. inactivity – The Constitution says nothing about activity, only commerce. The opponents say not buying insurance is not activity, it's inactivity. There are older cases that speak about government regulating activity as well as conditions, like have over 40 million people without insurance. This is more of a semantics argument. The reasons people don't buy health insurance are activities, such as that they won't do it, or their employer doesn't provide it.
 - ❖ Opponents argue that the federal government has never forced anyone to buy something. This is not true. Anyone who runs a business is required to buy things such as safety

equipment. The Founders required every white male to purchase a musket, bayonet, knapsack, pouch and powder box. This indicates that the Founders did not consider federal requirements to purchase items for safety or protection to be unduly oppressive.

- ❖ Due Process –Snyder v. Massachusetts allows the government to require people to be immunized. Opponents argue that there is a constitutional right to freeloader on the system by going to the ER and shifting that cost to everyone who has insurance.
- At this point, it is not possible to predict how the Supreme Court will vote, although the Attorney General feels the arguments in favor are stronger than those against. They will most likely hear oral arguments in the summer of 2012 and hand down the written decision that fall.
- In the meantime, Oregon will continue to plan for and work toward implementing the HIX.

Adjourn 11:15 am

Next meeting:

June 23, 2011

10:00 am-11:00 pm

Conference Call

**Oregon Health Policy Board
Health Care Workforce Committee**

Approved by OHPB on May 10, 2011

I. Authority

The Health Care Workforce Committee is established by House Bill 2009, Section 7 (3)(a). This charter defines the objectives, responsibilities and scope of activities of the Health Care Workforce Committee. The Committee will be guided by the Triple Aim of improving population health, improving the individual's experience of care and reducing per capita costs. The Oregon Health Fund Board's final report, "Aim High: Building a Healthy Oregon," (November 2008) outlines the following ways in which training a new health care workforce addresses the triple aim:

Improves population health by:

- Ensuring an adequate numbers of health care providers in all areas in Oregon
- Improving access to primary care services by increasing the number of primary care providers of all types (not limited to physicians)

Improves the individual's experience of care by:

- Ensuring individuals have access to the providers they need in their communities
- Ensuring the diversity of Oregon's population is reflected in its provider workforce
- Ensuring providers are prepared to provide culturally competent care

Reduces per capita costs over time by:

- Ensuring providers are working at the top of their licenses
- Expanding the use of community health workers to provide cost-effective care

This charter will be reviewed annually to ensure that the work of the Committee is aligned with the Oregon Health Policy Board's strategic direction.

II. Deliverables

The Health Care Workforce Committee is chartered to coordinate efforts in Oregon to recruit and educate health care professionals and retain a quality workforce to meet the demand created by the expansion in health care coverage, system transformation and an increasingly diverse population. The Workforce Committee will advise and develop recommendations and action plans to the OHPB for implementing the necessary changes to train, recruit and retain a changing health care work force that is scaled to meet the needs of new systems of care: recommendations for patient-centered primary care homes and the implicit role of primary care in chronic care management will depend on how effectively we are able to respond to the workforce supply challenge.

One important objective of the Health Care Workforce Committee is to become the most complete resource for information about the health care workforce in Oregon by improving data collection and assessment of Oregon's health care workforce through regular analysis and reporting of workforce supply and demand. Initial efforts will focus on the health care workforce database created through HB 2009, which will include detailed demographic and practice data for the following professions: occupational therapists and certified occupational therapy assistants; physicians and physician assistants; nurses and nursing assistants; dentists and dental hygienists; physical therapists and physical therapy assistants; pharmacists and pharmacy technicians; and licensed dietitians.

The Health Care Workforce Committee will focus its work on identifying resources, needs, and supply gaps, and ensuring a culturally competent workforce that is reflective of Oregon's increasing diversity. To the extent possible, the Committee will coordinate and align recommendations of other health care workforce initiatives in its biennial recommendations to the Oregon Health Policy Board.

