SENATE AMENDMENTS TO SENATE BILL 329

By SPECIAL COMMITTEE ON HEALTH CARE REFORM

May 2

On page 1 of the printed bill, line 2, delete "192.519" and insert "414.312, 414.314, 414.316, 414.318, 414.320 and 442.011 and sections 2 and 3, chapter 314, Oregon Laws 2005".

Delete lines 4 through 19 and insert:

"Whereas improving and protecting the health of all Oregonians must be a primary issue and an important goal of the state; and

"Whereas the objective of Oregon's health care system is health, not just the financing and delivery of health care services; and

"Whereas health is more than just the absence of physical and mental disease, it is the product of a number of factors, only one of which is access to the medical system; and

"Whereas persons with disabilities and other ongoing conditions can live long and healthy lives; and

"Whereas Oregonians cannot achieve the objective of health unless all individuals have timely access to a defined set of essential health services; and

"Whereas Oregonians cannot achieve the objective of health unless the state invests not only in health care, but also in education, economic opportunity, housing, sustainable environmental stewardship, full participation and other areas that are important contributing factors to health; and

"Whereas the escalating cost of health care is compromising the ability to invest in those other areas that contribute to the health of the population; and

"Whereas Oregon cannot achieve its objective of health unless Oregonians control costs in the health care system; and

"Whereas Oregon cannot control costs unless Oregonians:

"(1) Develop effective strategies through education of individuals and health care providers, development of policies and practices as well as financial incentives and disincentives to empower individuals to assume more personal responsibility for their own health status through the choices they make; and

"(2) Reevaluate the structure of Oregon's financing and eligibility system in light of the realities and circumstances of the 21st century and of what Oregonians want the system to achieve from the standpoint of a healthy population; and

"(3) Rethink how Oregonians define a 'benefit' and restructure the misaligned financial incentives and inefficient system through which health care is currently delivered; and

"Whereas public resources are finite, and therefore the public resources available for health care are also finite; and

"Whereas finite resources require that explicit priorities be set through an open process with public input on what should and should not be financed with public resources; and

"Whereas those priorities must be based on publicly debated criteria, that reflect a consensus

of social values and that consider the good of individuals across their lifespans; and

"Whereas those with more disposable private income will always be able to purchase more health care than those who depend solely on public resources; and

"Whereas society is responsible for ensuring equitable financing for the defined set of essential health services for those Oregonians who cannot afford that care; and

"Whereas health care policies should emphasize public health and encourage the use of quality services and evidence-based treatment that is appropriate and safe and that discourages unnecessary treatment; and

"Whereas health care providers and informed patients must be the primary decision makers in the health care system; and

"Whereas access, cost, transparency and quality are intertwined and must be simultaneously addressed for health care reform to be sustainable; and

"Whereas health is the shared responsibility of individual consumers, government, employers, providers and health plans; and

"Whereas individual consumers, government, employers, providers and health plans must be part of the solution and share in the responsibility for both the financing and delivery of health care; and

"Whereas the current health care system is unsustainable in large part because of outdated federal policies that reflect the realities of the last century instead of the realities of today and that are based on assumptions that are no longer valid; and

"Whereas the ability of states to maintain the public's health is increasingly constrained by those federal policies, which were built around 'categories' rather than a commitment to ensure all citizens have timely access to essential health services; and

"Whereas the economic and demographic environment in which state and federal policies were created has changed dramatically over the past 50 years, while the programs continue to reflect a set of circumstances that existed in the mid-20th century; and

"Whereas any strategies for financing, mandating or developing new programs to expand access must address what will be covered with public resources and how those services will be delivered; otherwise, those strategies will do little to stem escalating medical costs, make health care more affordable or create a sustainable system; and

"Whereas incremental changes will not solve Oregon's health care crisis and comprehensive reform is required; now, therefore,".

On page 2, delete lines 1 through 13.

Delete lines 15 through 45 and delete pages 3 through 11 and insert:

"**SECTION 1. Sections 2 to 16 of this 2007 Act shall be known and may be cited as the Healthy Oregon Act.**

"**SECTION 2. As used in sections 2 to 16 of this 2007 Act, except as otherwise specifically provided or unless the context requires otherwise:**

"(1) 'Accountable health plan' means a prepaid managed care health services organization described in ORS 414.725 or an entity that contracts with the Oregon Health Trust Board to provide a health benefit plan, as defined in ORS 743.730, through the Oregon Health Fund program.

"(2) 'Defined set of essential health services' means the services:

"(a) Identified by the Health Services Commission using the methodology in ORS 414.720, or an alternative methodology developed pursuant to section 11 (3)(c) of this 2007 Act; and

"(b) Approved by the Oregon Health Trust Board.

