74th OREGON LEGISLATIVE ASSEMBLY - 2007 Regular Session STAFF MEASURE SUMMARY Senate Committee on Health Policy & Public Affairs

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Action:	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and
	Means by Prior Reference
Vote:	5 - 0 - 0
Yeas:	Carter, Gordly, Kruse, Courtney, Monnes Anderson
Nays:	0
Exc.:	0
Prepared By:	Shannon Strumpfer, Administrator
Meeting Dates:	2/21, 3/12

REVENUE: No revenue impact FISCAL: Fiscal statement issued

WHAT THE MEASURE DOES: Clarifies list of entities that may be assessed fees by Oregon Patient Safety Commission (OPSC) by removing the word "participating." Caps fee amounts that OPSC may collect in a fiscal year to fund operating costs of Oregon Patient Safety Reporting Program. Authorizes commission to adjust capped fee based on Consumer Price Index.

ISSUES DISCUSSED:

- Types of organizations eligible for participation
- Efforts to bring non-participating hospitals into program
- Fees depend on type and size of organization
- First annual report published January 2007 revealed 53 adverse events and 18 deaths reported

EFFECT OF COMMITTEE AMENDMENT: Allows Public Health Officer to designate someone to attend Oregon Patient Safety Commission Board of Directors meeting in his/her place.

BACKGROUND: The Oregon Patient Safety Commission (OPSC) was created in 2003 to improve patient safety by reducing the risk of serious adverse events occurring in Oregon's health care system and by encouraging a culture of patient safety in Oregon. The Oregon Patient Safety Reporting Program (OPSRP) was created in the OPSC to develop a reporting system for serious adverse events. OPSRP collects fees from entities in order to fund its operation. Reporting to the commission is voluntary; however, the fees are mandatory for all health care facilities and retail pharmacies.

This system assures broad financial support and eliminates cost as a reason for entities not participating in the reporting program. It was the original intent of the legislation and the OSPC wants to ensure, through the language clarification, that health care entities pay fees regardless of whether or not they choose to report.