The Committee shall deliver to the Board the following:

- A report describing promising staffing models and/or workforce roles for Coordinated Care Organizations, Person-Centered Health Homes, or similar integrated, coordinated health care service delivery organizations, anticipating the adoption of these models in both the public and private sectors.
 - The report should identify the health care workforce competencies required to implement promising models and recommend actions necessary to ensure those competencies within Oregon's health care workforce.
- Recommendations for standard administrative requirements for student placement in clinical training settings in Oregon (SB 879).
- A strategic plan for primary care practitioner recruitment in Oregon, developed in collaboration with interested parties (HB 2366).
- A brief report outlining alternatives to the current Office of Degree Administration processes for reviewing and approving new public educational programs or locations.
- Recommendations to OHA staff for metrics and/or analytical approaches to apply to the Oregon Health Care Workforce Database in order to identify emerging trends and issues related to changing workforce needs in a new delivery system.
- A biennial report to the Board of recommended strategies, actions and policy changes, including statutory changes if required, that support the recruitment, retention and distribution of Oregon's health care workforce, with an emphasis on primary care. The strategies and actions should include licensure strategies for a 21st century health care workforce.

III. Timing

- The report on staffing models for integrated and/or coordinated care will be completed by December 2011.
- Recommendations for standard administrative requirements for student placement in clinical training settings will be completed no later than June 2012.
- The strategic plan for primary care practitioner recruitment will be completed by September 2012.
- The Committee will provide a report outlining alternatives to the current adverse impact process for public institutions by November 2011.
- Recommendations to OHA staff regarding metrics and/or analytical approaches for the Oregon Healthcare Workforce Database shall be made on an ongoing basis.
- A report including recommendations for state policy changes that may be required to ensure an adequate health care workforce will be completed by December 31, 2012.

IV. Dependencies

The Health Care Workforce Committee will seek information from and collaborate with a wide range of partners including:

- a. The Oregon Workforce Investment Board and regional Workforce Investment Boards
- b. The Department of Community Colleges and Workforce Development, the Oregon University System, OHSU, and other educational groups
- c. Health care professional licensure and certification boards
- d. Health care employers and providers
- e. The Oregon Office of Rural Health, the Oregon Primary Care Office, and Oregon's Area Health Information Centers (AHECs)
- f. The Oregon Employment Department

The Health Care Workforce Committee will provide draft recommendations and action plans for input to:

- a. OHA senior staff
- b. Oregon Health Policy Board

V. Staff Resources

The Oregon Workforce Institute (OHWI) will provide expert consultation to Committee leadership and staff and OHWI's Executive and Associate Directors will participate in Committee meetings and other activities alongside Committee Members.

OHA policy analyst: Lisa Angus

Legislative Update: Status of OHPB Bills as of 06/15/11

The legislative session is winding down. Policy committees and the Ways and Means subcommittees have mostly concluded, and the session-only legislative staff had their last day this week. Many major budgets and redistricting plans have passed. While the Legislature may remain in session through the end of the month, the talk in the halls is of *sine die* (adjournment) sometime next week.

Aligned Purchasing

SB 204 was used as a vehicle for moving a number of concepts, including aligning payment methodologies for hospitals and ambulatory surgery centers. As you know, this was a recommendation from the *Action Plan* and was introduced by Representative in HB 3559, which died in House Health Care Committee. The bill requires that OHA establish the methodology based on the Medicare methodology and allows for the use of pay-for-performance, bundled payments and capitation and other alternative payment methods. The methodology will apply to all hospitals beginning January 1, 2012 and all ambulatory surgical centers January 1, 2013. The bill has passed both chambers and will move to the Governor's office for signature.

Reduce Administrative Costs in Health Care

SB 94 creates a work group within OHA to make recommendations to DCBS and OHA on administrative simplification standards which would then be codified in rule by DCBS, OHA, and DHS. This bill gives authority for DCBS to set standards for all payers, including third party administrators, managed care organizations, clearinghouses, and self-insured plans.

Transactions which can be addressed include:

- Eligibility inquiry and response
- Claim submission
- Payment remittance advice
- Claims payment or electronic funds transfer
- Claims status inquiry and response
- Claims attachments
- Prior authorization
- Provider credentialing
- Other health care financial and administrative transactions.