"(3) 'Employer' has the meaning given that term in ORS 657.025.

"(4) 'Oregon Health Card' means the card issued by the Oregon Health Trust Board that verifies the eligibility of the holder to participate in the Oregon Health Fund program.

"(5) 'Oregon Health Fund' means the fund established in section 10 of this 2007 Act.

"(6) 'Oregon Health Trust Board' means the board established in section 5 of this 2007 Act.

"(7) 'Safety net providers' means providers that deliver health services to persons experiencing cultural, linguistic, geographic, financial or other barriers to accessing appropriate, timely, affordable and continuous health care services. 'Safety net providers' includes health care safety net providers, core health care safety net providers, tribal and federal health care organizations and local nonprofit organizations, government agencies, hospitals and individual providers.

"SECTION 3. The Healthy Oregon Act is based on the following principles:

"(1) Equity. All individuals must be eligible for and have timely access to at least the same set of essential and effective health services.

"(2) Financing of the health care system must be equitable, broadly based and affordable.

"(3) Population benefit. The public must set priorities to optimize the health of Oregonians.

"(4) Responsibility for optimizing health must be shared by individuals, employers, health care systems and communities.

"(5) Education is a powerful tool for health promotion. The health care system, health plans, providers and government must promote and engage in education activities for individuals, communities and providers.

"(6) Effectiveness. The relationship between specific health interventions and their desired health outcomes must be backed by unbiased, objective medical evidence.

"(7) Efficiency. The administration and delivery of health services must use the fewest resources necessary to produce the most effective health outcome.

"(8) Explicit decision-making. Decision-making will be clearly defined and accessible to the public, including lines of accountability, opportunities for public engagement and how public input will be used in decision-making.

"(9) Transparency. The evidence used to support decisions must be clear, understandable and observable to the public.

"(10) Economic sustainability. Health service expenditures must be managed to ensure long-term sustainability, using efficient planning, budgeting and coordination of resources and reserves, based on public values and recognizing the impact that public and private health expenditures have on each other.

"(11) Aligned financial incentives. Financial incentives must be aligned to support and invest in activities that will achieve the goals of the Healthy Oregon Act.

"(12) Wellness. Health and wellness promotion efforts must be emphasized and strengthened.

"(13) Community-based. The delivery of care and distribution of resources must be organized to take place at the community level to meet the needs of the local population, unless outcomes or cost can be improved at regional or statewide levels.

"(14) Coordination. Collaboration, coordination and integration of care and resources must be emphasized throughout the health care system.

"SECTION 4. There is established the Oregon Health Fund program. The goals of the program are to:

"(1) Ensure that all Oregonians have timely access to and participate in a health benefit plan that provides high quality, effective, safe, patient-centered, evidence-based and affordable health care delivered at the lowest cost;

"(2) Develop a method to finance the coverage of a defined set of essential health services for Oregonians that is not necessarily tied directly to employment;

"(3) Allow employees, employers, individuals and unions the option of participating in the program, or of purchasing primary coverage or offering, purchasing or bargaining for coverage of benefits beyond the defined set of essential health services;

"(4) Shift to a system of public and private health care partnerships that integrate public involvement and oversight, consumer choice and competition within the private market;

"(5) Use proven models of health care benefits, service delivery and payments that control costs and overutilization, with emphasis on preventive care and chronic disease management using evidence-based outcomes and a health benefit model that promotes a primary care medical home;

"(6) Ensure that health care delivery reform maximizes federal and other public resources without compromising proven programs supported by federal law that ensure access to efficient and high quality care for vulnerable populations;

"(7) Provide services for dignified end-of-life care;

"(8) Restructure the health care system so that payments for services are fair and proportionate among various populations, health care programs and providers;

"(9) Fund a high quality and transparent health care delivery system that will be held to high standards of transparency and accountability and allows users and purchasers to know what they are receiving for their money;

"(10) Ensure that funding for health care is equitable and affordable for all Oregon residents and small and large businesses; and

"(11) Ensure, to the greatest extent possible, that annual inflation in the cost of providing all Oregonians access to essential health care services does not exceed the increase in the cost of living for the previous calendar year, based on the Portland-Salem, OR-WA, Consumer Price Index for All Urban Consumers for All Items, as published by the Bureau of Labor Statistics of the United States Department of Labor.

"SECTION 5. (1) There is established the Oregon Health Trust Board to administer the Oregon Health Fund program. The board shall consist of seven members appointed by the Governor, subject to confirmation by the Senate pursuant to section 4, Article III of the Oregon Constitution. The members of the board shall be selected based upon their ability to represent the best interests of Oregon as a whole. Members of the board shall have expertise, knowledge and experience in the areas of consumer advocacy, management, finance, labor and health care, and to the extent possible shall represent the geographic and ethnic diversity of the state. A majority of the board members may not receive or have received a substantial portion of their own income or their family's income from the health care industry or health insurance industry.

