

Certificate of Need Rulemaking Advisory Committee

January 14, 2026

9 a.m. via Microsoft Teams

RAC MEMBER ATTENDEES	
Danielle Meyer	Hospital Association of Oregon
Eugenia Liu	Oregon Health Care Association
Jody Corona	Health Facilities Planning and Development
Laura Johnson	SEIU Local 49
Maggie Hilty	Avamere
Robin Henderson	Providence Health
OTHER INTERESTED PARTY ATTENDEES	
Gina Cole	Legacy Health
OHA and State Partners	
Andrea Ogston	Department of Justice
Matt Gilman	Public Health Division (PHD), Certificate of Need Program
Mellony Bernal	PHD, Health Care Regulation & Quality Improvement Section
Sadie Morrissey	PHD, Health Care Regulation & Quality Improvement Section
Steven Ranzoni	Health Policy and Analytics, Hospital Reporting Program

Welcome and Meeting Procedures
<p>Mellony Bernal welcomed RAC members, introduced the meeting agenda, and went over meeting procedures and expectations.</p> <ul style="list-style-type: none"> It was noted that the meeting is being recorded and all information shared is a matter of public record and may be disclosed. Per OHA policy, members of the public may observe only. Should public members have information they would like to share, they can send information by email to mellony.c.bernal@oha.oregon.gov or to sadie.morrissey@oha.oregon.gov. Any information received will be shared with RAC members and OHA staff. Microsoft Teams features such as the Chat and Raise Hand were reviewed, and instructions on how to communicate during the RAC were shared. Information about the Health Care Regulation and Quality Improvement Section's rulemaking activity website was shared, including where people can find information about new and amended rules, temporary rules, proposed rules, and other relevant information.

Statement of Need and Fiscal Impact

Matt Gilman reviewed the Statement of Need, Fiscal and Equity Impact including:

- Statutory authority;
- Need for rule;
 - Based on previous RAC discussion, it was noted that further clarification will be provided in revised rules relating to the effect on existing acute inpatient beds at licensed hospitals versus new, freestanding psychiatric inpatient hospitals.
 - Current temporary rules expire on April 19, 2026.
- Documents relied upon;
- Racial equity impact;
- Fiscal and economic impact;
 - RAC member raised concern about the potential fiscal impact of adopting the bed ratio of up to 36 beds per 100,000. Hundreds of new beds could be added if the state does not adequately address alternatives, which would result in a surplus of unneeded beds.
 - RAC member echoed these concerns and the potential impact. OHSU analysis was referenced and that the 36 beds per 100,000 in the metropolitan area is too high. Staff were encouraged to consider the Regional Response to PCG Report from Health Share of Oregon and recommendations that identified significantly smaller ratios for bed capacity in the metropolitan area.
- Cost of compliance; and
- Impacts on small businesses.

RAC members were encouraged to provide additional comments via electronic mail.

Proposed Rules

M. Gilman shared that the CN Program has not had the opportunity to complete proposed revisions to the rules based on RAC feedback. He invited RAC members to use this time to offer additional comments on the proposed rule since the last meeting or feedback on the written comments received that were forwarded by email.

- RAC member commented that as the OHA considers definitions for alternate settings, there are additional settings that should be considered. Example provided was assisted living/residential care facilities that have 'specific needs' contracts where residents with a higher acuity are served, including discharges from the Oregon State Hospital, or persons with a history of unsuccessful placement.
- RAC member asked whether revised rules will be shared with the committee to review and another meeting scheduled to discuss. M. Gilman noted that revised rules will be shared with the RAC and based on the apparent preference for the committee to

reconvene, staff will look at possible dates and send out a meeting poll. It was shared that very specific processes must be followed with very specific time frames. Staff will follow-up with the RAC on what the timeframes will look like. M. Gilman reiterated that the OHA values the input of the committee and will work diligently to ensure comments are considered and addressed.

- RAC member emphasized the need for a clear projection methodology and definitions for psychiatric admissions and discharges (e.g. by DRG ICD 10). The member further highlighted previous RAC comments including dual diagnosis and possible impact; bed-to-population ratios should vary by population due to differing needs; the importance of considering alternatives to hospitalization and how those alternatives should be addressed; the difficulty of obtaining and the availability of data from existing providers which is critical to be able to run the methodology.
- RAC member suggested considering local community plans and regional needs instead of a uniform bed ratio.

RAC members were encouraged to share information, comments, proposed language, documents, etc. with OHA staff for consideration.

NEXT STEPS

CN staff will discuss revised timeline, identify possible meeting dates for a meeting poll to distribute to RAC committee members, and will continue to work on proposed revisions.

Meeting adjourned at 9:35 a.m.