The bill passed both houses and was signed by the Governor. DCBS is currently in rule-making to implement the recommendations of the Oregon Health Policy Board and Administrative Simplification Work Group. With the passage of SB 94, these rules regarding uniform standards will apply to all payers, including public programs and self-insured plans.

Mission-Driven Public Corporation as Legal Entity for Oregon Health Insurance Exchange

SB 99 creates the Oregon Health Insurance Exchange Corporation to run a health insurance exchange for the state. The bill passed the House 48-12 without amendments to the Senate version. The bill moves to the Governor's office for signature. Of particular note:

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- The board of directors remains nine-members—based on the OHPB recommendations—but the OHPB ex officio member was removed, leaving seven members to be appointed by the Governor. Two members must be consumers and not more than two members can be from the health care or insurance industries.
 - The bill allows the board to set Oregon-specific standards beyond what the federal government sets which plans must meet in order to be offered in the exchange.
 - The bill allows the board to limit the number of plans offered in the exchange.
 - An interim executive director may be appointed for up to 120 days until the board is appointed by the Governor and confirmed by the Senate.
 - A business plan for the exchange must be submitted to the Legislature by February 1, 2012. The exchange cannot operate until the business plan is approved by the Legislature.
 - OHA can continue to advise and offer assistance to the exchange until 2014, including applying for and receiving grants on behalf of the exchange.

Build Healthcare Workforce

Passed:

SB 879 – Student passport: This bill directs OHA to convene a work group to develop standards for administrative requirements for student placement in clinical training settings in Oregon and report to an interim legislative committee on or before June 30, 2012. The bill passed both chambers and was signed by the Governor.

HB 2366 – Primary care provider recruitment: This bill was sponsored by Representative Nathanson. It requires OHPB’s Health Care Workforce Committee to work with partners to develop a strategic plan for primary care provider recruitment, and to identify the best organizations to implement the plan. The bill has passed both chambers and is in the Governor’s office for signature.

Not passed:

HB 2400 – Funds the primary care loan repayment program: This bill passed the House Health Care Committee but was referred to Ways and Means because of the estimated fiscal impact of \$3.1 million in General Fund. Funding for this program was not included in the Governor’s Balanced Budget or the Co-Chairs budget. Given the current budget environment and challenges, this bill faced an uphill battle. The bill was not passed out of the Ways and Means Human Service Subcommittee.

SB 96 – Expands the workforce database: This bill allows OHA to include all health care regulatory board licensees in the Oregon Healthcare Workforce Database, which was created in 2009 by HB 2009. There was some concern about potential fiscal impact on some of the boards that do not currently collect this information. The bill was not passed out of the Ways and Means Human Service Subcommittee.

SB 225A, - Scope of practice: The bill was sponsored by Senator Monnes-Anderson. It requires OHA to study how other states resolve scope of practice disputes among providers and report

back to a legislative interim committee on the findings. The bill was not passed out of the House Health Care Committee.

Strengthen Medical Liability System

SB 95 – The bill ensures that an insurer cannot refuse to defend a physician being sued for malpractice because the provider disclosed an error to the patient or their family. It also amends Oregon’s apology law to clarify that health care employers are also protected by the law. This bill passed both chambers and was signed by the Governor.

Health System Transformation

HB 3650A – Introduced by the new Joint Special Committee on Health Care Transformation, HB 3650A, is the vehicle for health system transformation. The bill:

- Establishes the Oregon Integrated and Coordinated Health Care Delivery System, in which Coordinated Care Organizations (CCOs) are accountable for care management and provision of integrated and coordinated health care for members within a fixed global budget.
- Requires the OHA to present qualification criteria for CCOs and the global budgeting process for approval by the Legislative Assembly.

The bill passed out of the Joint Special Committee and has been in Ways and Means awaiting a hearing.