"(2) Each board member shall serve for a term of four years. However, a board member shall serve until a successor has been appointed and qualified. A member is eligible for reappointment.

"(3) If there is a vacancy for any cause, the Governor shall make an appointment to become effective immediately for the balance of the unexpired term.

"(4) The board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of such offices as the board determines.

"(5) A majority of the members of the board constitutes a quorum for the transaction of business.

"(6) Official action by the board requires the approval of a majority of the members of the board.

"SECTION 6. Notwithstanding the term of office specified by section 5 of this 2007 Act, the terms of the members first appointed to the Oregon Health Trust Board shall expire on January 1, 2010, but each member may serve until a successor is appointed by the Governor. Of the members appointed to the board on or after January 1, 2010:

"(1) Two shall serve for terms ending January 1, 2012.

"(2) Two shall serve for terms ending January 1, 2013.

"(3) Three shall serve for terms ending January 1, 2014.

"SECTION 7. (1) Within 30 days after the effective date of this 2007 Act, the Governor shall appoint an executive director of the Oregon Health Trust Board who will be responsible for establishing the administrative framework and setting up the physical space for the operation of the Oregon Health Fund program.

"(2) The executive director appointed under this section may employ and shall fix the duties and amounts of compensation of persons necessary to carry out the provisions of this section. Those persons shall serve at the pleasure of the executive director.

"(3) The term of the executive director appointed under this section expires 30 days after all members of the board have been appointed by the Governor and confirmed by the Senate.

"SECTION 8. (1) The Oregon Health Trust Board shall appoint an executive director to serve at the pleasure of the board.

"(2) The designation of the executive director must be by written order filed with the Secretary of State.

"(3) Subject to any applicable provisions of ORS chapter 240, the executive director is authorized to hire, supervise and terminate the employees of the board, prescribe their duties and fix their compensation.

"SECTION 9. Except as otherwise provided by law, and except for ORS 279A.250 to 279A.290, the provisions of ORS chapters 279A, 279B and 279C do not apply to the Oregon Health Trust Board.

"SECTION 10. (1) The Oregon Health Fund is established separate and distinct from the General Fund. Interest earned from the investment of moneys in the Oregon Health Fund shall be credited to the fund. The Oregon Health Fund may include:

"(a) Employer and employee health care contributions.

"(b) Individual health care premium contributions.

"(c) Federal funds from Title XIX or XXI of the Social Security Act, and state matching funds, that are made available to the fund, excluding Title XIX funds for long term care supports, services and administration, and reimbursements for graduate medical education costs pursuant to 42 U.S.C. 1395ww(h) and disproportionate share adjustments made pursuant to 42 U.S.C. 1396a(a)(13)(A)(iv).

"(d) Contributions from the United States Government and its agencies for which the state is eligible, or from any other source, public or private, provided for purposes that are consistent with the goals of the Oregon Health Fund program.

"(e) Moneys appropriated to the Oregon Health Trust Board by the Legislative Assembly for carrying out the provisions of the Healthy Oregon Act.

"(f) Interest earnings from the investment of moneys in the fund.

"(2)(a) All moneys in the Oregon Health Fund are continuously appropriated to the Oregon Health Trust Board to carry out the provisions of the Healthy Oregon Act.

"(b) The Oregon Health Fund shall be segregated into subaccounts as required by federal law.

"**SECTION 11.** **(1)(a) The Oregon Health Trust Board shall establish a committee to examine the impact of federal law requirements on achieving the goals of the Healthy Oregon Act, including but not limited to:**

"(A) Medicaid requirements such as eligibility categories and household income limits;

"(B) Federal tax code policies regarding self-insurance and portability of health insurance;

"(C) Emergency Medical Treatment and Active Labor Act regulations that make the delivery of health care more costly and less efficient; and

"(D) Medicare policies that result in Oregon's health care providers receiving significantly less than the national average Medicare reimbursement rate. The committee shall survey providers, consumers and administrators and determine how this and other Medicare policies and procedures affect costs, quality and access. The committee shall assess how an increase in Medicare reimbursement rates to Oregon providers would benefit Oregon in health care costs, quality and access to services including access for persons with disabilities and long term care.

"(b) With the approval of the Oregon Health Trust Board, the committee shall report its findings to the Oregon congressional delegation no later than July 31, 2008.

"(c) The committee shall request that the Oregon congressional delegation:

"(A) Participate in at least one hearing in each congressional district in this state on the impacts of federal policies on health care services; and

"(B) Request congressional hearings in Washington, D.C.

