House Bill 3260

Sponsored by Representatives GREENLICK, HARKER; Representatives CANNON, DEMBROW, GARRETT, KOTEK

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Establishes Commission on Health Care Infrastructure in Department of Human Services. Requires commission to inventory health care services and establish evidence-based benchmarks and standards regarding health care services. Requires commission to report to Legislative Assembly and Director of Human Services on redundancies and deficits in facilities and services and recommendations for future actions.

Sunsets January 2, 2012.

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A BILL FOR AN ACT

2 Relating to health care infrastructure.

3 Be It Enacted by the People of the State of Oregon:

4 <u>SECTION 1.</u> (1) There is established within the Department of Human Services the 5 Commission on Health Care Infrastructure.

6 (2) The commission shall:

7 (a) Take an inventory of all entities that offer health services in this state, including

health care facilities as defined in ORS 442.015, primary care and specialty practices and
 freestanding diagnostic facilities.

(b) Establish evidence-based benchmarks for determining the level of health services re quired per capita to maintain access to services.

12 (c) Establish evidence-based benchmarks for determining the setting in which health 13 services are best rendered in order to foster quality and to contain cost.

(d) Establish evidence-based standards for distribution of health services geographically
 and among health care facilities and providers to foster services of the highest possible
 quality and lowest possible cost consistent with access to services.

(e) Compare the availability of health services to the benchmarks and standards for the
 state as a whole and by county and community.

19 (3) The commission shall consist of seven members appointed by the Director of Human Services. The members of the commission shall be selected based upon their ability to rep-20 21resent the best interests of the state as a whole. Members of the commission shall have expertise, knowledge and experience in the areas of consumer advocacy, management, finance, 22 23labor and health care, and to the extent possible shall represent the geographic and ethnic 24 diversity of the state. A majority of the commission members must consist of individuals who do not receive or have not received within the past two years more than 50 percent of 25 26 the individual's income or the income of the individual's family from the health care industry 27or the health insurance industry.

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

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

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1 (5) The commission shall select one of its members as chairperson and another as vice 2 chairperson, for such terms and with duties and powers necessary for the performance of 3 the functions of such offices as the commission determines.

4 (6) A majority of the members of the commission constitutes a quorum for the trans-5 action of business.

6 (7) Official action by the commission requires the approval of a majority of the members 7 of the commission.

8 (8) A member of the commission is not entitled to compensation for services as a mem9 ber, but is entitled to expenses as provided in ORS 292.495 (2).

10 <u>SECTION 2.</u> Not later than October 1, 2010, the Commission on Health Care 11 Infrastructure established in section 1 of this 2009 Act shall submit a report to the interim 12 legislative committees related to health care and the Director of Human Services:

(1) Identifying redundancies in health care facilities and health services that should be
 eliminated;

(2) Identifying deficiencies in health care facilities and health services that should be
 overcome; and

(3) Making recommendations regarding actions the Legislative Assembly and other organizations and participants in the health care system should take to eliminate redundancies
and address the deficiencies identified in the report.

<u>SECTION 3.</u> The Commission on Health Care Infrastructure and authorized representatives of the commission may administer oaths, take depositions and issue subpoenas to compel the attendance of witnesses and the production of documents or other written information necessary to carry out the provisions of sections 1 and 2 of this 2009 Act. If any person fails to comply with a subpoena issued under this section or refuses to testify on matters on which the person lawfully may be interrogated, the commission shall compel obedience as set out in ORS 183.440.

27 <u>SECTION 4.</u> (1) The Commission on Health Care Infrastructure may establish such ad-28 visory and technical committees as it considers necessary to aid and advise the commission 29 in the performance of its functions. These committees may be continuing or temporary 30 committees. The commission shall determine the representation, membership, terms and 31 organization of the committees and shall appoint their members.

(2) Members of the committees are not entitled to compensation, but at the discretion
of the commission may be reimbursed from funds available to the commission for actual and
necessary travel and other expenses incurred by them in the performance of their official
duties, in the manner and amount provided in ORS 292.495 (2).

36 37 SECTION 5. Sections 1 to 4 of this 2009 Act are repealed on January 2, 2012.

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