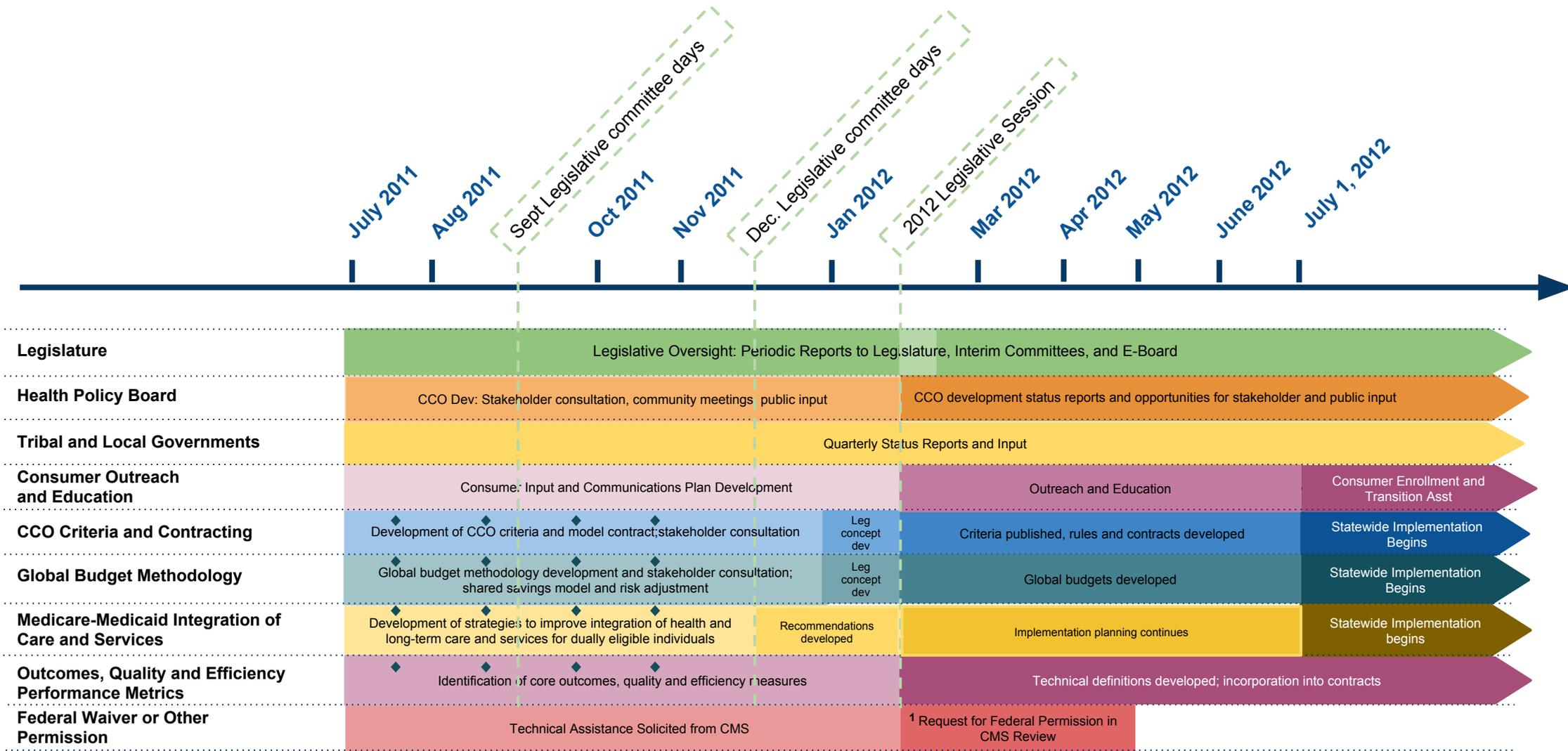
Health Equity

SB 97A – This bill would have created a work group to look at improving cultural competency in the delivery of health care through continuing education for providers. This bill passed the Senate but did not pass the House.

DRAFT CONCEPT - HEALTH SYSTEM TRANSFORMATION TIMELINE

6-3-11

PENDING LEGISLATION



¹ Federal permission would be sought for global budgeting, combining Medicare funding for dual-eligibles beneficiaries with Medicaid, and payment reform.

◆ Stakeholder group consultation

Request Submitted

Request Approved