"(2) The Oregon Health Trust Board shall develop a comprehensive plan to achieve the Oregon Health Fund program goals listed in section 4 of this 2007 Act. The board shall establish subcommittees, organized to maximize efficiency and effectiveness and staffed, in the manner the board deems appropriate, by the Oregon Health Policy Commission, the Office for Oregon Health Policy and Research, the Health Services Commission and the Medicaid Advisory Committee, to develop proposals for the comprehensive plan that may include but are not limited to the following:

"(a) Financing the Oregon Health Fund program, including but not limited to proposals for:

"(A) A model for rate setting that ensures providers will receive fair and adequate compensation for health care services.

"(B) Collecting employer and employee contributions and individual health care premium contributions, and redirecting them to the Oregon Health Fund.

"(C) Implementing a health insurance exchange to serve as a central forum for individ-

uals and businesses to purchase affordable health insurance.

"(D) Taking best advantage of health savings accounts and similar vehicles for making health insurance more affordable.

"(E) Addressing the issue of medical liability including, but not limited to, a consideration of the implementation of a medical review panel or a patient's compensation fund, and providing liability protection for those providers who adhere to established best-practice standards and guidelines.

"(F) Requesting federal waivers to maximize federal matching funds under Titles XIX and XXI of the Social Security Act, or other federal matching funds that may be made available to implement the comprehensive plan.

"(G) Evaluating statutory and regulatory barriers to the provision of cost-effective services, including limitations on access to information that would enable providers to fairly evaluate contract reimbursement, the regulatory effectiveness of the certificate of need process, consideration of a statewide uniform credentialing process and the cost and benefits of improving the transparency of costs of hospital services and health benefit plans.

"(b) Delivering health services in the Oregon Health Fund program, including but not limited to proposals for:

"(A) An efficient and effective delivery system model that ensures the continued viability of existing prepaid managed care health services organizations, as described in ORS 414.725, to serve Medicaid populations.

"(B) The design and implementation of a program to create a public partnership with accountable health plans to provide, through the use of an Oregon Health Card, health insurance coverage of the defined set of essential health services that meets standards of affordability based upon a calculation of how much individuals and families can be expected to spend for health insurance and still afford to pay for housing, food and other necessities. The proposal must ensure that each accountable health plan:

"(i) Does not deny enrollment to an Oregonian with an Oregon Health Card;

"(ii) Provides coverage of the entire defined set of essential health services;

"(iii) Will develop an information system to provide written information, and telephone and Internet access to information, necessary to connect enrollees with appropriate medical and dental services and health care advice;

"(iv) Offers a simple and timely complaint process;

"(v) Provides enrollees with information about the cost and quality of services offered by health plans and procedures offered by medical and dental providers;

"(vi) Provides advance disclosure of the estimated out-of-pocket costs of a service or procedure;

"(vii) Has contracts with a sufficient network of providers, including but not limited to hospitals and physicians, with the capacity to provide culturally appropriate, timely health services and that operate during hours that allow optimal access to health services;

"(viii) Ensures that all enrollees have a primary care medical home;

"(ix) Includes in its network safety net providers and local community collaboratives;

"(x) Regularly evaluates its services, surveys patients and conducts other assessments to ensure patient satisfaction;

"(xi) Has strategies to encourage enrollees to utilize preventive services and engage in healthy behaviors;

"(xii) Has simple and uniform procedures for enrollees to report claims and for accountable health plans to make payments to enrollees and providers;

"(xiii) Provides enrollment, encounter and outcome data to the Oregon Health Trust Board for evaluation and monitoring purposes; and

"(xiv) Meets established standards for loss ratios, rating structures and profit or nonprofit status.

"(C) Using information technology that is cost-neutral or has a positive return on investment to deliver efficient, safe and quality health care and a voluntary program to provide every Oregonian with a personal electronic health record that is within the individual's control, use and access and that is portable.

"(D) Empowering individuals through education as well as financial incentives to assume more personal responsibility for their own health status through the choices they make.

"(E) Establishing and maintaining a registry of advance directives and Physician Orders for Life-Sustaining Treatment Paradigm (POLST) forms and a process for assisting a person who chooses to execute an advance directive in accordance with ORS 127.531 or a POLST Paradigm form.

"(F) Designing a system for regional health delivery.

"(G) Combining, reorganizing or eliminating state agencies involved in health planning and policy, health insurance and the delivery of health care services and integrating and streamlining their functions and programs to maximize their effectiveness and efficiency. The subcommittee may consider, but is not limited to considering, the following state agencies, functions or programs:

"(i) The Office for Oregon Health Policy and Research;

"(ii) The Health Services Commission;

"(iii) The Oregon Health Policy Commission;

"(iv) The Health Resources Commission;

"(v) The Medicaid Advisory Committee;

"(vi) The Department of Human Services, including but not limited to the state Medicaid agency, offices involved in health systems planning, offices involved in carrying out the duties of the department with respect to certificates of need under ORS 443.305 to 443.350 and the functions of the department under ORS chapter 430;

"(vii) The Department of Consumer and Business Services;

"(viii) The Oregon Patient Safety Commission;

"(ix) The Office of Private Health Partnerships;

"(x) The Public Employees' Benefit Board;

"(xi) The State Accident Insurance Fund Corporation; and

"(xii) The Office of Rural Health.

"(c) Establishing the defined set of essential health services, including but not limited to proposals for a methodology, consistent with the principles in section 3 of this 2007 Act, for determining and continually updating the defined set of essential health services. The Oregon Health Trust Board may delegate this function to the Health Services Commission established under ORS 414.715.

"(d) The eligibility requirements and enrollment procedures for the Oregon Health Fund program, including but not limited to proposals for:

"(A) Public subsidies of premiums or other costs under the program.

"(B) Streamlined enrollment procedures, including:

"(i) A standardized application process;

"(ii) Requirements to ensure that enrollees demonstrate Oregon residency;

"(iii) A process to enable a provider to enroll an individual in the Oregon Health Fund program at the time the individual presents for treatment to ensure coverage as of the date of the treatment; and

"(iv) Permissible waiting periods, preexisting condition limitations or other administrative requirements for enrollment.

"(C) A grievance and appeal process for enrollees.

"(D) Standards for disenrollment and changing enrollment in accountable health plans.

"(E) An outreach plan to educate the public about the program and the program's eligibility requirements and enrollment procedures.

"(F) Allowing employers to offer health insurance coverage by insurers of the employer's choice or to contract for coverage of benefits beyond the defined set of essential health services.

"(3) On the effective date of this 2007 Act, the Oregon Health Policy Commission, the Office for Oregon Health Policy and Research, the Health Services Commission and the Medicaid Advisory Committee are directed to begin compiling data and conducting research to inform the decision-making of the subcommittees when they are convened. No later than December 1, 2007, the Oregon Health Policy Commission, the Office for Oregon Health Policy and Research, the Health Services Commission and the Medicaid Advisory Committee shall present reports containing data and recommendations to the subcommittees as follows:

"(a) The Oregon Health Policy Commission shall report on the financing mechanism for the comprehensive plan;

"(b) The Administrator of the Office for Oregon Health Policy and Research shall report on the health care delivery model of the comprehensive plan;

"(c) The Health Services Commission shall report on the methodology for establishing the defined set of essential health services under the comprehensive plan; and

"(d) The Medicaid Advisory Committee shall report on eligibility and enrollment requirements under the comprehensive plan.

"(4) The membership of the subcommittees shall, to the extent possible, represent the geographic and ethnic diversity of the state and include individuals with actuarial and financial management experience, individuals who are providers of health care, including safety net providers, and individuals who are consumers of health care, including seniors, persons with disabilities and individuals with complex medical needs.

"(5) Each subcommittee shall select one of its members as chairperson for such terms and with such duties and powers necessary for performance of the functions of those offices. Each chairperson shall serve as an ex officio member of the Oregon Health Trust Board. Chairpersons shall collaborate to integrate the committee recommendations to the extent possible.

"(6) The committee and the subcommittees are public bodies for purposes of ORS chapter 192 and must provide reasonable opportunity for public testimony at each meeting.

"(7) All agencies of state government, as defined in ORS 174.111, are directed to assist the committee, the subcommittees and the Oregon Health Trust Board in the performance of their duties and, to the extent permitted by laws relating to confidentiality, to furnish

such information and advice as the members of the committees, the subcommittees and the Oregon Health Trust Board consider necessary to perform their duties.

"(8) The executive director of the Oregon Health Trust Board may employ and shall fix the duties and amounts of compensation of persons necessary to staff the committee and the subcommittees.

"(9) The Oregon Health Trust Board shall report to an interim legislative committee on health not later than February 29, 2008. The report must describe the progress of the subcommittees and the board towards developing a comprehensive plan to:

"(a) Ensure universal access to health care;

"(b) Contain health care costs; and

"(c) Address issues regarding the quality of health care services.

"SECTION 12. The Oregon Health Trust Board shall conduct public hearings on the comprehensive plan developed under section 11 of this 2007 Act and solicit testimony and input from advocates representing seniors, persons with disabilities, tribes, consumers of mental health services, low-income Oregonians, employers, employees, insurers, health plans and providers of health care including, but not limited to, physicians, dentists, oral surgeons, chiropractors, naturopaths, hospitals, clinics, pharmacists, nurses and allied health professionals.

"SECTION 13. (1) The Oregon Health Trust Board shall finalize the comprehensive plan developed under section 11 of this 2007 Act with due consideration to the information provided in the public hearings under section 12 of this 2007 Act and shall present the finalized comprehensive plan to the Governor, the Speaker of the House of Representatives and the President of the Senate no later than October 1, 2008. The board is authorized to submit the finalized comprehensive plan as a measure request directly to the Legislative Counsel upon the convening of the Seventy-fifth Legislative Assembly.

"(2) Upon legislative approval of the comprehensive plan, the board is authorized to request federal waivers deemed necessary and appropriate to implement the comprehensive plan.

"(3) Upon legislative approval of the comprehensive plan, the board is authorized immediately to implement any elements necessary to implement the plan that do not require legislative changes or federal approval.

"SECTION 14. (1) The comprehensive plan developed under section 11 of this 2007 Act and approved by the Oregon Health Trust Board must ensure, except as provided in subsection (2) of this section, that a resident of Oregon who is not a beneficiary of a health benefit plan providing coverage of the defined set of essential health services and who is not eligible to be enrolled in a publicly funded medical assistance program providing primary care and hospital services participates in the Oregon Health Fund program. A resident of Oregon who is a beneficiary of a health benefit plan or enrolled in a medical assistance program described in this subsection may choose to participate in the program. An employee of an employer located in this state may participate in the program if Oregon is the location of the employee's physical worksite, regardless of the employee's state of residence.

"(2) Oregon residents who are enrolled in commercial health insurance plans, self-insured programs, health plans funded by a Taft-Hartley trust, or state or local government health insurance pools may not be required to participate in the Oregon Health Fund Program.

"SECTION 15. (1) No later than July 1, 2009, the Administrator of the Office for Oregon

Health Policy and Research, in collaboration with the Oregon Health Research and Evaluation Collaborative and other persons with relevant expertise, shall develop a plan for evaluating the implementation and outcomes of the legislation described in section 13 of this 2007 Act to the extent that the legislation is enacted in whole or in part. The evaluation plan shall include measures of:

"(a) Access to care;

"(b) Access to health insurance coverage;

"(c) Quality of care;

"(d) Consumer satisfaction;

"(e) Health status;

"(f) Provider capacity;

"(g) Population demand;

"(h) Provider and consumer participation;

"(i) Utilization patterns;

"(j) Health outcomes;

"(k) Health disparities;

"(L) Financial impacts, including impacts on medical debt;

"(m) The extent to which employers discontinue coverage due to the availability of publicly financed coverage or other employer responses;

"(n) Impacts on the financing of health care and uncompensated care;

"(o) Adverse selection, including migration to Oregon primarily for access to health care;

"(p) Use of technology;

"(q) Transparency of costs; and

"(r) Impact on health care costs.

"(2) The administrator shall develop a model for a quality institute that shall:

"(a) Develop and promote methods for improving collection, measurement and reporting of information on quality in health care;

"(b) Provide leadership and support to further the development of widespread and shared electronic health records;

"(c) Develop the capacity of the workforce to capitalize on health information technology;

"(d) Encourage purchasers, providers and state agencies to improve system transparency and public understanding of quality in health care;

"(e) Support the Oregon Patient Safety Commission's efforts to increase collaboration and state leadership to improve health care safety; and

"(f) Coordinate an effort among all state purchasers of health care and insurers to support delivery models and reimbursement strategies that will more effectively support infrastructure investments, integrated care and improved health outcomes.

"SECTION 16. (1) The Oregon Health Trust Board shall establish a statewide toll-free telephone number that persons experiencing barriers to accessing appropriate health care may call for information about available:

"(a) Primary care services offered by federally qualified health centers, school-based health centers and safety net providers;

"(b) Mental health services; and

"(c) Substance abuse treatment.

"(2) As used in this section, 'federally qualified health center' means:

"(a) A health center funded under 42 U.S.C. 254b;

"(b) An entity that meets the definition of 'health center' under 42 U.S.C. 254b but that does not receive grant funding under the Public Health Service Act; or

"(c) An outpatient health program or facility operated by a tribal organization under the Indian Self-Determination Act, 25 U.S.C. 450 et seq., or an urban Indian organization under the Indian Health Care Improvement Act, 25 U.S.C. 1601 et seq.

"**SECTION 17.** ORS 442.011 is amended to read:

"442.011. (1) There is created in the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board established under section 5 of this 2007 Act** the Office for Oregon Health Policy and Research. The Administrator of the Office for Oregon Health Policy and Research shall be appointed by the Governor and the appointment shall be subject to Senate confirmation in the manner prescribed in ORS 171.562 and 171.565. The administrator shall be an individual with demonstrated proficiency in planning and managing programs with complex public policy and fiscal aspects such as those involved in the Oregon Health Plan. Before making the appointment, the Governor must advise the President of the Senate and the Speaker of the House of Representatives of the names of at least three finalists and shall consider their recommendation in appointing the administrator.

"(2) In carrying out the responsibilities and duties of the administrator, the administrator shall consult with and be advised by the Oregon Health Policy Commission **and the Oregon Health Trust Board**.

"**SECTION 18.** ORS 414.312 is amended to read:

"414.312. (1) As used in ORS 414.312 to 414.318:

"(a) 'Pharmacy benefit manager' means an entity that, in addition to being a prescription drug claims processor, negotiates and executes contracts with pharmacies, manages preferred drug lists, negotiates rebates with prescription drug manufacturers and serves as an intermediary between the Oregon Prescription Drug Program, prescription drug manufacturers and pharmacies.

"(b) 'Prescription drug claims processor' means an entity that processes and pays prescription drug claims, adjudicates pharmacy claims, transmits prescription drug prices and claims data between pharmacies and the Oregon Prescription Drug Program and processes related payments to pharmacies.

"(c) 'Program price' means the reimbursement rates and prescription drug prices established by the administrator of the Oregon Prescription Drug Program.

"(2) The Oregon Prescription Drug Program is established in the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board**. The purpose of the program is to:

"(a) Purchase prescription drugs or reimburse pharmacies for prescription drugs in order to receive discounted prices and rebates;

"(b) Make prescription drugs available at the lowest possible cost to participants in the program; and

"(c) Maintain a list of prescription drugs recommended as the most effective prescription drugs available at the best possible prices.

"(3) The [*Director of the Oregon Department of Administrative Services*] **Oregon Health Trust Board** shall appoint an administrator of the Oregon Prescription Drug Program. The administrator shall:

"(a) Negotiate price discounts and rebates on prescription drugs with prescription drug manufacturers;

"(b) Purchase prescription drugs on behalf of individuals and entities that participate in the program;

"(c) Contract with a prescription drug claims processor to adjudicate pharmacy claims and transmit program prices to pharmacies;

"(d) Determine program prices and reimburse pharmacies for prescription drugs;

"(e) Adopt and implement a preferred drug list for the program;

"(f) Develop a system for allocating and distributing the operational costs of the program and any rebates obtained to participants of the program; and

"(g) Cooperate with other states or regional consortia in the bulk purchase of prescription drugs.

"(4) The following individuals or entities may participate in the program:

"(a) Public Employees' Benefit Board;

"(b) Local governments as defined in ORS 174.116 and special government bodies as defined in ORS 174.117 that directly or indirectly purchase prescription drugs;

"(c) Enrollees in the Senior Prescription Drug Assistance Program created under ORS 414.342;

"(d) Oregon Health and Science University established under ORS 353.020;

"(e) State agencies that directly or indirectly purchase prescription drugs, including agencies that dispense prescription drugs directly to persons in state-operated facilities; and

"(f) Residents of this state who do not have prescription drug coverage.

"(5) The state agency that receives federal Medicaid funds and is responsible for implementing the state's medical assistance program may not participate in the program.

"(6) The administrator may establish different reimbursement rates or prescription drug prices for pharmacies in rural areas to maintain statewide access to the program.

"(7) The administrator shall establish the terms and conditions for a pharmacy to enroll in the program. A licensed pharmacy that is willing to accept the terms and conditions established by the administrator may apply to enroll in the program.

"(8) Except as provided in subsection (9) of this section, the administrator may not:

"(a) Contract with a pharmacy benefit manager;

"(b) Establish a state-managed wholesale or retail drug distribution or dispensing system; or

"(c) Require pharmacies to maintain or allocate separate inventories for prescription drugs dispensed through the program.

"(9) The administrator shall contract with one or more entities to provide the functions of a prescription drug claims processor. The administrator may also contract with a pharmacy benefit manager to negotiate with prescription drug manufacturers on behalf of the administrator.

"(10) Notwithstanding subsection (4)(f) of this section, individuals who are eligible for Medicare Part D prescription drug coverage may participate in the program.

"**SECTION 19.** ORS 414.314 is amended to read:

"414.314. (1) An individual or entity described in ORS 414.312 (4) may apply to participate in the Oregon Prescription Drug Program. Participants shall apply annually on an application provided by the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board**. The [*department*] **board** may charge participants a nominal fee to participate in the program. The [*department*] **board** shall issue a prescription drug identification card annually to participants of the program.

"(2) The [*department*] **board** shall provide a mechanism to calculate and transmit the program prices for prescription drugs to a pharmacy. The pharmacy shall charge the participant the program price for a prescription drug.

"(3) A pharmacy may charge the participant the professional dispensing fee set by the [*department*] **board**.

"(4) Prescription drug identification cards issued under this section must contain the information necessary for proper claims adjudication or transmission of price data.

"**SECTION 20.** ORS 414.316 is amended to read:

"414.316. The Office for Oregon Health Policy and Research shall develop and recommend to the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** a preferred drug list that identifies preferred choices of prescription drugs within therapeutic classes for particular diseases and conditions, including generic alternatives, for use in the Oregon Prescription Drug Program. The office shall conduct public hearings and use evidence-based evaluations on the effectiveness of similar prescription drugs to develop the preferred drug list.

"**SECTION 21.** ORS 414.318 is amended to read:

"414.318. The Prescription Drug Purchasing Fund is established separate and distinct from the General Fund. The Prescription Drug Purchasing Fund shall consist of moneys appropriated to the fund by the Legislative Assembly and moneys received by the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** for the purposes established in this section in the form of gifts, grants, bequests, endowments or donations. The moneys in the Prescription Drug Purchasing Fund are continuously appropriated to the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** and shall be used to purchase prescription drugs, reimburse pharmacies for prescription drugs and reimburse the [*department*] **board** for the costs of administering the Oregon Prescription Drug Program, including contracted services costs, computer costs, professional dispensing fees paid to retail pharmacies and other reasonable program costs. Interest earned on the fund shall be credited to the fund.

"**SECTION 22.** ORS 414.320 is amended to read:

"414.320. The [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** shall adopt rules to implement and administer ORS 414.312 to 414.318. The rules shall include but are not limited to establishing procedures for:

"(1) Issuing prescription drug identification cards to individuals and entities that participate in the Oregon Prescription Drug Program; and

"(2) Enrolling pharmacies in the program.

"**SECTION 23.** Section 2, chapter 314, Oregon Laws 2005, is amended to read:

"**Sec. 2.** In addition to the notices required under ORS 183.335 (15), the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** shall give notice to the individual members of any interim or session committee with authority over the subject matter of the rule if the [*department*] **board** proposes to adopt a rule under ORS 414.320.

"**SECTION 24.** Section 3, chapter 314, Oregon Laws 2005, is amended to read:

"**Sec. 3.** Section 2**, chapter 314, Oregon Laws 2005,** [*of this 2005 Act*] applies to rules adopted by the [*Oregon Department of Administrative Services*] **Oregon Health Trust Board** for the Oregon Prescription Drug Program on or after [*the effective date of this 2005 Act*] **June 28, 2005**.

"**SECTION 25. (1) There is appropriated to the Oregon Health Trust Board, for the biennium beginning July 1, 2007, out of the General Fund, the amount of $_____ for the purpose of carrying out the provisions of sections 2 to 16 of this 2007 Act.**

"(2) The Oregon Health Fund established under section 10 of this 2007 Act contains only appropriations from the General Fund under this section, prior to July 1, 2009.

"**SECTION 26. Sections 8, 11, 12, 13 and 16 of this 2007 Act and the amendments to stat-**

utes and session laws by sections 17 to 24 of this 2007 Act become operative on the date that the members of the Oregon Health Trust Board have been appointed by the Governor and confirmed by the Senate. The executive director of the Oregon Health Trust Board shall notify the Legislative Counsel when the members have been appointed and confirmed.

"SECTION 27. The statewide toll-free telephone line required by section 16 of this 2007 Act shall be in effect no later than January 1, 2008.

"SECTION 28. Section 14 of this 2007 Act becomes operative on January 2, 2010.

"SECTION 29. Section 11 of this 2007 Act is repealed on the date of the convening of the next regular biennial legislative session.

"SECTION 30. (1) The unexpended balances of amounts authorized to be expended by the Oregon Department of Administrative Services for the biennium beginning July 1, 2007, from revenues dedicated, continuously appropriated, appropriated or otherwise made available for the purpose of administering and enforcing the duties, functions and powers transferred by the amendments to statutes and session laws by sections 17 to 24 of this 2007 Act are transferred to and are available for expenditure by the Oregon Health Trust Board, for the purposes of administering and enforcing the duties, functions and powers transferred by the amendments to statutes and session laws by sections 17 to 24 of this 2007 Act.

"(2) The expenditure classifications, if any, established by Acts authorizing or limiting expenditures by the Oregon Department of Administrative Services remain applicable to expenditures by the Oregon Health Trust Board under this section.

"SECTION 31. This 2007 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2007 Act takes effect on its passage.".
